

**Enriching the history of trauma:  
An interview methodology**

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Michael White emphasises, in work with people who have experienced trauma, the development of a second story, or multiple stories, as a way of enriching the story of trauma without re-traumatisation or renewing anguish. This article describes a particular context of work and a methodology that tries to facilitate interviews to help achieve preferred conclusions of identity.

Keywords: trauma, re-traumatisation, enriched story, preferred story, subjugated history, double or multi-stories, absent but implicit, personal agency, scaffolding conversations.

During 2010 I worked as a psychologist at a clinical hospital responsible for treatment resulting from industrial accident insurance claims. My work consisted of responding to so-called 'difficult patients', that is, those people who, after having suffered a traumatic accident with physical sequels, showed few signs of recovery in mental health terms, despite having spent more than six months in treatment in various medical programs, receiving psychosocial assistance, and being prescribed psychotropic drugs. These people are also called 'patients who are refractory to treatment'. Such categorisation locates the responsibility for the failure of therapy in patients and questions the legality of facilitating referral to other mental health centres by arguing for the economy of the hospital rather than for the integrity of persons.

All the people I met had chronic disabling injuries and many were dealing with chronic pain. They had also been given psychotropic treatment and diagnosed with a wide range of personality disorders.

My individual sessions took place once every one or two months and my time limit for care was sixty minutes, although I could sometimes extend it to ninety minutes. This led me to think about how to have a rich conversation about the experience of trauma in a single session, bearing the following considerations in mind:

- re-engaging people with their richly preferred stories,
- making visible the history of people's responses,
- re-engaging with what was important for the person, such as his or her values, interests and commitments; and
- promoting personal agency.

Iván<sup>1</sup> was a 38-year-old man suffering with chronic pain in his shoulder and back from a rubbish truck accident while he was working. The rubbish truck was driven by his boss. Iván says he was completely in shock and confused after the accident. He literally felt that he had left his body and that he could 'look at himself from the outside'. This situation concerned him and he did not understand it and asked me to explain what had happened. Why was it that he could 'look at himself from outside'? Did it prove that 'he had done nothing to deserve being saved'? He was giving this 'separation from his body' a meaning that it was a bad thing that was happening to him.

Iván had already told the story of the accident on numerous occasions with various professionals in the hospital. I let Iván know that I did not need for him to tell this story again, but he requested strongly that he needed to, even though 'he knew that it didn't feel good' to do so. Iván explained that he thought that if he told the story again, we both could probably understand better what had happened and therefore reduce the influence of the problem.

At this point, I proposed a particular format for telling his story that was different from what he had so far been asked for. Iván agreed to try this new format.

Let me pause and talk a little bit about the narrative ideas that were supporting this work. People who live through trauma and its consequences and seek therapy, usually express the idea that their lives are now divided into a 'before' and an 'after'. They lose a sense of continuity and often a sense of hope for a different future. It is common to hear phrases like, 'I will never come back to my earlier self', or, 'It is my fault', or, 'I did nothing to defend myself'.

Therapists who work from a narrative approach are interested in recognising the history of pain and suffering, but are also interested in making visible the subordinate or preferred story: the responses that people have taken to protect themselves and to honour what is important to them in life. Michael White (in Denborough, 2010) says:

No-one is a passive recipient of hardship. People are always responding, whether they are children or adults. They respond to try to minimize the effects of hardship, or to try to make it stop, or to try to protect others, and so on. These responses are often overlooked or disqualified – so much so that people are often not familiar with their own responses. (p.41.)

In many institutional contexts, this emphasis is usually overlooked by most practitioners and disqualification of persons' identities follows. Responses to trauma that people make are often confused or interpreted as symptoms of a psychiatric diagnosis. Such diagnosis makes these responses even more invisible as sensible actions. They are instead located in the centre of a mental illness.

Engaging in rich conversations about the history of trauma can make visible and honour the history of the responses that people do make. It can also make visible the foundations of these responses and richly develop the history of what is important for the person, or what he or she holds precious in life.

This helps people re-engage with history and a sense of continuity. It also connects them with their interests, values, dreams, hopes and commitments, and favours the development of a sense of personal agency.

### *Double-listening: a respectful and enriching context*

A story is a collective creation and the construction of its meaning is dependent upon the contributions of everyone involved in the story, either as reporters or as spectators. But the influence of each person is not always equal. Whoever is in a position of dominance will exercise greater influence in the imposition of meaning onto the story that is told, while the knowledge and the meanings of the person who is in a more vulnerable position will be subjugated. Thus, if a health care professional asks a person to tell his story of trauma in a hostile, evaluative or disrespectful context, it can produce negative effects on their identity conclusions. Hearing the history of trauma is important but the effects will depend on how and in what context it occurs. Michael White (2000) commented:

[It is]... in single-storied conversations that are informed by modern notions of catharsis that there is always the risk of contributing to re-traumatisation and to renewed distress, and to the reinforcement of those negative identity conclusions that are so often the outcome of being in a subject position in relation to experiences that are traumatic or disqualifying. I do not believe that it is acceptable for therapeutic conversations to contribute to re-traumatisation or renewed distress, or to the reinforcement of people's negative identity conclusions. (p.41.)

The public health system in Chile and around the world aims to protect people by giving them dignified care that preserves their rights to respectful access and to the provision of quality health care services. However, many institutions do not provide an environment that promotes practices associated with this purpose. Instead, they provide a context that produces practices oriented to protecting the economic and political interests of staff members, professionals and administrators.

The State provides a significant amount of money and other resources to these institutions or organisations, which necessitates an assessment that would justify the expenditure. The process of evaluation is carried out by professionals from the commercial field, whose criteria are limited to quantitative analysis, and their results dominate and replace a concern for the measurement of the quality of service. In this context, psychiatric diagnoses are sometimes used in ways that can be problematic.

One widely-used diagnostic resource is the concept of pre-morbidity, because this diagnosis splits the consequences of trauma off from the specific event and locates them in personal pathology or underlying personality structure and, therefore, in a realm not covered by insurance. For example:

'The accident activated in Ms Susana a depression which had existed before the event. Therefore, we are not obliged to support her.'

Or:

'Mr José brought with him a borderline personality structure, which has not improved. We are finishing his treatment and it needs to continue elsewhere.'

Or:

'This patient is faking it or has a factitious disorder and wants to take advantage of the system.'

Once these conclusions are reached, several methods are used for objective corroboration, such as a series of psychological tests, along with the interview and clinical observation criteria administered by the attending psychiatrist or by the group of psychiatrists and psychologists together.

Professional responses are also often focussed on reducing economic-legal aspects of risk for the insurance company or the hospital, rather than on the person who lived through the traumatic experience. For example, this happened in the truth commission<sup>2</sup> that was established to investigate human rights violations. In Chile this is known as the Valech Commission<sup>3</sup>. In February 2010, it was reopened by law to receive further testimonies by victims of political imprisonment and torture, to hear concerns related to political activists who had been 'missing', and to hear about what had happened to executed prisoners. The individual interviews were conducted by various professionals from different areas of knowledge, such as psychologists, social workers, lawyers, and journalists. They were trained to direct their prime focus of data collection on how to fill out the evaluation sheet. This emphasis promoted re-traumatisation among complainants and put professionals at risk of standing in a more stressful territory of action, which made it harder for them to remain accountable in their therapeutic responses. What was often produced was what Michael White called burnout (1997, p. v).

Claudio Garvizo, a journalist and advisor to the Valech Commission on cases of political imprisonment and torture, was responsible for carrying out interviews with people who presented their testimony. He commented regarding the training that:

[It]... was to prepare ourselves for an interview, which aimed to get as much information as possible about the repressive situation at the expense of the person [...] Therefore, it was an interview with the purpose of obtaining data, getting background [...] asking people to recall the traumatic situation of torture and detention which they had lived through, producing a reconfiguration of all the facts that had obviously affected them. [...] Merely remembering it was painful. In that sense I feel I could have prepared myself much more. We were not prepared for the effect [...] on ourselves. We were facing situations all day of much pain. I feel that there was not a policy of self-management [...] The worst effect I felt in myself, was a sense of being tired, not being able to concentrate as required [...] I would lose focus and I felt that this could affect the quality of the interview or how I dedicated time to that person. (Personal communication, 2011.)

In these examples, there is something in common with what happens in institutional contexts where equally delicate interviews about a traumatic experience are conducted. The professional context demands that the inquiry adhere to a criterion of objectivity and seeks to confirm whether or not people are relating a true story of trauma. It also evaluates whether what they tell complies with official specifications that must be met before they can be admitted to the program of care, restoration, compensation, and so on. This is what I was describing above as a hostile and re-traumatising context. It is also what I mean when I speak about workers losing the focus on people consulting them and ending up protecting institutional rights. It is a vast and complex topic that deserves further reflection. However, here I mention it only in order to enrich the explanation of the context in which work with trauma often occurs, and to relate these examples to the differences between a single-storied and a double- or multi-storied account of experience.

The examples above relate to contexts that privilege the single-story of trauma. This is the story of suffering and its effects. The outcome of this is the totalising of people's experiences in this single-story and this leads to people becoming identified as 'chronically ill individuals'. Consequently, the worker listens to a single-story, understands its effects as symptoms, and classifies people's responses as evidence of some pathological behaviour.

This single-story listening context facilitates the re-traumatisation of people seeking assistance. For narrative therapists, on the other hand, a key principle in working with people who have suffered experience of multiple trauma is to create a non-re-traumatising context for people seeking assistance.

Double-listening conversations facilitate non-re-traumatising by providing a context for developing a double- or multi-storied account of experience. This is the story of the trauma and its effects, but also the story of the responses of the person to hardship and the historical foundations of these. The outcome of this is to expand the preferred territory of people's lives and to promote personal agency. The therapeutic skill required is that of double- or multiple-story listening.

Michael White (2000) mentions that it is in the context of 'double-listening' that:

... people find that there is space for them to express their experience of whatever it is that troubles them. And, as well, it is in this context that they have the opportunity to explore the unstated ... (p. 41)

The context of the 'double-listening' allows us to work with these stories in a way that is safe and not re-traumatising for people.

Michael White (2000, p. 41) also says:

It is in the space provided in the context of double- or multi-storied conversations that people often find new opportunity to speak of the effects of whatever it is that they have found troublesome – whether this be disqualification, trauma, subjugation, marginalisation and so on – and to express the distress that is associated with these experiences. It is also in the space that is provided by double- or multi-storied conversations that people have an opportunity to step into alternative identity conclusions that challenge those negative accounts of identity that have been constructed in the context of disqualification, trauma, subjugation and marginalisation, and to explore some of the knowledges and skills of living that are associated with these alternative identity conclusions. (p. 41)

Double listening to the telling of the history of trauma allows us to unveil what is absent but implicit (White, 2000) in a person's account. In this account, what is absent but implicit begins to appear as the foundation for people's responses: their values and everything that is important for the person.

### *Identifying people's responses to the traumatic event, or 'Discovering what I cared about at the time of the accident (trauma)'*

This conversation focuses on people's responses at the time of the traumatic event, and also the consequences of these responses. In other words, how did these responses modify the environment? It involves taking care to enquire into what a person assigned value to in this moment. People's responses make sense to them and are always linked to something important for them. The therapist is not working to cast doubt on the responses, or to evaluate them. Instead, the narrative therapist is interested in exploring with curiosity the sense, values and purposes that responses to trauma have for people and the foundations for these.

When I say 'responses', I mean all the actions that someone makes, including the most minimal expressions, such as those that are often culturally considered as non-responses or anti-responses. For example:

'I was quiet.'

'I did nothing.'

'I hid and did not face the situation.'

'I was afraid and remained paralysed and unable to do anything other than crying.'

Or, 'I did nothing, I was just thinking that I wanted it to stop happening.'

When people make visible these responses (being silent, hiding, evading the situation, halting, crying, thinking, and so on) and recognise them as ways in which they protect themselves and what is important in their lives, then they are able to build new meanings from the experience of the accident and its effects.

### Returning to Iván's story...

What new story would Iván be looking for? Why would he want to relive the pain and anguish if this time he did not have to do so again unless he wanted to? What difference could I bring to help enrich Iván's experience of the trauma?

In the end, despite my curiosity about why Iván thought that talking about the story of the trauma could be useful, given that he had earlier told the trauma story so often with other professionals, I decided it was necessary to meet his requirement. I thought about structuring a step-by-step interview with Iván to engage with his history in order to honour the suffering and pain, but also to make visible what Iván had done to protect what was important in his life. I was also interested in providing Iván with a therapeutic document to keep this story connected with his rich account and to promote his personal agency.

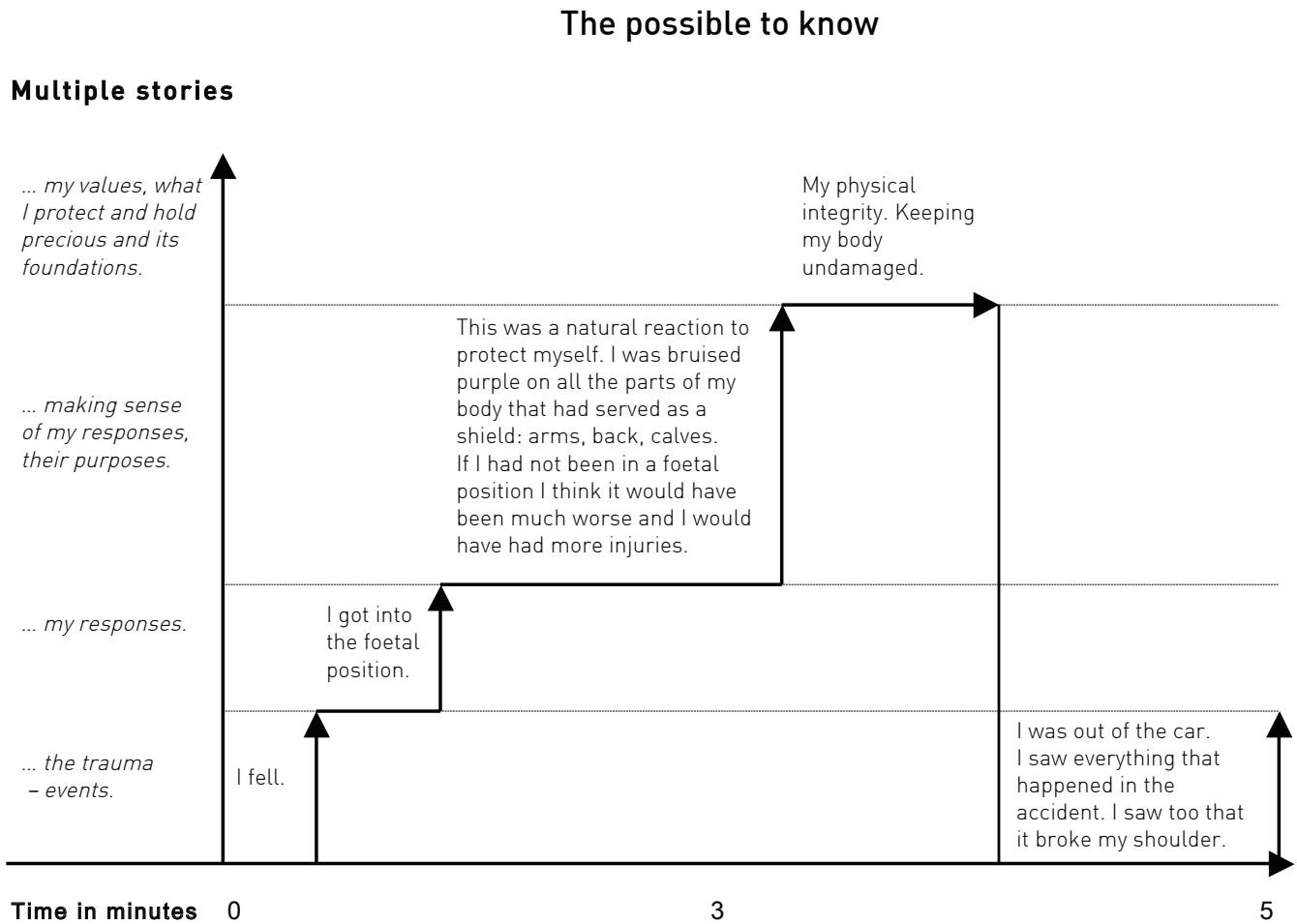
### The conversation-interview

I will now present a framework for an interview format that I use for listening to stories of trauma. I aim to rescue the details from the story of the traumatic event and also to develop the subordinate story of responses and its link with the person's values and preferred identity story. The framework allowed me to link Iván's responses to the threat with his preferred stories; to make visible the effects of these responses in terms of how they were useful in modifying the effect of trauma; and then to link this achievement with something important for the person, such as their values, history, beliefs, commitments, and so on.

It is important for me to explain to people that I will need to be writing a lot, but that I will be only writing their own words. I also explain that this is a document that they can have with them if they want.

Before sharing the full interview with Iván, which lasted little more than sixty minutes and followed Michael White's (2007) idea of mapping, especially his chapter on scaffolding conversations (pp. 263-290), I would like to map (Fig. 1) the first five minutes of conversation with the intention of charting the development of the multiple stories.

Figure 1.0 Charting the multiple stories of trauma account (Iván)



### The known & familiar

Next I will present (Fig. 2) some examples of the sort of questions I may use for scaffolding these conversations. I will present these in table-format. These are only examples of questions, there exist many possibilities and the particular story and experience of the people will in some way guide the questions.

Figure 1: Charting the multiple stories of trauma

<p><i>DETAILED EVENT</i></p> <p><i>The traumatic experience</i></p>	<p><i>MY RESPONSE</i></p> <p><i>Responses to the traumatic experience as actions of resistance</i></p>	<p><i>PURPOSES, CONSEQUENCES, OR EFFECTS</i></p> <p><i>Making sense of the responses, their purposes or expected effects</i></p>	<p><i>VALUES AND THEIR FOUNDATIONS</i></p> <p><i>What is important for the person and its foundation?</i></p>
<ul style="list-style-type: none"> <li>• How did you experience the event that has given you hard times?</li> <li>• Please remember we can stop whenever you need or want, if you are feeling bad or just don't want to continue.</li> </ul>	<ul style="list-style-type: none"> <li>• When you noticed you were trapped by the traumatic event, what were you thinking?</li> <li>• In that moment, what did you do? How did you respond or react?</li> <li>• What would you usually be doing when the abuse started?</li> <li>• Do you remember what you were thinking at the time of receiving the bullying?</li> </ul>	<ul style="list-style-type: none"> <li>• What were the effects or consequences of taking this action that you took?</li> <li>• When you were quiet, what were you taking care of or protecting?</li> <li>• You hid and cried. To what extent did doing that reduce the potential consequences of the trauma?</li> <li>• When you were 'thinking you wanted to be on the other side', what effect did this action have on the amount of pain you felt?</li> </ul>	<ul style="list-style-type: none"> <li>• Can you speak about what taking that action might tell me about what you value?</li> <li>• Could you tell me any other story about taking care of your children?</li> <li>• Have you any idea where this ability comes from?</li> <li>• What commitment in life is linked with this idea of caring?</li> <li>• This commitment to your family, where does it take your life to?</li> <li>• Who is linked to this value that you are speaking about?</li> </ul>



I will now use a further table and write the story of the person, in his own words, in a format that records the complete interview. We built this table step-by-step, allocating significant time along the way for the story of the traumatic event that he wanted to recount. I would then complete the table by asking questions from each of the following three categories of inquiry as presented earlier.

Figure 3 contains the table Iván and I developed together:

Figure 3: Iván's Responses

<i>DETAILED EVENT</i>	<i>MY RESPONSE</i>	<i>PURPOSES, CONSEQUENCES, OR EFFECTS</i>	<i>VALUES AND THEIR FOUNDATIONS</i>
1. I fell	I got into the foetal position	This was a natural reaction to protect myself. I was bruised purple on all the parts of my body that had served as a shield: arms, back, calves. If I had not been in a foetal position I think it would have been much worse and I would have had more injuries.	My physical integrity. Keeping my body undamaged.
2. I was out of the car. I saw everything that happened in the accident. I saw too that it broke my shoulder.	I left my body and I saw everything from the outside. I looked and thought about goats and about my kids ... I thought he (myself) was dead.	If I had left my body, I might have checked out. I felt no pain and I could see what was happening in my environment. One always has to be awake, alert to everything going around. That is one of the premises of hunting or diving practice.	The family foundation of my life and my valuing of my family and my children. I come from an extended family, in which we are always looking for excuses to get together and be around a table talking.
3. When the truck came flying along the road, the jack fell behind by my side. I watched as the jack was thrown into the cabin where it hit me in the shoulder.	I kept observing everything that happened to me, even what happened to my boss. I watched and wondered what would become of my children. What was going to happen with their studies? ... I was concerned about them, rather than about myself.	Hope, strength. When a person has no hope, no strength left to die, he is gone. It served to strengthen me, to support me, to have principles to follow.	Family and the love I have for them. Life: there is nothing more beautiful than life. Despite all the misfortunes that happen, there's always something good that happens that overshadows all the bad things.
4. The truck fell on my side ... Outside my body I see myself going into a foetal position. I see I'm going to hit my head on the glass on the passenger side.	At this point I return to my body and reach to react and to cushion the blow from the side of my face. I put my hand on the glass. My hand stops the blow to my face.	I think if I had not reacted I have no way of telling what would have happened, because my hand received all of the blow and cushioned me. It was a successful move to soften the blow.	My life. My physical integrity.

<p>5. When the movement stopped, all of the truck's momentum ceased ... I noticed that the windshield was sixty metres behind.</p>	<p>Once I had climbed out of the passenger window, which was a narrow, 25-30 cm maximum size, I went crawling away.</p>	<p>I thought the truck was going to burn. All I could think about was that I had to get out. It was about protection, wanting to protect myself.</p>	<p>Living. Being able to protect my family. It was always about protecting us, as we were one big family. Children are always to be protected. Let us be, live, but always express things that give us the feeling of security, feeling safe to react.</p>
<p>6.</p>	<p>I felt a tremendous sense of relief. I had dislocated my shoulder and, when I moved, it creaked. I felt no pain or anything, I looked and saw that I was missing a shoe. It was by my side. I put it on and went out to look for my head. I thought I was flying. I began to see a light that shone on me. I said, 'Do not move. Stay still!' I do not know why. But I later realized there were high-tension cables alongside the cab. I realized that the truck had ended up driving over the wires. My door was crushing the cables.</p>	<p>As there was no pain, I could react. I could move myself... I could pick up my belt-pack with the broken shoulder.</p> <p>I went to get my boss to check on him, not listening to talk or anything.</p>	<p>As a kid, at Christmas, my aunt and uncle lived in a small town and were very poor. They gathered mussels. Later, they began to have a better economic situation, although we always had the value of protecting others instilled into us. One is always responsible for one's neighbours. Two days before Christmas we sat without 12 cousins and we were given bags with candy, toys, fruits, lots of things: as many as 300 bags. My aunts had made chocolate and on Christmas day, we took them round the houses, across a huge area, reaching more than one hundred or two hundred people. We enjoyed it a lot, distributing all the bags and giving them all chocolate. They had a poor childhood in a small town. We were not poor but always retained the same values. We always had instilled in us family values, coexisting with good feelings, good intentions.</p>
<p>7.</p>	<p>I stood, I realized how the cables were lying. Then I looked and leaped over the cables.</p>	<p>I was feeling in control, I felt I controlled the situation through my decisions. If I had not been careful with the cables it would have been worse. Maybe I would have been electrocuted.</p>	<p>The security of one. The power to make decisions and solve problems.</p>
<p>8. I was asked if there was anyone else hurt.</p>	<p>I told them it was my boss. He was inside the cabin. We found him and I went first.</p>	<p>To find him and to see what had happened to him too.</p> <p>I was the only one who was down, the purpose was to help him.</p>	<p>Helping others, protecting whoever is by my side.</p>

9. My boss told me, 'Let go,' of the seat belt.	I said, 'Be still, I do not know what is hurt.' I thought he might have had broken bones or more severe injuries.	My purpose was to protect him, to prevent further injury, and to assess the situation, so as not to complicate matters further.	Security in myself, in order to assess situations and make decisions accordingly.
10. Two or three more people arrived. I asked for a knife to help my boss.	I said, 'I'm going to start the truck,' because it sounded like it was still able to start. I turned the key and it started, and the truck was off.	I knew a fire was possible, so I tried to prevent it.  I saw the key in the truck and I got it to move off the cables. I thought it would be safer then to turn off the engine in case there was a fire and so there would be less noise.	I was protecting the integrity of everyone. I never cared much about protecting myself.

At this point in the conversation, I stopped to find out how it was going for Iván. I wondered out loud how it felt for him.

Iván replied, 'My hands are sweating, like the sensations I had in the moment.'

I hesitated about continuing and suggested exploring some other form of conversation but he insisted on continuing.

'I believe that, if I face it, I will turn it around.'

I stressed again that it was not necessary or essential to talk about the accident. Nor would he necessarily feel better by merely speaking about it. I explained that I understood his need to talk and recount but not in any way other than in the careful way we had been proceeding. I asked whether it was making sense for him to do what we are doing while we talked.

He replied, 'Yes, up to this point ...'

I also asked whether he would prefer to stop his story at this point and continue in a while but he replied, 'No.'

The continuation of the conversation is in Figure 4.

Figure 4: Continuing the conversation

11. I saw my boss and everything was fine.	I began to look and found my bag, my two phones. I walked back, found the chequebook and my other phones.	I had a lot of money with me. I saw that there were people around. I had to protect my own things.	Protect material things. Besides, the money was mine, not the company's.
12. We were standing by the road, next to the bus.	I said to my boss, 'Do not worry about the truck! We're alive!'	He realised that the truck was the least of our concerns. My intention was to soothe him and calm him down, because I saw that he was very concerned. He was able also to support me in what I was doing, now that the accident had passed.	The integrity of peace.
13. The ambulance arrived. Three people got out: a woman and two men, and said, 'Where are the bodies?' That was the first thing said.	I said, 'I'm fine.' I was silent after that in honour of my boss, who is older.	I felt good. I thought he was wrong ... to be more relaxed about me too, knowing that he had no serious injury.	Protection for others, worry about the one by my side as well.
14. Then the nurse came back and told me that my boss had no injuries.	I told her I had a sore shoulder.	I shared what was wrong to get her to attend to me now.	My life. My family.
15. She touched my shoulder and then I realised I had a broken shoulder. With my arm in a sling, I climbed into the ambulance and was taken to hospital.	I started to relax and I started to feel all the pain in my body. No longer did anyone depend on me. Instead, there were people to help me.	She wanted to know what had happened to me. I was being evaluated. She was assessing the pain and needed to be able to tell whether I too was injured or not.	Self-protection. Survival instinct.

Once we had finished the table, we discussed it for a moment. In the following section, I transcribe the conversation and add in some ideas that informed my questions.

A question to inquire into his assessment of the process.

*Ítalo:* How are you now, after making this table about your actions, your reasoning and your values with regard to the accident?

*Iván:* I see this more clearly. I see that I was not just lucky, which is more of a survival instinct in the middle of the random things that happened.

Questions about the effects of the accident on his sense of personal agency, linked to his responses to the challenges.

*Ítalo:* Are you still feeling that you were not active in preventing the accident?

*Iván:* Now, conversing with you, I am aware that I did it for me, and perhaps unconsciously took those decisions and felt what I felt. I initially felt that everything that happened was just luck.

*Ítalo:* If you had really not been active about protection at the time of the accident, where do you think you would be now?

*Iván:* Dead. (He laughs with joy, not at the idea of death, but with gratitude for being alive).

*Ítalo:* How did you succeed in responding as you did?

*Iván:* I had relatively minor injuries. I knew I was still alive. And I had to think about how best to react to what was happening around me.

*Ítalo:* What have been the consequences for you of surviving and having the least possible injuries?

*Iván:* That I can still continue to be concerned for my children.

*Ítalo:* Where are you now, after this conversation?

*Iván:* Now I better understand what happened in the accident. I actually did what I had to do to cope with this situation.

### Questions about possible new avenues of identity.

*Ítalo:* How do you now think of yourself as a person, as a man, with these new knowledges?

*Iván:* I am someone who takes action according to what is in my heart. I try to stay in control in a crisis, according to the situation.

*Ítalo:* What would you guess that I am thinking about you, now that I know your responses, your values and some aspects of your life?

*Iván:* That I'm not a bad person. I'm a good person. In my own way, I like to be sure of what I do.

### Questions that inquire whether this new knowledge relates to a preferred future.

*Ítalo:* What possibilities might open up now or in the near future as a result of this conversation?

*Iván:* That I understand - through the way in which we have looked at the accident - I understand that I was not a passive body but was active in everything that happened. I feel more sure of what is happening ... I think that having talked clarifies for me what happened.

At the end of the conversation, I collected together Iván's responses that were associated with the last category of exploration: his values and what was important for him in life. I built a therapeutic document, which I read out loud to him and then gave it to him so he could keep it.

## The document

### ***My values... Iván***

*My physical integrity. Keeping my body undamaged.*

*The family foundation of my life and my valuing of my family and my children. I come from an extended family, in which we are always looking for excuses to get together and be around a table talking.*

*Family. The love I have for them. Life, there is nothing more beautiful than life, despite all the misfortunes that happen, there's always something good happens that overshadows all the bad things that have happened.*

*My life. My physical integrity. Living. Being able to protect my family. It was always about protecting us, as we are one big family. Children were always protected. Let us be, live, but always express things that give us the feeling of security, feeling safe to react.*

*As a kid, at Christmas, my aunt and uncle lived in a small town and were very poor. They gathered mussels. Later, they began to have a better economic situation, although we still had the value of protecting others instilled into us. One is always responsible for one's neighbours. Two days before Christmas we sat with our 12 cousins and we were given bags with candy, toys, fruits, lots of things, as many as 300 bags. My aunts had made chocolate and on Christmas day, we took them round the houses, across a huge area, reaching more than one hundred or two hundred people. We enjoyed it a lot, distributing all the bags and giving them all chocolate. They had a poor childhood in a small town. We were not poor but always retained the same values. We always had family values instilled in us, coexisting with good feelings, good intentions.*

*The security of one. The power to make decisions and solve problems.*

*Helping others, protecting whoever is by my side.*

*Security in myself, in order to assess situations and make decisions accordingly.*

As I read the document, Iván listened very carefully and was visibly moved by his own words. I was trying to figure out what it was that touched him and he said to me:

'One never listens to oneself, listens well. It makes me calm.'

I printed the text in a careful format and gave it for him to take with him.

### **Final considerations and challenges**

The table presented here from my conversation with Iván is just one example. The process can be extended very widely, depending on what the person deems relevant in his or her history. It may be that the traumatic event is repeated in a person's memory two, three or four 'moments' and it is not necessary to inquire beyond a brief inquiry. It is important then to enrich other possible alternative stories that support preferred identity conclusions or the foundations for these responses' or the histories associated with the sense of these responses. There are many alternatives that can contribute to this development that are not included in this paper, such as re-memembering conversations, conversations that highlight unique outcomes, other kind of documents, therapeutic letters, and much more.

A big challenge, from my point of view, is to promote people's new steps and actions toward the future. Although there may be only one interview, and I am working under heavy constraints on what I can achieve, it is still important to engage people with the sense that they are responding to life. So the challenge can be to answer this question: how to use people's new knowledge to engage them with new steps in their lives? I will be interested in hearing from the readers some ideas and experience in relation to this task.

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## Notes

1. Iván allowed me to share his story but his real name has been changed.
2. See: [www.museodelamemoria.cl/ES/Museo/Fundamentos/Comisionesdeverdad.aspx](http://www.museodelamemoria.cl/ES/Museo/Fundamentos/Comisionesdeverdad.aspx)
3. The Valech Commission is the Advisory Committee for the qualification of disappeared detainees, Executed politicians and victims of political imprisonment and torture in Chile between September 11, 1973 and March 10, 1990: <http://www.comisionvalech.gov.cl/>

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