



THE OAXACA BOOK

Working with marginalized families and communities: professionals in the trenches

Trabajando con las familias y las comunidades marginadas profesionales desde las trincheras

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Collective post-traumatic disorders, residual resources and an extensive context of trust. The Algerian experience

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Introduction

The aim of this paper is to present a methodological and original tool, known as the "Clinic of Concertation" in the specific Algerian context. Separate approaches cannot suit all of the variously distressed families' requirements. However, professionals were not trained to work beyond the field of their qualifications, in the recovery sphere. This raises the necessity of a place where the "users" can teach professionals how to work. Our aim is not to restore the users' subject- or actor-identity, since we have decided not to deprive them from their identity in the first place. No waste of time and money! The "Clinic of Concertation" offers a completely open place where a shared task can be achieved together with professionals, users and policies (three essential elements). Already tested in Belgium, France, Italy, Switzerland, Algeria and Kosovo, this new methodological approach offers new perspectives for networks, dealing with various issues such as health, education and professional reinsertion.

Such a practice does, however, have important consequences on our professions of health, care, education and control. It forces us to change our conception of the request and work in "recovery fields" together with professionals, associations, institutions and ministries. It puts us in charge of searching "residual resources" before undertaking those of deficiencies and pathologies. It forces us to reconsider the "selection of useful information" and the "definition of the system" in which we have to work.

First, we will briefly present the history of our work in Algeria. Then we will continue by exposing a concrete situation of how a "Clinic of Concertation" is set up, and finally we will conclude with some theoretical arguments.

The Algerian context

All the projects we have worked on were managed, since 1998, by the CISP ("Comitato Italiano per lo Sviluppo dei Popoli"), an Italian organization led by Eveline Chevalier. The following list summarizes some of the various projects implemented in Algeria:

Training in family therapy. A project developed in association with the psychiatric Hospital of Chéréga since 1998, recognised and managed today by the Algerian As-

sociation of Family Therapy. This programme was conceived within the framework of the activities of the MSF in Algeria, and from there on we were able to start setting up the framework for the "Clinic of Concertation" which took place first at Tipaza.

At Boumerdes, our programme assisted and cared for professionals since the seism of May 21st, 2003. It was created within the framework of a partnership between the Comitato Italiano per lo Sviluppo dei Popoli (CISP) and the Psychological Help without Borders (APSF).

The reinforcement of operational engagement and regional collaboration of civil society actors in managing migratory transit in Maghreb. We began to work in Casablanca, but people from Oran, Taman Rasset and Algiers were involved in the project too.

The support for the education of citizenship and the restoration of a democratic dialogue space in the areas of Kabylie, Boumerdes and Algiers. This project was engaged by the CISP in January of 2006. Within this framework, a true "Clinic of Concertation" started its activity in Tizi Ouzou at a rate of 4 days every two months. All kinds of Professionals took part in the project, from psychiatrists to teachers and from economists to lawyers.

In general, we do not go to these territories to directly help the families in distress, but rather go there to 'help the helpers'.

Below, we present an outline of the work done by Bouchra Kessaï in the territory of Boumerdes (Alger), after the seism of May 21st, 2003:

1st Phase: June 2003 to October 2004

Following the earthquake of May 21st, 2003, the Comitato Italiano per lo Sviluppo dei Popoli (C.I.S.P.), Psychological Assistance Without Borders (A.P.S.F) and Medici del Mondo (M.d.M), in partnership with the Ministry for Health & Population (M.S.P), set up a training programme intended to assist and care for professionals who intervened by caring for and assisting the disaster-stricken population on the day after the seism from the area of Boumerdes. The programme was called "Management of multiple and severe distresses in times of crisis and emergency", and the professionals involved came

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mainly from the public sector of health and other social organisms.

2nd phase: December 2004 to November 2005

A new programme emerged from the fusion of both, the Health and Social action associations. The programme was called "Training in management of psychosocial crisis and care-taking of families in distress", and was set up in partnership with CISP/APSF and FRA (Association for Family Therapy).

During this period, three other projects were engaged: School of homework/Mother-children Space (EDEME)

Training for SME-members, still in the area of Boumerdes

And, two "psychological listening" offices were created at the university of Boumerdes.

3rd phase: December 2005 to December 2006

By the fusion of the three projects during the previous period, and the addition of all schools, Algiers and professional career advisers from the Wilaya of Boumerdes, the people involved in the project added up to a hundred in total. This new programme was called "Extension and deepening of the network activated by the families in various distresses".

In addition, monthly follow-up meetings were held in a five months time span, usually animated by CISP and FRA-trainers in four different zones of the Wilaya of Boumerdes, as well as one in Algiers (this last, mainly for professionals of Algiers and Blida). It is important to point out that the environment was characterized by an absolute openness, in which anyone could be part of it. Further on, we will see the implications of this type of work.

The Clinic of Concertation

Now that we outlined the general context of our work, we can explain in further detail a concrete case in which we set up the method of a "Clinic of Concertation".

The training in family therapy was developed since 1998. Within the framework of the training, Mr Slimane Tich Tich, a psychologist who lived in Tipaza (60 km West of Algiers), told us that he had a family he couldn't cope with. Therefore, he proposed to install a "Clinic of Concertation" for the family.

The family lived in a village which one night had been victim by a group of terrorists. The daughter and the son-in-law were assassinated. The uncles and the grandmother launched an adoption procedure in order to be allowed to look after the orphans. From this moment on, people who work together to assist this families are faced with many challenges. The family members found themselves in conflict with the network of workers. The grandmother, 72 years old, was resistant to the Victims' Assistance Association. She sent requests and claims not only to the association, but also to the social services. She disagreed because she did not agree with the assistance that these services

wanted to provide her with. For example, while living in the ruins of their house, they were offered to be re-allocated in an apartment. However, they refused. And this irritated the workers of the association because they had a legitimate will to help. Another example is that the grandmother was entitled to get food from the social services, but she still begged on the streets and returned hitch-hiking.

So in general these kinds of actions were not only poorly appreciated, but they also created tension between the workers of social services and the family, and this tension could increase if social workers started to question the way the grandmother looked after the children.

The school expected the children to attend the CMP. They had lived a tragedy and they exhibited behaviour problems. The CMP would have liked to send these children to the holiday camp, "to get a change of air". The climax would have reached when the social services sent social workers to school to interview the children without their uncles' and their grandmother's approval. (It is important to point out that nowadays, there are investigations which are done sometimes by people who pretend to be social workers)

In this sense, the climate of confidence was broken. So Mr Tich Tich, who belonged to this network and found the situation very difficult, organized a "Clinic of Concertation" in which he invited the whole training group of the social workers of the area and the family involved in the case. A neighbour of the family was also invited just in case he could become handy. Mr. Tich Tich found a room at a cultural centre that was not stigmatizing and the family agreed to attend.

We then had the opportunity to work with the entire family and a large network of social workers. We attempted to work together in pursuit of repair the broken bonds and to change the climate of suspicion into a climate of trust.

Dr. Jean-Marie Lemaire led the meeting as clinician of concertation. As a Belgian psychiatrist and family therapist, he wasn't involved as the social workers of this territory, and this allowed him to have a multi-directional partiality. First of all, each person in that "Clinic of Concertation" had to introduce himself. The workers are the first ones to do so; this way the family could do the diagnosis of the workers before the workers could do the diagnosis of the family. That was an important change in the therapeutic work. After the presentation, which could last some time, Dr. Lemaire asked the members of the family how he could address them. This was an essential issue. A way which you can get to know in which you are sure that they are experts, is in the way they choose to be called. Particularly in that situation, there was a conflict between the leader of the meeting, Dr Lemaire, and the grandmother. The latter didn't want to choose the way to be called, neither the former. Did she want to be called the grandmother, or the mother? After two minutes of debating, the grand-mother asked to be called "the grandmother".

In a Clinic of Concertation, we try to locate all these small but usual conflicts. The conflict between the school and this family is not a *friendly* conflict anymore. On the other hand two very friendly conflicts are the elder son who wanted to be his mom's favourite son or the manner of calling the grandmother. The red wire for the clinician of concertation, is to pay attention to the unusual conflicts, but especially discovering zones in which the conflict remains friendly and trying to expand these zones. We can think that it can become applicable gradually to the much less friendly conflicts. Some will say that one beats about the bush. And that's right. Even professionals sometimes have legitimate moves of impatience. But in a Clinic of Concertation, since the framework is open, and there are many usually uninvolved people taking part in it, it becomes impossible to do therapy in the usual way. A reflection on the selection of useful information has to be made. The question is not to speak more about the hidden secret things belonging to the privacy of the family, but on the contrary, we will be interested in what families can be proud of, that is, shareable information. Of course, that's against the principles we have learned, and a lot of resistance can appear, especially on behalf of the professionals.

On that point, there seems to be a great difference between the professionals and the "users". These families are linked to a great number of institutions that can be in conflict with them. And when they are given the suggestion of stopping for a minute to try to understand the moments when they had strength, how they managed to survive such events, they agree. However, they are told that they will not leave with an additional roof or resources. It is very astonishing to see that when they're invited to make a de-

liberation together, they are really available. Often, professionals are afraid, and it is legitimate. The "Clinic of Concertation" is not just a formative space, but also a peculiar therapeutic space. It is a clinic of the bonding. Once this other point of view is taken, we will turn over to the vital questions. It is clear that the clinician of concertation does not have the means or the competences of replacing the concerned professional. That means, too, that no answers will be reached through this work. There truly is no guarantee that the situation will be improved after the "Clinic of Concertation", but there is a guarantee that the workers will learn something from the members of the family. And because of this possibility for them to give, instead of always receiving, the conditions for creating a climate of confidence are improved. In fact, the grandson gave that day the clearest and simplest definition of therapeutic work: "for better knowing ourselves, and for a better dialogue". The day when a network of professionals and the members of a family will know each other better, and work together, there will be a less more left to do.

Some weeks after the "Clinic of Concertation", Tich Tich sent us a letter, where he explained how the situation had evolved: among other things, he noticed that the grand-mother looked more beautiful than usual¹, and that the children had finally accepted the ceremony of mourning. It is as if the collective work had resolved the situation. If mourning is indeed more extensive, rather than to set up a predatory network, by taking all the children separately in therapy, we could try to create a collective context, for the mourning to be done. It would be about the difference between "making them mourn" and "facilitating the conditions for mourning".

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¹ A worldwide operating non-governmental organisation based in Rome. www.concertation.net for any further information. Together with other professionals, he is the creator of this form of the network-therapeutic work called "Clinic of Concertation". But which therapeutic context could have that pretention though? It is impossible to decide whether the grand-mother really was indeed more beautiful, or whether the way of looking (perceiving) her had changed. The interesting thing is the change of framework at an esthetic level.