

INTIMACY AND COLLABORATION: AN INTERVIEW WITH KAETHE WEINGARTEN

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Kaethe Weingarten is an associate clinical professor of psychology at Harvard Medical School and a faculty member of the Family Institute of Cambridge. She is founder and director of The Witnessing Project, a non-profit organization that consults to individuals, families, and communities locally, nationally, and internationally to transform passive witnessing of violence and violation to effective action. Her most recent book is *Common Shock—Witnessing Violence Every Day: How We Are Harmed, How We Can Heal*. Dr. Weingarten has worked in Kosovo and South Africa for the last several years, addressing issues of community-wide trauma. She has over 70 publications, including six books, and is on the editorial boards of five journals. She served on the American Family Therapy Association Board from 1995–2001, and was honored by AFTA in 2002 with the Award for Distinguished Contribution to Family Therapy Theory and Practice. She has been Co-Chair of their Human Rights Committee since 2003. Her current interests include developing models for communities to use witnessing to intercept the multi-generational transmission of the impact of historical and political violence and strengthening “reasonable hope.”

This interview took place on October 23, 2008 at Reach Out Centre for Kids, where Dr. Weingarten was teaching a one-day workshop titled *Fostering Resilience and Hope in Our Clients and Ourselves*. Karen Young, Manager of Clinical Services at Reach Out Centre for Kids, and Training/Research Faculty at Brief Therapy Training Centres-International (A Division of The Hincks-Dellcrest Centre, Gale Appel Institute), interviewed Dr. Weingarten. As Karen prepared for the interview through reading of Dr. Weingarten’s many publications, she was drawn to the theme of intimacy and collaboration in the writings.

Karen: I was thinking about the correspondence we had by e-mail regarding a possible focus for this conversation being about “connections,” and had some ideas about connections that I might want to talk to you about. I was reading one of your many papers, in which you wrote “intimacy and collaboration are

principles around which I've tried to live my life" (Weingarten, 1998). That really caught my interest in a few different ways. One is about where the principles of intimacy and collaboration have taken your work, particularly in recent times. That could be one part of the conversation. Another part of the conversation that I am interested in is to talk about the history of intimacy and collaboration in your life and the stories that go with that. You wrote later in that same paper that there were five different ways that you like to situate your spiritual practice, "Opening myself to sorrow, finding connection in loss, accepting fear, believing that there's always something that can be sustaining, and working for a preferred identity" (Weingarten, 1998). You said that each one has a tale. I would like to explore: what are the tales? I wondered if there were connections between the principles of intimacy and connection and these areas of spiritual practice that you think are important. I think particularly the one "believing that there is always something that can be sustaining." So I was thinking about connections between those things and the stories in your history.

Kaethe: These questions . . . it's almost uncanny for me. The pieces that you have selected out of my writing are really at the center of my life's work. My work in the personal domain and in the professional domain; I've never really separated those out from the beginning of my very first writing. In fact I think my first intimacy paper, which was published in 1991, starts off with three very personal anecdotes. When I was teaching in New Zealand, people would say "oh you're the person whose daughter vomited on you" and I'd say "yeah, that's right, I am." So I'm known internationally as that person who got vomit all over her. Right now in my work I've shifted from a focus on witnessing violence and violation to what is required of an individual, of clinicians, to be that witness, to be that reliable witness. I am asking, "What does that take?"

Karen: In terms of skills? Skills or commitments?

Kaethe: More about how do you keep your heart open while staying aware of the appalling tragedies in the world? I wanted to write about hope! I have been working on hope for about nine years and it turns out that the work on hope is also about intimacy and collaboration. The essence of the way I'm thinking about hope is that it's not a feeling, although of course we do feel hope and want to sustain a feeling of hope, but it's an activity. This is similar to the way that I talk about intimacy as something you do, as something you co-create. I see hope as also about the co-creation of meaning. I see hope as a practice. It's something we do that is relational. And when we are most hopeless is when it's most necessary for us truly to believe that hope is relational, so that the burden of doing hope is not on us, it's on our community.

Karen: When you say that, about the burden not being on the person alone, it gets me thinking of how important that is in so many ways. Including that a person could experience themselves as a failure in terms of failing to have hope on their own. They could be experiencing hopelessness and also be experiencing ". . . and I'm a failure for experiencing this hopelessness."

Kaethe: It's double jeopardy. When you're in horrific circumstances, you don't feel hope and it's not your job to feel hope. Your job, in my opinion, is to resist isolating yourself. What you can demand of yourself, what you can require of yourself, is that you stay in connection and allow other people to assist you in doing so. A lot of my work now is about identifying a way of thinking about hope that makes it more likely that clinicians will come to hopeless clients believing it's possible to do the practice of hope with them. Because I believe that if the clinician herself doesn't have a flexible, what I call, reasonable, view of hope, she is not going to be able to work with clients to find pathways for clients to reach hope themselves.

Karen: To co-create this hope?

Kaethe: Yes. I think hope is relational and it's a practice, which is an alternative way of saying it's about the co-creation of meaning, about certain kinds of interactions, and it is absolutely about collaboration. I don't know if you've read the paper on accompaniment in *Family, Systems and Health* (Weingarten, 2004), but recently I realized that the practice of reasonable hope is what I was writing about when I write about the activities of accompaniment. That is, what it means to be alongside somebody.

Karen: When you were talking about ideas that clinicians would have with them that would make it more possible for them to collaboratively develop or reinvigorate hope with people that they are consulting with, are there some . . .

Kaethe: I just want to add that the language that comes out of this paradigm is that hope is about co-creation and collaboration, which is really different from the language of inspiring hope, instilling hope, providing hope . . .

Karen: It's not something that you give someone . . .

Kaethe: It's something that you co-create.

Karen: And in that co-creation, I'm assuming that the ways of thinking the clinician uses would inform particular sorts of questions?

Kaethe: Exactly. As an example, I have seven or eight characteristics that I think define reasonable hope, one of which is that reasonable hope accommodates doubt and despair. Clinically, I notice all the time people saying I'm in despair or I'm despairing. They say it as if that means that then they cannot be in a hopeful state or feel hope. It's as if our cultural template is such that if you feel despair, you cannot also have hope, as if they are polarized or mutually exclusive.

Karen: Having despair is supposed to somehow make it impossible to have hope?

Kaethe: Right. Whereas it seems to me that there are all kinds of situations in which it's foolish not to experience despair . . . certainly in the context of illness I have felt despair and hope simultaneously for months at a time. And they are not at all mutually exclusive. In my own life I have tried to be clear with the people who love me that there are times that I do have experiences of doubt and despair, but that they coexist with hope and they both need to be honored. That complexity is hard to wrap our minds around. And now, moving into the clinical situation . . . if we expect someone who is impoverished or subjected

to violence or is marginalized or ill to see their path toward hopefulness and not experience despair, we're abandoning them. We're abandoning their experience of their lives, their understanding of their history and what they have been through. To me it's a stretch, but a necessary one, to accept that hope and despair do reside next to each other.

Karen: When you say "honored," I'm wondering if you agree that to honor the despair and to try to understand it, is to attempt to understand what it is a reflection of, what the despair says about the person's longings?

Kaethe: Yes. Longings and also their knowledge about themselves. They know how it's gone before. Even living with memories can be a despair-inducing experience and I don't feel a need to take that away while I am working towards a more hopeful stance. In the mid-1980s, I began working very intensively with a trauma and evaluation team. I was the clinical director of a team in inner-city Boston. Most of the work was with families in which there had been sexual abuse and incest. These families were often poor and had had many systems that had not done well by them. They were now in another system that wasn't doing so great either. These clients were working with a wide range of clinicians, some of whom had very little experience and some of whom had decades of experience. But the clinicians were all very respectful and good listeners. People did incredibly well. When clients were with clinicians who created a large enough container to hold the tragic, their resilience was also able to manifest itself. This experience in the realm of domestic violence and sexual abuse added to my experience working in the context of serious medical illness and taught me a great deal about how I wanted to work with people who had experienced trauma.

Karen: What do you think was making that possible in that setting, that holding the tragic, the respectfulness? What kind of ideas were circulating among the staff there that made this possible?

Kaethe: I think we did a lot of really good caretaking of each other. Everybody in the program had several kinds of supervision. One kind of supervision people had was the kind of supervision where you are able to talk about what got triggered in you by the work. There were significant opportunities for personal growth. We had processing meetings that were very rich . . . Whenever I have been in charge of something, I have tried to create a climate such that people could see themselves as absolutely professional when they were talking about personal pain. I think for me a pathway that's been really important is the idea that you *can* turn personal pain into public good. I think that is one component that was very helpful for the staff. I think another is that the group itself felt backed by the mission of the organization, which had a clear social justice mandate. People were really committed to these values and they were anchors.

Karen: And when you're describing this it gets me thinking back to those two principles, the intimacy and collaboration that we were talking about. That atmosphere sounds very much like an atmosphere of intimacy and that there was

a lot of collaboration and connection around shared values, shared ways of being, shared practices. You said a minute ago about sharing publicly stories of personal pain . . .

Kaethe: Yes. Personal pain can be transformed into public good.

Karen: Could you say a little bit more about that?

Kaethe: It goes back to my mother. I'm now older than she was when she died . . . My mother was a writer and she was diagnosed with a rare cancer in the early 70s, at a time when the legal requirements of the medical profession were that you had to inform patients of their diagnosis but you did not have to, and in some instances it was hospital policy not to, inform patients of their prognosis. My mother was told that she had cancer and that it had been fully surgically removed, which was not the case. She had widely disseminated cancer at the time of her first operation. She had a very wise oncologist who knew she was a writer and asked her to keep a journal that he could use for training medical residents. Now today that's commonplace, but in 1974 there were only a few illness memoirs that had been published, and the idea of using a patient's writing to train medical residents was a unique idea. That is what my mother did. She was writing a novel that she was able to complete before she died, and simultaneously she kept a journal, which was published posthumously. So I think from the time I was a young woman I understood that whatever was happening to you, you could transform it into something constructive for others. I call it turning personal pain into public purpose.

Karen: Because you saw your mom doing that?

Kaethe: Yes, I did. And also this very respected oncologist had made that connection and it was so meaningful to my mother . . . I'm going to cry . . . It was so meaningful to my mother that whatever happened to her she could put into words which would help other people. It was like there was no waste. If you're making turkey soup out of the turkey carcass, you know there is no waste.

Karen: Like my suffering is not for nothing?

Kaethe: Exactly. Obviously there were horrendous ironies, in that she was not told for over a year that she had metastatic cancer, and so for the first part of the journal, the reader learns how she is struggling to make sense of what is happening to her body, since she has been told she was cured. It is very very painful.

Karen: Trying to make sense of it?

Kaethe: It's painful to read how she is trying to make sense of something that doesn't make any sense at all. My sister and I were wildly opposed to her being kept in the dark, but my father believed he had to follow through on the recommendation of the very senior respected oncologist. For me, obviously, it made the co-creation of meaning with her very difficult, since what we each knew was so different.

Karen: Because there is this part you couldn't speak about.

Kaethe: Right. Exactly, but on the other hand, it also taught me that there are many layers of reality. There are many ways that people communicate with

each other all the time. There was something that was ostensibly not shareable, but there were other things that took their place, and I absolutely felt intimate with my mother during that time. That's one of the experiences that led me to talk about intimate interaction rather than intimacy. It's not that an entire relationship is always, in every part of it, intimate. Intimacy arises at those times when you are involved in the co-creation or sharing of meaning. During those times or moments or interactions that you are blocked from co-creating meaning, you have other experiences. I did suffer when she and I couldn't be connected. And I suspect she suffered at those times also. But it didn't block the overall experience of intimacy because there were many, many other domains in which there were intimate interactions.

Karen: So you found ways to do intimacy regardless of the piece of it that was required of you to be silent about . . .

Kaethe: Yes, and what was the truth anyway? You know, we had been told she would live for a year and in fact she survived 2½ years. In terms of collaboration, I think that her relationship with her oncologist even in that first year when he wasn't telling her the truth was collaborative. And he may have been right; she may have lived longer because she didn't know that she was supposed to die. Nobody had lived with this more than a year. Hmm. Now I'm making a connection . . . One of the ideas in this concept of reasonable hope is that the future is unknown, that it is uncertain but influence-able. I posit that there isn't really security in the future being known, but rather that hopefulness is in the future being unknown and uncertain because that's where there's play, that's where there's room for something no one can anticipate to happen.

Karen: That's where there is possibility?

Kaethe: Exactly, yet, you know, I hadn't thought about my mother in this context . . . You help people through restoring their ability to feel that they can co-create meanings or share meanings—you're restoring the ability to collaborate. I think that the essence of the work that therapists do is to remove obstructions to love . . . For example, if parents are having difficulties with children, whether the child is six years old and tantrumming, or a teenager being defiant, or a young adult living far from home, the work a clinician can do is to remove those obstructions to love. I think invariably, at least in my practice with hundreds of people, when I remove the obstructions to love, people feel more hopeful.

Karen: Because they're brought back into connection?

Kaethe: Yeah, back into connection. Or as Buddhists would say, they're brought back into right relation.

Karen: And you were talking before about maintaining ways to do intimacy with her despite secrets. I was wondering where else you might have learned those things? What in your history, what you might have already had with you that had you responding in ways that kept you in connection, kept you doing intimacy with your mom in that situation? There were many other ways that a

person could have responded in the face of her illness and the secret that could have included silence and disconnection and many other responses. So I was curious about what you think helped you to stay in connection and in intimacy with your mom? What you already knew? What you already valued?

Kaethe: In a way the answer is a little bit broader than the connection with my mother. I was a very weird child in my family. I was, like David Epston would say, “weirdly abled” (Epston, Lobovits, & Freeman, 1997). I was weirdly abled in that I used to do things like move my bed all around my room so that I could stay connected to the moon and the stars. I actually had a literal belief that my teddy bear and I spoke to each other. People would try to convince me it was not so but I knew it was so. I had a . . . here was my paradigmatic moral dilemma as a seven-year-old . . . I had my teddy bear and I had about six or seven other stuffed animals. Every night I would kiss them all goodnight and then I would feel terrible conflict because I knew that my teddy bear knew I loved him best. And since I loved him best, I believed I should acknowledge that fact by kissing him more than the others. So I would. But then I would feel terrible for my other stuffed animals and so I would kiss them all to help them feel better about having been left out. But then I would feel like I had betrayed my relationship to my teddy bear. He knew that I loved him best and so it wouldn’t be acknowledging of our relationship for me to not kiss him . . . he did deserve preferential treatment. This would go on for half an hour. That’s a long time for a seven-year-old. I would be in such moral distress about what to do. Sometimes I would solve the problem by sleeping on the floor and having my teddy bear on the edge of the bed with my hand on him, so he would know that way that he was special, but it wouldn’t appear to my other stuffed animals that it was preferential . . . So I think this is an example of my best quality and the way it showed up early in my life.

Karen: And what would you call this quality?

Kaethe: Well I think I was an empathic, justice-oriented, loving little girl with a definite desire to be in connection. It may have been in an imaginary world . . . but it was relational. I don’t know how that started. I have no idea how it started, but I remember a balloon that I had from my third birthday and being afraid that it would get popped. I had named it! How does a three-year-old get that way? I don’t know. But I was like that and it was not always appreciated. It certainly seemed noticed and acknowledged, but not always liked.

By the time my mother got sick, I was already married. I was writing my dissertation in graduate school; I was in my early 20s. By then, I just accepted that this is who I am, and, you know, I certainly found plenty of people who valued and appreciated that quality. So, back to my mother; it wasn’t an option to move away from her. We were very connected . . . I adored my mother, so that just wasn’t an option.

Karen: I understood from a brief telling related to your, I don’t want to say name change, but maybe reclaiming, the reclaiming of Kaethe? I understood from

your writing (Weingarten, 2003) that the name Kaethe was a name that your mom was really drawn to because of strong resonance that she was experiencing with Kaethe Kollwitz's work. I was wondering if you might be able to say something about what kind of values, what kind of principles, what kind of commitments, you think were being expressed in Kaethe Kollwitz's work that your mom was so strongly resonant with?

Kaethe: Kaethe Kollwitz was a socialist and she had two major bodies of work. One body of the work is rendering workers visible as they protest terrible working conditions, for instance showing them going out on strike, or showing miners or farmers who were impoverished and disenfranchised by their circumstances. The other body of work was her work depicting mothers and children.

Karen: As a matter fact the one I was most drawn to was . . . I have it right here, this one of the mothers [showing the picture to Kaethe].

Kaethe: Yes, that is part of a series about mothers who lost their sons in World War I. She was a pacifist. She had two sons, one of whom died in World War I, and then a grandson who died in World War II. She made these really extraordinary sculptures of a grieving mother and a grieving father that are in a cemetery in Belgium. I was born in 1947. After the war, we learned that, of my mother's family, I'd say two thirds of that family perished in the Holocaust. I don't think we even know on my father's side how many of his family perished. My mother understood that Kaethe Kollwitz was a German who'd been persecuted by the Nazis. Hitler wouldn't allow her to work in her studio. My mother saw a person who was German exemplifying values that were very important to her, and she believed that it was even harder for her as a German to espouse these values during those times, that it took tremendous courage. But my father thought that it wasn't safe for a Jewish child to have a German first name, which I don't really understand, because most people would think our last name is German. It may be, but his family was Polish. So he convinced my mother not to use the name Kaethe, which she had already used on my hospital registration. I value the connection to Kaethe Kollwitz tremendously, and I also think it's a beautiful name. I'm very happy to have reclaimed it.

Karen: When I was reading your statements about your commitment to intimacy and collaboration, I was looking at how the mothers in the Kollwitz sketch look like they're in a group hug almost, holding each other . . .

Kaethe: In community.

Karen: Yeah, in community.

Kaethe: And the workers series is absolutely about that coming together and . . .

Karen: It really struck me as intimate, as connection . . .

Kaethe: Absolutely!

Karen: Doing connection. I wondered perhaps if that was the principle that your mom believed in and resonated with?

Kaethe: Probably, but probably not in a way that she would have articulated in that era, in that way.

Karen: So that reclaiming of your name then, you said that it also had to do with addressing the effects of historical violence and cultures . . .

Kaethe: Right, right.

Karen: Bridging, I think you used the word bridging . . .

Kaethe: Yes. It was kind of a remarkable experience. I was working in South Africa. I was using the Holocaust as a way of talking about issues of multigenerational trauma in order also to talk about multigenerational issues of trauma pertinent to the experience of the Apartheid era. I was making a point that, even in something as small as a name, one can “read” the influences of historical trauma issues being passed from one generation to the other. That, in my family, the story of why I am not called “Kaethe” inevitably required my parents to transmit to me their feelings about having lived through the Holocaust. As I was talking, this woman in the back called out and said, “But you are Kaethe.” It was a riveting moment for me. I don’t know what she meant by it, but I had an epiphany at that moment. I thought, “Oh my God, you are right. I have a choice about this.” I was 53-years-old. I thought, I have a choice about this now.

Karen: So it was a reclaiming in lots of different ways . . . ?

Kaethe: I feel a connection with the name Kaethe that I never really felt as Kathy.

Karen: In the *Trauma, Meaning, Witnessing & Action* interview (Denborough, 2005), you said that “a small action is not necessarily a trivial one” (p. 76). And I was thinking about that regarding your name re-claiming . . .

Kaethe: It’s a name, it’s just a few letters, but in using the name Kaethe, in my own mind, I am taking a different position in regard to the history of historical trauma in my family. I am acknowledging the work that the German people have done since the war to acknowledge what did happen. I am making a bridge between my family and the German people, between Jews and Germans. I am taking a stand that it is possible for actions in the present to contribute to healing of the wounds from the past. It may be very simple, but it is a small action that I believe can have effects that ripple out.

Karen: Yes. I want to ask you about a piece that you wrote in that *Stretching to Meet What’s Given* (1998) paper again . . . “Believing that there is always something that can be sustaining.” You said that there were tales to tell about this and the other spiritual practices. Is there one story in particular that really tells of that commitment, of what that kind of belief stands on?

Kaethe: Yeah. I guess I do know that I’ve never been without a way of making this connection to something, even in the grimmest, most dire circumstances. I’ve never failed to find something that is sustaining somehow. Recently, there was a very grave family medical crisis and I was very distressed by it. It happened that I was up very early because I was going to my yoga class. The moon was still visible, you know when it’s still white, and it was up against trees that had turned red-orange. I was just bowled over by the beauty, and I was able to say to myself, “Well no matter what, there will always be this kind of beauty.”

And it's sustaining . . . you know, the close reading that you've done of my life's work, the fact of you're doing that, and what you have picked out to discuss with me is completely wonderful. It's actually inspiring to me, to think that someone would be able to find the threads that have been so important to me and notice them and weave them together.

Karen: That's wonderful for me to hear. Because for me, all the reading ahead was not like some intellectual exercise for me, it was that I really wanted this conversation to somehow offer you something . . .

Kaethe: And it has; it absolutely has.

Karen: Maybe a gift of a kind?

Kaethe: It *is*, but it's a very particular gift. I feel so seen and I feel so heard. Whatever the resonating sensibilities are that you've honed in on, they are so important to me and are part of my present and a part of my future work. What do I make of that? I make of that that I did write in a way that I could be understood. I could be heard.

Karen: Heard in terms of that interweaving of the personal and professional that you have absolutely maintained and stood for?

Kaethe: Yes. And I do this in my clinical work. A recent example is: I'm working with one woman who is very challenged by her trauma history. Although she's doing much better, she can have obliterating rages. Now it's clear to me that I can't be in a situation where somebody has obliterating rage, walks out of a session, and then won't respond to e-mails or phone calls; that is, someone who disconnects. I'm not in a moment in my life where I can tolerate that stress. In this particular situation, it was two weeks before I saw the woman again. I started the session by saying that something had happened in my personal life and that I could no longer offer the range of openness to her behavior that I had been able to offer before. I told her she would have to make a decision. I said, "You may feel the need to work this out with someone who can offer you this range, which I can no longer offer you. But if you decide to stay and work with me, then I have a need, which I will have to ask you to honor. My need is not that you not get angry. My need is that you not disconnect." Her response was wonderful. She said, "What you need is what I most want for myself. I want to stay and work this out with you."

Karen: That's a wonderful story.

Kaethe: It's a win-win and it's also change. We have only had two sessions since then, but already there is something different because she is mindful of me in a different way that I think she is also experiencing as positive for her.

Karen: Well, I'm thinking of the theme. I'm thinking back to the theme of collaboration. You really brought her into collaboration.

Kaethe: And in that paper *Stretching to Meet What's Given* there is an example of my having to tell a client that I couldn't any longer take phone calls. She also had a very severe trauma history. Again, I mean it was over a period of weeks, but that situation where she felt that I trusted her enough to tell her what

was happening in my life, that my daughter needed me to be available for her care 24/7, and to ask her to accommodate that need of mine, was a turning point for her. She sees that as a pivotal moment of intimacy between us and also of collaboration. She wrote a letter to my daughter and in the writing of the letter she accessed a part of herself that had been hidden to her or almost lost or unavailable. She reclaimed it. My daughter found the letter very moving and asked me to say something to the client about what it meant to her. So there was a kind of synergy of people connecting, assisting in helping, working as in a kind of a team in ways that you might never imagine. Ostensibly, we crossed a number of traditional boundaries, but it ended up with great clarity about boundaries and every person was fine with what had been shared among us. My daughter wasn't flooded with the concerns of the client, the client wasn't flooded by learning about the very challenging situation in our family, and there was no ongoing request from the client to be informed about what was happening in my family. It had very positive consequences. The client continues to talk about what a pivotal experience that was for her.

Karen: It makes me think about how potentially restraining some of the concepts about so-called boundaries are. And how if you had felt restrained or confined by those and hadn't done what you did in that situation, that the client wouldn't have had this experience and this opportunity of being brought into intimacy and collaboration with you and an experience that was obviously very meaningful.

Kaethe: Yes it was meaningful to everybody. And in a sense I'd say that she, her life, had gotten sucked dry of meaning, that her trauma was taking up so much of her life space and this really was an opportunity for her to sacrifice something she wanted for a purpose that had meaning, and it stimulated her to really look for other kinds of opportunities to bring meaning into her life. It's all about meaning and connection.

Karen: Is that another one of the important parts to you in this work; creating that kind of experience . . . expansion of a person's opportunities?

Kaethe: Yeah and I think also it's yet another example of private pain being used for public purpose and my absolute belief in the potential transformational value of suffering if there can be outlets for social action and change. I deeply believe that suffering can always be used. I don't know if you read this paper about the Treatment Dedication Project (Weingarten, 2005)? I developed this during my third cancer treatment in 2003. My book *Common Shock* had just been published, and I was diagnosed with cancer on the day my book tour was supposed to begin. I had serious surgical complications and ended up not being able to work for a period of about six weeks. I was in a lot of pain and had to change bandages literally every 20 minutes because I had a wound infection. I was very discouraged and at the same time I knew that something would cook itself because something always had cooked itself. What ended up happening was a realization that I could dedicate my radiation treatments to people and organizations whose work I wanted to honor. So that's what I ended up doing.

Karen: It's such an incredible idea, Kaethe. That particular thought, "I could dedicate my treatment to someone," where did that come from?

Kaethe: Well, it's all that I had. I had been stripped literally as low as I had ever been stripped. And I had a wound infection that was just a mess. It was such a contrast between traveling to do a book tour and being sick as a dog. And I probably said the sentence, "You have nothing to offer now." And then I realized that I had my radiation treatments, which made me incredibly lucky, because people all over the world don't have life-saving radiation treatments. So then I thought, "Well, how can you give it away?" Well you can't actually give radiation treatments to others but you can dedicate them, so that's how it happened. Specifically, the first one, I dedicated to four of my colleagues who work with people with AIDS in South Africa. I was incredibly lucky because within 12 hours I had an e-mail back from a woman named Joanna Kistner, who has an adopted little girl who is HIV-infected. She sent a picture of her playfully sitting inside a Ugandan funeral basket. She's very tiny because she has had a hard time on anti-retroviral medication. I enlarged the picture and the next day I took it into radiation with me and placed it on my belly. When the technician said, "What's that?" I explained that I was dedicating my treatment to this little girl. She said, "What do you mean you're dedicating the treatment?" So I told her the story. Each day I would tell the technicians to whom or to what cause I was dedicating my treatment. The technicians would get really excited about learning to whom I was dedicating my treatment that day.

Karen: They would hear the story?

Kaethe: They would hear the story, and then it got even more wonderful. On my tenth or so day of doing the dedications, one of the technicians told me that the previous evening she had gotten to the train station and ordered a sandwich. When she went to pay for it, she realized she didn't have any money for dinner because she had given her last dollar to one of her colleagues. The woman at the kiosk said to her, "No worries. It's OK." But she was really embarrassed and she started to say, "No I don't want it." But then she said to herself, "Oh, I'll dedicate my eating of the sandwich to hungry people everywhere." So she was able to take the sandwich and dedicate her enjoyment of it to others who were hungry. That was so powerful for me. She transformed an experience of shame into spaciousness.

Karen: And isolation to . . .

Kaethe: . . . connection. Yes. So I think that movement in me from taking what I've been dealt, really for the last 20 years I've been dealt pain, and just working, working, working to say, "Okay, what can I do with this?" A lot of the time I have been up with pain at three in the morning. So, what can I do at three in the morning? Well, I can write.

Karen: It's that question again, what do I have? You know, right now I have my writing and I can do that . . . Yeah. I think I have a better understanding of the treatment dedication project.

Kaethe: It is such a useful idea, it is doing hope together . . .

Karen: It's a very useful idea not having to somehow generate hope by your self.

I'm just imagining what that's like for people to visit that website. I'm sure there are many people doing so, and I wonder what that does to isolation?

Kaethe: Yes, and that sense of how you feel whenever there is illness. You can feel so diminished, and the idea that you can still, in this most diminished state, that you have something of value to give . . .

Karen: And you have given so much in all of your work and your writing, and today in this interview. Thank you so much, Kaethe.

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