

When the trauma is not past or 'post': Palestinian perspectives on responding to trauma and torture

The authors of the following papers can be contacted
c/o the Treatment and Rehabilitation Centre for Victims
of Torture (TRC). Al-Ersal St. Al-Isra'a Building,
7th floor P.O. Box 468 Ramallah, Palestine.
Tel.: +972 2 2961710, 2963932
Fax: +972 2 2989123.
Email: info@trc-pal.org
The TRC website is www.trc-pal.org

The following writings and interviews describe the work of the
Treatment and Rehabilitation Centre for Victims of Torture (TRC)
which is based in Ramallah, in the occupied Palestinian Territories.
This organisation was founded by Dr Mahmud Sehwal eight years
ago and provides counselling, psychological and psychiatric services
to the Palestinian community.

Responding to continuing traumatic events

By Dr Mahmud Sehwal

Dr Mahmud Sehwal is the founder and Director of the Treatment and Rehabilitation Centre for Victims of Torture (TRC). This paper explains how the TRC came into existence and how this organisation responds to those who have experienced trauma as well as aiming to prevent further abuse and violence.

Keywords: trauma, torture, continuing traumatic stress disorder, prevention

BACKGROUND

The idea of starting the Treatment and Rehabilitation Centre for Victims of Torture (TRC) derived from my experience of visiting prisons. I worked as a psychiatric consultant in the Bethlehem Mental Hospital for ten years and during that time visited Palestinian prisoners in Israeli jails. I conducted 360 visits. Each time I entered a prison I said it would be the last time. But it never was.

There was no law or legal sanction prohibiting torture in Israeli prisons until 1999, and physical and psychological abuses continue today, particularly within interrogations¹. During my visits to prisons I noticed that many Palestinian detainees, after they had been tortured, suffered long-lasting negative effects. I also noticed that ex-detainees were not seeking help once they had been released. Mainstream services were not equipped to respond to their experiences, and the physical design of the services can even remind ex-detainees of settings in which they were mistreated. And so we started this organisation in 1997 under the umbrella of a human rights organisation.

RESPONDING TO CONTINUING TRAUMATIC EVENTS

The context of our work is very different than trauma centres in many countries. What our people experience is not 'Post-Traumatic Stress Disorder' (PTSD). The trauma is not past, it is not 'post', it is continuing. We deal with what we have come to call Continuing Traumatic Stress Disorder (CTSD). More than 80% of our clients suffer from multiple traumas. It is not one single act of trauma that we experience and then try to recover from. For many individuals and families, events occur on a regular basis, if not on a daily basis, that remind them of past traumas. This has significant implications for the provision of psychological services. We are sometimes offered training from other countries in PTSD, but we try to explain that we need to develop our own way of responding to the particular circumstances in which we find ourselves. When army incursions routinely take place, shooting is heard in the night and houses are demolished, or when checkpoints are closed and harassment takes place, or when we cannot visit family members in other Palestinian towns and villages, these are repeated, continuing traumatic

events. We need to develop ways of responding to trauma when the individuals and families with whom we are working are living under occupation.

Because of the context of this work, and the stories that our staff hear and respond to, we have tried to create a very supportive work environment. I am available to my staff twenty-four hours a day. We offer considerable supervision. Many of our staff are quite young and we take time to train and support them as they begin this work to see if it is what they wish to focus their lives on. As a result we have never had any trouble with burnout. Our workers are important to us.

OUR SERVICES

As an organisation, we respond to people who have been imprisoned, and families in which loved ones have been killed or injured. We respond to families who are now experiencing difficulties between themselves, even abuse within families. These days we also provide more general psychological support and services to Palestinian people.

Each person who comes to our service is seen initially by a psychiatrist to check if there is a need for medication. We only give medication where necessary and in small doses – enough to relieve symptoms, not to mask them. We then refer people to psychologists, to groups, or arrange for social workers to visit them in their home. Different forms of treatment are available here: group therapy, family therapy, short term psychotherapy, crisis responses, and visits to family homes. We are responsive to what will work best for those who consult us.

This is one half of our work: to respond in healing ways to those who have been subjected to torture and trauma. The rest of our efforts are put towards the prevention of further human rights abuses. Through training, campaigning, the use of the media and documentation, we work towards building an atmosphere in this region of respect and openness. We work towards creating a Palestinian culture that rejects all forms of human rights violations, in particular politically motivated torture and violence.

Mental health has a strong link with human rights and democracy. The violence that Palestinians routinely experience is politically motivated, and one of our main activities is to try to prevent further

human rights abuses. We respond to the consequences of violence and torture wherever it occurs, and whoever it is perpetrated by. For instance, we are involved in training other Palestinian organisations in mental health and human rights issues. This training is provided to other health professionals and also to current members of the Palestinian security forces. These courses are designed to provide participants with greater knowledge, sensitivity and skills related to their roles and relationships with the public and with prisoners.

If those who are subjected to torture and violence do not receive significant support, the consequences of the violence can have devastating effects in these people's families. I have observed that some of the ex-detainees who were tortured in prison have then treated their own children in ways that they had been treated. The same applies to security forces. We train Palestinian security forces in relation to human rights in order to prevent further abuses of power. A significant percentage of the current members of the Palestinian security forces were themselves previously imprisoned by Israeli authorities. Now that these individuals are in positions of power, it seems particularly important that we reach out to them to ensure that they do not, themselves, become sources of violence.

PREVENTING FURTHER HARM

As a mental health worker and human rights activist, I am horrified at violence and brutality, whoever enacts it. We feel great sadness at all losses of life. We believe that responding to the effects of trauma and violence can prevent further harm. We seek to raise awareness in the Palestinian community in relation to the consequences of the violence and trauma from which we suffer, in order to prevent acts of violent retaliation. At this time, we are intensifying our work in order to reduce the consequences of torture and violence. We are continuing to set out to create a civil society, to promote the democratic system, to reconnect people with hopes and dreams when they are despairing. Our work aims to address the negative effects of violence and to reduce the impetus for violent retaliation.

We are continuing our work to develop an approach to healing that is linked to human rights

issues and that responds to people who have not only experienced past traumas but who are continually facing very difficult circumstances which can bring alive the events, feelings and thoughts of the past. We would be very interested to hear from others who are working with similar issues.

NOTE

¹ Amnesty International has documented torture in more than 150 countries. It is not an uncommon occurrence. Examples of countries in which Amnesty International has concerns about the use of torture and other cruel, inhuman and degrading treatment in the 'war on terror' and/or the sending of people to countries where they face such treatment include: the United States of America, Afghanistan, Australia, China, Egypt, Kuwait, Morocco, Pakistan, Saudi Arabia, Pakistan, Sweden, Syria, United Kingdom, and Uzbekistan (see <http://web.amnesty.org/pages/stoptorture-report2005-eng>). The key authority in relation to information about torture within Israel is the Public Committee Against Torture in Israel (PCATI), an apolitical Israeli organisation dedicated to the elimination of torture as a means of interrogation by Israel's security forces. The Public Committee Against Torture in Israel recognises the existence of a threat to the security of Israel, but views the use of torture 'for the security of the state' as a cruel and inefficient means that directly undermines the democratic nature of Israeli society. PCATI's latest report on issues of torture is entitled: 'Back to a routine of torture: Torture and Ill-treatment of Palestinian Detainees during Arrest, Detention and Interrogation September 2001 – April 2003'. The PCATI website is www.stoptorture.org.il Contact details are POB 4634, Jerusalem 91046. Tel: 972-2-5630073. Fax: 972-2-5665477. Email: pcati@netvision.net.il Information about legal responses to torture in Israel and a wide range of other countries can be found in Amnesty International, 2003: *Combating torture – a manual for action*. Amnesty International Publications, London, United Kingdom. This report is also available online at http://www.amnesty.org/resources/pdf/combating_torture/combating_torture.pdf

A human rights approach to psychotherapy

By Khader Rasras

This interview explores what it means to develop a human rights approach to psychotherapy and how these principles affect therapeutic work. It also considers ways of reaching out to survivors of trauma. Khader Rasras is the head psychologist at the TRC. The interviewer was David Denborough.

Keywords: human rights, psychotherapy, torture, trauma

It seems that your centre has put a lot of effort into ensuring that survivors of torture and trauma feel as if they can come here. I would like to ask you about this. What are some of the things that you have learnt in order to make this centre a welcoming and accessible place for people who have experienced political violence?

This is a key question. Those who have been through significant trauma, especially those who may have been subjected to abuse by other professionals, can find any professional institution very intimidating, even frightening. Choosing the location of this building was significant. We could find cheaper and quieter locations, but we decided our offices should be located right in the centre of Ramallah as then it is much easier for people to visit us. The lower floors of this building consist of a variety of shops which means that people can enter the building from the street and no-one would ever know that they were coming to consult with us.

A further key step was to train the team to keep everything that was told to us confidential. We only record in the files what is absolutely necessary for therapy and documentation.

Even then it is sometimes too much to expect people to come to us. So, we go to them. Our outreach program is vital. While it might be easier for us to meet with people here in the office, we realised long ago that it is much easier for people to welcome us into their homes. This means they do not have to fight the stigma of being mentally ill. At the same time, reaching out to people in their homes gives us the chance to meet other important members of their family, particularly their children.

When people have experienced great injustice, and have felt so very powerless, as if they could do nothing to prevent the injustice, or to stop it, how do you try to enable people to have a sense of agency, a sense of purpose in their lives? How can you respond to these stories of powerlessness so people can feel as if they can make a difference or be of some influence in the world?

I believe that the consequences of trauma are so complicated that it can take some time to create a context for a person to attain a sense of personal agency again. It is very important for victims of trauma and human rights violations to know that

they can make a difference. And so we often ask people to document their testimonies, explaining that this is an important process not only for them, but also for others, and for future generations. We assist them to write and edit these stories.

Torture can render a person hopeless, broken and unproductive. Sometimes people may have felt completely hopeless, powerless, weak and shamed when alone in prison. It can be meaningful to draw attention to the small ways in which people may be reclaiming their lives. They may be caring for other members of their family, or demonstrating small acts of self-care. I try to enable people to talk about their experiences, to pinpoint the things that they have done, the ways they have struggled to survive. Together we try to create a story of them as active survivors rather than as passive victims.

What is more, if a person has been kept in a cell and treated like an animal, the person can come to think they are almost an animal. In these circumstances, it is important that we find others who care about this person and who can speak about why this is so, what they value about them, what they like about them. This connectedness with others can re-humanise people after they have been through dehumanising experiences.

Throughout this process, I also try to notice when people are making a stand for other people's human rights. There might be examples in their own family. These examples might only consist of small remarks, or statements, but if people are indicating a respect for the human rights of others, then I try to notice this and acknowledge it. These are openings to different stories of identity, stories of values and stories of agency. There are also ways of linking their small contributions to the small contributions of others. I believe we all have parts to play in protecting and speaking up for the human rights of others.

I know that there are two key parts to your work - responding to those who have been subjected to violence, and also trying to prevent further abuse. Can you tell me about how you go about trying to ensure that people who have had these experiences of violence and trauma do not go on to replicate violence in other contexts?

Whenever we work with people, one aim is to ensure they are taken care of. A second aim is to

assist in preventing them from becoming a source of violence themselves. When men or women have been subjected to violence, imprisonment or political violence, we wish to take care to ensure that they don't then take this out on their families. Trying to prevent the victimisation of children is one of our key aims.

It seems significant to give people a chance to speak about their experiences, to describe the real effects of what they went through, and for this to be powerfully acknowledged. When these experiences are thoroughly explored, when the effects of particular actions and practices of abuse are richly acknowledged, it indirectly creates space for the person to become aware of the effects of these practices on others, including the times they may enact them. We pay a lot of attention to this. We also create forums and groups in which people can speak about what they went through and the ways they are finding helpful in dealing with this. We encourage people to support one another in caring for their children.

There is also a broader question involved here, in relation to retaliation. We try to create room for people to understand that if you were tortured by one person of a nation, then this doesn't reflect the identity of the whole nation. I find it a moral responsibility to create space for any victim of violence or abuse to acknowledge that other people also suffer from the current crisis in this region and that others also have their own traumas. If we want other people to acknowledge our pain and our trauma, we must also be brave enough and wise enough to acknowledge the trauma of others. We are always conscious in our work not to be supporting philosophies of retaliation.

We draw clear distinctions between notions of retaliation and the search for justice. It is very important for people who have been abused or victimised to be able to seek some form of redress, some form of justice, some form of powerful acknowledgement of the terrible harm that has been done to them. Justice can be powerfully healing and yet is not often spoken about within the psychological field. When people have felt so powerless to prevent the abuse that was happening to them or their loved ones, the desire for justice can be very strong. Unfortunately, we are very rarely in a position to bring the particular perpetrator to

justice. But we try to provide avenues, where possible, for people to document their experiences. We try to create forums of acknowledgement for what they have been subjected to. We try to create space for the considerations of healing and justice, rather than retaliation and further violence.

This whole centre seems to have a strong ethical and political focus. How do you see the emphasis on human rights and the emphasis on healing fitting together?

I used to be a human rights activist and, in addition to now being a psychologist, I have a powerful interest in human rights and democracy. At all times, we are emphasising the need for respect of human rights. Our counselling or psychological work is not separate from advocating for human rights in this region. They are totally connected. Of course, when we call for human rights to be respected, we are not only calling for Palestinian human rights. Human rights relate to everybody. I sympathise with the innocent people who are being killed on both sides. I sympathise with all those people who are just trying to live their normal lives and yet violence and trauma has had devastating effects.

Are there particular cultural practices and traditions that you draw upon in this work?

There are many Palestinian cultural practices that I think are quite extraordinary in how they assist us to tolerate the circumstances with which we live. If I think only of our team, they go to such lengths to meet with their clients. If certain roads are closed, if there are military incursions, if the queues are long, it can take many hours to reach a person's home. And yet, when we get through, we do not speak of how difficult it was to get there, we speak of how happy we are to have made it and to meet with those we have come to see. We have found ways to endure what others may find unbearable.

Importantly, we live as families. If ever we need to talk to someone, we will always be able to find an aunty, an uncle, a nephew, a niece, a brother, a sister. Even if alone on a bus, you can look at the person next to you and initiate a conversation. Amongst our people it is relatively easy to find a sense of sharing. We are not as lonely as those in

other countries where individualism is so highly valued, and where it can be hard to find a friend. This makes a difference to us and to our work. We can usually quickly involve others in the healing process.

I know that you also work with children, can you please tell me something about this ...

I used to be involved in a kind of art therapy with children. I would give the children pictures drawn by kids from elsewhere and ask them what they thought about these images. They would then start to speculate: 'This must be a school' ... 'No, it is too big' ... 'It could be a luxurious home' ... I would then ask certain questions, such as: 'Why do you think she used red and green?' And we would start to have conversations of imagination.

After some time, I would let them know who had drawn the picture. For instance, it may have been drawn by Sylvia who is thirteen years old and lives in Wales. I may then tell the story that Sylvia was trying to convey in her drawing. Then I would ask the children to draw something similar to Sylvia, and the children would re-discover that life has colours and that they can draw so many things, not only tanks, guns and checkpoints.

I also talk about stones. Many Palestinian children see a stone as a mighty weapon to express their resentment and rejection of the occupation. In play therapy or summer camps, I ask kids to collect stones from nearby and we start to build houses with the stones, and then surround these with a fence and garden. We try to convey that stones have not been created only to be thrown at soldiers. They have other uses. They can be used to build houses, schools. They are also important in art, to use in sculptures, and so on.

And sometimes I talk about the dreams I had when I was a little boy. I always dreamt that I would become a doctor one day. I tell them that I am not a doctor quite yet but that in another few years I think I will get my doctorate and then I will finally be the doctor I always dreamt about. I ask them if they have similar dreams. What do you think you might become? We try to get children interested in something called 'the future'. The landscape of aspirations and dreams is beautiful to work within. I am interested in ways that can put children back in touch with different dreams and the colours of life. I enjoy this work very much.

As you speak about this, your whole face lights up! It seems that these conversations bring you joy. Can you tell me more about what sustains you in this work ...

Prior to coming here, I worked in Bethlehem psychiatric hospital for ten years. My work there was not rewarding as I did not feel that I was making much of a difference. Working with those who attend this centre here is quite different. Despite the painful stories, the work here is rewarding. I feel that people respect us for what we do. I receive very good supervision and support which makes a considerable difference. On a more basic level, I am working and so many people in Palestine cannot find work! I have good health and an excellent family. When I go home I have much to enjoy. All of these things sustain me. So too does sharing these stories with you and with others. I am always interested in talking with others about the links between healing, psychotherapy and human rights.

Glimpses of therapeutic conversations: engaging with narrative ideas

**By Bilal Hassounh, Iman Ja'ouni, Deema Al Tibi,
Amani Al-Jamal, Maryam Burqan, Wisam Abdallah**

This paper consists of a collection of short stories of therapeutic practice from Palestinian counsellors and psychologists at the Treatment and Rehabilitation Centre for Victims of Torture (TRC). The stories particularly focus on the ways in which they have been engaging with narrative ideas in their practice.

Keywords: grief, trauma, narrative ideas

Here at the TRC, the social workers and psychologists are relatively new to narrative therapy ideas. We are used to working from a number of different models and perspectives. Over the last year, however, we have been learning about narrative practices. Here we will share some glimpses of the ways in which narrative ideas are being put to use in our work.

FROM SADNESS TO SONG

By Bilal Hassounh

Sharaf is a twenty-eight-year-old man who came to our TRC offices in Hebron suffering from the effects of trauma and schizophrenia. Sharaf had developed schizophrenia after the first time he was arrested and this meant his second incarceration was a terrible experience. He had no treatment or medication while he was in prison. He was interrogated and left in a small cell alone for fourteen days. The lighting in the cell was bad and during this time the voices and delusions became very strong. He sought treatment when he was released and was placed on medication. This medication, however, did not help him and in some ways the illness became worse. Sharaf came to us after he had been released from his third time in prison. He was seen by our doctor who changed the medication, and my role was to support him through therapeutic conversations.

The new medication took some time to reduce the strength of the voices and delusions and we began to have some significant conversations. When I received some intensive training in narrative therapy, I became interested in whether these ideas would be helpful in our consultations. I asked Sharaf whether he would be happy for me to try out some of these ideas which were new to me. And he said he was very happy for me to do so.

As we were talking I came to see that the difficulties in Sharaf's life had become internalised. He saw himself as a depressed person, as a sad person, someone without hope. By asking some questions in an externalising way¹, slowly, slowly this changed. Over time, Sharaf began to talk about The Sadness that had come to rule his life. He could see that the main problem he was facing at present was the extent and influence of The Sadness.

When we explored the history of The Sadness, I learnt that Sharaf had once been an Islamic singer. And when he was singing, The Sadness was not present. As we began to explore what singing meant to Sharaf and its history in his life, his body language changed, his eyes lit up. Happiness was clearly present with us in the room.

I became interested in asking about Sharaf's

hopes, dreams, goals and commitments, and I heard about his plans to become reconnected with singing and song. After two of these conversations he said he needed to start singing again. His first step was to travel to Ramallah to go to a centre he knew where they taught singing, and where he knew he could make connections with other musicians. His second step was to go and sing again at a restaurant in Ramallah. When he came back to Hebron after this trip he was very happy.

Sharaf then decided to hold a party for his close friends and give a concert. This was the first time for many years that he had done such a thing. He learnt new instruments and songs for the event and it was a powerfully healing ritual for him.

During this period, we also explored other times in his life when The Sadness was not so present, times when he was having other experiences of life. He began to develop a range of strategies that he could use to help himself. These included swimming, dancing, doing long walks in open spaces, reading books and practicing yoga.

In time, Sharaf spoke about how the effects of his own trauma had got in the way of him being able to assist others. He had regretted this and, as his life became more under his control rather than controlled by The Sadness, he decided that he wanted to do more for others. An opportunity arose when he was approached by some people who were struggling and who needed money. While Sharaf did not have any money to give them, he has friendships with some successful business people and decided that he could approach them. When he spoke with his friends they agreed to give a donation to this group who were desperate, and in this way Sharaf was able to make a contribution.

If I had invited Sharaf to talk more directly about his experiences of trauma, I suspect that he would have become more depressed. It would have made him more vulnerable to The Sadness and the delusions. Externalising The Sadness, however, and then seeking openings to preferred stories, seems to have enabled Sharaf to talk about aspects of his life that otherwise had become obscured. Reconnecting with preferred stories of identity related to 'singing' and 'helping others' has made a significant difference to his life.

NOTICING CONTRIBUTIONS

By Amani Al-Jamal

For some time I have been working with a mother of three children, all of whom have significant disabilities. They cannot hear or speak and this mother has felt considerable sorrow and self-blame about this. She has compared her children negatively to those of other mothers, and felt overwhelmed by the misfortune that has come upon her and her family. When other people have approached her, they convey their sympathy to her about her situation and this has made her feel worse. She has felt poor and small and as if she had nothing to contribute to the world. At first, in my conversations with this mother, I was showing my empathy and trying to calm her down, but this did not seem to be making a difference. At times I was also trying to find some positive things for the mother to acknowledge, but the ways I was doing this were not resonating for her.

One day though, this mother was particularly upset – she was crying and feeling considerable despair and I noticed that her children were comforting her. They were soothing her tears, and were successfully calming her. I began to ask the mother about this and learned that this happened quite regularly. Her children were quite skilled at knowing when she was upset and how to respond to her. I also learned that, whenever foreigners came to their village, her children would show them the way to wherever they needed to go. Similarly, her older child would often assist older people around the village, and would care for other children in the special school which they attended.

These were all sparkling moments and we began to explore some of the alternative, preferred stories of these children's lives. We began to explore what seemed important to these children, what they valued and how they demonstrated this in their lives. As we made these explorations together, this mother started to notice and mention more of the contributions that these children were making. She could even recognise that she shared some of the same values and hopes for life. We did not diminish the hardships that this mother faces in her daily life, but acknowledging the contributions of the children has resulted in her feeling more optimistic.

RE-ENGAGING WITH HISTORY

By Iman Ja'ouni

A forty-year-old woman from Jericho with whom I work has been struggling with serious depression since she was diagnosed with cancer. After having been through many difficulties in her life, this seemed to her to be the last straw. She was refusing to take her medication and it looked like she had given up on life. I had tried various approaches to conversations before I realised that perhaps within her own life history there might be stories and experiences that could assist her at this time. I became curious about other times in her life when she may have felt hopeless, or up against a very powerful foe. I suspected that this might not have been the first time that she had needed to face very difficult circumstances. She then began to tell me a story of when she once was in a similar situation, facing death, also from cancer. Nine years ago she had been diagnosed for the first time and she had feared for her life. I wanted to know about the difficulties she faced then, about the hardest things, the times when all had seemed hopeless. I then asked questions to learn about the skills and knowledge she had used during those most difficult times, about what had sustained her, about what she had learned, about who else had made contributions, about what she had dreamt about, how she had kept hopes alive. As we talked, she said that she had forgotten all about those times. She had become disconnected from her own skills and in the process had become disconnected from hope. In remembering some of the stories of her own life, in re-engaging with her own history, this reconnected her with hope.

RESPONDING TO GRIEF

By Iman Ja'ouni

When working with families who have experienced grief and loss, I have become very interested in 'double-listening'², listening not only for stories of sorrow and distress, but also for openings to other stories, stories that convey what is important to the person, their values and beliefs. I was recently working with a mother who had lost her child in a car accident. Since her child's death

she had become very depressed. It was as if a sense of hopelessness had descended upon her. When this mother spoke to me, she would say that she no longer did anything, no longer had any hopes for the future. While acknowledging the devastating effects of this accident and her child's death on her life, I was also interested to ask questions about what this mother was doing in her daily life. In asking about this, I heard that each day she was taking a range of actions, a number of which involved distributing money and assisting other families who were going through hard times. We spoke at some length about why it was important to her to assist others. When she saw other families who were struggling to care for their children, she wanted to reach out and assist in any way that she could. She missed her own child so much that she wanted to make any contribution she could to other families and children. In talking about this, we learned that these acts of care for other families were a form of commemoration or remembrance of the child she had lost.

As this alternative story developed, one that acknowledged the ways that this mother was remembering and commemorating her child, she began to speak less about the trauma. When we had first met, she would tell and re-tell the story of the accident and the loss. Now this is no longer the case. The actions she is taking in life now have become linked to honouring her child's life and this seems to have made a difference.

RE-AUTHORING CONVERSATIONS WITH CHILDREN

By Deema Al Tibi

In working with children, I have found re-authoring conversations very relevant³. This has been especially so in my work with an eight-year-old Palestinian boy who recently migrated to Ramallah from the USA. Being a new arrival in this country, he had been finding the adjustment very difficult. He had been stealing from others and had come to view himself and others in his family in a very negative light. His story of identity had become problematic. In fact, it had become rare to hear him speak positively about any aspect of his life.

Rather than focus the conversations only on the difficulties in this child's life, I started to become

curious about the things that he values and what his hopes might be for his future. Having learned that what were most precious to him were his relationships with his family, friends and brothers and sisters, I then tried to weave conversations back and forth through his history. I was interested to know of actions that he had taken in the past that demonstrated this care for his brothers and sisters and I came to hear some stories of times that they had shared together. Gradually, I also came to hear how his preferred values were being put to use in his school.

I have found this idea of tracing the history of people's values very helpful. I have also appreciated the idea of moving between the landscapes of action and the landscape of meaning⁴. These ideas have provided the opportunity to begin to re-author stories of identity, to locate and trace the history of more helpful stories that can provide a basis for different sorts of action.

THE DEATH OF A CHILD

By Wisam Abdallah

Much of my work involves speaking with bereaved mothers who are trying to come to terms with the deaths of their children. This can be particularly difficult if the child's death has resulted from violence and injustice. I was recently working with a forty-year-old woman whose four-year-old child had been shot and killed by Israeli soldiers. To make matters even more difficult for this woman, she had not been able to see the child prior to the funeral. When children are killed in these sorts of situations, the community organises a martyr's funeral. These are very large events involving thousands of people. In this case, the mother had been unable to see her child and was finding it very difficult to come to terms with the fact that he had died. Her brother-in-law was involved in the therapy to explain everything he had seen. He had taken the child to the burial and had a video recording of the event. For the mother, being told of the events and finally realising for certain that her child had been killed was devastating. She felt as if her life was also finished. She believed that she too must die; that there was nothing left for her; nothing she could do; nothing of worth. Life had lost all meaning. To be with her was at times overwhelming.

Her grief and loss were so powerful. Because she had not been able to be connected to her son in death, she also felt very isolated in the whole experience.

For a time, this mother found it very difficult to remain in her family home. The memories of her child who had been killed were so overwhelming that she needed to escape from the house, to visit her friends, who offered company and kindness

Gradually, I began to ask questions within the landscape of action. I wanted to know what occurred throughout each day. While she was telling me that there was nothing left for her to do, I learnt that she was still taking her other child to school and that she was still doing the cooking for the family. I asked her about this. I asked about what it meant that she was still prioritising these particular actions and how she was able to do this despite the devastation of her losses. These were explorations in the landscape of meaning. I asked what these actions indicated to her about what she values in life. I tried to ask about the history of these values.

In time, when the significance of her loss was acknowledged, and when her actions of care towards her still living children were honoured, she found it easier to reconnect with her family. She still feels the loss of her child very strongly, but she is no longer alone in this. She has been reunited with her family, and her friends remain significant supports.

RE-MEMBERING

By Maryam Burqan

I was recently working with a woman whose husband died five years ago. She was living alone with her nine-year-old daughter and was having some troubles in relation to her husband's family. They wanted her to move in with them. They believed her daughter should be raised by her husband's family rather than her alone. Our conversations focused on the ways in which she was keeping her husband's presence alive in her life. Through asking her a range of questions I learnt that her husband's clothes and pictures were all arranged within her family home in ways to preserve his memory. His favourite belt was hung in a particular place where she could see it from her bed. She told me: 'My husband is inside me now. He is in our home. He is here.' She described that when

other difficulties in her life were strong, she could still confide in her husband.

I was interested in asking questions according to the re-membering conversations map⁵, to gather richer descriptions about the contributions that the husband had made to her life, and the contributions that she had made to his life. I wanted to hear about a two-way account of this relationship as I thought this would assist to sustain her during these difficult times.

I heard that he had been a very understanding husband. Whenever there were difficult situations, he would comfort her. He encouraged her initiatives and he was very tender towards her in all aspects of life.

I then asked her about the contributions she made to her husband's life. She spoke about how she would wash his clothes, cook for him and take care of the house. She also described how she would talk to him about love, and helped him to understand many things about relationships. She knew that his life with her had been a beautiful life, that he had been very happy with her.

Honouring this two-way relationship was significant to her. She described that she thought he was in another world now, one in which he looked down at her, and saw her remembering him. She said that this made him happy and, in turn, this was significant to her.

NOTES

- ¹ For more information about externalising conversations see White, M. & Epston D. 1990: *Narrative Means to Therapeutic Ends*. New York: WWNorton.
- ² For explanations of the importance of double listening in response to trauma see White (2004): 'Working with people who are suffering the consequences of multiple trauma: A narrative perspective.' In *International Journal of Narrative Therapy and Community Work* #1.
- ³ For more information about re-authoring conversations see Russell, S. & Carey, M. (compiled by) 2004: *Narrative Therapy: Responding to your questions*. Adelaide: Dulwich Centre Publications.
- ⁴ The stories of our lives consist of two landscapes: the landscape of action in which events take place, and the landscape of meaning (or landscape of consciousness) in which interpretations of these events are made. For more information see White, M. 1995: 'The Narrative Perspective in Therapy.' In *Re-Authoring Lives: Interviews and Essays*. Adelaide: Dulwich Centre Publications.
- ⁵ For more information about the re-membering conversations map see Michael White's Current Workshop Notes on www.dulwichcentre.com.au

Public speech: Bringing people together

By Faiseh Muhtaseb

A further aspect of the work of the TRC involves hosting public meetings in villages and towns around mental health issues. In this paper, Faiseh Muhtaseb describes the thinking behind this work.

Keywords: community meetings, trauma, violence

A key aspect of my work as a social worker for the TRC is to convene public meetings in various villages and towns about the sorts of issues that are affecting families. We do so to raise public awareness and to enable people to come together to support each other. Sometimes we meet in the house of a particular local woman. We focus on many different subjects: trauma, bedwetting, domestic violence, teamwork, etc. We try to arrange forums on whatever issues the people are asking questions about. At times we show a film, discuss the issues that it raises, and then distribute further information about the particular subject.

BEREAVED MOTHERS

We also hold regular meetings for mothers whose children, mostly sons, have been killed. These mothers have suffered so much. In these meetings they talk about their sons, what they were like, what they did, what they enjoyed in life. We hear everything about their lives. Sometimes I write poetry after these meetings. I listen to all the stories and then write a poem from all that I have heard. I often give this to the family on the anniversary of their child's death.

Significantly, these bereaved women care for each other in many different ways. They meet together, exchange visits to each others' families, visit the cemetery and graves together. They give gifts to each other, and sometimes one mother will place the picture of another mother's son in her home.

As these mothers grow stronger, sometimes they choose to reach out to other families who are having difficult times, such as those who have had their houses demolished or raided. When it's appropriate, on certain feast days, we hold a fun day with mothers and children. This is a day of games, laughter and celebration in which we assist mothers and children to simply have a great time together.

TALKING ABOUT VIOLENCE

Parents are often very anxious to know how they should respond to their children during times of crisis, particularly when there is shooting and explosions. They want to know what they should do when their children are frightened. First of all, we ask them how they can tell when their children are shocked or traumatised. We ask them what they know about their children's ways of coping. We also provide some information about things to look out for and ways of creating contexts for their children to speak about their experiences, their thoughts and understandings. We describe how this can occur through play, drawing and drama. Sometimes, if the parents say they would like this, we create programs for local schools so that children have a chance to talk with others about what they have been going through.

We also hold public meetings on the topic of domestic violence. This is a topic that is not so commonly talked about, so we explain what it is and how things happen. We talk about some of the effects of this violence on women, men and children,

and we offer some suggestions. We make it clear that we are available to talk about people's experiences of domestic violence so that this makes it more possible for people to confide in us.

PUBLIC SPEECH

Counselling is not a well-established profession in our culture. In fact, many people consider it very strange to approach someone who you do not know to talk about personal stories. This is not part of our community's traditions. These public meetings are a way of starting conversations about some of the difficult issues that people are dealing with in their own families and in their own lives. Some people attend the public meetings and then go away and discuss the issues in their own ways and with their own friends, families, colleagues. Others come to the public meetings and then decide to attend group or individual counselling. We're just trying to give people a chance to meet with others to talk about the issues that matter to them. We want to make sure that people do not feel isolated, that they have somewhere to turn.

SEXUAL VIOLENCE A NOTE FROM SUAD MITWALA

There are many different forms of violence that we are endeavouring to respond to. Prior to working here at the TRC, I used to work with teenage girls who had been subjected to sexual abuse. I was working in a shelter for these young women which had become their home. Many Palestinian young women who disclose sexual abuse are forced by their families to leave the family home, and these shelters are one of the few places they can turn to. Like many places around the world, violence and abuse within families is associated here with considerable shame. People try to hide it. It is a form of trauma that is not often talked about here. Because of this, survivors of domestic violence and sexual abuse may feel extremely isolated. They may remain afraid of their former partner. And the stigma about having been a rape victim can be demoralising. Alongside our efforts to address broader political violence, we also need to address violence and abuse within families.

The media as an avenue for therapeutic and community work

By Hasan Salim

Alongside the public meetings that are organised by the TRC, their media liaison officer, Hasan Salim, uses newspapers, the radio and television as mediums for further therapeutic and community work. This paper describes this work and the thinking that informs it. The interviewer was David Denborough.

Keywords: media, counselling, trauma

Why does the TRC, which is primarily a counselling and psychology centre, believe that working with the media is important as a response to torture and trauma issues?

Sometimes, when people are traumatised, they find it very difficult to come to a centre like ours. Within the Palestinian community there is often a negative understanding about mental health issues and institutions. A person might think that only 'crazy' people ought to attend a mental health centre, and for this reason they do not seek help.

This is one reason why we involve the media in our work. We try to present in the media that coming to a centre like this is like going to a dentist or any other kind of doctor. We emphasise that people who have been through difficult times simply need a space to speak with others. We try to make it clear that, if you are struggling with emotional difficulties, it doesn't mean you are mentally ill, it just means that you are dealing with the effects of past trauma. We emphasise that this is absolutely normal. Whatever symptom someone may be experiencing is also normal. The only abnormal thing is the experience of violence, trauma or torture itself. We encourage people to seek assistance. We recognise that if we can reach out to the victims of organised violence or torture, and if they seek help before things become critical, then we can prevent them from developing clinical symptoms in the future. And so we use newspapers, the radio and television to discuss the real effects of trauma, and ways of addressing it, and to invite people to come and speak with us if they would like to.

This is not always easy because many of those working in the media are more interested in what they understand to be political issues rather than mental health concerns. We, on the other hand, think that social issues are vitally important for us as a community to be engaged with and talking about. Perhaps we cannot be very effective and influential in the political arena, but we can be very effective and influential in relation to the social issues within our community. We can make a change. We can build a society that is based on strong values, that is integrated, that is good to live within. If we build such a society, then this will influence political decisions. Also, there are many people who specialise in the political arena, who are negotiators, etc. We

instead must concentrate on what we know about – the mental health of our people.

Sometimes outsiders do not understand that media work is an essential part of offering treatment. I think they go hand-in-hand. I work as a journalist and also undertake training in mental health issues so that I can integrate these different aspects of the work.

What sort of stories do you try to circulate in the media?

For the last three years we have hosted a radio program each week. Each episode we bring into the studio some of those people who have attended our service here at TRC. We invite onto the show three to five bereaved families, or ex-detainees, or people with injuries, or people whose houses were demolished or targeted in a raid. We then have a discussion about their experiences, why they chose to come to TRC, what they talked about, what the service was like that they received, and what were the results. This helps the listeners know about what we do and spreads knowledge about therapy in general. It also provides examples of how other people can talk about their problems and share their experiences. In addition, we try to invite people from marginalised areas like refugee camps to speak about their lives.

In many countries, the media isn't always very sensitive around mental health issues, the dramatic aspects are sometimes emphasised in ways that are not always helpful to those whose stories are being told. I imagine you take care in how you portray the stories of people on the radio program. What sort of thinking do you do about this? What sort of care do you take with this?

First of all, during the radio program I try to ensure that I don't say anything that could bring any negative feelings or experience for the families. I am very cautious, especially for the bereaved families, because such families are required not to cry or be sad in public. This is a cultural and social requirement. The dominant culture here says that when you lose a child in the struggle, he is a hero, he is a martyr, and that as a parent you are also a hero and that you should be happy about this.

I must be very careful in relation to this. In reality, these cultural requirements can destroy families because they prevent them from expressing or sharing their loss and suffering. In the radio program the first thing I try to do is acknowledge the dominant cultural story, that they are very honourable and to be highly respected because they have sacrificed something for the Palestinian people, but I also convey that they are human so that they have the right to be sad. I try to convey that being sad or crying does not make these parents less heroic, nor does it diminish the life and loss of those who have died. I seek a balance between stories of heroism and humanity. I try to create space for the family and the listeners to come up with their own understandings of their experiences.

One of the other things we try to do through the radio program is to invite society not to forget these people, not to ignore these bereaved families. Generally, in the two or three weeks following a death, everyone rallies around the parents and the family. After this initial period of support, however, the company lessens and those who have lost a loved one can begin to feel isolated and on their own. We try to convey that these families' greatest need for support is not in the first month, it is in living their lives after that. Through the program we offer an invitation to remember these families and they very much appreciate this.

What does it mean to them to tell their story to an audience in this way?

There is a relationship of trust between TRC and these families so they know that coming to the radio program is for their benefit and not otherwise. This is not about me as a journalist 'getting an exclusive'! It is for their benefit first of all.

When they tell their stories, and when people then call in to thank them and to ask further questions, the family members are proud. It means a lot to them to think that their stories can mean something to others, that they are making a contribution, that out of their difficulties some good is coming.

It is also significant for me. Over the last three years, many of the women who have come onto the show now refer to me as their son. This is a sign of trust, but it also reflects the responsibility that I have.

What about when you are interviewing ex-detainees – what are the things you need to be careful about when talking with people who have experienced torture?

There are various issues that I do not touch upon when talking to an ex-detainee about torture. One of these is the issue of rape in prisons. I do not raise the issue of sexual violence in detention in a public setting because at this stage in our community this would bring shame upon the person I am interviewing. Perhaps one day this will change, but it is a topic that at this stage cannot be openly discussed. Instead, we try to concentrate on stories that demonstrate how being detained is almost normal in our situation. We share stories that convey that a person is not excluded from the society for being a detainee. Imprisonment is simply one of the things that happen to ordinary people in our community. It is a price that many people are paying for a future freedom and there is a certain strength involved in having borne this load.

At the same time, I wish to share stories that show that it is quite normal in these circumstances to have been confronted by someone who was stronger than you and more aggressive. Even if you did things in these circumstances that you deeply regret, it does not mean in anyway that you are defeated. These are the sorts of messages, the sorts of stories, that I am interested in conveying.

Are there discussions about the ways in which people survive within prisons? About how people cope when imprisoned?

Sometimes ex-detainees talk about this but it is not always realistic. Sometimes the stories are exaggerated. Basically, when imprisoned, most people don't have a lot of choices. The most important thing, I think, is what is done once people get out. We need everyone to continue to be able to make a positive contribution to Palestinian society. And so we encourage people to come to terms with the effects of what they have experienced. We invite them to TRC to help overcome the continuing effects of the trauma so that they can live their lives once again.

I was detained for one year. I had an experience of torture and I have ongoing ill-health because of

this. That is why I came to work here, to assist others with the kind of experiences I had. Sometimes I express on the radio program the sorts of things I went through in the gaol and how I gradually overcame these difficulties. What was important for me was to find ways not to constantly regret the effects upon my life now. I found it very important not to begin torturing myself with regrets and memories and instead to rebuild myself and a new life.

In some ways, we are all looking for a new life. One of the radio programs I am involved with now reaches listeners all over the West Bank and in Gaza. We are asking people to evaluate this most recent intifada. We are inviting people to call in and give their views: was this intifada for a good goal? Do we regret and feel sadness for all the losses of life on both sides? Can we try to figure out what were the weak points, why did we start it, and what should we do now? Have all the losses we have experienced: people being killed, closures, homes demolished, etc.; been worth it? Or do we have to re-evaluate once again? How can we best move towards a future free of bloodshed for both Palestinians and Israelis? And what is our role as ordinary people in this?

The way I see it, these sorts of public discussions are also a form of 'treatment' or 'prevention' if you like. We try to provide a context for the ordinary people of Palestinian towns and villages to speak about what is healing in their own lives, and what might prevent further conflict and trauma.

DOCUMENTING STORIES EMILE MAKHLOUF

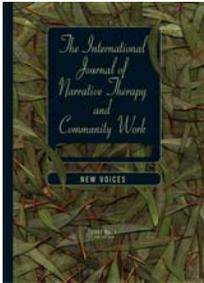
We are currently in the process of establishing a unit that works on documenting stories and researching the experiences of those who consult with us. We want to use this documentation for many purposes. We wish to develop testimonies that can be used in the international legal system and will have sufficient authority so that they are taken seriously by others. Alongside this, recording the stories of those who consult us is itself a goal. Ten years from now, no-one may remember these stories. We wish to research and document not only the suffering that our people have experienced, but also how they endured it, how they survived it, how they responded and held onto their hopes for the future. These are very powerful histories for people to know, to keep in touch with. These stories are gifts for future generations. We are living what will soon be history, so we must take care to document the stories of today.



Dear reader,

Most of the papers that can be downloaded from the Narrative Therapy Library and Bookshop were originally published in the **International Journal of Narrative Therapy and Community Work**. We recommend this peer-reviewed journal to practitioners who wish to stay in touch with the latest ideas and developments in narrative therapy. This journal offers hopeful and creative ideas for counsellors, social workers, teachers, nurses, psychologists, and community workers.

In each issue, practitioners from a range of different countries discuss the ideas and practices that are inspiring them in their work, the dilemmas they are grappling with, and the issues most dear to their hearts. Their writings are easy-to-read while remaining rigorous and thoughtful. The first section of each issue revolves around a particular theme, while the second consists of a collection of practice-based papers on various topics. The journal is produced four times a year. If you wish to stay in touch with the latest developments in narrative practice, we hope you will subscribe and become a part of our community of readers!



To subscribe

If you wish to subscribe to this journal, please contact your local distributor:

North America: Narrative Books (USA) kenwoodtherapycenter@mac.com

UK: Narrative Books (UK) mark@hayward.flyer.co.uk

Australia & elsewhere: Dulwich Centre Publications:
dcp@dulwichcentre.com.au

Ask about current special offers for new subscribers!

Narrative Therapy Library and Bookshop

Back issues of the **International Journal of Narrative Therapy and Community Work** are available for purchase via: www.narrativetherapylibrary.com

This website makes it possible to research, browse, and purchase writings about narrative therapy. It contains an extensive bibliography about narrative therapy and community work which can be searched via author, title, or keyword.

www.narrativetherapylibrary.com

Email: support@narrativetherapylibrary.com

Dulwich Centre website:
www.dulwichcentre.com.au

Copyright

The following material is copyright © Dulwich Centre Publications. Except as permitted under the *Australian Copyright Act 1968*, no part may be reproduced, stored in a retrieval system, communicated, or transmitted in any form or by any means without prior permission. All enquiries should be made to the copyright owner at: Dulwich Centre Publications, Hutt St PO Box 7192, Adelaide, SA, Australia, 5000; email dcp@dulwichcentre.com.au