

# The Art of Reflection: Turning the Strange into the Familiar

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*There are a great many useful articles on the dynamics and pragmatics of reflecting teams but few articles address what constitutes a good or inept reflection and why. I provide a conceptual model for thinking about what a good reflection does, distinguishing it from a nice reflection. With some further refinements in place, I then illustrate how reflections can be part of any relationship, not just clinical ones. We have opportunities to make them and to recognize when others make them to us. By using examples from my personal life—as a grandmother, daughter, radio listener, cancer survivor, and client—I attempt to ease the personal/professional binary, a project of mine for the last 35 years. In the second part of the article, I address how writing can serve reflection. Although best offered at the moment one is called for, it is never too late for a reflection. Writing allows people to offer reflections after the fact to those who have shared their stories. Sometimes, it is to ourselves we offer those reflections, when the reflector has long since dropped the thread of obligation or interest. I provide an example of working with iconic imagery to unpack meaning so that reflection can eventually take place, allowing integration to proceed, facilitating the strange becoming the familiar.*

*Keywords:* Reflection; Iconic Imagery; Trauma; Holocaust; Writing

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My grandson, Dashiell, graduated from Kindergarten late May. Right before I left our home for 3 months, he had his last overnight with us. At breakfast, I was trying to embed a lesson about the skills children need to learn and I said something like this: “You know, Dashiell, kids have lots of skills they have to learn growing up. They have to learn to toilet themselves, fall asleep on their own, eat healthfully and of course, learn as much as they can about the world.” Then I paused, and I remember tilting my head as if I were searching inward for what I wanted to express, and said, “Grownups have to constantly learn also, including how to think about other people not just themselves. But children mostly just have to learn about the world.” This little speech was not my finest moment, to put it mildly, and, in my own defense, not typical.

About 10 minutes later, Dashiell and I were driving to one of our favorite haunts and he said from his car seat, “You know, Grandma, I’m not very busy this summer, I’m not in school, I think I have time to think about other people.”

This anecdote is about reflection, about a child reflecting back to an adult something incredibly precious to that adult that had never been articulated between them. Dashiell

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abstracted from my odd didactic remarks the essence of who I think I am and what is important to me: thinking about other people. And, what's more, he made it clear that he wants to be like me, that he is like me.

This exchange goes to the core of reflection. While reflections happen in clinical situations, some of which may be heartbreaking, they are also an everyday possibility. We each have the opportunity in all parts of our lives to bring forward, underscore, articulate, make visible the meaning and importance of other people's utterances, gestures, and actions. We can be witnesses, not just in situations in which it is expected of us, but also informally, for example, in a checkout lane, where it is not expected: "Wow, that was really kind of you to let that person cut in front of you without making a fuss. I bet you made that person's day."

We also have an opportunity to notice when others reflect us to ourselves, as Dashiell did. It might not always be joyful, as that moment was for me, but it will invariably provide information about how others see us and how our actions or inaction affect others. This is how we learn. Reflection—both the provision and the receiving of it—provides significant opportunities for knowledge, learning, and growth about ourselves, others, and relationships.

### REFLECTION IN THE HISTORY OF FAMILY THERAPY

In my understanding of the history of family therapy, the term reflection first entered the field in the mid-1980s via Tom Andersen, a Norwegian psychiatrist, who began to work in what he called reflecting teams with his colleagues (Andersen, 1987). Theirs was not the first group to work in teams: A group in Milan was doing so as was a group at the Ackerman Institute. All three teams based their work on Gregory Bateson and Umberto Maturana, but the Norwegian Team eschewed hypotheses and interpretations. They saw themselves as creating a process for respectful collaboration that would introduce just the right amount of difference so that families could absorb what was offered and change. They wanted to create a multiverse, to create a dialogic community to counter the monologic stuck dynamic of the family. Harry Goolishian and Harlene Anderson suggested to Tom Andersen that he call his work a "reflective process," because he keenly observed that the Norwegians were introducing a way of "being" in their work, not merely a technique.

Tom Andersen's first published paper on reflecting teams in 1987 offers no insight into what he means by reflection per se. There are now hundreds of papers and chapters on the reflecting team and they too focus more on the pragmatics of team process. Only a few address the underlying epistemology of their preference (usually constructivism, social constructionism, and narrative) and fewer still delve into the phenomenology of reflection itself (Shotter & Katz, 2007).

Shotter and Katz (2007, p. 19) studied Tom Andersen closely and found that by listening not just for the meanings of what people said, but to their "bodily voicing of words in the course of their speaking them" he created a "responsive reflective talk," an "intimate style of talk." The effect of his quiet absorption in the client was what Hoffman (2007) calls "witness." Hoffman has written eloquently about Tom Andersen's work and connected it both to theory and to the most intimate detail of client experience.

Over the years, as so many people took up the practice of "reflecting" in the context of reflecting teams, Andersen would return to descriptions of the practice and refine his intention. He made one intention very clear: Team members were to talk about "what they heard and NOT about what they thought about what they heard" (Roberts, 2009, p. 63). This is a crucial distinction that requires a therapist to grasp

levels of meaning-making. In fairy tales, like in Cinderella, she must call upon birds to help her to separate the lentils from the ashes. As therapists we must learn to do this complex separation ourselves. One way of putting this is to say we must learn to separate our associations to what we have heard from our thoughts about what has been said.

White (1995) was so concerned about the difficulties inherent in this enterprise, culling the lentils from the ashes, if you will, that he created a scaffolding for therapists to use while reflecting. His critique of reflecting teams was centered on his fear that people would unintentionally replicate the very kinds of oppressive speaking about people's lives that had hitherto been part of what those seeking consultation had experienced. He feared that team members would: use pathologizing language that would further marginalize those who were consulting them; speak as if from a more knowledgeable plane, thus putting down and alienating clients; and focus on problems rather than explore resilience or small acts of resistance against problems with which clients struggled. His quite extensive scaffolding was meant to assist therapists to find ways of avoiding these pitfalls and support "fascination with certain of the more neglected aspects of [clients'] lives, aspects that might provide a point of entry for the generation and/or resurrection of the alternative stories of their lives" (White, 1995, p. 180).

White's critique and methodology drew on Barbara Myerhoff's work on definitional ceremonies and developed into the four-part outsider witness practice that is now familiar to many family therapists. The therapist interviews members of the outsider witness group about which aspects of the interview stand out for them, which aspects link to their own lives and help them express why there is resonance, and, even, what it will mean to them to have experienced the connection with the clients' life experiences. This heartfelt sharing has powerful effects for the clients, reducing feelings of isolation and granting them a sense of how the articulation of their life experience can "move" people, quite literally, as outsider witnesses report, to a different (and more accepting) location in relation to their own life histories.

For teams that are more influenced by Tom Andersen's reflecting team model, it is impossible to know the extent to which the distinction that was so important to him has been carried out in the many settings in which the model is now used. Reflecting teams are used in the context of clinical work, of course, and with numerous populations, such as with couples (Egeli, Brar, Larsen, & Yohani, 2014), children (Lax, 1989), parental illness (Dale & Altschuler, 1999), and patients presenting with somatic complaints (Griffith et al., 1992), to name a few. Reflecting teams are used for training (Davis, 2012; Young et al., 1989); supervision (Paré, 1999; Reichelt & Skjerve, 2013; Reynolds, 2010; Roberts, 1997; Selicoff, 2006); and to create cohesion in multidisciplinary teams (Garven, 2011). Teams are used in therapy and in the community (Swim, Priest, & Mikawa, 2013).

In an article addressing the value of polyphony, or creating what Tom Andersen called a multiverse, Sparks, Ariel, Coffey, and Tabachnik (2011) describe the process of creating that polyphony when senior practitioners work from different theoretical models. One of the team members is an accomplished musician, Jane Ariel, and so they are able to delve into the musical analogy with depth and precision. In the end, they conclude that there is an estimable value in "creating a thematically linked conversation [that] enhances the coherence of our reflections and helps to establish a team voice that can resonate in an ongoing therapy" (p. 126).

This description links to one of the key theoretical premises of the reflecting team. The point of the team is to move the conversation to which they are listening from monologue to dialogue. So too the team conversation must remain dialogic, so that while a "thematically linked conversation" may arise, consensus does not. One of the most important points

ever made about power, I believe, is one made by Lukes (2004), who writes that one way of understanding power is that power is the means to create a consensus. Reflecting teams specifically and deliberately are in opposition to speech that attempts to dominate. Donovan (2007), drawing on Habermas, elaborates on this point, writing that reflections must embody respect, fairness, equality, and justice. By democratizing the process of therapy, by leveling the hierarchy among therapists, team, and clients, reflecting teams have a chance of enacting these values.

Despite the abundance of users for this modality, several books on the subject (for instance, Andersen, 1995; Anderson & Jensen, 2007; Friedman, 1995), and reviews of the literature (Brownlee, Vis, & McKenna, 2009), there is surprisingly little research documenting its effectiveness (Griffith et al., 1992; Höger, Temme, Reiter, & Steiner, 1994; Kleist, 1999; Willott, Hatton, & Oyeboode, 2012). In an era in which increasingly practitioners must demonstrate efficacy, it is surprising that more has not been done to support empirically what many of us believe to be the case from decades of observing our own and others' clinical and supervisory work.

In addition, given how much work has been done using reflecting teams, with all their variations, it is surprising that so few people other than Tom Andersen and Michael White have written at length about what constitutes a good reflection and what a poor one. In training contexts, I would sometimes make a negative judgment on a student's reflection—it was too wordy, it spoke about matters no one had addressed in the conversation—only to learn from the clients themselves that the very reflection I had disparaged in my mind had been the one that set off new ways of thinking and provided avenues for new action. In the end, I have come to believe that a good reflection is one that, for the most part, stays with what the client has communicated, attending to all the ways that clients communicate, with their voice, with their words, with their bodies, and—for the proof is in the pudding—promotes richer further deliberation, conversation, and action than had been possible before. In nonclinical settings, with people we know well, we may be able to refer to experiences that are not articulated in the moment but refer to a shared history, creating an “ah ha” moment. Sometimes such a moment can feel intimate, even transformative, if not of the relationship, of the current interactions that constitute the relationship at that time (Weingarten, 1991).

## WHAT IS REFLECTION? WHAT IS REFLEXION?

In common parlance, reflection means a number of things, among them: (1) a surface that can reflect light, sound, or heat; (2) an image in a shiny surface, like a mirror or a lake; (3) something that arises as a consequence of something else, such as the running time of an athlete, which reflects daily workouts; (4) a thought occurring after some consideration (Barnhart, 1963).

These meanings of reflection resonate with how we can think about what constitutes a good reflection. Between a client and a therapist, the client communicates in any of the ways that humans are able to. The therapist has many choices, of which reflection is one. Reflection is not offering an explanation, an interpretation, or solving a problem. Some practices prepare the way for reflection but are not themselves reflection, for instance, asking a question of clarification and repeating back what has been said to see if one's understanding is accurate.

Good reflections will be based on “radical listening”. Radical listening, above all, is welcoming. It is the kind of listening that neither judges nor prejudices, that hears what is absent as much as what is present, that pauses when words fail, and that discerns when the speaker is off center, unable to share her story authentically (Weingarten, 1995, 2010b). Often an inability to speak “authentically” derives from

ways we get caught up by normative discourses, such that we distort our experience to fit them. Radical listening entails hearing when something is said formulaically and identifying the discourses that have shaped the speaker's "packaging" of experience. Opening up these constraints in conversation, deconstructing them, complements radical listening. Both radical listening and deconstruction are ethical practices. This understanding is in line with McNamee's view that within a postmodern worldview, ethical judgments and ethical action arise from collaborative relational processes (McNamee, 2009).

Radical listening has strong resonance with John Shotter's view of "listening into" the other. He too considers listening an ethical practice. His work, influenced at a theoretical level by Wittgenstein, Voloshinov, and Bakhtin, was deeply engaged by Tom Andersen's clinical work. He noted how Andersen allowed meaning to slowly develop between listener and speaker, such that what was reflected back was "what, uniquely, the speaker's speech [means] to the listener in *that* particular circumstance, at *that* particular moment" (Shotter, 2009, p. 19).

Reflection entails a movement between what the speaker has said and what the listener intuits that the speaker wants to convey. Often the speaker is burdened. She may not know exactly what the burden is or the burden she knowingly carries may be packed with more meaning than she has understood. The listener's job is to create the conditions so that they can learn together, truly at the same moment, the exact nature of that burden. It is this *collaboration toward recognition* that makes therapy—and conversation—conducted this way, so exciting and intimate, where intimacy arises from the co-creation of meaning (Weingarten, 1991, 1992).

If the ground is radical listening, the dance is one between reflection and its soul-mate reflexivity. While reflection is more about an immersion in the experience of the other to make sense of it, to know it deeply, reflexivity is the self-scrutiny that allows us to think through, filter, and weigh our inner responses, be they values or biases or reactions. If the work of therapy is to help make the strange familiar to those who come to us in distress, the reverse is true for therapists. Our job is to use reflexivity to make the familiar strange. We need to be able to interrogate ourselves with keen attention to the taken-for-granted in order to come to others with fresh mind and heart. Gergen (1999) writes of this as "the attempt to place one's premises into question, to suspend the 'obvious,' to listen to alternative framings of reality. . ." (p. 50).

We are trying to create a situation in which the client feels listened to, understood, cared about, cared for, and validated. We want the client to feel that something that has been split off or fragmented returns to them. We hope that a new feeling will arise, a feeling of relief, of "ah, I'm at home." In a poem by Fox (1995), I find this notion echoed. In the last stanza, he writes:

When someone deeply listens to you  
your bare feet are on the earth  
and a beloved land that seemed distant  
is now at home within you.

These images capture what I think we are trying to do with and for our clients: We are trying to help them feel more "at home" with themselves. It is what can happen in our everyday life as well.

### **GOOD REFLECTIONS; NICE REFLECTIONS**

Whether with clients or people we know or have just met, helping people feel more "at home" with themselves is not the same as helping people feel good by saying something



nice. By “at home”, I mean helping people take in what is so about themselves.<sup>1</sup> It is about helping people accept how they have acted. It is about bringing the distant land closer. By conveying a nonjudgmental attitude toward what both people know has been so, by talking with accuracy and precision about what has unfolded between the person and others, some relaxation into shared truth can occur.

A nice reflection gives back to people what is easy to hear and incorporate into their view of themselves; this may or may not lead to feeling more “at home”. Good reflections almost always reflect back something that is enough different from what the person is expecting that the opportunity is present to expand in order to integrate the reflection. It is important not to be confused by the content of the reflection. It is the combination of the content and the process, in addition to what unfolds later, that allows us to determine if a reflection was good, that is, useful.

A few weeks before my father died, I spent time with him at his apartment. He was frail and his speech was labored. He had been ill for a while and he had adjusted to his diminishing abilities with incredible equanimity for someone as hard-driving and energetic as he had been up until the very recent past. This time, when I entered the room, he looked up, his eyes filled with tears and with a frankness for which I had always longed but he had never revealed to me, he said, “It’s near the end. It’s so barren. I don’t know what to do. I try to do what people tell me to do.” He paused.

I walked over to him, kissed his head, and knelt down, looking up at his face as I talked. I told him that I thought he was wondering how to have this last phase of his life have meaning, but that I thought he was doing things right now that were living his life the way he wanted it to be. For instance, I pointed out, he was cooperating with everything that was asked of him and he was trying to help the people who were helping him.

I am.

I reassured him that that was an important form of doing. It made life easier. He shook his head from side to side. So I summarized for him that he had been telling me that he found it hard to find meaning in his life now. Then I reflected that I thought that might be the case because he had always seen meaning as consisting of working on a goal and accomplishing it.

That’s right.

I shared with him that there might be another way of thinking about what was meaningful at this time in his life that could be available to him. He could think about the people whose lives he’d influenced, and the way his work and values lived on as a legacy. But, I acknowledged, that wasn’t his style.

As a child, Dad, I was hurt by your saying that nothing I did, no accomplishment of mine, had any impact on you; that what mattered was what you did. . .

I was an arrogant son of a bitch, wasn’t I?

Yes, you were. Some of the time. But not all of the time.

The entire conversation has elements of a good reflection. It draws on a shared history that we both know, acknowledging the wider context of past behavior and conversation.

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<sup>1</sup>The art of reflection in a clinical setting is not a one-way street. Clients may reflect us back to ourselves as well. Some are uncanny in their ability to experience and note momentary lapses of attention or moments of empathic failure. They may also reflect back the best of us, describing vividly what we do well and how our practice enhances their lives.

The last few sentences are part of what makes the reflection “good”, but not “nice”. Good reflections may not be nice, but they are always kind. At best, a good reflection is also significant and it was precisely the part that was not nice that made the conversation significant. The two of us sat with the accuracy of my words, of my talking truth to power, and felt deeply connected to each other in the face of what was so. My father was a little bit more “at home” with himself, as he and I accepted how things had been between us. This short exchange was part of our mutual preparation for his imminent death. He would never have asked me to forgive him, but I did. And then the conversation moved on.

The above example, as the opening one, is not a clinical one but one drawn from family life. Reflections occur all the time in daily life—we make them, we receive them—and it only makes sense to me that we should consider the ethical issues of reflection outside our offices as well as inside them. Listening and reflecting well are key to making people feel more “at home” with more of themselves. Sometimes what is acknowledged is not nice. But the way we do it always is. When the jig is up, as it were, when both people together acknowledge truths, an embodied relaxation of held tension can occur. Even if the tension has been held for decades, shared acknowledgment can prompt exquisite relief.

### WHEN REFLECTIONS GO AWRY

What does it feel like when reflection goes awry? When radical listening is absent or flawed? When reflections are clumsy or wrong? There is a passage in Levi’s *Survival at Auschwitz* (1996) that poignantly renders the experience of not being listened to. It manifests in a recurring dream of his of returning home from Auschwitz and his family members not only not listening to him but talking among themselves of other things. He writes that it is like a “desolating grief . . . like certain barely remembered pains of one’s early infancy. It is pain in its pure state . . . like that which makes children cry” (p. 60).

It is the opposite of feeling at home.

### Useful and Inept Reflection

What of misguided reflections? I suspect that we have all made them and received them. Sometimes both people know immediately when this has happened. Sometimes recognition is delayed for one or both and sometimes—a worst case scenario—recognition never happens, a false or flawed response sets the stage for going off-course.

Poor reflections happen, privately and publicly. In the public space, it can cause disquieting ripples out for thousands, sometimes millions of people. Here again, the absence of a reflection when it is needed, as Primo Levi wrote, can have as great an impact as an inept reflection.

A few years ago, I heard one of my favorite radio hosts interview an actress who had just returned from the Sudan in her role as a UN humanitarian commissioner. The interviewer asked probing questions and soon the actress was sharing details about conditions in several refugee camps she had visited. At the end of the segment, the actress mentioned an appalling situation and the host fell totally silent for seconds, no wrap up, and no context for listeners. We understood that she was overwhelmed; it was a moment where her inability to process what she had heard and engage with it in some constructive way passed on her distress.

In that example, it was the failure to make a comment that passed on “common shock”, the everyday experience of being an inadvertent witness to an interaction that is laden with negative or disturbing affect (Weingarten, 2003). In this next example, a talk show

host, Brooke Gladstone, is speaking in April 2014 on the 20th anniversary of the Rwandan genocide during a segment of *On the Media*. She aired an interview she had conducted twelve years earlier, in 2002, with Nick Hughes, the director and co-producer of the first feature film about the genocide. The film is bleak, even with a love story threaded through it. As Gladstone puts it, “There isn’t anybody [in it] who isn’t irreparably damaged.” There are many characters in the movie who do nothing for the Rwandans, including ex-pats, aid workers, UN workers, and journalists. Hughes presents them all as saving themselves, even their dogs, but not helping Rwandans.

Gladstone probes, “. . . you yourself, when you were there, videotaped a machete-wielding man beating a woman and her daughter pleading for their lives, and it was broadcast all over the world in 1994. Do you think it did nothing?”

Hughes: “Well, it was something very, very small. I mean, I didn’t save anybody. I didn’t put my camera down and save any children. And nor did anybody else.”

Next she airs a small clip from the film. Then asks him why he ends the movie with a “note of total despair.” He replies

**Nick Hughes** There is nothing positive about genocide. You can’t come out with some glimmer of hope. Genocide is all negative. It is all dark and evil. And the suffering that people go through is beyond imagination. But if there’s some understanding and some sympathy and, and there’s some belief that Rwandans are human beings amongst an international audience, then that’s, that’s a great step.

**Brooke Gladstone** Nick, now that you made the film that you wanted to make, do you think you can find a way to forgive yourself a little bit?

**Nick Hughes** Well, it’s not really a matter of forgive.

**Brooke Gladstone** I guess what I mean is -

**Nick Hughes** Yeah.

**Brooke Gladstone** - it’s obvious that you came away with an enormous burden and a sense of responsibility that you don’t feel you’ve fulfilled and that the rest of the Western community in Rwanda certainly didn’t fulfill, and you made this film. So my question is, is can you leave it alone now?

**Nick Hughes** Well, it - the film gives me an opportunity to speak about Rwanda but I don’t get the opportunity to go back and stop by the side of the road and pick up a child who’s going to be murdered by the Interhamwe and take him out of the country to safety. And nor does anybody else get that opportunity to do that again. And nobody said anything about stopping it happening next time. So no, I don’t think there is anything really to feel positive about or redeemed about, not at all. Genocide is the opposite of redemption. There is no redemption. You can’t go back. Those people are dead, and it will happen again.

**Brooke Gladstone** Nick, it’s been a pleasure talking to you.

**Nick Hughes** Thank you.

And then concluding the re-broadcast in 2014 she says: “Nick Hughes is the director and co-producer of *100 Days*. I spoke to him in 2002.”



Again, I am taken aback. Her two questions, “Nick, now that you made the film that you wanted to make, do you think you can find a way to forgive yourself a little bit?” followed by “can you leave it alone now?” demonstrate a profound mis-attunement to Hughes. He will never forgive himself, nor does he want to. In fact, forgiving himself would represent a complete moral failing on his part. Her comments betray Gladstone’s own discomfort with what she has witnessed and a wish to move away from her own distress. Hughes will not do that.

This is what I wish Gladstone had said on air after Hughes corrects her:

Thank you. Your ability to acknowledge your remorse and dedicate yourself to helping people understand what happened in Rwanda is inspiring. It shows that we can harness the pain of our failures in the past to sustain positive action in the present. Thank you.

To me this reflection acknowledges what they both have said. It represents reflexivity and reflection. It also creates a bridge to the audience, providing a concept for us so that we too may more easily bear what we have just heard. It moves us from passive witnessing of overwhelming material to potential actors in our own lives (Weingarten, 2000, 2003). It suggests that by dealing with our pain—whatever it is—we can more easily move forward with integrity.

### THE WITNESSING MODEL

In that reflection, I am drawing on the Witnessing Model (Weingarten, 2000, 2003, 2010b). Reflections are often inept or missing because reflectors are overwhelmed by figuring out what to say. Reflectors may be momentarily shocked by what they hear and cannot imagine how to respond meaningfully. Time passes. The moment for reflection passes and both the person who hoped to hear an empathic response and the person who had hoped to offer at least some response must navigate a gap in their interaction with each other. Usually people are silent about this gap.

The witnessing model orients reflectors to the position from which it is more likely to think of what to say. By understanding that as a witness reflector may occupy any of four positions, it is possible for reflectors to identify where they are on the grid (see Figure 1) and try to maneuver toward Position 1.

The witnessing model integrates bystander theory and trauma theory. Bystander theory was developed in the 1960s before the most recent work on trauma theory got underway in the late 1970s, which made it clear that those who witness acts of violence may be in as much at risk emotionally and biologically as those who are its victims. For example, recent work suggests that children witnessing physical abuse are often more symptomatic in adulthood than the children who received the blows (Sox, 2004).

The four positions arise from the intersection of two dimensions: awareness and empowerment. The witness model can apply to anyone but it has particular implications for health care professionals and others, like journalists, whose witnessing has the potential directly to affect others; in Gladstone’s case, millions of public radio listeners. For us as therapists, we have an impact on our clients, their families, colleagues, friends, and communities. As writers, it is our readers whom we may impact.

A person enters Position 1 when he or she is an aware and empowered witness to violence or violation. Taking action, and clarity about what action to take, go along with the experience of this witness position. A person is likely to feel competent and effective in Position 1. Position 2 may be the position that is most dangerous to others. People who witness violence and violation, who are oblivious about what they are witnessing, but nonetheless respond as if they know what they are doing, will be misguided. Their actions will be ineffective at best and harmful at worst. The negative impact of witnessing from

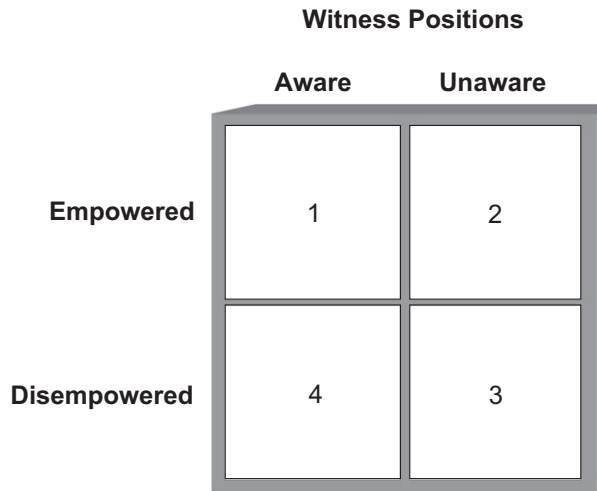


FIGURE 1. Reprinted from Weingarten (2000, 2010b).

this position may be far-reaching, particularly if the person witnessing occupies a position of power or is perceived as having power. This was Gladstone's position and it is the position that therapists occasionally find themselves in.

Position 3 warrants a certain amount of pathos, except that the effects on others, not just the self, are so disastrous. If one is unaware and disempowered, the potential for being nonprotective when one should be protective, and passive when one should be active is so great as to make it a near certainty. A professional who is unaware of and thus passive in relation to the urgent need of a client has abandoned that client and the effects may be as harmful as actions or no action taken from Position 2.

Position 4 may be the most common for health care professionals. In this position, a person is aware but uncertain what to do or lacking the internal or external resources to act exactly as he or she knows to do. This position saps clinicians' energy, enthusiasm, and resolve.

Any of us may experience any of the four positions as one only we are responsible for having made happen, as if the position is independent of the social and relational processes that, in fact, "put" us there. These positions are not individual achievements but arise within the same discursive constraints that impact any other of our social locations.

Position 1 has clear advantages for us, for others, and for our communities. Getting to and staying in Position 1 is always work. Among other features of that work, it requires a special kind of empathy. It is true, as Leslie Jamison writes in her essay, "The Empathy Exams," that "trauma bleeds . . . it has no discrete edges" (Jamison, 2014, p. 7). Yet, it is precisely this dissolution of boundaries that therapists must manage. To feel empathy, we move inside the skin of the other or others, but to do our work we return into ourselves with the information we have gathered through empathic attunement and we rigorously submit it to our own reflexive process. One essential aspect of this is ethical. We must understand that we have not suffered what the client has suffered. In fact, part of our task is to deeply acknowledge that there can be no comparison. As Hatley (2000) writes, "We suffer, so to speak, the impossibility of suffering the other's suffering" (p. 5). LaCapra (2001) distinguishes this kind of empathy as "empathic unsettlement".

When we feel empathic unsettlement we are less likely to feel overwhelmed because we are clear that what we feel is not the same as what the other feels. Intact, not traumatized

ourselves, we retain our ability to take a clear-eyed view of the other's situation, able to bring ourselves fully into the present moment, because we are unburdened with our own "stuff". We are able to be a compassionate witness.

As we work to place ourselves in Position 1 and are able to make a good reflection, there are important biological changes that often occur that I think may account for the seemingly improbable but frequent occurrence that we can find ourselves in content that is horribly distressing but in a relational experience in which we have well-being. The biological mechanisms that are probably involved in this sense of well-being include oxytocin, the vagal nerve, and our brains. When all three are moving in harmony "positivity resonance" occurs (Frederickson, 2013).

Positivity resonance is a fancy name for a loving relationship. As we all know well, love heals. Our family members love us, our friends love us, and transformative therapy (almost) always means our therapist has loved us. Love allows us to trust enough to access our most difficult thoughts, feelings, and memories.

We are trained to offer this calm, loving attentiveness to clients but there is no reason why it cannot be used for the benefit of those we already know well and love, for those with whom positivity resonance is well established. Noticing opportunities for offering good reflections can become a habit outside as well as inside our offices.

### USING WRITING TO SERVE REFLECTION

I am a great believer in the adage "it is never too late". Sometimes we miss opportunities to offer reflections to people who have come to us in distress. Sometimes we need time to process what has gotten so stirred up for us that we are unable to be fully present to the needs of others. It is not uncommon for one person's traumatic experience to trigger a traumatic memory for us. The therapist's responsibility is to understand what has happened well enough so that she can make a skillful decision to disclose or not to disclose the intersection of feeling or experience (Weingarten, 2010a). The highest priority is to make a decision that will serve the other. Sometimes this decision is arrived at jointly, through nuanced and careful conversation that ensures that the client is never burdened. But sometimes the therapist is too distressed to collaborate with her client. She may know she is upset, but not be sure of all that is going on for her. In these instances, usually, the therapist is silent; she delays reflection. Both paths may manifest ethical practice in action.

When reflection has been delayed, because it has taken time for self-understanding, it sometimes happens that it is not possible to complete the process with the client herself. Obviously, it is preferable to offer reflections to the person in a timely fashion, but if too much time has elapsed or there are special circumstances that make this impossible—for example, the person is no longer our client, the person is dead—while it does not serve the other, we can still complete a process for ourselves by offering a reflection through imaginative processes. Writing is a wonderful vehicle for doing this (Penn, 2001).

### Writing Trauma

Writing can serve reflection, even when the reflection has been delayed due to a traumatic response having been triggered. Traumatic experience leaves not just a fragmented self in its wake but a silent one as well. An image that comes to mind is that of holding sand in your fist. The tighter the fist, the more the sand leaks out; the more open the fist, the more one can hold onto, see, and recognize what is in the hand. So too with traumatic memory; it is only when there is relaxation that the tale can be told.

Of interest, there is significant overlap between the processes that heal trauma in therapy and the processes necessary to write a trauma story well. Trauma is almost always

encoded as sensory memory without a narrative structure. The brain's time/date generator, the hippocampus, the structure that allows us to put a context to sensory experience, gets overwhelmed by traumatic experience and shuts off. What is left is the sensory experience without words. However, words can trigger sensory detail. Edward St. Aubyn, the author of the hair raising semi-autobiographical Melrose series about his abusive childhood, said in an interview that certain words can raise his blood pressure from 105 to 200 (Parker, 2014, p.44).

MacCurdy (2000), who has written and taught extensively about how people write about trauma, goes so far as to say that most trauma is stored and retrievable as an iconic image. Understanding the image, unpacking it, and shaping a narrative around it that contains its fullest meaning is the task both of therapy and writing a trauma narrative.

A sequence unfolds something like this: There is the repressed that is unspeakable which moves to something that is unarticulable to become something that is hard to articulate and then on to fragmented and incoherent speech. Then it becomes traumatized speech, then invented language, invented metaphor, and then a grasping and finally recognition of an iconic image. This is followed by unpacking the iconic image into tentative speech that creates a rudimentary narrative more like a sequence of still, black and white photos. Then on to writing/sharing/working/re-working/telling/re-telling/moving the as yet incomplete story into a video in color that gets edited into a coherent narrative until finally one fully knows the traumatic experience. What has been split off is integrated. At any point along the way, there may be a collaborative process with another or a within-self dialogic process.

Good reflections, good trauma therapy, and good writing—all three—lead to the same place, to integration, to making the strange familiar, to home. We return to ourselves. But note, this can only happen if once we did “know,” we were familiar with, what had been cast out. We can only defend ourselves against what we believe will be overwhelming to us if we are also able to recognize what it is at some level of awareness. This has been called perceptual vigilance and defense. Coincidentally, metaphor, according to Ozick (1989), does the same thing: “Metaphor relies on what has been experienced before: it transforms the strange into the familiar” (p. 280).

## Unpacking Iconic Images

MacCurdy's idea that writing trauma always involves unpacking an iconic image resonated with me for that was certainly so when I wrote my two most personal books, *The Mother's Voice: Strengthening Intimacy in Families* (1997) and *Common Shock: Witnessing Violence Every Day* (2003). The images themselves provided no clues: in one case, it was an image of myself on a tricycle; for the other book, it was seeing my mother in a police car. In both cases, unpacking these images showed me what was at the heart of each book.

This article began as a keynote address for a conference based on the second of two books produced by the Transcending Trauma Project (TPP)<sup>2</sup>, a project that has collected and analyzed in-depth interviews with three-generation families with at least one Holocaust survivor in the oldest generation. The 2014 conference, “Narrative Practices: Healing and Hope at the Intersection of Lives”, focused on a book co-authored by eight therapists, each of whom was asked to reflect on one of the Holocaust family transcripts. In preparing for the keynote address, not surprisingly, I surfaced an iconic image that linked me to material that was similar to material Transcending Trauma Project members had been grappling with for decades. This image is one I had not thought about in over 20 years, one that I had shared only once with one therapist.

<sup>2</sup>The two books are: Hollander-Goldfein, Isserman, and Goldenberg (2012) and Raizman and Hollander-Goldfein (2014).

In 1989, I finished a year of treatment for my first episode of cancer. I developed what I now know was a trauma response but neither I, a trauma specialist, nor my colleagues nor any of the many psychiatrists I consulted correctly identified it as such. I was plagued by a compulsive habit. I would look at my watch and say to myself, "You haven't thought about dying in ... whatever the watch revealed. 90 seconds. 3 minutes, 11 minutes." I functioned—I was an effective mother, teacher, therapist, wife, friend—but I couldn't stop the behavior. Finally, I saw a psychiatrist whom I began to trust. After several sessions, I revealed an image to her that I had been unable to share with anyone because I felt shame at having it. I told her I felt like I was at the edge of the pit at Babi Yar.

Babi Yar is a ravine in the Ukraine near Kiev that was the site of multiple mass killings of Jews by the Nazis during WWII. "Why do you feel that way?" She asked. "I don't know," I replied. We sat silently for a few moments and then I, sensing her discomfort and knowing mine, moved on. She never asked, and I never told her anything more, about the profound hold that image had on me. A gap opened between us; we never spoke about the image or the silence.

Twenty-four years later in my study, I wrote my way to understanding the meaning of the image. The image held the key to my obsessive thought/behavior, the key to the trauma of my first cancer experience and the key to healing from it. Unpacking that image, writing about it, led to healing. Integration. It has allowed me to share it.

Had the therapist only said to me, "Tell me more. What do you see, what do you hear? What happens next?" It would have led to my telling her that I had a desperate conflict between wanting to be the one who, shot, nevertheless at nightfall was one of the survivors who crawled out of the pit (because I know that is what happened to some of the people who were shot that day) and believing that I should not be any different from any of the others who perished in the pit. I would have understood that the image had replaced the "true" survivor guilt image in an attempt to conceal a feeling I had found utterly unacceptable.

During my radiation treatment, eight of us had the same time slot and we arrived promptly at our designated seat around a coffee table with space for two on each side of the square glass table. By the end of our 35 treatments, for a variety of different cancers, only three of us were still alive. Of course, I was deeply troubled by the deaths of my fellow patients, but I also experienced joy that I had survived. In the traumatic circumstances of the entire cancer experience, many surgeries and chemotherapy, this joy crossed my goodness boundary. I could not accept that I was a person who could feel joy at the same moment that I knew others had died. Instead I created a condensed version of my conflict in the ritual of looking at my watch and saying, "It's been, say, 5 minutes, since you thought about dying." I produced a symptom.

Had the listening context been receptive, voice would have emerged. And so would have story. Story is the antidote to silence. In speaking to her then of all that I have written now I would have learned that the two feelings co-existed, that there was no conflict between them, that in wishing that I would live I was no less sorry that others had died. I would have forgiven myself because I would have seen how precisely human not inhuman I was.

Why was the therapist not curious about that image? What had gotten stirred up for her? Why was she incapable of being a compassionate witness to me? I will never know but I can speculate. She was married to a man whose famous psychoanalytic parents had escaped Nazi Germany in 1938. At the time she was seeing me she was diagnosed with a cancer from which she would die 18 months later. Perhaps, these experiences overwhelmed her training and instead of remaining an aware and empowered witness she pivoted into the dangerous Square 2, unaware but empowered. She effectively closed down my own self-reflection and reflexion.



In doing so, a piece of myself was split off because we failed to engage in a rich integrating dialogue. I felt shame for two reasons: one, for being happy that I had survived when I knew others had not and two, because I had made a comparison between my cancer experience and the horrific circumstances at Babi Yar. Both of these sources of shame remained unexplored. We were never able to make the connection between my creating that image and my lifelong ability to relate large-scale political events (the “out there”, if you will) to the personal (the “in here”). Rather than seeing the image as basic to who I am, I dissociated myself from it out of a mistaken belief that the image revealed that I was a “bad” person. Had the work been done then, I would have understood how like me, how familiar, the apparent strangeness of the image truly was.

In preparing to offer a reflection to the authors on their chapters as part of my keynote address, I ended up unpacking an iconic image of my own, in effect writing a reflection to myself. The keynote gave me the opportunity to take back a fundamental part of myself.<sup>3</sup> Unpacking the iconic image, writing the story of it, gave me the opportunity to heal through integration.

It also broke down the isolation and shame that are almost always an accompaniment to trauma. Good therapy, good writing that helps people unpack iconic images and transform traumatic memory to story, breaks down that isolation and shame because what we always discover is our common humanity. We never uncover anything else.

### **The Reconsolidation of Memory**

Something else happens when we are able to retrieve memories in the context of loving relationship, whether with oneself, as I did, a therapist, colleague, a family member, or friend. New research on the reconsolidation of memory helps explain what may be happening. This research is barely a decade old and controversial (Specter, 2014). It suggests that there is a 10-minute window during which a retrieved memory can be updated with new information of any kind, be it emotional, sensory, or factual, to name a few categories (Schiller et al., 2010). When I finally shared what I had learned about the Babi Yar image with my husband, we were driving in traffic. My husband reached his right hand over and patted my hand in a tender gesture of support. Now, whenever I think of the image, his touch is soldered into the memory. It has been altered in the 10 minutes it took for me to tell him about the image and its meaning to me.

### **CONCLUSION**

This may be what happens in good therapy. In the 10 minutes of speaking of a painful memory and listening to it, in the 10 minutes of good reflection, of compassionate witnessing, memory may be reconsolidated. Later, when the memory is retrieved again, kindness and insight may be present.

If so, and this makes great sense to me, it is at the heart of why good reflection and compassionate witnessing are so important. It explains why those moments when people bare their most vulnerable selves to us so often feel sacred. In those moments when pain is so vividly present, if intimate connection is as well, then fresh experience may join memory changing it forever.

When this is so, when trust, loving kindness, and wisdom exist in the space between people, then in that transient 10 minutes, when the art of reflection takes place, then the strange can become familiar, integration and healing can occur. With integration and

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<sup>3</sup>I'd like to thank Abigail Brant Erdmann for our conversation about this point.

healing, we find that we are able to accept what is so. Then, we have fulfilled the promise of therapy, the promise of relationship.

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