

**CHAPTER 3: THE TORCH OF NARRATIVE PASTORAL THERAPEUTIC PRACTICES**

*"Sometimes a sad man can talk the sadness right out  
through his mouth"*

(The Grapes of Wrath, John Steinbeck 1975:59).

### 3.1 FIRST STEPS: INTRODUCING MY CO-TRAVELLER

This chapter is dedicated to Joan, my co-traveller in this research journey. I am deeply indebted to her for her openness, candour and vulnerability in being prepared to share her narratives of trauma and spirituality with others. In our journeying together I have learnt much about the value and power of ‘hope’. I trust our co-authoring of Joan’s *alternative* story (White & Epston 1990:17) will be an inspiration and beacon of light to others still in the darkness of trauma.

Joan is a Zimbabwean first and foremost, and a member of the Movement for Democratic Change (MDC) secondly. As a member of this opposition party, Joan is passionately optimistic about the future for a *new* Zimbabwe. It was her active involvement in the MDC that brought about her temporary exile in South Africa. As a member of a special task team for the MDC Party, Joan had been asked to organise the production of hundreds of protest posters and banners to be used on the day of the mass action stay-away in March 2003. Joan had a tight deadline of just a few days to get the posters made. She got five teams of volunteers onto the task immediately and working virtually around the clock, they managed to meet the deadline. It was “adrenaline pumping stuff” as Joan described it.

Shortly thereafter, a number of the MDC leaders who had been involved in the planning of the mass action stay away were rounded up and arrested. After an informant reported Joan’s involvement in the planned mass action stay-away, she found herself on the run from the police. It was at this point that the leadership of the MDC Party strongly advised Joan to leave Zimbabwe for a while, ‘until things cooled off’. Much against her own desires, she finally agreed to this, and took time-out to be with family in Cape Town. In addition to the trauma these events had invited into her life, Joan was also dealing with the fact that she had recently separated from her husband.

Part of the challenge we faced together in our therapeutic conversations was acknowledging and dealing with trauma’s double assault on Joan’s life: *politically* and *personally*.

This excerpt from a newspaper article which appeared in The Sunday Times of 25 May, 2003, gives some idea of the level of *political* trauma that Zimbabweans (and particularly MDC supporters) live with on a daily basis:

Allegations of sexual assault and rape by soldiers, torture in youth camps and the beating up of children are contained in a damning report on Zimbabwe compiled by the Australian government. The ‘Record of Abuse and Repression by the

Zimbabwean government', which is in the possession of The Sunday Times, was presented to a Commonwealth Ministerial Action Group meeting in London this week by Australia's Foreign Minister, Alexander Downer.

The report says Australian diplomats "witnessed what was clearly the result of several vicious beatings by army personnel, including beatings with sticks wrapped in barbed wire." It documents the "repression of the opposition"; how the March 2002 presidential election was rigged; the politicisation of food distribution; and infringements of civil and political rights, including the curtailing of media freedom.

The report says that over the past 18 months, 42 senior opposition Movement for Democratic change officials have been arrested and many of them tortured in custody.

It quotes a political report by a human rights group which documented 58 murders, 111 cases of unlawful detention, 170 cases of unlawful arrest, 67 cases of assault, 227 cases of abduction and 1 060 cases of torture.

The words of Rita Brock (1988:1) hold particular relevance for the situation in Zimbabwe: "To be alive today is to live in pain ... we live in a world come of age, a world no longer innocent about the suffering human beings can inflict on each other."

This is the situation that Joan faced and continues to face in Zimbabwe. It is a situation that invited trauma into her life and which led to her temporary exile in Cape Town, to her agreeing to a series of therapeutic conversations with me and to being prepared to be a 'case study' (Maykut & Morehouse 1994:174) on this research journey.

Welman and Kruger (1999:190) offer the following definition of *the case study* (a qualitative research method): "The term *case study* pertains to the fact that a limited number of units of analysis (often only one), such as an individual, a group or an institution, are studied intensively. The term does not refer to some or other technique which is applied. In hypothesis-testing research, we deal with the general and the regular. In case studies, on the other hand, we are directed towards understanding the *uniqueness* and the *idiosyncrasy* of a *particular case* in all its complexity."

Whilst I fully acknowledge the uniqueness and idiosyncrasy of Joan's story, from a narrative therapy perspective I find it difficult to think of our journey together as a 'case study'. This description of our journey together fails to imply what White (1997:131) describes as a 'two-way account of the therapeutic process', a stance that:

serves to undermine the rigidity of the power relation in the therapeutic context, and the potential for the power relation to approach status of domination. In challenging the hierarchy of knowledge, a two-way account of therapy establishes a context in which the potential for persons to experience their lives

as the objects of professional knowledge is diminished. In that this two-way construction of the therapeutic process introduces alternative relationship practices, it assists therapists to avoid the reproduction of the ‘gaze’ (Foucault 1973, 1979) in our work – the practices of evaluation, the documentation of person’s lives, the technique of remediation and correction.

As we were to discover, this ‘two-way’ account of our journey would be mutually beneficial. Not only did it contribute to the co-creation of thicker descriptions of Joan’s story, helping her to break free from what White (1997:132) calls ‘thin and deficit-centred descriptions’ of her qualities and purposes, it also acknowledged and honoured the contribution that Joan’s knowledges and unique gifts made to my own life. As White (1997:132) says, “...rather than constructing persons as recipients of whatever it is that therapists have to give, reciprocity is involved”. Joan’s amazing *hope* and optimism concerning the possibilities for a new Zimbabwe were contagious. Rather than buying into the dominant discourses that speak of Zimbabwe on the brink of inevitable economic collapse, I found myself beginning to believe in the possibility of new beginnings for that country. Similarly, the level of Joan’s faith that she was able to reconnect with shortly before returning to Zimbabwe, has helped to remind me of the importance of nurturing my own spirituality. Our journey together has enriched my spirituality and strengthened my resolve to carry this *torch of hope* into the therapeutic conversations I have with others whose lives have been impacted by trauma.

Transformative relationships or mutual transformation comes about when “there is the power of empathy and compassion, of delight in otherness, and strength in the solidarity of listening to others, bearing together stories of pain and resistance” (Welch 1990:135).

### **3.1.1 Getting started**

“A *journey of a thousand miles begins with a single step*” (Confucius cited in Quoteland.com).

In our initial conversation, I sensed Joan was not at all comfortable with the suggestion that a ‘trauma debriefing’ may be of value to her. This hesitancy, in my experience, has been a common response to people who have been told that they need to be trauma debriefed following some traumatic event in their lives. This insistence by others that trauma debriefing is necessary supports the dominant discourses around trauma that suggest the person is merely a ‘helpless victim’ and in need of ‘expert’ help. Discourses of this kind are disempowering of the individual and can in fact be re-traumatising.

Griffith and Griffith (2002:92) elaborate on why people like Joan may be reluctant at first to speak their stories of trauma: “words elucidate what people encounter in speaking

marginalised stories, the fear of being written off, the possible intrusion on intimate experiences, the risk of being called on to prove themselves, and, most tenderly, the peril of participating in hurting others they love.”

For Joan the peril of *participating in hurting* her husband invited in much fear and guilt. While it was not possible to completely compartmentalise the effects of the *political* and *personal* trauma Joan had experienced, the verbally abusive relationship with her husband became the topic of a separate therapeutic conversation.

However, after explaining to Joan the intended course of therapeutic conversations, Joan accepted the invitation to participate in this research journey. White and Epston (1990:16) remark that a request for help can be seen as the first step in breaking the hold of the problem on the person’s life. Joan’s acceptance of the invitation can be seen as the first step she took in breaking the stranglehold trauma had gained on her life.

As part of our journey together meant co-creating a more holistic form of ‘trauma debriefing’, perhaps it would be pertinent to look first at what *trauma debriefing* is and what it hopes to achieve. Part of this exploration will be highlighting the aspects of Mitchell’s (1983) Critical Incident Stress Debriefing (C.I.S.D) model that we have chosen to retain in our journeying together.

### **3.2 WHAT IS TRAUMA DEBRIEFING?**

*“Debriefing is an emotional defusing or ventilation of feelings in a controlled and safe environment” (Van Niekerk 1988:80)*

Trauma debriefing can be described as *early interventions* or non-clinical forms of *secondary prevention* for traumatised people. There are a variety of different approaches used, including information and advice, for example psycho-education; self help groups; concrete and direct help such as housing and financial assistance; psychological debriefing, crisis intervention, structured trauma counselling; and brief psychotherapy to name just some.

Elements of these interventions vary greatly. Some of the prominent elements are: emotional support, provision of information, a narrative approach, that is 'telling the story', confrontation with the event, expression of emotions, mobilizing personal networks and the emphasis on normal character of stress reactions.

The approach to trauma debriefing currently used by LifeLine is based on Mitchell's 1983 Critical Incident Stress Debriefing (C.I.S.D.) model (cited in Van Niekerk 1998:87). It is used with groups and where appropriate, with individuals who have experienced trauma. This approach was originally developed by Mitchell for use with fire fighters involved in disaster work. The debriefing process involves groups of victims of an incident or disaster recounting their impressions and understanding of the event in a systematic and structured form. The debriefing session is managed and facilitated by a debriefing team lead by a mental health professional. The debriefing process is designed to enable the victim to re-experience the incident in a controlled and safe environment in order to make sense of and become reconciled to the traumatic incident.

A common response after a traumatic event is the feeling of loss of control over one's own life. Through debriefing, the development of adverse reactions to trauma can be prevented by giving the victims back the perception and experience of control over their lives. This control is achieved by enabling the victim to integrate, at a cognitive and emotional level, the profound personal experiences brought about by the trauma. Where there are a number of people involved in the same incident, the sharing of feelings and information in a group debrief is particularly useful as it enables the individuals to feel less isolated, reduces the likelihood of scapegoating and encourages the acceptance of reactions to the trauma as natural (Van Niekerk 1988:83).

The debrief is a way of allowing the person to gain mastery of the disaster by actively redefining the experience and its consequences. The mastery experienced enables the individual to distance him/herself from the event. Through this process the traumatic experience can be brought to a conclusion. The debrief is also beneficial in that it provides an opportunity to identify individuals who may require further help or specialist trauma counselling (Van Niekerk 1988:83).

It is important to note that debriefing is not *counselling* or *therapy* nor is it a substitute for counselling or therapy. Whilst using some of the basic communication skills used in counselling, it is very different both in content and style to counselling. Firstly, the debriefing is highly structured with the debriefer retaining control of the process. Mitchell's model for example, consists of 7 distinct phases through which the person is directed. In the Introductory Phase, the process is explained to the participants. Mitchell stipulates that no notes should be taken during the session as he believes this ensures confidentiality. In the Fact Phase the participants are invited to share a factual account of the traumatic incident. In the Thought Phase, they are encouraged to recall their thoughts at the time of the trauma. In

the Reaction Phase participants are encouraged to share what their emotional and sensory responses were during the traumatic incident. In the next phase, the Symptom Phase the debriefer normalises the symptoms the participants may still be experiencing. In the Teaching Phase the debriefer helps identify possible coping mechanisms. Finally, in the Re-entry Phase, participants who appear at risk are identified and encouraged to undergo further counselling.

The debriefer in this approach is very much in the power position of expert. He/she judges when to end the one phase of the debriefing to move onto the next stage. It is deliberately managed in such a way that factual information can be delivered in detail without the participants being overwhelmed by emotional and other post traumatic responses. The debriefers will not interpret or challenge the underlying ‘meaning’ of the behaviours, thoughts or feelings. Instructive information and advice will be provided during the debriefing to help the traumatised persons understand their reactions and reduce the chance of further problems. Finally debriefing stands alone as a single psychological crisis intervention; it is not part of ongoing therapy.

Among the healing effects of debriefing listed by Van Niekerk (1988:84) are that it establishes hope. Participants realise that their feelings are normal and temporary, and that, in time, they will become their old selves again. Debriefing establishes universality. It assures people that it is a normal phenomenon that they are touched by trauma. It provides ventilation and catharsis. Group cohesion is healing, that there is a common goal of finding a safe harbour. Debriefing also provides information which improves the healing process.

My main concern with Mitchell’s model as it is currently applied in LifeLine is the total absence of a *spiritual* phase or any reference to the spiritual. With this gap, I am concerned that it may provide a *thin* description of the therapeutic process. A concern that grows when considering other criticisms levelled at this approach to trauma debriefing.

### **3.2.1 Dissenting voices in the dark**

De Jong, Ford and Kleber (cited in Kleber 2002:2) claim there is a growing debate whether acute trauma interventions are really effective. This discussion is particularly focused on psychological debriefing, but similar arguments are used in the discussion on the sense and nonsense of psychosocial trauma care in human aid and emergence care, such as practised by UNICEF and Médecins sans Frontières in former Yugoslavia and Sierra Leone.

Van Wyk (2003: lecture), a psychologist working for the Trauma Clinic in Cape Town, in a talk entitled “How to avoid avoidance” given at LifeLine, stated that he is not sure that trauma debriefing actually works at all. He stated that 90% of people who have experienced a traumatic event will return to normal on their own. In his opinion it is not the trauma per se that may cause Post Traumatic Stress Disorder (PTSD) but how the person deals, or does not deal, with avoidance. Rather than speaking in terms of trauma *debriefing*, Van Wyk prefers to speak of trauma *support*. He claims it is a sense of community, blankets, soup and other forms of assistance that help the person’s recovery process more than counselling.

In terms of my own experience of journey alongside co-travellers I would agree with Van Wyk that physical needs and a sense of community are important considerations but I disagree that ‘counselling’, or more to the point, therapeutic conversations, should not be part of the caring we offer. Even if we accept that 90% of people who have experienced a traumatic event will return to *normal* on their own, what of the 10% who do not? Surely we have a responsibility to care for all people who have experienced trauma? Perhaps rather than adopting the *either/or* logic, of binary oppositions, that Van Wyk speaks of, adopting what Derrida (cited in Burr 1995:107) refers to as a *both/and* logic would be a far more ethical position. Surely we need to address both the physical/community and emotional/psychological needs of those who come to us for care?

De Jong, Ford and Kleber (cited in Kleber 2002:2) state that *trauma work* is far too often viewed purely in terms of Mitchell's debriefing model, to which they believe most of the raised criticisms are particularly appropriate. As a result, other forms of counselling are often neglected. They believe concepts such as 'direct assistance', 'counselling', 'debriefing' and 'fast interventions' are used without any distinction and without proper attention to the differences.

De Jong, Ford and Kleber (cited in Kleber 2002:2) put forward a number of arguments to explain the apparent lack of positive results of debriefing and other forms of early interventions. Among these arguments is the possibility that the intervention is too early. Does it make sense to approach people so soon after a traumatic incident? Another argument is that there is too much emphasis on the expression of emotions. Does it really make sense to ventilate all their emotions directly after the incident? That important possibilities for pre-selection and screening are neglected, particularly when we consider that recent research shows that peritraumatic reactivity, such as vehement emotions, peritraumatic dissociation is a crucial predictor of later disturbances. Perhaps people who have just been victimized and who respond with this reactivity could be screened afterwards and, as a result, selected for different forms of care? De Jong et al (cited in Kleber 2002:2) also believe that many



psychosocial interventions lack proper and thorough follow-up sessions as they claim it has now become clear that one-session interventions are inferior interventions. An important argument they raise is that frequently the crucial role of the social context is neglected. As trauma does not occur in a vacuum, what of the need to restore the connection (e.g. trust) with the environment?

Attention is also drawn to what De Jong et al (cited in Kleber 2002:1) refer to as 'the tyranny of the concept of PTSD':

Posttraumatic stress disorder (PTSD) is frequently used in connection to traumatic events. The concept is well fitted to describe the serious and prolonged disturbances of individuals confronted with major life events. However, in spite of its popularity and accessibility, the concept of PTSD should be used with care. An analysis of human responses to extreme and catastrophic experiences solely in terms of PTSD has serious shortcomings. Not all disorders after traumatic events can be described in terms of PTSD. Recent research shows that comorbidity (e.g. depression, dissociative disorders, substance abuse) is far more prominent in trauma patients than was originally assumed. Moreover, it has been found that many people do not develop mental disturbances at all. The prevalence of mental disorders after extreme life events varies between 10 percent and 40 percent. An emphasis on PTSD overlooks the normal and healthy ways of adapting to extreme stress. The processes to integrate the traumatic experience should be, in principle, regarded as normal responses.

Perhaps this *tyranny of PTSD* has clouded the issue of the effectiveness of acute trauma interventions? De Jong et al (cited in Kleber 2002:1) question if in fact we have selected the wrong criterion? Most empirical studies with regard to debriefing and counselling show that all participants are very satisfied. This satisfaction is in strong contrast with the meagre results of controlled studies. Is it not possible that researchers and clinicians look to the wrong outcome variables? Are we not too much focused on prevention of posttraumatic stress disorder?

My co-traveller, Joan, expressed high levels of satisfaction with our journeying together. After returning to Zimbabwe, Joan and I corresponded by e-mail. Apart from providing a way of extending our therapeutic conversations (Epston 1998: 95)), these e-mail conversations allowed my thinking about Joan and the therapy to be as transparent as possible, and helped to make certain that I was not in the position of being seen as the main advocate for change in Joan's life (Epston 1998:100). In an e-mail, dated 12 July 2003, Joan wrote:

*Knowing that you cared and that you deal with people who have gone through 'trauma' enabled me to relax and find my way through all the confusion and pain I felt ... to talk it through helped me to unravel what felt overwhelmingly confused emotions and find out which way was up! You see I think I felt like I was deep under water and no matter how I tried to swim I was not sure if I was even swimming towards the surface. Your words and gentle guidance of my own*

*words, thoughts and emotions helped me slowly see the bubbles rising and slowly swim up to the surface. I might not otherwise have reached that place.*

Joan's words reminded me of Weingarten's (2001:124) commitment towards care: "care not cure will keep us floating in the ocean." It appears as though my caring for Joan, my allowing her space to tell her story, is what she found most helpful about our therapeutic conversations.

Perhaps part of Joan's apparent satisfaction with our journey lies in the fact that our focus together had not been on the prevention of post traumatic stress disorder so much as it has been on the encouragement of post traumatic growth.

### **3.2.2 Taking trauma debriefing into the light**

Choosing to focus on the healing possibilities of post traumatic growth (Kleber & Brom 1992) in our more holistic approach to therapeutic conversations about trauma has been greatly facilitated by introducing a number of key narrative therapy practices. These will be briefly reviewed before going on to discuss how they can be effectively used in conjunction with spiritual considerations.

### **3.3 THE TORCH OF NARRATIVE THERAPY**

*"Narrative work is based on the belief that the stories we hold about our lives are mined from our relationships and experiences, both past and present, and that these stories shape our present experience and future possibilities"* (Epston 1998:214).

Of all the narrative therapy practices available to us, the concept of *externalisation* seemed the most appropriate to begin the therapeutic conversations I had with Joan. David Epston (1998:40) identifies *externalisation* as one of the most significant of narrative therapy practices:

If I am to restrict myself to only one aspect of White's work that I have taken over, it would be that of 'externalising the problem'. This is summarised by his own maxim: "The person is not the problem, the problem is the problem." This provided a rationale and a practice to position myself in therapy, that is, to be on everyone's side at the same time and to act with commitment and compassion against the 'problem', whatever the problem might be. It freed me from the constraints of some of the prevailing practices that I found distanced me from the family and reduced my fervour.

#### **3.3.1. Externalising the problem**

*Externalisation* helped break the habitual reading and retelling of the problem-saturated story as residing within Joan. Rather than describing Joan as a 'traumatised' person, we spoke of

her relationship with trauma. We also identified other unwelcome cohorts of trauma that had been invited into her life. These cohorts were fear, confusion, guilt and isolation. By personifying her story in this manner and giving trauma an existence as a separate entity that merely influences her life, Joan appeared to gain a sense of personal agency. It seemed as though *externalisation* helped to loosen the grip of helplessness and the sense of loss of control that the trauma had invited into Joan's life.

Externalisation was particularly helpful in our conversations concerning her relationship with her husband, Mike. I was careful to ask questions about the relationship itself and not about Mike. Epston (1998:68) refers to "double externalisation" where one externalises the problem(s) the partners are experiencing as well as the relationship itself. Through externalising the relationship itself I attempted not to assign guilt, blame or pathology to either Joan or her husband, Mike. This appeared to help Joan speak more freely about what leaving Mike had meant to her:

*I feel sick even now thinking about it (the actual leaving). I hate the thought of hurting him. It felt like I had chopped an arm off (referring to the 'relationship')...but it was a horrible, septic, gangrenous thing that would poison my whole body ... I thought I would die if I didn't cut off that arm.*

Epston (1998:215) describes an externalising conversation of this nature as being:

rich in powerful linguistic descriptions that are so at odds with many conventional ways of thinking, talking, acting, wishing, needing, wanting and evaluating in relation to problems that they often catalyse a swift and fluid transit into new meanings, new observations, and fresh storying. In other words, these descriptions are alternative constructions of reality that enrich the future possibilities available to the person.

The use of metaphor is another useful narrative practice.

### **3.3.2 Metaphors**

The use of metaphors in our narrative therapeutic conversations proved to be very helpful. Lakoff and Johnson (1980:36) write: "a metaphor is perhaps the most useful way we have for comprehending partially what cannot be comprehended totally: our feelings, aesthetic experiences, moral practices, and spiritual awareness."

Freeman, Epston and Lobovits (1997:62) point out how there has been a shift in the type of metaphors used in narrative therapy. Previously metaphors used for approaching problems tended towards the competitive and aggressive, often capturing the idea of expelling a problem from a person's life. The kind of language used would be for example "fighting", or

“kicking out”. More recently these “power over the problem” type metaphors are thought to support tendencies towards domination, competition, and aggressiveness in social relationships. “They may also, through their heavy-handedness, discourage a lighter more playful approach” (Freeman et al. 1997:62).

Whilst still initially tapping into the “power over the problem” type approach, using the metaphor of a “dragon” provided us with a more playful way to describe the presence of trauma in Joan’s life. This metaphor seemed to help provide a physical image of what the trauma in Joan’s life was like. The dragon metaphor at first enabled us to speak in terms of ‘slaying dragons’ as a metaphor for Joan’s overcoming of problems, but later the metaphor became one of ‘caging dragons’, love being the cage, in order to explore the type of relationship Joan would prefer to have with Mike. Using the dragon metaphor in this way was more in keeping with the preferred use of metaphors that Freeman, Epston and Lobovits (1997:62) describe as a “power in relation to the problem” metaphor. These excerpts from my letter to Joan dated 28 April 2003 demonstrate how the dragon metaphor was used in our therapeutic conversations. I wrote:

*You used the metaphor of ‘dragons’ to describe what it took to actually leave. You described it as having to slay two dragons. The first dragon was the abusive part of your relationship with Mike... You described the actual physical ‘leaving’ as the second dragon you had to slay. Fear and doubt had you almost deciding to change your mind...*

Using the metaphor as a “power in relation to the problem” approach was highly effective in allowing us to invite in more hope-full ideas into our conversation. Playing on the story of St. George, “the dragon slayer”, and at a point in our journey when Joan was confused about her feelings for Mike and whether or not she would return to him, we used the same metaphor to introduce other possibilities:

*.... when you look towards the gate (of the home Joan set up on her own just before leaving Zimbabwe) what is it you see? Do you see a dragon at the gate (the abusive aspects of your relationship with Mike) – or a ‘St. George’ – the Mike you later described as ‘my best defence and my knight in shining armour’?*

The emphasis on language in narrative practices also opens up the possibility of unique outcomes.

### **3.3.3. Unique outcomes**

Believing that no normative story can account for all our lived experience, White and Epston (1990:74) suggest asking questions that search for “unique outcomes” or “sparkling moments”, instances and examples in the person’s lived experience that are inconsistent with

the problem-saturated story. This can be construed as helping persons re-author their lives. Through the evidence of unique outcomes and the request to explain the unique outcome, groundwork is laid for *alternative stories* (White & Epston 1990:17), which are available to be performed, repeated, or enlarged upon. Persons are thus invited to be “an audience for their own performance of these alternative stories,” which can enhance “the survival of the stories and the sense of personal mastery” (White & Epston 1990:17).

Joan was struggling a great deal with the voice of guilt while staying in Cape Town. She said she felt as though she had deserted her people, and that it was not right that she had left them to suffer while she just ‘blobbed’ in Cape Town. Her problem-saturated story was full of talk of ‘not having done enough’ to further the cause of the MDC Party in Zimbabwe. It was in the telling of her story that several ‘sparkling moments’ (White & Epston 1990:74) emerged for Joan. Rather than being overwhelmed by a sense of not doing enough, she became aware of examples of her effectiveness. Being recognised by a street hawker seemed to be of particular significance to Joan. She remarked that it was for people like this street hawker that she was fighting for the MDC. I summarised these sparkling moments in my letter to Joan dated 30 April 2003:

*You said you were worried about ‘not doing anything’ at the moment as if you had not already done an incredible amount. I am thinking of how in the midst of your own personal trauma, you were able to gather five teams of people to paint banners. I am thinking about the song you wrote and performed at rallies (a song someone in prison with Mike spontaneously began to sing). I am thinking about the street hawker who recognised you on the street when you were on the run from the police, saying: “Hey, Tshisa Mpama!”*

[Tshisa Mpama is the official slogan of the MDC Party, which if translated into English would mean “the hand is hot”. The official symbol of the Party is a raised open hand, denoting openness and transparency. The slogan and raising of an open hand are often used as a greeting between MDC supporters].

These ‘sparkling moments’ I believe helped to thicken the alternative story we were co-authoring together on this journey and contributed to the way Joan was preferring to speak of *the guilt*. In our final therapeutic conversation Joan said:

*I am being kind to myself now. I have realised I can’t do anything else right now. It’s like a little light bulb went on. I was worried about being here in Cape Town, now I feel differently. Hey, I’ve separated from my husband and I’ve been chased by the police after all! I still find it difficult when I think about those still suffering but I’m putting the guilt away.” Laughing, Joan added: “It’s not easy though because I’m so good at guilt. I’m an expert!”*

Another narrative practice that helps ensure the person’s story remains centralised in our therapeutic conversations is to adopt a not-knowing position.

### 3.3.4 A not-knowing stance

Another aspect of the narrative approach that I experienced to be effective in my therapeutic conversations with Joan was adopting what Anderson and Goolishian (1992:30) refer to as a 'not-knowing' position. Rather than claiming to know what Joan was experiencing or imposing previous knowledges about how people respond to trauma on her, I remained focussed on her own unique experience as it is unfolded in context and on her explanations. Apart from giving Joan a greater sense of agency in our therapeutic conversations, this approach seemed to help provide a much thicker and richer description of the emerging alternative story (Anderson & Goolishian 1992:30).

I listened with genuine curiosity to Joan's story of life in Zimbabwe as a MDC supporter. Having left Zimbabwe myself in 1988 I felt like an 'outsider'. Since 1988 Zimbabwe has undergone several changes, the most notable being politically. Whilst fully supporting the need for an opposition party such as the MDC, I have no firsthand knowledge of it. Adopting a 'not-knowing' position was therefore easy in regard to the political aspects of Joan's story. Remaining neutral and choosing to focus on Joan's meaning making in regard to the relationship with her husband was perhaps more challenging. Joan said she felt there was enormous pressure from her family and friends not to return to Mike. My 'not-knowing' stance appears to have played a particularly helpful role. When Joan asked me what I thought she should do, I replied: "It doesn't really matter what I think, or what your family thinks, what's important here is what do you want to do? What does Joan want?" Joan later told me that she felt this question was a major turning point for her. Later she told me:

*I want to go back (to Mike) and do it differently. It was a main turning point for me when you asked: "What does Joan want?" I want to go back to a new Mike. He wants to be that for me.*

This not-knowing stance would also prove to be important when it came to conversing about Joan's spirituality. As Griffith (1995:126) points out "...if 'I think I know' the basic story of someone's experience with God, I am probably beginning to close off therapeutic possibilities. I then risk joining forces of cultural oppression that would instruct and censor what could be spoken". Knowing Joan was a Christian I could have assumed that God would be an important resource for her. However, it was only through my adopting a not-knowing position at the beginning of our journey together and being genuinely curious about Joan's spirituality that she felt safe enough to voice her anger with and sense of distance from God. A starting point from which we could then deconstruct or unpack the reasons for this and explore preferred ways of being connected with God.

The final narrative practice I would like to single out for its effectiveness in this research journey is letter writing.

### 3.3.5 Letter writing

In terms of narrative practices, I introduced the letter writing practices of Epston (1998:95) into our research journey. In the Mitchell model, trauma debriefers are strongly advised not to take notes of any kind during the session. This is to help build a sense of trust that what is shared in the session will remain confidential. However, I believe that the benefits of being able to send a narrative letter to the person after a therapeutic conversation far outweigh these reservations. I believed it would be possible to preserve confidentiality and increase the sense of trust through letter writing. I explained my thinking to Joan and asked her permission for me to take notes during our therapeutic conversations so that I could follow-up these conversations with a letter. Joan gave me her permission, and later, having recognised the healing value of these letters, gave her permission for me to include copies of them as part of the documentation of our research journey together. I wrote four letters to Joan, one after each of our therapeutic conversations. Copies of these letters are included in the appendixes.

Epston (1998:95) explains that narrative letters provide a way of ‘expanding the conversation’ beyond the confines of the therapy session. There are many benefits to this:

...the words of a letter don’t fade and disappear the way conversation does; they endure through time and space, bearing witness to the work of therapy and immortalising it. A client can hold a letter in hand, reading and re-reading it days, months and years after the session. I have had clients tell me that they regularly re-read letters I sent them years ago to remind themselves what they have endured, how far they have advanced their lives, and the extent to which they considered themselves to have changed.

My letter writing to Joan not only helped to expand our conversations but also to readdress areas that she felt I had not adequately captured in my letters to her. Joan’s response to my first letter allowed us the opportunity to dedicate our second therapeutic conversation to expanding an area she felt we had not addressed in sufficient depth. In my letter to Joan dated 28 April 2003, I wrote:

*While you said it was helpful to look at the events from different perspectives, you did feel that the actual ‘leaving’ was somewhat understated. You thought it did not do justice to the pressure, the pain, the stress and the anxiety that were invited into your life by both the abusive aspect of your relationship with Mike and the act of leaving him. Perhaps I may use this letter to address these aspects of the trauma you have experienced of late and their effects on you ...*

This was also an important reminder of the importance of constantly checking with Joan, my co-traveller, that the content and course of our conversations were of benefit to her. In this regard Kotzé (2002:18) also reminds us that “those who have a voice and power have an ethical obligation to use the privilege of their knowledge/power to ensure participation with the marginalised and silenced, to listen to them, but not to decide for them, and to engage in participatory solidarity with them”.

Joan’s feedback in regard to the letters we co-authored together resonates with the benefits Epston (1998:95) has described:

*The letters were great and remember what I said about unravelling the wool? I feel very certain that the letters had a HENGUVA lot to do with the unravelling! Remember I shared how there were almost blanks sometimes to do with "traumatic " encounters I had? I have often found even in the recalling of them I would wonder afterwards what I had shared or what the session of counselling had been about like there were even blanks to do with that time. But with you taking notes, me explaining more than once and then you writing letters made the world of difference. I not only could remember what was shared and what it meant to me but also you would often have a way of helping me understand my self or the experience or the hope there was to make something good out of a bad thing! Best of all though I reread the letters and still find something new or a new hope or see how far I have come since I felt that way. I think I will keep them forever and I sincerely wish that all people who were counselled could have such letters.*

Joan also made a very interesting observation. She pointed out that she was not the only one to benefit from the letter writing we co-authored:

*“By the way I also believe your letters showed insight into my situation and that in writing them you also found a clarity and understanding of my story!”*

I was so focused on wondering what the benefits of these letters were to Joan, that I had completely overlooked their value from my own point of view. They had indeed helped me to clarify aspects of Joan’s story for myself. As the majority of the trauma debriefings I am involved with at LifeLine are confined to a single conversation, having a letter encapsulating that one interaction would seem beneficial. Again this is something that other research co-travellers, such as Rosie (see chapter 4), have confirmed.

It was by taking these narrative practices and combining them with an openness to talk of spirituality that my co-travellers and I co-created a narrative pastoral approach to trauma debriefing.



### **3.4 CO-CREATING A NARRATIVE PASTORAL APPROACH TO TRAUMA DEBRIEFING**

*“In therapy with a religious person, or a religious family, the challenge is to find a way for God to enter the therapy room more overtly, and for God’s voice to enter the interpersonal conversation more explicitly”* (Griffith & Griffith 2002:114).

For those of us who wish to incorporate an element of spiritual awareness into our therapeutic conversations with trauma survivors, Decker (1995:2) sounds several ‘cautionary notes’. These include the observation that the role of the therapist and/or pastoral counsellor is to facilitate rather than direct. Effective facilitation demands that one’s complete, undivided, and unbiased attention be given to the perspective of the patient [co-traveller] (Decker 1995:2). Those who respond to the spiritual and faith needs of trauma survivors must avoid any theological reflections which might cause the victim to associate trauma with divine punishment. Identifying ‘punishment’ as the reason for the trauma is not generally helpful in therapy (Decker 1995: 3). Above all, those who attempt to counsel and respond to the faith needs of trauma survivors must offer observations and insights which are genuine and personal. Pious platitudes are certain to be dismissed as inauthentic and contrived. Spiritual counsel must be real, logical, and purposeful. It must allow for ‘continuity and unity’ in one’s life of faith (Decker 1995: 3).

Bearing Decker’s cautionary notes in mind, I took a closer look at Mitchell’s Critical Incidence Stress Debriefing model in order to see how spirituality could be combined with it.

#### **3.4.1 Retaining elements of Mitchell’s CISD Model**

There are several aspects of Mitchell’s (1983) Critical Incident Stress Debriefing model that I retained and which Joan appeared to find helpful. The various stages or different perspectives from which the traumatic event is viewed appears to work well in that it gives our therapeutic conversations a structure or form to follow. However, where we have differed from the Mitchell model is by inviting talk of spirituality and in how we approach the debriefing process. Rather than dictating or guiding the co-traveller through these stages, we prefer to co-author each step of the way, checking constantly that my co-traveller is comfortable with the way the conversation is unfolding.

A useful analogy I have adopted to explain how we journey together through the various stages is to liken the process to watching the traumatic incident(s) on a video tape. We view the ‘tape’ together firstly from the perspective of an uninvolved reporter, that is my co-

traveller is asked to recount their story from a very factual and detached perspective. When the story has been told to the satisfaction of my co-traveller from this perspective, we then ‘rewind’ the tape and tell the story from a cognitive perspective, that is asking my co-traveller to recount all the thoughts that passed through their mind at various points throughout the story. Once the story has been told in full from this perspective, the ‘tape’ is rewound once more to the beginning and the story told from an emotional perspective, how the event was experienced on a sensory and emotional level. The utmost care is taken to ensure the co-traveller is not forced to speak the unspeakable and only tells the story on a level they feel comfortable with. Finally, I would tentatively ask questions pertaining to their spirituality, asking, where appropriate, if this was something that helped them during the traumatic event. In my experience of therapeutic conversations about trauma, raising the subject of spirituality is often met with surprise but is a welcomed topic.

Perhaps one of the most notable changes we made in the co-creation of our preferred trauma debriefing model was to address the power/expert position that the debriefer holds in Mitchell’s model.

#### **3.4.1.1 Who has the remote control?**

One of the main differences in the approach we have co-authored, is that the debriefer no longer directs or guides the process from the position of the *expert*. The remote control, as it were, is firmly in the hands of the co-traveller at all times. White (1995:85) claims a narrative approach creates space for the expression of distress, but not for the theory of catharsis which “obscures the critical dimensions of meaning” as a driving force. Rather than a *re-living* of the traumatic event, our narrative pastoral approach can be seen as a *re-viewing* of the event from different perspectives. It is in this *re-viewing* process we were able to spot the ‘sparkling moments’ or ‘unique outcomes’ (White & Epston 1990:74) in Joan’s story that I have touched on earlier. It was these moments that provided us with the tools necessary to begin constructing a preferred or alternative story, a story that helped provide a ‘robust’ rather than ‘fragile’ sense of self for Joan (White 2002:12).

When we reviewed our research journey together, I asked Joan if the technique of re-viewing the traumatic events from the different perspectives of facts, thoughts, emotions had been helpful, her response was:

*Yes it was helpful to follow the structured format because although reliving parts of my experiences was painful, the more I recounted the facts and thoughts, the more sense it made and the more I understood my feelings and where they came*

*from and what I needed to do with them. It was kind of like unravelling a ball of knotted wool and getting the strands into one long manageable length!*

Our next step was to look at how we add spirituality to our model of practice.

### **3.4.1.2 Adding the light of spirituality**

*“The spiritual journey of the client is nearly always a reflection of important themes in that person’s life” (Lyll 1995:84).*

Choosing to invite in talk of spirituality has provided another significant difference to the Mitchell trauma debriefing approach. Clinicians such as Ochberg 1993; Scurfield 1994; Silver and Wilson 1988 (cited in Wilson & Moran 1998:172) have suggested that various religious and belief systems can facilitate a recovery from significant psychological trauma and PTSD. Therefore, those who respond to victims must develop a holistic or interdisciplinary model for the assessment and treatment of psychological trauma. This holistic and integrated model should address the needs of the wounded soul and empower the spirit of the survivor. Wilson (cited in Wilson & Moran 1998:172) believes “a holistic model of response and treatment creates for the victim a sense of continuity in space and in time between pre-trauma faith and the post-trauma spirituality and belief system. This holistic model promotes physical, psychological, social, moral, and spiritual healing in healthy, non-pathological ways.”

The challenge as a pastoral therapist working in the field of trauma is to establish and sustain an environment in which traumatised co-travellers can re-examine, re-evaluate, and perhaps change their spiritual assumptions and beliefs. Part of this process may even cause a rekindling of faith. Wilson and Moran (1998:173) believe that such an environment allows trauma survivors the “opportunity to experience a new vitality and develop a new perspective on life and the world. This environment provides the survivor with a purpose and balance that generates rather than extinguishes a healthy and life-promoting spirituality. In turn, a deepened, better informed, and more meaningful spirituality can integrate the force of overwhelming trauma in a manner that allows for a more accurate, more authentic, all encompassing, and sustaining faith.”

Joan’s initial response to my questioning her about her spirituality was very tentative and non-committal. When I asked her where she saw God in her story of trauma, she replied: *“I haven’t really considered God too much in all that’s going on.”* Joan then added: *“I can put God in my country but not in my relationship with Mike.”*

In our final therapeutic conversation I asked Joan if her spirituality had changed from the 'distant relationship' with God she had described initially. Joan said:

*My old spirituality was shallow – not much reality. I want a 'feet-on-the-ground spirituality' now. I want to be a hands on Christian. I used to love the Lord ... I could speak spiritually, but I think I was too heavenly minded to be any earthy good! My Christianity was sincere but airy-fairy.*

I do not claim that inviting spirituality into our therapeutic conversations provided a 'miracle cure' for Joan. As Mahedy (cited in Wilson & Moran 1998:173) claims the treatment of clinical symptoms may not even alleviate the spiritual and religious difficulties evoked by psychological trauma and PTSD. The benefit, however, appears to be by acknowledging and including the spiritual dimension in a holistic approach to therapy, we can "aid the trauma survivor greatly as he or she attempts to reclaim his or her world" (Mahedy cited in Wilson & Moran 1998:173). Joan's spirituality seemed to have undergone a political re-awakening, a realisation that through her spirituality as well as her political beliefs, she could make a difference. As she put it:

*Now I want to be a Christian who deals with some realities. Churches in our country say "just pray for God's will to be done" but they don't speak up or out against the evils. I need to live my Christianity now rather than just talk it.*

Joan's words resonate with Roussouw's (1993:903) challenge that as Christians we need to move from a position of 'being right' to 'doing right':

A Christian understanding of the world can never be anti-human. On the contrary, it should always be able to claim that it is the best available approach to ensure the fullest development of human potential in all stations of life.

(Roussouw 1993:903)

Opening the door to spirituality, even when it is built-in to a narrative pastoral approach to trauma debriefing still needs to be handled with the utmost sensitivity.

### **3.5 Broaching the subject of spirituality**

McCann and Pearlman (cited in Wilson & Moran 1998:174) point out the importance of recognising that traumatised persons may be reluctant initially to articulate spiritual feelings:

Some who feel they have been abandoned by God or their Higher Power fear their anger and bitterness will be perceived as irrational. Some who are struggling with survivor guilt fear that expressing their thoughts and feelings will afford the therapist an opportunity to confirm that the immensity of their perceived sinfulness will not tolerate divine forgiveness. Similarly, such persons may associate the therapist with a heavenly judge, ready and eager to punish them for their transgressions during the traumatic event. Those who are disillusioned may have abdicated their spiritual creeds because they find little in which to believe. Still others may be reluctant to discuss issues of faith and spirituality because the severity of their trauma has left them feeling unprotected, unworthy, and oftentimes disconnected from the Divine.

McCann and Pearlman (cited in Wilson & Moran 1998:174) caution that issues such as these must be probed slowly and carefully: “Unhealthy spiritual feelings and inaccurate or immature perceptions of God should be examined in therapy but only in a timely, prudent, and sensitive manner. A premature scrutiny of the spiritual beliefs and feelings of the victim may be perceived as a lack of empathy or lack of concern on the part of the therapist.”

I was curious about how Joan was able to ‘put God in her country but not in her relationship with Mike’. When I asked her to explain this to me, Joan said: “*God is far away ... not really. He is in certain boxes.*” Even more curious now, I asked her why God was in certain boxes, to which Joan replied: “*I am cross that He is male! I am struggling with males... dominant males like Mike telling me what to do and preaching at me!*”

Feminist theologians are prophetically resisting male models of God because of comments made by women such as the comment above made by Joan. Raphael (1996:146) comments on the use of male models of God: “Feminist theology argues that these models reflected injustice from the outset, and have, in their obsolescence, not merely ceased to inspire faith but have actually corroded it.”

It would seem that a male patriarchal model of God has resulted in Joan not celebrating her faith and commitment towards a *male* God. In order to move beyond the voice of patriarchy that appeared to be blocking Joan’s connectedness with her spirituality, we deconstructed or *unpacked* (Bruner 1986:121) together the question of God’s ‘maleness’. I asked Joan if men and women are both made in the image of God, is it possible for her to consider God as both male and female or neither perhaps? This was something that she said she could not quite get to grips with. Coincidentally, shortly after our conversation Joan attended a Mother’s Day service with her family at which the minister spoke of the ‘motherhood of God’. This and the fact that Mike was now in counselling seemed to have helped shift Joan’s thinking. As she put it:

*I didn’t like the ‘maleness’ of God and yet when I saw this strong man of mine trying sincerely and humbly to change, I could see a goodness I’ve always known inside him. This helped me to see God differently too.*

Raphael (1996:147) refers to Rebecca Chopp’s words when describing how, through the deconstruction of the white, male imperialist model of God, it has helped women to speak, “her self, her desires, her time and space, her hopes, her God.”

Smit (cited in De Guchy & Villa-Vicencio 1994:49) says many people, especially women, have had such negative experiences with a male and father-dominated society that they totally reject the notion that God is a 'Father'. This notion is patriarchal and oppressive, they argue Alywyn Marriage (cited in DeGruchy & Villa-Vincencio 1994:72) in her book *Life-giving Spirit: Responding to the feminine in God* provides us with another example of God's capacity for being a mother – ascribing “femininity and fecund motherhood to the Spirit of life” (Marriage cited in DeGruchy & Villa-Vicencio 1994: 72).

Feminist theology intends to borrow spirituality nourishing images of God and as such “celebrate an inclusive multiplicity of images of God, including male images that are not predicated upon domination and those which make no reference to gender at all” (Raphael 1996:149).

Beliefs are important instruments through which a discourse constructs the life-worlds in which people live. As we experienced, *deconstruction* helped Joan to unpack her negative perception of God because of his apparent *maleness*.

Deconstruction is not intended to and should not destroy the belief, but rather enrich understanding and provide choice as to the role the belief ought to play in the person's life. The meaning and influence of the belief can be transformed once a person understands its historical and social contexts. With this shift, new openings often appear for resolving old problems.

(Griffith & Griffith 2002: 152)

It was through this unpacking process that we were able to co-author a preferred view of God for Joan.

### **3.5.1 Co-authoring preferred stories of spirituality**

The empirical sciences of psychology and psychiatry have demonstrated consistently that recovery from psychological trauma depends greatly on the ability of the survivor to establish a sense of continuity between the pre-trauma past and post-trauma present (Wilson & Moran 1998:175). It seems reasonable to conclude, then, that renewing or rebuilding shattered faith depends on us being able to co-author an alternative or preferred story (White & Epston 1990:74) that connects their pre-trauma faith and spirituality with post-trauma religious feelings and belief in a unified and harmonious fashion. Carlson and Erickson (2000:75) elaborate on the effect of re-authoring questions:

According to the people who consult us, these re-authoring questions have had a very powerful impact on their lives. They have shared with us that having a sense of personal agency in noticing and/or receiving blessings that have come into their lives has helped them believe and feel that God does love them and

they are worthy people. These conversations can often be emotionally moving and faith promoting.

When I asked Joan about her pre-trauma faith she said she used to love the Lord. When I asked her how she would describe the Lord at that time, she used the term “gentle Jesus”. In our final therapeutic conversation, Joan felt far more connected to her faith again. Her re-connected faith however seemed to have several important differences. Joan said:

*I want to live my Christianity now rather than just talking about it. Before, I didn't really know where I was going. Now I have a path to try.*

Significantly, in our final therapeutic conversation Joan also stressed that she no longer cared for the description “gentle Jesus”. Rather than an image of ‘gentle Jesus meek and mild,’ perhaps the image of Jesus that Joan could now more readily identify with in the situation Zimbabwe finds itself in, is the description Yancy (1995:15) refers to in the introduction to his book *The Jesus I never knew*: “Those in authority, whether religious or political, regarded him (Jesus) as a troublemaker, a disturber of the peace. He spoke and acted like a revolutionary, scorning fame, family, property, and other traditional measures of success.” Apart from connecting with the non-patriarchal image of Jesus (see chapter 2), Joan could perhaps also more readily identify with the image of Jesus as a *political activist*.

Pattison (1993:88) points out that pastoral care has social and political implications and consequences and that sometimes the only truly pastoral action is political action. Selby (cited in Pattison 1993:89) provides two reasons why pastoral care cannot accept how public and private spheres have become very detached from each other in contemporary society:

First, God is to be found in, and is concerned about, both areas (if he is not, he is not a universal God). To be concerned only about the private but not the public in pastoral care is therefore a fundamental theological error. Secondly, human beings are at all points in their lives inextricably bound up with, and formed by, social and political groupings.

To have ignored Joan’s active involvement with the MDC Party in Zimbabwe in our therapeutic conversations would have been a limited and partial form of therapy or as Selby puts it:

To presume to care for other human beings without taking into account the social and political causes of whatever it is they may be experiencing is to confirm them in their distress while pretending to offer healing.

(Selby cited in Pattison 1993:90)

My hope is that the pastoral care that Joan experienced within the context of our therapeutic conversations empowered and inspired her with a “liberating and subversive vision which

enables [her] to see that things can be different and that faith and vulnerability are possible and worth fighting for in this world” (Selby cited in Pattison 1993:91).

Finding ways to help Joan hold on to her renewed and strengthened spirituality became an important aspect of our therapeutic conversations.

### **3.5.2 Fanning the flames of faith and hope**

According to Wilson and Moran (1998: 175) familiarising oneself with the spiritual history of the victim [trauma survivor] will enable the therapist to explore post-trauma faith experiences with an informed sensitivity and awareness .

Informed, aware, and sensitive to faith and spirituality issues, the therapist can help the survivor to reformulate, rebuild, and renew faith in a manner that will enable the individual to integrate the traumatic event into the totality of his or her spiritual history. Bridging the gap between pre- and post-trauma religious beliefs, experiences, and practices enables the survivor to integrate the traumatic experience spiritually and develop a more mature and abiding faith.

(Wilson & Moran 1998:175)

For Joan this bridging of pre- and post or perhaps more correcting *on-going* trauma meant identifying the important characteristics of her religious beliefs and getting back in touch with them. As Joan put it:

*I don't want to give up on the original things I believe in – hope, love, mercy – but especially the hope. I would like to use my hope to encourage people to overcome things.*

Recognising the source of her hope lay in her relationship with God, Joan realised the importance of getting this relationship right. Carlson and Erickson (2000:70) point out that the way a religious/spiritual person views God's perception of him or herself as a person plays a powerful role in the development of a relational identity story. For example “if a woman thinks that God is disappointed with her or that God thinks she is a worthy person, it will have a powerful influence on her story of herself”(Carlson & Erickson 2000:70). To Joan it was important that God see her as a person of hope - the hope that the trauma of the last few weeks had tried to rob her of. Joan wanted to reclaim the hope she had expressed in the lyrics of her song “Bayajabula” (many celebrating):

The hope it is rising  
Tshisa mpama  
The hope it is rising  
Tshisa mpama  
The evil is dying  
Our God He is hearing  
Our voices uniting



The people they're standing  
Chinja maitiro  
The times they are changing  
The times they are changing  
*Arise now, Zimbabwean people*  
*Arise now and be counted*  
*Arise now, Zimbabwean people*  
*Arise now and be counted*  
The light it is shining  
Tshisa mpama

(Excerpt)

By inviting spirituality into our therapeutic conversations we hoped to unfold, clarify, transform, renew, and rebuild a viable and fulfilling relationship with a complex God who cannot be experienced fully or comprehended totally (Wilson & Moran 1998:175). As I journeyed alongside Joan, we sought ways, as Wilson and Moran (1998:175) put it: “to recognise and accept that, although the Divine cannot be explained fully or understood totally, the magnificent presence of the God one knew obscurely (before the trauma) can be experienced in the depths of one’s soul.”

In her reflections of our research journey together, Joan elaborated on what inviting spirituality into our conversations has meant to her:

*It was helpful to speak of spiritual matters even though I was fed up with God at the time and did not really even want to include him in any of these chapters in my life .I have always had a very deep love and desire for God to be in my life and I just needed to have the tarnished surface of bitterness polished away (which I think was done by your own sincere love of God and your knowledge of his goodness and availability to be the God I remember). I think my own hunger to have his ways in my life again were just under the surface. I think that sounds a bit silly but I hope you understand what I mean? Also your expressing back to me that I could trust God for my country but not for my marriage gave me food for thought. I have since put my trust in God for my marriage and the fruits are incredible! In fact, it is a miracle to me! (Now it seems God is struggling a bit to sort out our country and another miracle of huge proportions is needed!)*

A narrative therapy practice that appears to have really helped Joan rediscover her relationship with God was ‘re-membering’ (Myerhoff 1982:240).

### **3.6 Re-membering and Personal agency**

Tomm (cited in Carlson & Ericson 2000:74) found that helping religious/spiritual people internalise personal agency concerning the blessing of their lives can be a powerful tool to fighting the destructive influence of the problem and helps open space for a preferred identity story about their relationship with God. Within the narrative approach ‘therapy is seen as

indicated when a form of agency over one's own life has been lost' and where the therapist aims to assist in restoring, finding or enabling agency on the part of the client (Drewery & McKenzie 1999:135). When we began our journey together, the *personal* and *political* trauma present in Joan's life appeared to have undermined her sense of agency. This coupled with her statement: "*I can put God in my country but not in my relationship*", brought to mind Drewery and McKenzie (1999:134) comments:

Concerned with personal agency, therapists are challenged when clients position themselves as passive objects of God's agency. 'For reasons pertaining to their relationship to authority and their presumed restricted capacity for choosing their own actions, persons who defer to religious authority in fundamental ways can provide a serious challenge to the psychotherapist [narrative pastoral therapist].

Often personal agency can simply come from realising or noticing the blessings God has given them, that they are agents and have the choice to see God in their lives or not. Additionally, this sense of personal agency comes from seeing the deceptive tactics of problems that have kept them from seeing the blessings God has given them. For many people, realising that they have taken steps of faith or action that resulted in these blessings can also be powerful (Carlson & Erickson 2000:74). Thus in circumstances where the person has no personal agency the therapist aims to, through deconstructive questioning, place them "in active, dialogical relationship with God, rather than the one-way model ...[that was] presented originally"(Drewery & McKenzie 1999:141).

It was in the harrowing details of Joan's story of being tracked down by the police that we were able to identify several blessings that appeared to indicate God's handiwork in her life. Apart from seeing these blessings, it was important for Joan to acknowledge that she had decided to act on these signs and as such was also the active producer of her own solutions, reinforcing her experience of personal agency in a *dialogical relationship* with God (Drewery & McKenzie 1999:141). This search for God's handiwork in her life has also provided Joan with the experience of being *re-membered* (Patton 1993:28) by her God. "Re-membering" is a term that has been borrowed from cultural anthropologist Barbara Meyerhoff (1982:240). She defines it as:

To signify this special type of recollection, the term 're-membering' may be used, calling attention to the reaggregation of members, the figures who belong to one's life story, one's own prior selves, as well as significant others who are part of the story. Re-membering then, is a purposive, significant unification.

We listed the 'blessings' that indicted God's handiwork in Joan's life in a letter dated 30 April 2003:

*The fact you were supposed to fetch Megan [Joan's daughter] from school at 3pm but had a call from her asking you to fetch her at 4pm rather. This change in*

*time meant you were not at your new home when the police arrived there looking for you;*

*The fact that you had been to a self-defence training session the day before the police arrived at your gate in which you were taught exactly what to do in precisely that situation: not to turn on lights, not to let them know where in the house you are etc;*

*The fact that Megan returned home the night before it happened – so you were not alone;*

*The fact a Christian friend was walking past when the police were hooting at the gate and that she tried to phone the owners of the house and when she couldn't, she phoned Mike! He asked her to tell the police that the old lady who lived there (the previous tenant) had left – and this could well have been why they gave up and left;*

*The fact that you sat next to a young black man on your flight to Joburg – and despite some initial fears on your part that he could be a CID plant, he shared your views on what is happening to Zimbabwe.*

Sifting through Joan's story in this manner could be described as a historical re-authoring of her relational story with God. Through our conversations Joan could recall and experience the presence of God in her own traumatic story and as such felt remembered by God and re-membered in the community of God. Palmer (cited in Patton 1993:27) says that to be remembered means to re-member. "It means to put the body back together. The opposite of remember is not to forget, but to dismember" (Palmer cited in Patton 1993:28).

Carlson and Erickson (2000:78) describe *remembering* as helping persons find membership, or experience a return to membership with significant relationships of their lives. These significant members can be people past or present, alive or deceased, relatives or friends, real or imagined, personally known or not, human or non-human, etc. "We feel God particularly is someone with who religious/spiritual people would like to feel membership with or a return to membership with" (Carlson & Erickson 2000:78).

Remembering had the effect of helping Joan re-experience her relationship with God in preferred ways. Patton (1993:35) reminds us that "[c]aring is remembering. Remembering is caring" and Joan's experience of a remembering God provided care and nurture amidst the turmoil trauma had invited into her life.

For many religious/spiritual people, relationships, connection, unity, and love are central components of their faith, belief or spirituality. Re-membering significant relationships in their lives often has the effect of restoring people to greater feelings of unity, connection, and love, which they have said helps them feel a greater closeness to God (Carlson & Erickson 2000:79). After returning to Zimbabwe, Joan wrote:

*But the biggest change strangely enough is my new found old faith in God's ability to be with me again and though I still only get to church now and then, I have been able to lead a prayer meeting for our country, sing my new song (Jailhouse one!) at an inter-denominational prayer meeting, and share about the experience with them. Personally I am finding God's strength in all sorts of things!*

Apart from God, Joan's re-remembering of Mike proved to be a powerful step for her when she said: *"I want to get back in touch with the love. I want to be with him (Mike)."* Joan described her change of heart as "a move of love."

Closely aligned to re-remembering, re-connecting also played an important part in the unfolding of Joan's alternative story.

### **3.6.1 Re-connecting**

Wilson and Moran (1998:175) believe that what trauma survivors desire most is a sense of normality: "They long for an end to their isolation and alienation; they long for an end to the numbing, the intense anger, and the purposeful distancing that keeps them from others. Survivors of catastrophic events want stability; they want intimacy, closeness, trust, and hope." As a pastoral therapist I must seek above all to help instil my co-travellers with a spirit of hope, to rekindle and fan into flame their own sense of hope. Hope is not something that I do, it is something my co-travellers and I co-create together in our therapeutic conversations. As Weingarten says (2000:42) says, "hope is something we do with others."

The possibility of re-connecting with Mike was a desire that was framed in hope for Joan. She hoped that she would be able to return to a new relationship with him. Having re-connected with her faith at the time Joan began to consider the possibility of a reunion with Mike, she said: *"In many ways it's because of my faith. I am having faith that he (Mike) can change. God can do anything. I am trusting God now that change is possible ...even if I still need to hold thumbs!"* Wanting to "hold thumbs" speaks of Joan's refusal to accept despair and defeat, and instead holding on to hope. In this regard Ackermann (1994:208) claims the following:

To hope is to refuse to accept despair or defeat. It is our response to the dilemma of being both oppressors and oppressed. Hope is resistance. It actually avoids the void of hopelessness by wrestling with all that seeks to deprive us of hope and disempower us. It risks active daily engagement in liberating praxis.

Another area of hope that helped stand with Joan in warding off the effects of trauma was the thought of returning to Zimbabwe, of re-connecting with her community. While Joan said she was grateful for the unconditional love and concern she received from her family in Cape Town, she felt they did not really understand or support her need to play an active part in helping bring about a new Zimbabwe. Joan explained:

*I have a leadership role among the women back home. That's something I will do. I have to do. I'm looking forward to being with the right people to talk to about politics again... the people back home. To high flying again ... being on the same wavelength.*

Griffith and Griffith (2002:199) point out that *community* provides the stage, the props, and audience for enacting life. It also protects from danger and provides sustenance for physical needs of daily life. Griffith and Griffith (2002:199) elaborate on this thought by saying: "A spiritual or religious community can offer a physical and emotional infrastructure for scenarios of daily life ... A spiritual community is above all a community of concerned presences."

On her return to Zimbabwe, Joan was in fact arrested by the police and spent three nights in a prison cell. One of the things that helped her to cope with this additional trauma was an awareness or connectedness to her 'community of concerned presences': "...*it was the love I knew I had coming to me not only from God but of course all my family, friends, and other activists. I could feel it there in the cold dark hours (no lights or bed).*"

Drawing from her studies of survivors of war, migration, natural disasters, and other disruptive events, Mindy Fullilove (1996:1517) concluded: "The sense of belonging, which is necessary for psychological well-being, depends on strong, well-developed relationships with nurturing places. A major corollary of this proposition is that disturbance in the essential place relationships leads to psychological disorder."

For Joan, Zimbabwe was where she felt she belonged and where she had to return, despite the possibility, and in fact reality, of arrest. Zimbabwe was her *nurturing place*. Towards the end of our final therapeutic conversation Joan said:

*I have no fear now about going back. I am going home because it is the right time to do so. Even if I go to jail, I will cope. The worst thing that may happen is that I will get a sore bum from sitting on the floor. I will simply look them in the eye and say: "I deny all charges!" I am so certain that I am doing nothing wrong that I don't fear them [the police] any more.*

As Joan returned to Zimbabwe soon after our last therapeutic conversation, I could not help wondering to what extent she would be able to take a stand against the on-going trauma that awaited her there.

### 3.7 REFLECTIONS ON OUR JOURNEY

On returning to Zimbabwe, Joan was told that the police had requested that she come to the police station. When she did so, she was immediately arrested and detained in a prison cell for two nights. When I received word that Joan had been arrested I was naturally deeply concerned about her. I inevitably found myself reviewing our therapeutic conversations and wondering to what extent our co-authoring of an alternative story and a more robust sense of self (White 2002:12) would help Joan withstand this fresh onslaught of trauma? To what degree had our narrative pastoral approach to trauma helped strengthen her?

Some time after her release, Joan sent me an e-mail. In response to my question: “What sustained you while you were in jail?” she wrote:

*First and foremost, I have to say I knew that I knew that I was not a wicked person being jailed for something wrong or bad! My innocence gave me strength. I found I felt able to look at my oppressors straight in the eyes knowing I had done nothing wrong and therefore had nothing to fear. In fact it was an honour and privilege to be jailed for standing up against evil and I was truly humbled by the experience. As they locked the doors with me inside, I knew this was an experience through which I would never be the same person again.*

*Secondly, I was ready for it and knew it was easier than forever being on the run. So me giving myself up to them meant that I felt like I had the upper hand in a funny kind of way. I was also stronger after Cape Town than before and was absolutely no longer afraid! That freaked the policemen out I think!*

*Thirdly, it was the love I knew I had coming to me not only from God but of course all my family, friends, and other activists. I could feel it there in the cold dark hours (no lights or bed).*

*Fourthly, when I was cold, alone and a little depressed, I had this idea that they were not to steal my use of time even if they were stealing my time itself. So I thought of creating a song of how it felt right there and then and it was actually fun! I did have two real incidences of fear (to show you it wasn't a 100% walk in the park) and had to tell myself do not allow that fear any place here – although I did shed a few tears at that time.*

Calhoun and Tedeschi (1998:215-238) highlight how other activities can help bring about positive change after trauma. As examples of the kind of activities they mean, Calhoun and Tedeschi (1998:215-238) list focused rumination, writing a life narrative, and developing a new self-identity based on overcoming the trauma as some possibilities. For Joan the activity that helped bring about positive change through the trauma of imprisonment was writing

songs. Inspired by graffiti on the cell wall about oppression and dated 1985, Joan wrote the following song. After her release, Joan sang this song in church:

Alone, alone, alone in the cold and dark. (Chorus)  
Voices from the past are calling to me, calling to me in this cold dark place'  
voices from the past are calling to me crying out for justice  
1985 he scratched on the wall I read of his cries for freedom  
1985 he scratched on the wall free me from this oppression.  
Alone, alone, alone in the cold and dark. (Chorus)  
I stand here for hope. I stand here for truth  
I stand for good against evil  
I stand here for peace. I stand here for justice  
I stand against fear against terror.  
1985 where are you now my cries join your cries for freedom  
1985 are you broken are you dead?  
Oh save us dear God from oppression  
.  
Alone, alone, alone in the cold and dark. (Chorus)  
I stand here for hope I stand here for truth  
I stand for good against evil  
I stand here for peace. I stand here for justice  
I stand against fear against terror.  
Alone, alone, alone in the cold and dark. (Chorus)

Joan's e-mail provided a way of reviewing the effectiveness of our narrative pastoral approach.

### **3.7.1 Contemplating a narrative pastoral approach to debriefing**

Joan's emerging alternative story (White & Epston 1990:17) clearly resonates with the five domains of post traumatic growth that Tedeschi and Calhoun (1996:455-471) identify. I have matched these five domains with extracts from my therapeutic conversations with Joan and her e-mail:

- (1) more intimate, emotionally open relationships with others: *"I am trying so hard to keep hearing what Megan feels and share openly and sincerely how Mike and I are sorry for the pain we have caused and are attempting with all our hearts to try day-to-day to improve ourselves and our relationship. She is, I think, very slowly forgiving us!"*
- (2) the recognition of new possibilities for one's life path: *"...I think it was to find (what had been lost to me for a long time) my indwelling driving force of a belief that goodness, love and hope can truly change not only circumstances but people – including myself!"*
- (3) a more profound appreciation of what life has to offer: *"My experiences in the last few months have made me more determined than ever to not give up the fight for the cause. But, more than that, not to ever give up believing that evil is worth fighting and standing up against with all my being."*
- (4) an enhanced sense of personal strength: *"I was also stronger after my time in Cape Town than before and absolutely no longer afraid!"*

- (5) religious or spiritual development: *“personally I am finding God’s strength in all sorts of things!”*

To what extent has our narrative pastoral approach to trauma debriefing helped nurture this apparent Post Traumatic Growth in Joan? To what extent would this approach help others take a stand against the effects of trauma?

Perhaps the best way to ascertain the benefits of the narrative pastoral approach to trauma debriefing we have co-authored in this research journey is to address to what extent it addresses some of the arguments De Jong, Ford and Kleber (cited in Kleber 2002:2) cite as reasons for the apparent lack of positive results of debriefing per se.

**The intervention is too early. Does it make sense to approach people so soon after a traumatic incident?**

My therapeutic conversations with Joan commenced only after she had already been in Cape Town for a few days. Interestingly Joan’s only criticism of our therapeutic conversations was that she felt: *“I should have spoken more with you without such long gaps in between.”*

**There is too much emphasis on the expression of emotions. Does it really make sense to ventilate all their emotions directly after the incident?**

While one of the ‘viewings’ of Joan’s *video of traumatic events* focussed on her emotions, it was only one of the perspectives we considered. Equal weighting was given to factual, cognitive, emotional and spiritual expressions.

**Many psychosocial interventions lack proper and thorough follow-up sessions. It has now become clear that one-session interventions are inferior interventions.**

With Joan we had the luxury of four separate therapeutic conversations. However, even with one-session conversations perhaps the use of letters helps to co-author a thicker and richer intervention or *alternative story* (White & Epston 1990:17). My journey with Rosie consisted of a single therapeutic conversation, followed up with a letter. Rosie expressed a high level of satisfaction with this journey (see chapter 4).

**Frequently the crucial role of the social context is neglected. Trauma does not occur in a vacuum. The connection (e.g. trust) with the environment should be restored.**

For Joan re-connecting with her community, her husband and with God appeared to have played a crucial role in strengthening her stand against trauma.



Perhaps the creation of a spiritual phase in our narrative pastoral approach to conversations about trauma needs to be placed centre-stage in this discussion. As Groff (2001:1) points out the beauty of theological reflection is that it provides the opportunity to trust others enough to search with us for God's will and presence in our experiences. "How dramatic it is when we discover that our childhood images of God continue to be operative and impact our adult theology in spite of our learned and preached theology. So, in the shared theological reflections process we are opened to change, and then gradually to transform our lives" (Groff 2001:1).

In the next chapter I would like to explore the effectiveness of our narrative pastoral approach to therapeutic conversations with other research co-travellers whose lives have been impacted by trauma. I am deeply indebted to Joan for her part in co-authoring an alternative story that has provided such a well-lit pathway for others to follow. Her words: "*Bless you Iain for all your amazing help. My life is 1000% better because of your help, patience and quiet strength, also your hope in me and my situation*" will continue to inspire me and guide my own footsteps as I journey alongside others still in the darkness of trauma. Joan's words resonate with Weingarten's (2000:402) observation that "hope is something we do with others". Our co-created *hope* is a beacon of light that I will always treasure.