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A special thank you to the extraordinary effort of our editorial review board (see our masthead) and many emeritus board members who reviewed the articles submitted for consideration in this special issue. Since we had so many papers to review, Drs. Peter Fraenkel, MaryAnna Domokos-Cheng Ham, John Lawless, and Tom Strong acted as ad hoc reviewers. The reviewers all worked diligently, intelligently, and passionately. Thanks so much for your contribution! We also thank the contributors who wrote and rewrote as well as those who were not included this time.

RELATIONAL CONVERSATIONS IN THE FACE OF TRAUMA AND POLITICAL TERRORISM: PROFESSIONAL TRAINING, AND PERSONAL REFLECTIONS IN THE AFTERMATH OF SEPTEMBER 11

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How has our clinical and theoretical thinking been reshaped (or shaken) after September 11? How have our clients and trainees made sense of their lives and stories after September 11? How are relational therapists to collaborate in the fostering of dialogue and collaboration in the aftermath of September 11? *JST* offers this space as a constructive contribution to this dialogue and honors the families of the survivors and the therapists who will work with them in the years to come.

For many people, and I am afraid of saying this explicitly, 9/11, although a painful set of events, was not an extraordinarily different experience: millions in cities all over the world and the U.S. have been speechless before, not knowing how to make sense of such a horrific and desperate attack on innocent human lives. Despite this almost confrontational observation, many of us knew

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how painful it could become and it became as we observed various forms of bigotry emerging in the country and abroad.

As an immigrant in this country and now a privileged educated individual, the fears that September 11 provoked were similar to those of a child afraid of the consequences that his caregivers could evoke when they are being hurt. Among those fears was the need for self-censorship during times of violence and political upheaval. This is my second memorable and painful September 11. As a teenager, in other circumstances, Chilean Air Force planes, with the support of the U.S. government, bombarded the building that housed the democratically elected government in 1973. Like 9/11 (the acronym adopted almost immediately to symbolize September 11, 2001) in the U.S., the September 11 in Chile changed dramatically the lives of thousands of Chileans forever (Bacigalupe, 1990). Despite the eerie similarities, what happened after the bombing to those who were left to mourn the victims of this outrageous act was very different. The disappeared in Chile were simply discounted and actively repressed; the reality of disappearing was made invisible. Even today, the families of the disappeared or injured are still not allowed to really make sense of what happened. No one set up public funds for their children to attend school or make means meet; there were no visits by political leaders willing to support the surviving relatives and communities; and no massive outpouring of public support occurred after the fact.

One client told me a few days after September 11, 2001, "I feel the pain, but I am not so worried about what happened but what could happen in the next weeks and months, you know that, right?" Her concern was mine too and the spirit of this edited *JST* effort is to address the complexities inherent to a situation that can lead easily to binary constructions of good and bad, us and them, you are with me or you are against me, among countless others. Like many of my colleagues, I found that the events of Sept. 11 have led to an opportunity to have conversations that many survivors of political upheaval have not had in the past. This crisis gives rise to the opportunity to think about how we relate across communities and groups; it gives us the opportunity to engage the others (Lee, 2002). The articles that I briefly comment on here are a response to such a challenge, engaging in conversation when words are simply not enough to explain, think, and live through a shared set of facts that have different meanings and consequently, different realities.

What global community do we inhabit? What kind of global community do we hope to create? The events of 9/11 and wars against innocent civilians here and abroad in which Americans and others become perpetrators and survivors subvert our dreams for a just world. We are still at war. Despite the dreams of globalization and postmodernism, we are still recreating old geographical, racial, and ethnic boundaries that divide us. We still have to cross these borders. We are far from our hopes of a respectful global consciousness where we look

directly in the eyes of our fellow human beings and see ourselves not only reflected but part of the other.

This bleak description of where I suggest we stand is not so foreign to what families and people who come to therapy feel and sometimes openly acknowledge to therapists. My immigrant clients speak about this when they fail as well as when they succeed. We are in familiar territories here even if some of my fellow colleagues still work with a homogeneous group of patients. The political and personal mirror each other so well. What are the hopes?

CLINICAL REFLECTIONS

The work of therapists has often been bounded within the confines of the office or the client's system. Several authors invite us to learn from working with communities and larger networks in response to increasing violence (Kamya and Trimble; Kliman and Llerena-Quinn; Public Conversations Project; Reilly; Witty). Their papers in this issue expand the role of the therapist. For instance, the skills of therapists are relevant in the world of conflict resolution and the larger scope of the mediator should be included in the work relational therapists carry out. Kamya and Trimble's exploration of retaliative discourses versus practices of restoration and forgiveness uses lessons from countries devastated by violence and racism to overcome what becomes a struggle for one voice—a monological discourse. If torturers and the tortured can work together to restore dignity to their relationship via forgiveness and practices of restoration, it is possible, then, to construe dialogical worlds that can build on difference rather than destroy themselves because of it. Similarly Kliman and Llerena-Quinn describe how silencing promotes the transmission of trauma. Silencing the victims "and ignoring their humanity steals their power to make meaning and to speak and act on their own experience" (Kliman, this issue). Our personal and collective responses have the potential for escalating the conflict or for leading to a more permanent peace. They present conflict resolution models used in other nations struggling with political violence as alternative pathways for the U.S. and discuss the psychosocial dangers involved in the transformation of fear into retaliatory anger, of neglecting unhealed trauma, and of delegating the peace process only to political hierarchies. Finally, they suggest ways in which systemic therapists can apply these approaches to clinical and community practice.

What terrorism encompasses has strikingly different meanings depending upon its users, position, and location vis-à-vis its act and/or justification: "not *all* governments or *all* groups will consider a particular act illegal and/or immoral" (Ruby, 2002, p. 11). Contrasting meanings about how terrorism is defined surface in the clinical work of some of the authors. If a group of Israeli therapists work with victims of trauma, the Palestinian perpetrators become the

terrorists (Shalif & Leibler, this issue). If an Irish therapist, in comparison, reports on her work with survivors of a bomb explosion, she construes the instigators of a similar attack as political enemies (Reilly, this issue). In times of peace and/or less tension, the other becomes closer to one whom I could accept as myself and the idea of considering the other as a terrorist seems to decrease. In the case of escalating violence, I ask: Is the notion of local knowledge an empowering or an oppressive concept that requires bringing forth other kinds of expertise and locations?

From a therapeutic perspective, 9/11 reinforces the relevance of attending carefully to how we name and rename the experiences of those who seek our intervention. This day provides the space to revise dominant discourses of trauma and crisis (Shalif & Leibler), grieving (Shapiro), and the invisible psychological aftermaths of armed conflict resolution (Kliman & Llerena-Quinn; Reilly; Witty). In this context, therapeutic skills like openness, flexibility, curiosity, commitment, community engagement, creativity, bearing witness, and storying acquire even more clinical relevance.

THE PERSON OF THE THERAPIST

This collection of articles inspired and grounded in September 11 can be seen as those meetings in old plazas in front of churches and government palaces throughout Latin America. The plaza is the place where people from all walks of life meet new friends, congregate to share ideas, embrace each other, play, and engage in vigorous political discussion and action.¹ Like the people who fill a plaza, these articles do not offer a univocal perspective, nor even a symphony, but almost a cacophony of possibilities. Like a person admiring the crafters and artists who sell a myriad of wonderful objects in the plazas that abound throughout the world, a reader will be able to decide which papers speak to their own personal experiences. If we conceptualize therapy as this rich conversational space, hopefully, our conversational plaza elicits new ideas about how to move forward threading painful and complex conversations after trauma and violence hits. Plazas, as we know so well, can become ongoing forums of remembering as well as spaces of protest that reverberate over the actions of those who inhabit the institutions that surround the plaza. The Mothers of the Plaza Mayo in Argentina or the protests in the spring of 2002 in Venezuela to reinstitute a democratically elected president are good examples of how conversations can also reach closeted institutions, although often with dire consequences for those participating.

What is not personal in the work of therapists? Since we inhabit some of the

¹In part I am loosely borrowing an idea shared on in the Postmodern Therapies Listserv (Joseph Pfeffer, personal communication, March 21 and April 27, 2002).

same worlds as our clients, therapists find little space in academic journals to reflect on how they are being impacted by the world they share with clients unless it is transformed into some form of problem or pathology that needs our intervention to resolve. Several authors reflected upon their own practices as they experienced the event of 9/11 and what it brought in their work as therapists: some worked very close to where the attacks occurred (LaCerva, Holzman, Braun, Pearl, & Steinberg), some were located hundreds (Bava, Levin, & Tinaz) or even thousands of miles away (Bava, Levin & Tinaz; Reilly), and another experienced the shattered 9/11 location as a visitor (Conran). The work of performance therapy reports that not only is therapy a political act but it also requires building community. In acknowledging that 9/11 can potentially damage our capacity to establish dialogue in the intimacy of our families, the Public Conversations Project offers a way in its brief article for people to lead constructive dialogues that counter our feelings of isolation and alienation in families.

TRAINING CONVERSATIONS

Postmodern and critical perspectives pervade the conceptualization of each of these papers, their grounding in lived experiences is personal and often offers various potential interpretations. Witness, for instance, how educators struggle with the conversations that they created or wish they had crafted after 9/11 (Bava, Levin, & Tinaz; Harvey; Neretin; Shapiro). These authors write about training and supervisory situations. Dealing with the aftermath of an event occurring hundreds of miles away in their classrooms moves them to rethink the kind of conversations that the traumatic event requires. The responses are not univocal or clear. They all question knowing what to do and emerge for the most part learning about the complexities of dialoguing collaboratively under the new but also unclear circumstances. The politics of intersecting ramifications of our racial, ethnic, class, and gender positions, to name a few, is brought in full light but often in a way that makes the path to follow unclear. Like Conran, who wanders through Manhattan a few weeks after the attack, choosing to stay ambiguously located between an ethnographic academic perspective and an emotionally shocked individual point of view.

For Bava, Levin, and Tinaz, the option is to register, choosing a nonlinear format, a multiplicity of voices to describe their evolving experiences, inviting readers to read poetry and journaling to create what they label a polyvocal response. Neretin and Harvey disclose their doubts and uncertainties about structuring the learning process and the supervisory dialogues. Their papers travel a path of self-disclosure that attempts to bring the self of the educator as a partner and witness in the learning. Shapiro's paper, grounded in a critical view of grieving and urban education, leaves the reader wondering how students actually

made sense of these constructs when they discussed how the trauma of September 11 had an impact on their lives.

Memory and trauma are intimately linked (Antze & Lambek, 1996; Williams & Banyard, 1999), thus recording our awkward supervisory and academic responses when confronting a traumatic event is of significance to learn about this relationship. The Harvey and Neretin papers demonstrate the power of institutional memories and norms to sustain certain order. Their candid description of the process that they went through suggests a different path from censorship, dissociation, and superficial mastery that often appears in academic descriptions of relationships between supervisors and supervisees and/or faculty and students. The "pink elephant" is fully described by Neretin who attempts to explore the anxiety, fear, confusion, and political fervor that both did and did not surface in her supervision seminar. She acknowledges the struggles at bringing the political conversation into the classroom when powerful institutional mores prevented her from letting students share their visions and transform the supervision in a "sharevision" (Hoffman, 2002, p. 186) process.

DOCUMENTING SEPTEMBER 11 EXPERIENCES

Documenting specific moments in the lives of people in crisis is what we often find ourselves doing as clinicians. The papers in this collection are not an exception. I doubt these articles will change the course of the field or will be the defining therapeutic discourses about 9/11. This special issue provides future readers with an account of lived experiences as they were occurring rather than as accepted forms of truth about the aftermath of September 11. The stories and conceptual imagination of these papers are a contribution to developing a memory of our concerns that counters the tendency toward denying the links among the personal, the professional, and the political. Similar denial occurs when little space is offered to make sense of senseless forms of annihilation as I experienced early in my adolescence and adulthood living under a repressive political government. These papers, thus, are an intimate account of the conversations we are having only a few months after September 11, but with a reflexive engagement that counters reactive responses, a process that in itself should be healing to those who work with those in search of healing.

The events of 9/11 remind us of the importance of history. History shapes us. Traumatic events like these two September 11s have the potential of making us aware of how we are part of a large historical development and the social and political realms that clinicians often make invisible. An event such as this is another reminder that attempting to practice solely within the confines of a psychological or family interaction will make invisible the potent forces that transform and give shape to our lives, lives that in our industrialized western societies are often construed as an individual experience and/or in a limited

group milieu. It is my belief that the traumatic events of the last year may put to rest the concerns of some therapists that the field is distracted with the demands of social justice and multicultural approaches and create understanding about the fury on the part of a presenter who talks about the politics of race and class without "addressing the realms of our field." As the articles suggest in this special issue of the *Journal of Systemic Therapies*, having conversations that trespass the boundaries of a bounded self or family is still a source of dilemmas for relational therapists, consultants, and educators.

REFERENCES

- Antze, P., & Lambek, M. (Eds.). (1996). *Tense past: Cultural essays in trauma and memory*. New York, NY: Routledge.
- Bacigalupe, G. (1990). Voices under arrest: Political violence and a Chilean family. *Family Therapy Case Studies*, 5(2), 31–38.
- Hoffman, L. (2002). *Family therapy: An intimate history*. New York, NY: W.W. Norton.
- Lee, K. S. (2002). Building intergroup relations after September 11. *Analyses of Social Issues and Public Policy*, 2(1), 131–141.
- Ruby, C. L. (2002). The definition of terrorism. *Analyses of Social Issues and Public Policy*, 2(1), 9–14.
- Williams, L. M., & Banyard, V. (Eds.). (1999). *Trauma & Memory*. Thousand Oaks, CA: Sage.