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The Healing Effects of Storytelling: On the Conditions of Curative Storytelling in the Context of Research and Counseling

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Conducting a biographical-narrative interview is already a kind of psychological intervention. In this article, I will reflect on this. I will introduce the narrative-interviewing method and discuss the following: What processes are prompted for narrators when they tell their life story and for the interviewer guiding the conversation in a narrative-biographical style? What are the chances offered by this method of directing a conversation for setting off initial healing processes, and what are the risks and dangers involved? These questions are pursued, in particular, in the context of research interviews—especially in the context of my interviews with survivors of the Shoah and their children and grandchildren—but also in the context of counseling. I will also discuss the method's limits in conversations with people experiencing acute life crises.

Keywords: *biographical-narrative interview; narrative questioning; the healing effects of storytelling; acute life crises*

Many social researchers assume that qualitative or open research interviews cannot trigger processes of change in the interviewees. The notion that in qualitative social research we should and would also avoid interventions is not only thoroughly naïve, but it also shows a really comfortable position and a lack of sensitivity for the processes in an interview with an open method for guiding a conversation. With this position, the social researcher is not called to reflect on what his or her conversations can bring about and to thereby also see to it that the conversations he or she is guiding are supportive rather than burdensome for the interviewees. When we conduct biographical interviews, we particularly have to take into consideration the considerable psychological effects telling one's life story¹ can have.

For more than 20 years I myself have been conducting biographical-narrative interviews with the most diverse types of groups of people;² furthermore, I advise colleagues who use this instrument for research purposes or also in a modified form for counseling purposes and who, similar to me, work with the narrative-conversation-guiding method in the field of research

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supervision. My interviews with survivors of the Shoah and their children and grandchildren, which I conducted between 1989 and 1996 in Germany and in Israel (Rosenthal, 1998), but also my interviews with World War I veterans who had returned home traumatized from the trenches (Rosenthal, 1991) are what particularly led me to continually think about the effect of this method of guiding a conversation and to above all, broaden the questioning techniques (see the following). My experiences and primarily the victims' feedback, in some cases taking place over years, regarding the effects these conversations had on them and also on the family dialogue convinced me how just one or two biographical interviews can already trigger the first curative processes.³ For a year I have also been conducting interviews with people who have fled from their native countries and are seeking asylum in Germany or who live here in a thoroughly uncertain situation with a short-term residence permit—for example, refugees from Kosovo (Rosenthal, 2002). These people are experiencing an acute life crisis. In this case, considerable limits are placed on how one guides a biographical-narrative conversation. What to date has been considerably questioned in these conversations is the certainty regarding how I guide a conversation and the positive effects of recounting one's sufferings as well as traumatizing experiences and life phases. I grew conscious of how I find certain conversation-guiding techniques important, techniques that, however, are not possible in these conversations. This caused me on the one hand to think about the rules for guiding a conversation and on the other hand about the limits of my very positive experiences regarding the helpful or curative effect of recounting, which I already described many years ago (Rosenthal, 1995). It became clear to me that my optimistic position regarding recounting came from the fact that I had to date interviewed a very specific circle of people: namely, people who due to man-made disasters—such as World War I or being persecuted during National Socialism—had already been traumatized decades ago in their youth or as young adults and who had since then again more or less established a certain lifestyle for themselves, who had worked, married, become parents and grandparents, and so on. In other words, they in the meantime again lived in a more or less established present and future.⁴ In this respect, their situation was very different from the people I presently question. But, what they share is that their suffering is embedded in a collective experience whose concealment is neither privately nor publicly—even under the threat of violence—called for and whose disclosure as well as the naming of the perpetrator is not accompanied by feelings of guilt. That is why what they say about the acts of violence they experienced is not comparable with disclosing traumatizations in people who during their childhood experienced family or sexual violence. Here, the trauma therapists Luise Reddemann and Ulrich Sachsse (1996; also see Sachsse, 1999) rightly warned of a trauma exposition that takes place too early and is not properly prepared for and pointed out the dangers of retraumatization. Very carefully guiding a conversation in a way that supports recounting

so as to get closer to traumatizing experiences is, however, also valid for people in acute life crises. A considerable balancing act is required between supporting narratives about the traumatizing life phase and simultaneously holding back so that the narrators do not unexpectedly delve too deeply into their sufferings and in the talk or thereafter find themselves overwhelmed by traumatic memories. At the end of my article, I will discuss the possibilities for carefully guiding a narrative-supporting conversation for people in acute life crises. However, first the rules for guiding a biographical-narrative conversation with people in a stable life situation should be presented; the kind of questioning techniques we use to conduct biographical-narrative interviews will be shown. Thereafter, I will discuss the possibilities for first curative processes that can be gently employed. These processes cannot, of course, be treated as equivalent to the processes during psychotherapy carried out over a longer period of time. Nonetheless, our experiences with comprehensive biographical narratives or also with guiding biographical-narrative conversations for counseling purposes show how first curative effects can already start here and above all, the positive effects these talks have on the family dialogue and also in turn on the individuals.

HOW TO CONDUCT A BIOGRAPHICAL-NARRATIVE INTERVIEW

Fritz Schütze (1976, 1983) already introduced the biographical-narrative interview method in the 1970s; in the meantime, and particularly in Germany, it has established itself as an interview method in more than just the field of sociological biography research and has also in terms of the increase in questioning techniques been further developed (Rosenthal, 1995).⁵

Most people who pursue this type of research first take into consideration independent of their social science questions the entire life story both in terms of its genesis and how it is constructed in the present. That is why when one first conducts interviews and reconstructs life stories, one does not restrict oneself to parts or individual phases of the biography. Observing individual areas of life or individual phases in life in terms of the biography's entire context—such as, for example, the migration process or having been persecuted—can first take place after the entire life story's structure or Gestalt and the whole life narrative has been taken into consideration.

At the beginning of each individual interview, we⁶ generally requested the following of the biographer:

Please tell me/us your family story and your personal life story; I/we am/are interested in your whole life. Anything that occurs to you. You have as much time as you like to tell it. We/I won't ask you any questions for now. We/I will just make some notes on the things that we would like to ask you more about later; if we haven't got enough time today, perhaps in a second interview.⁷

This request to hear the interviewee's family history and life story is generally followed by a long biographical narration (i.e., biographical self-presentation), often lasting for hours. This so-called main narration is at no time interrupted by questions from the interviewers, but instead, it will only be supported by paralinguistic expressions of interest and attentiveness such as "mhm" or during narrative interruptions through motivating incitements to continue narrating, such as "And then what happened?," through eye contact and other physical signs of attention.

As I will still explain, this phase of the conversation is of great advantage for traumatized people when we later try to initiate further narrations. It is first during the interview's second phase that narrative-generating questions are posed. This does not mean asking questions about opinions or reasons ("Why did you . . . ?;" "Why did you do that?;" and "Why did you want to . . . ?"); it instead means encouraging people to narrate about phases in their life or particular situations.

Questions are oriented in the following ways:

1. Addressing a phase of the interviewee's life: "Could you tell me more about the time when you were (a child, in school, pregnant etc.)?" Or, indicating interest in the process: "Could you tell me more about your time in the army, perhaps from the first days until the end of your training?"
2. Addressing a single theme in the interviewee's life by opening a temporal space: "Could you tell me more about your parents? Perhaps from your earliest memories till today."
3. Addressing a specific situation already mentioned in the interview: "You mentioned situation *x* earlier, could you tell me/narrate in more detail what exactly happened?"
4. Eliciting a narration to clarify an argument already made before: "Can you recall a situation when your father behaved in an authoritative way (when you stopped believing in justice, peace, etc.)?"
5. Addressing a nonself-experienced event/phase or transmitted knowledge: "Can you remember a situation when somebody talked about this event (how your father died)?"

In the interview's second phase, we first limit ourselves to internal narrative questions, meaning questions regarding that which has already been discussed. It is first in the interview's third phase that we orient ourselves according to our own scientific criteria and pose external narrative questions regarding topics that interest us and have not yet been mentioned. The questions we formulate in this second phase of the interview are based on the protocol-like notes taken during the main narrative; that means they do not introduce a topic the narrator has not already mentioned. We understand the topics or biographical experiences introduced by the interviewee as an invitation to pose deeper questions and in so doing, do not censor whether it would perhaps be too embarrassing or too difficult to again thematize this or that area. If difficult areas of life are involved, then we mainly pose our questions

in the subjunctive: "Perhaps you could go into a bit more of detail regarding . . . ?" or "Could I possibly ask you about the time when you . . . ?" If our interlocutors are not in an acute crisis situation, then we try to help them in remembering experiences they have difficulty talking about or that they can only in part fragmentarily remember. First, we make certain that they would like help in remembering and constructing a narration. So, for example, we ask: "Would you like me to help you in remembering that?" If the interviewee responds in the affirmative, then in conversations with people presently in stable life situations, we in part also use the "scenic-memory" technique, as I call it, and try together with the interviewee to go into the past situation and put the individual fragments together (see the following). Another type of questioning—also in a narrative style—targets fantasies and dreams that we reconstruct in the same way as in the scenic-memory technique. If, for example, the daughter of a Shoah survivor says that she does not know anything about the time her mother spent in a concentration camp, then we ask: "Can you recall a situation when you fantasized about your mother at this time?"

The ensuing questions regarding mentioned fantasies will then, as in the scenic-memory technique, pertain to specific details.

In addition to these narrative-generating questions and questions regarding scenic memory, when it comes to difficult moments in the talk, where very painful and still very burdensome experiences are discussed, where intense feelings are revived, where the interviewees cry, are deeply hurt or angry, then we also use the "active-listening" technique from client-centered therapy (Gordon, 1974; Rogers, 1951). With the "emphatic understanding response process," we listeners try to decipher what the interviewee has said and signalize our interest in understanding and our willingness to be open to the other's feelings. So, we either enter into the interviewee's current feelings with remarks such as "That still moves you quite a bit today," or we go into the feelings the interviewee experienced during the past situation with comments such as "At that time, you felt helpless."

In addition to the biographer's coming to an understanding of himself or herself, which I will explain later, the main biographical narration offers important opportunities for helping the listener understand the interviewee as well as for the rest of the directed conversation. By carefully listening during the main biographical narration, we get a feeling for the strategies the narrators use to make reparations for threatening or problematical experiences as well as the topics they avoid.⁸ If the interviewee, for example, avoids talking about his parents' murder, by perhaps not mentioning their death in any way during the main narration, then we also will not go into this with the so-called internal narrative questions. Thus, in this phase, we do not work against the interviewee's defenses. Nonetheless, the interviewee himself or herself frequently raises the topics avoided in the main narration during the first questioning session. On the one hand, the constraints of storytelling (Hermanns, 1987; Schütze, 1976) cause this and on the other hand, the feeling

of trust that increases over time. The interviewees become more and more secure; they notice that we are seriously interested in what they have been through and that we are not judging what they say. If in the interview's third part we ask them about the things they avoided talking about, for example, their parents' fate, in this case, we also do indeed accept it if they wish to avoid the subject. We thus do not repeatedly pressure them to talk about topics they avoided. In addition to this view into the biographers' repair strategies, during the main narration we listeners also gain insight into the respective biography's difficult areas as well as into its secure areas or places.⁹ In the meantime, we know in which phases or areas of life the biographer felt or feels relatively secure and safe and in which he or she does not. This information is crucial for the questioning part where we orient ourselves according to the following rules: We support the narrative process from difficult up through traumatizing experiences when these come up in the discussion. We help the interviewee construct stories and see to it that they can temporally narrate themselves out of these situations. We also round off the conversation by having the interviewee comprehensively tell us about secure phases and areas in life.

To put this into more detail: If it is difficult for the narrator to talk about his or her sufferings but the physical sensations and feelings still come up, that is, they are again present and because of this so burdensome that the biographers can only brokenly tell about them, then jointly with the biographer, we try to piece the remembered fragments together into a story or we help him or her in reconstructing experiences and constructing a story. As listeners, we can help the narrators put themselves back into the past situation and help them remember individual parts, which we then jointly try to piece together into a story. With the scenic-memory technique, we can start with sensory and physical memory fragments, and by asking questions about specific details, we can gradually develop the various scenes by first calling the external setting—the place, the climate, the sounds, the smells, the people present—back into memory. It helps to gradually develop the scene's spatial setting and to go from there to gradually reproduce the series of events. However, if things stay with individual fragments, it is very important that we help our interlocutors in recognizing the reality in the fragments and to also let them know that their gaps in memory are legitimate and that they also serve to protect them. To nonetheless give them the feeling that they can remember, additional questions are needed, above all, regarding situations from the traumatizing life phase that the interviewees can remember well. After we have thematized these difficult situations in life, very decisive is that we help them narrate their way out of these burdensome situations and life phases. This means we would not end a talk while a difficult phase was being thematized. If, for example, I speak with a Shoah survivor, I cannot end the talk before he or she has temporally narrated himself or herself past the time of the persecution. If during the first contact it becomes clear that this, in accordance with

the rule of narrative interviewing to not interrupt during the main narration, is not possible, then in this case, I act counter to the rule. That is why competent time management during the interview is of great importance for us. Let us assume that we had agreed in advance with the interviewee to a conversation that would last about 4 hours and the interviewee still found himself or herself in the persecution phase after 3 hours of main narration. I would then intervene and ask him or her to tell more about this phase in a second conversation and to now, in the last hour of our present talk, concentrate on the time when he or she was set free and the ensuing life phase where his or her life again stabilized. That means that after having discussed a difficult phase, we by all means try to switch the subject to one that will again make the narrator feel secure. If the narrator has narrated past the difficult phase or area in his or her life, then with our questions we seek out these secure areas and let him or her tell us about them. Above all, after hearing an entire main narration, we as a rule have numerous indications as to the phases or areas the narrators feel secure and stable in.

Such an interview requires—if possible, in two encounters—a conversation with a duration of 4 to 8 hours. For the most part, we first go into burdensome experiences more directly and using the scenic-memory technique in the second interview when a relationship of trust has already been established. Many of the Shoah survivors also asked for a number of shorter appointments, for whom then the complete main biographical narration was not possible in one sitting; instead, we limited ourselves to narrations about individual phases and to questions regarding these. One can assume that with these shorter appointments these interlocutors wanted to protect themselves from getting too involved in a memory process that confronts them with an alarming past. In guiding conversations with extremely traumatized people, we the interviewers had to decide whether this method could take place in its usual form, with a main biographical narration taking place in one sitting.

What this means for shorter counseling talks is that it is advantageous if first some appointments are possible where the clients can tell about particular phases in their life or also about particular topics and where the counselors do not so much have to directly ask the client to discuss difficult or even traumatic experiences. However, this does not mean that we do not help the client tell about difficult experiences but that in the first encounters, we do not yet ask for detailed narrations regarding traumatizing experiences; we instead just try to keep the narrative process going—that means supporting the narrative process with paralinguistic support and questions such as “What happened next?” A difficult balance thus has to be maintained between going into the client’s sufferings, not making a trauma exposition too hastily, and keeping the memory processes from overflowing. In doing so, one should also not underestimate the fact that in a 1-hour conversation the kind of trust that comes into being is probably not comparable with the kind that comes

into being during an interview lasting several hours. On the other hand, the advantage of a number of shorter counseling talks is that through a longer process, the clients can, after having given a biographical narration, think about this narration and also experience its effects outside of the counseling situation. At the next meeting, the counselors can also gain insight into the effect the conversations had. This is one of the reasons why I, in contrast to other colleagues who conduct narrative interviews, generally offer the biographers a second conversation. The amount of holding back that takes place when narratives about traumatizing life situations are evoked and the care involved in building up a relationship of trust are also important during first talks, where the clients offer collective, traumatic experiences as counseling topics because we cannot know whether other—individual—traumatic experiences are hidden behind these experiences, which can also pop up in the client's memory while discussing the experiences of collective violence.

THE MAIN NARRATION'S CURATIVE CHANCES FOR COMING TO AN UNDERSTANDING OF ONESELF

Now, what could the curative chances of a biographical main narration be for people who find themselves in a stable life situation? Because the interlocutors are first encouraged to tell a longer narration about self-lived experiences, they can structure the narration according to the criteria they themselves find relevant; the memory process is supported and not all that infrequently processes of self-understanding already take place here. Via cognition, feelings, or subjects, we listeners also do not experience the narrators at a remove from what they are telling about; it is rather the case that they are embedded in their narrations about biographical experiences. In contrast to argumentations and descriptions, self-lived experiences also have the advantage of being closer to what concretely happened and was experienced in the past in the narrated situations. Apart from restaging past situations, telling a story is the only way to come close to an integral reproduction of what at that time happened or the past experience's gestalt. However, it is rather the case that argumentations are formulated from the present perspective and from the standpoint of their social desirability. Although in telling about experiences it is the case that we interact more with our memories than with the listeners, our explanations regarding what we experienced are directed at the interlocutors. If we are able to support the biographers in their narrations without posing any additional questions and if many memories easily surface in their memory that they can tell about, then what can clearly be seen is how the narrations become more and more detailed, the orientation with respect to the listeners lessens, and the physical memories become stronger. Although at the beginning the biographers perhaps reflect on how they are

going to present their life story, on which areas in their life they should talk about, as the narration starts to flow, this effort subsides. The narrators increasingly find themselves in a stream of memories; impressions, images, sensual and physical feelings and components of the remembered situation come up, some of which do not fit in their present situation and that they have not thought about for a long time. The narration's proximity to the past thus increases in the course of the narration, and perspectives entirely different from the present perspective show themselves, which become clear in the argumentation parts or also in the narrated anecdotes. Through this process, the biographers can already gain specific insights into their lives during the main narration, and this can lead to their modifying or reorganizing their view of their life.¹⁰ So a biographer narrating his or her life story can perceive a tendency in his or her presentation, and he or she can, for example, ask himself or herself: "Why do I only speak about those situations in which I was helpless? Does this mean that I only see myself as the helpless object of outer relations?" An additional insight that always recurs in the main narration: "Why do I only tell of the disagreeable experiences with my mother or my father; there were other situations as well?" The narrators can then try to resist this view and look for other experiences in their memory. They can also begin to view the experiences narrated to date against another background. This process can lead to the reorganization of the to date, mainly latent overall biographical perspective, and the life story experienced can now, for example, present itself more in the gestalt of an active and autonomous life or a childhood with disagreeable but also agreeable experiences.

The dynamic of the narrative stream and the interaction with the interlocutors also contain chances for reorganization. Memories avoided up to now can unintentionally come up and lead to the verbalization of material not previously taken into consideration. Just a frown or a questioning "mhm" on the listener's part can trigger detailed information regarding that which has not yet been thematized. The decisive effect for reorganization lies in thematizing pieces of the experienced life story that have up to this point been pushed to the edge of consciousness—and this thematization appears almost inevitably when the biographer gives himself or herself over to a memory and narration stream. If it comes to telling about experiences that had to date been held back with substantial psychological energy, additional thematically related memories surface from memory (Schütze, 1984). Presenting experiences that were to date held back can for the biographer make their biographical relevance clear for his or her journey through life and cause him or her to make reinterpretations that lead to a change in his or her entire biographical view. Fritz Schütze (1984) perceived the therapeutic effect of biographical narration precisely in the fact that by reflecting on the "interrelations and passages of traumatic experiences that have been made narratively explicit," they can be won back for a "consistent concept of identity" (p. 108). The traumatic areas of life that have to date been bracketed out of biographical self-

perception can through the telling and by biographically working through them—in the sense of reflecting on their meaning for one's own life story—again be integrated into the life story. The autonomous form of the entire life story, which first takes place without any direct linguistic intervention on the listeners' part, also contains the chance for integrating the threatening material. Narrating the entire life story also helps the biographer win a feeling of continuity. Breaks in the life story cannot be patched up by not thematizing them; this only leads to the continued feeling of lost continuity. The life story can in contrast, contribute to the necessary putting together of individual fragments of memory and to integrating the traumatic experience in the overall view of the life story: "For establishing the sense of continuity, the connection between past and present is of central significance in psychological recovery, whether this occurs spontaneously or with the help of psychoanalysis or psychotherapy" (Ornstein, 1985, p. 107). For Shoah survivors, the psychoanalyst, Anna Ornstein (1985), also saw the decisive curative chance in integrating traumatic life phases into the life story. Not to be underestimated here is that this requires a longer therapeutic process. Nonetheless, a comprehensive biographical narration can already have first effects in this direction.

ON THE CURATIVE EFFECTS OF DIRECTLY ASKING THE CLIENT TO NARRATE

Being asked to narrate particular difficult or even traumatic experiences and life phases gives the biographers the feeling that we listeners recognize them in their suffering. The rest lightens them up, how contrary to their fears, what cannot be openly talked about can be put into language and thereby becomes communicable and above all, at the same time, real. So, for example, many of the Shoah survivors I have interviewed recurrently ask: "Did I really experience that, is it perhaps really a dream?" or "Am I just imagining it all?" From this perspective, the time when they were persecuted belongs in another world. If the survivors were first convinced that there was no way to translate between the world of destruction and their world today, narrating opened a bridge between both worlds for them. The narration was a way to transform the foreign into the familiar, where through the act of narrating, the unknown is made known and understandable to both the narrator himself or herself and the listener (Matthes, 1985; Schütze, 1976). If people cannot tell their traumatic experiences, then they cannot share what they have experienced with others, and they experience themselves at a distance as well as a relationship of being excluded in relation to those who themselves did not experience something similar. Foreign experiences are still most likely to be comprehensible when they are narrated in detail, and barely when only short mentionings and reports are presented. The established impression among many Shoah survivors that they cannot tell their traumatic experiences and

that they will not be understood by others who have not experienced something similar was an additional and heavy psychological burden. The feeling of alienation and not belonging as a result of traumatic experiences (Herman, 1992) is further maintained or strengthened by this inability to speak.

Many of my interlocutors were then also very surprised that they were—at least in part—able to tell about the persecution they experienced. As one of my interlocutors put it after the interview: “I had never thought that narrating could be that easy.” But many also asked me at the next encounter: “What did you do to me to make me tell so much? You hardly asked any questions at all!” They had suffered from their previous inability to speak and did not think that they could overcome this. In telling their life story, already during the main narration, they frequently found out that they could almost narrate without any help and that they only needed an attentive and during the narration, encouraging listener. What additional interview appointments with me showed is how the first conversation brought an explosive number of other memories to consciousness and how the biographers now really noticed their previously suppressed need to talk about what happened. Through the experience in the interview, some of the survivors then found the courage to also speak with others about their persecuted past and began to break the silence in their families. Directly after our conversations, several of them spoke with their children or also grandchildren; for others, this on the other hand, took several years during which they recurrently made first careful attempts. In some families I could watch or accompany this process of opening the family dialogue over many years. In 1989-1990 in Israel, I conducted the first interviews with survivors and stayed in touch with many of them for years by mail. I visited many of them when I was in the country. This showed how gradually the opening process took place in the families. So, a number of the interlocutors first asked me after a number of years for a copy of the recorded interviews to give to their children or to have translated for them. In other families, the children contacted me after their parents’ death and asked me to speak with them. In most of my interlocutors’ families, colleagues and I in the context of a new project between 1992 and 1996 questioned the second and third generation in individual interviews and also carried out family interviews (Rosenthal, 1998). Here, we again saw the strong effect biographical-narrative interviews can have on individuals and the family dialogue.

To get back to the effect of a comprehensive biographical narration: Experiencing such a narration can, as has already been emphasized, lead to becoming conscious of a need to share one’s feelings and of one’s suffering from the inability to speak. The conversations’ questioning part is also very important. If we would not also directly pose questions regarding very burdensome experiences that were only hinted at, then the danger would exist of increasing the feeling of exclusion and being different that is based on experiences. Traumatized people’s inability to speak cannot only be seen as the primary

consequence of traumatization; it comes much more from the others' need to forget and to not have to deal with the pain involved in encountering survivors of violence. Leo Eitinger (1980:159), who as a psychologist worked with Shoah survivors, described the conflict of interest between the traumatized people and the others as follows:

As is the case with every unpleasant experience, war and victims are something the community wants to forget; a veil of oblivion is drawn over everything painful and unpleasant. . . . We find the two sides face-to-face; on one side the victims who perhaps wish to forget but cannot, and on the other all those with strong, often unconscious motives who very intensely both wish to forget and succeed in doing so. This contrast is experienced daily and is frequently very painful for both sides. (p. 18)

Thereby, it is very important that we the interviewers or counselor do not further increase traumatized people's experience of others who do not want to hear what they have to say about the violence they have been through. For this, we need to be particularly alert for indications and ready to want to understand narrations about violent experiences. This also requires maintaining a balance between careful and narration-generating questioning regarding very burdensome memories. Our carefulness should not surpass our interlocutors' fears and defenses. Interlocutors also sometimes make references to violent experiences so as to test whether we the listeners are ready to discuss them. However, the references also show the narrators' ambivalence between the wish to speak and the wish to keep silent. On the one hand, touching on certain experiences that they have perhaps not yet spoken about with anyone triggers the need to share, but on the other hand, they are afraid of the process of putting these experiences into language, and they fear a lack of understanding on the listeners' part.

Very careful listening is necessary to go into these references in the questioning part and to support the biographer as he or she tells about the experiences lying behind them. If these are only fragmentarily and inconsistently present, the biographers are clearly relieved when we help them construct stories. If experiences cannot be narrated, then there is the danger that the victims will remain caught in what they experienced and unable to distance themselves from it. Then, experiencing the past as separate from the present is also hardly possible: "The act of reproduction places a past at a reified distance from the narration's present and accomplishes a temporal break" (Röttgers, 1988, p. 10). In addition to the curative effect of an in part almost physical distancing from what was experienced through constructing a story that can now be viewed as an object by the narrator and the listener, the narrated acquires reality and also credibility. In telling about burdensome and traumatic experiences, evident for both the narrator and the listener is how the act of telling and the accompanying movement out of the inability to speak puts the narrator's ever-current feelings and physical sensations at a distance from what was experienced. As liberating as it is to revive feelings

and to cry, what is decisive is to distance oneself from the past through the narration and as the narration continues, to narrate oneself out of the linearity of the experiences from the time of the persecution. The narrator can thereby perceive how the present distinguishes itself from the past without, however, losing the past as a piece of his own life. Through the narration, the past is won back more as a real and accessible part of the life story. The past should not be closed—in the sense of locked away—but should instead be able to be understood as a past life that distinguishes itself from one's present life but nonetheless extends into the present. Accordingly, what is important is not necessarily wanting to eradicate the traces of the past in the present but instead learning to accept them so that the victim can integrate them into his or her daily life. We the interviewers or counselors can, precisely by avoiding a psychopathological diagnosis, help the biographers see these traces as normal consequences of an abnormal past, as biographical work in relation to the traumatizing experiences. By asking biographers to recount experiences linked with the effects of traumatization, one can succeed in erecting a to date unperceived connection between the "symptom" and the experienced. The traces of the past can thereby be accepted as justified and fair to reality. So, for example, a survivor told me that she has a thing for shoes, that she would constantly buy herself shoes and that she already hoarded tons of them in her apartment. She thinks that this is a sign that she is crazy. I ask her in accordance with the narrative request to tell: "Can you recall a situation at the camp that in some way involved shoes?" The survivor recounted how one day at camp she lost one of her clogs and knew that if she would be unable to "organize" a new one on the same day, then that would be it for her. She had managed to find another shoe, and this had saved her life. Up to this point, she had never consciously thought that her thing for shoes was connected to a biographically relevant experience. Through this example, it becomes clear how it is possible for foreign biographical understanding—or we could also speak of a biographical diagnosis—to correspond with biographical self-understanding. The advantage of guiding a biographical-narrative conversation is precisely that through the narrative process, self-understanding becomes possible, which takes place, as much as possible, without the interviewers' or counselors' interpretations.

CONVERSATIONS DURING ACUTE LIFE CRISES

In the following, I would briefly like to discuss the extent to which conversations with people in acute life crises who have fled their native countries and who were in part torture victims require a much more careful questioning procedure than the one up to now discussed. A significant difference from the procedure discussed up to now is that these people are less able to go into a comprehensive biographical narration and during the conversation particu-

larly focus on the burdensome phase in their native country and the current situation in Germany. The current crisis determines their thinking and feeling to such a degree that looking back into the past before the traumatizing events, a past that was irretrievably destroyed, is in the present much too painful. Considerations as to whether at some point it will be possible to again take up pieces of the lost past are in this situation still much too threatening. But on the other hand, people who find themselves in a phase of retraumatization or a further phase of sequential traumatization (Keilson, 1979/1992), who live in an uprooted situation and with a threatening present and future, these people need to talk about what they suffered and are still suffering. That is why not discussing the traumatic experiences before the escape and the deportation fears linked with this are exactly what belong to the retraumatizing conditions in the host country. "Traumatized people are decisively at the mercy of their surroundings. . . . There is a deep and, for the most part, unspoken need for the traumatization to at all be seen, to be recognized" (Müller-Hohagen, 1997, p. 17). The refugees and asylum seekers who up to now declared their readiness to be interviewed by me or one of my colleagues would like to speak about their painful experiences and be accepted and recognized in and with their suffering and fears.

From this type of life crisis, where both looking back into the past before the threat as well as looking ahead into the future is threatening but where there is a simultaneous need to speak about the crisis, significant challenges for guiding a biographical-narrative conversation come into being. Because for the most part we do not have a main biographical narration, we lack the thoroughly helpful possibility of being able to refer to secure places in the life and family story and in the interviewee's current daily life. The focus on the incurred suffering is due to the current life crisis, and it would thereby be very problematic to insist that the entire life story be narrated. We have to be prepared for the fact that difficult and traumatizing experiences rather than stabilizing memories are what will be increasingly remembered.

So, in guiding conversations, we have to maintain a balance between supporting the narrator as he or she tells about incurred sufferings and at the same time, seeing to it that the interviewee does not lose himself or herself too strongly in traumatic memories. That is why what can firstly be recommended is to concentrate on providing paralinguistic support for the thematizations of violent situations the interviewee himself or herself suffered and introduced to the conversation and that continue to cause threatening memories and images and to carefully and sparsely ask the interviewee to narrate about violent experiences and to avoid detailed questions about traumatizing experiences. A lot of space should be given for discussing the fears regarding the current life situation—in particular, using the active-listening method. In addition, particularly high attentiveness must accompany the search for stabilizing moments in the current life situation. It belongs to the retraumatizing situation¹¹ of the unclarified right of residence, the current deportation dan-

ger, that the present is not only extremely burdened by the past but also threatened by an unclarified and unforeseeable future. What this life situation of people with an unclarified right of residence precisely demands is that we the interviewers also look for possibilities that provide support for the present situation outside of the interviews and that we give up the reserve we otherwise have for practical or social work. Refugees and survivors of torture also need the biased position of social scientists, as David Becker (2000), among others, demanded of psychotherapists. Regarding "non-neutrality towards the victims," Becker emphasized how the biased therapist should recognize the political realities and "the importance of relating to our patients from an active position, breaking the silence and calling the atrocities the regime was committing by the name they deserved." Waltraud Wirtgen (1997), who works as a doctor and psychotherapist for Refugio—one of the advice centers for refugees and torture victims in Munich—further concluded from this:

In this sense, it is therefore necessary to interfere and to try to intervene there where structures in the context of the asylum laws do not provide traumatized refugees and survivors of torture with adequate help and protection, but instead cause further traumatizations. (p. 85)

Because of this, the interviewer also needs to know about the possible traumatizing life conditions in the host country as well as in the native country. In conversations with torture survivors, what above all is to be avoided is through our questions reminding them of burdening, present situations regarding the authorities or even torture situations experienced in the past. Because of this, interviewers and counselors also have to delicately and reservedly pose detailed questions regarding the violent situations the interviewees experienced so that these questions do not allow any references to interrogation situations to come up. We should also be aware of the fact that the depictions traumatized people make—both in the context of individual as well as collective experiences of violence—largely result from the expectations of their surroundings and with asylum seekers in Germany, are not seldom the social product of the criteria for the right to asylum and the hearings linked to it. That is why we the interviewers and counselors need to know these hearings' conditions and above all, reflect on the extent to which our own conversation-guiding interests can correspond with these. In connection with conversations with survivors of sexual violence, this is explicitly demanded by, for example, Mary R. Harvey and colleagues (Harvey, Mischler, Koenen, & Harney, 2000):

Although making meaning of their histories of trauma is a task each sexual abuse survivor must struggle with by and for herself, the process is inherently and intractably social. That is, their stories are told and retold to others, and the form and content of their stories reflect their life situations. For this reason, we have been urging researchers and clinicians—and the same cautions apply to

friends, family members, and others—to be reflective about their own preferred stories. (p. 308)

Due to the danger of making a reference to interrogation and hearing situations and above all, due to an acute life crisis situation, it is recommended that in such conversations one avoid the scenic-memory technique and instead work more with narrative questioning, which simply keeps the interviewee narrating and that supported by the active-listening technique, makes it possible for the interviewee to put his or her feelings into language. Over and above that, with respect to research and counseling, further reflections on the chances and limits of narrative questioning are needed, so as not to unthinkingly subject people to further burdensome situations.

I would also like to emphasize that for many social researchers this does not go without saying: To guide a biographical-narrative conversation, which is also always an intervention, sound training is necessary. Last but not least, this requirement is demanded by our ethical responsibility vis-à-vis our interviewees.

NOTES

1. In biographical research, we distinguish between *life history* and *life story*. By *life story*, we mean someone's narrated, personal life story as related to another in conversation or as written down in present time. *Life history* refers to the experiences a person has lived through.

2. My research is embedded in the biographical research approach that was beginning to reestablish itself in the 1970s, in German sociology in particular (see Apitzsch & Inowlocki, 2000; Kohli, 1986; Rosenthal, in press) but also at the international level (see Bertaux, 1981; Bertaux & Kohli, 1984; Chamberlayne, Bornat, & Wengraf, 2002; Denzin, 1989). Psychology has also begun rediscovering the biographical approach. Internationally, the work by Jerome Bruner (1990), George C. Rosenwald and Richard L. Ochberg (1992), and Dan McAdams (1993)—to name but a few—has led to a rediscovery of *verstehende* psychology and above all, biographical research operating with narrative methods. Recently the concept of narrative identity has gained more attention, and fairly elaborated versions of the concept have been proposed (Holstein & Gubrium, 2000).

3. Dan Bar-On (1995) discussed similar experiences and also the enormous positive effect on the working through process by telling each other the life story in dialogue groups with descendants of Holocaust survivors and descendants of Nazi perpetrators and in his recent work with groups including participants from Palestine, Israel, South Africa, and Northern Ireland (see Bar-On, 2000).

4. To date, the majority of my interviewees had never in their life been placed under psychiatric treatment.

5. The narrative-questioning technique is now, in particular, also increasingly being used for counseling and therapy purposes (Loch & Schulze, in press).

6. Some interviews were conducted by two interviewers.

7. A more structured form is: "We are interested in the life stories of children of Holocaust survivors (or people with a chronic disease). Please tell me your life story. Anything. . . ."

8. One can also speak of defense mechanisms. But in biographical research we avoid a division into conscious coping and unconscious defense mechanisms and generally speak of biographical repair strategies. These strategies, which are employed to reduce burdens, are a part of the "biographical work" or "biographical structuring" necessary to interpret a particular life history and to thereby give it meaning (Fischer-Rosenthal, 2000). See also the discussion about biographical work by Gubrium, Holstein, and Buckholdt (1994).

9. This procedure has a certain similarity to the techniques used by Luise Reddemann and Ulrich Sachsse (1996) for establishing a secure internal place:

The majority of the patients report that as children they went to concrete places, to places which appeared secure to them (e.g., in the forest or a specific meadow) or that they internally went to a place where they felt secure. This ability is reactivated in therapy. (p. 172)

Sachsse (1999) also tried to call memories to life that bring good and secure experiences with them. However, in this comparison, one has to emphasize that Reddemann and Sachsse used many sessions to establish this secure place.

10. These considerations are based on a gestalt-theoretical-phenomenological concept of the dialectical interrelation between experience—memory—narration (Rosenthal, 1995).

11. On the retraumatizing conditions of the life situations of asylum seekers in Germany, see Weber (1998).

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