Confidence and trust in therapeutic relationship and forensic work

Pau Pérez Sales. Psychiatrist
Director SiRa Center – Madrid Spain
Chair Section Psychological Consequences Torture
World Psychiatric Association
Editor-in-Chief Torture Journal

Tel Aviv – December 2017

.

Confidence and Trust in therapeutic and forensic work

Confidence and Trust in therapeutic and forensic work

How to act as a forensic expert or a therapist in a context of distrust?.

Confidence and Trust in therapeutic relationship

Transference	Working alliance	Real relationship
• Infancy • Trauma • Bonds • Attachment • Cognitive style	• Agreements on what for • Dinamic	• Who we are in real life

Unconscious projection

Conscious decision

(Greenson 1965; Bendler 1985, Beitman 2012)

Confidence and Trust in therapeutic relationship – forensic work

- In terms of research in therapy, confidence and trust are one of the three elements of a Working Alliance besides objectives and plan (Bordin, 1979, 1994)

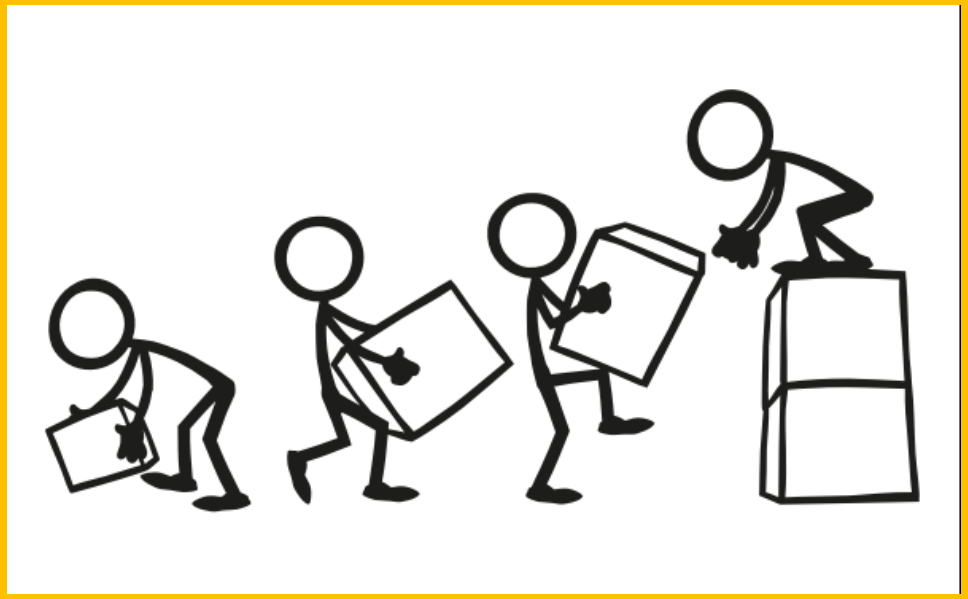
Bordin (1979) proposes that WA is the most essential element in therapy.

We **WORK TOGETHER ON A COMMON GOAL**

(The Working Alliance – theory, research and practice. 1994)

Confidence and Trust in therapeutic relationship – forensic work

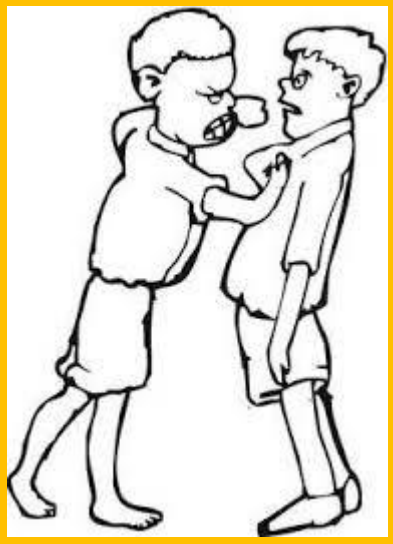
We **WORK TOGETHER ON A COMMON GOAL. We are a team. In Psychotherapy… but also in Forensic Work**



We want forensic work [assessing victims for legal reports] to be a therapeutic medical act in itself.

How many iil-treatment or torture allegations are succesful??

Confidence and Trust in therapeutic and forensic relationship



IS THE THERAPEUTIC ALLIANCE PART OF THE THERAPY?

Goldfield – NO

The alliance is like anesthesia for surgery. You need it but it does not cure in itself (CBT model) – A forensic report is a technical (surgical) act of assessment

Greenberg – YES

The alliance is part of the psychotherapeutic process (emotion-focus models). No neutrality is possible

Experimental research shows that the emotional experience that is produced in therapy can be therapeutic in itself (restorative emotions). Trauma develops upon a pattern of attachment relationships in infancy. In therapy with severely damaged patients, we must make the person feel secure, to explore inner emotions when being challenged, to discuss distrust and sadness.

Confidence and Trust in therapeutic relationship

What makes a good working alliance?

Two phases: Initial contact / Following sessions

Confidence and Trust in therapeutic relationship

Working Alliance.

Phase 1. INITIAL SESION

30% Drop-out during first sesión; 50% during first three sessions (specially in trauma patients)

Confidence and Trust in therapeutic relationship

Phase 1. INITIAL SESION

. The time fo the survivor !!!!

Am I prepared? Can I handle pain?. Can I be confident?.
- The idea of stabilization and do-no-harm

- You do not need to tell what happened to you for us to work together. Just tell what you think I must know – "Telling the trauma" is not duty.

- *Is this an option in forensic work?. Can we handle things so that this IS an option?*

Confidence and Trust in therapeutic relationship

Phase 1. INITIAL SESION

. Studies show that patients expect quick improvement since first sesion while therapists expects long-term commitment with mild to moderate improvement with time.

The importance of handle expectations and prevent deception and drop-out

Confidence and Trust in therapeutic relationship

Phase 1. INITIAL SESION

- In patients with traumatic bonds, confidence and trust (for positive or negative) begin to be explored since shacking hands in the initial contact.
- Meta-analysis (Luborsky, 2012) - Less drop-outs are associated to perception of the therapist as being

(a) Caring – Emphatic and Warm.

(b) Sensible to suffering (give control)

(c) Efficient / Profficient

Is this also true for forensic work?

Confidence and Trust in therapeutic relationship

Phase 2. WORKING ALLIANCE – “THE JOURNEY”

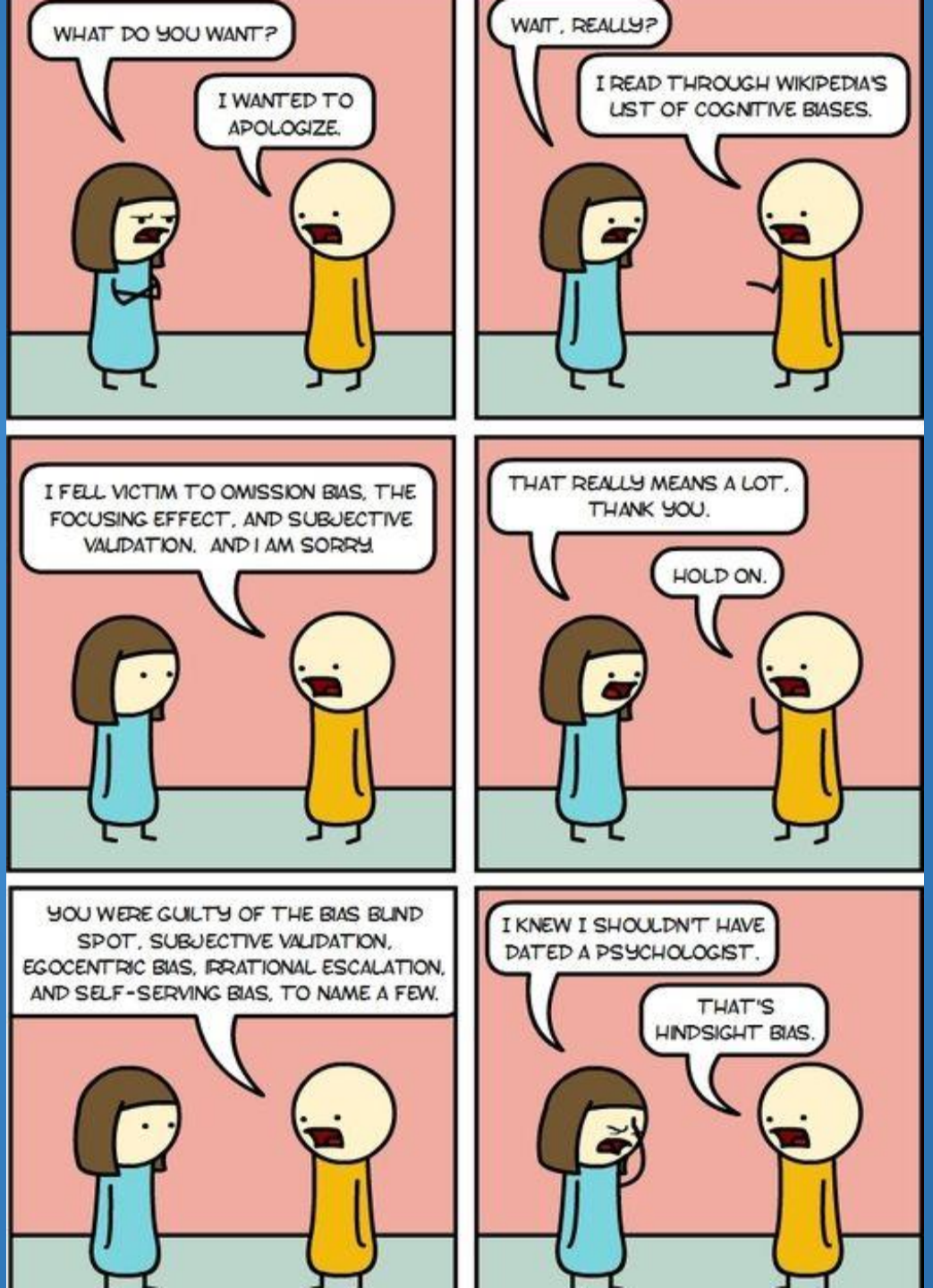
Both therapist and patients/client

. Have a similar view of which are the problems (shared explanation)

. Agree on tasks to do and work together on it

. Accept each other differences - mutually confident

Who's language?



Confidence and Trust in therapeutic relationship

Can these idea that come from psychotherapy be applied to forensic work with people in prisons, refugees or torture survivors?

Where is “neutrality”?

Integrative psychotherapeutic medical & Legal perspectives in forensic work

BASIC PRINCIPLES

Psycho – Legal Perspective

RULE # 1

The FORENSIC WORK, whatever happens at the end of the process, must be positive in terms of REPARATION - Rehabilitation

Psycho – Legal Perspective

RULE # 2

Establish a working Alliance

Clarify who are your working for and the limits of your mandate

. Supporting victims' claims in Court –

- ✓ victim has full control on contents (NOT on conclusions)
- ✓ coordinated with legal strategy

. Appointed by Court or authority

- ✓ think and decide what you want to share.
- ✓ Try to explain and help others (i.e Jury/Judge) understand what happened.

Establishing a Working Alliance ¿How do you that….?

Giving control

- Providing information
- Providing choices
- Respecting decisions

In our concept of Psycho-legal work in SiR[a] Center:

- **Explaining the (long / potentially harmful –painful legal or administrative process in advance) and preparing the person.**
- **Advancing scenarios – Preparing the person for positive and negative outcomes**
- **Putting emphasis in the process (being able to…) and not the outcome.** We can control the process, but not the outcome (judge, committe…)
- **Taking time to brief after each step and to make a balance after all the process**
- **Be clear on the purpose and use of information**: Try to avoid unaware political use of victims for particular political or research agendas unknown to the victim

Psycho – Legal Perspective

- If you want to get confidence, show confidence

  The dilemas of Self-Disclosure in therapeutic and forensic work

  Accepting and working with distrust as a healthy symptom in unhealthy environments

Psycho – Legal Perspective

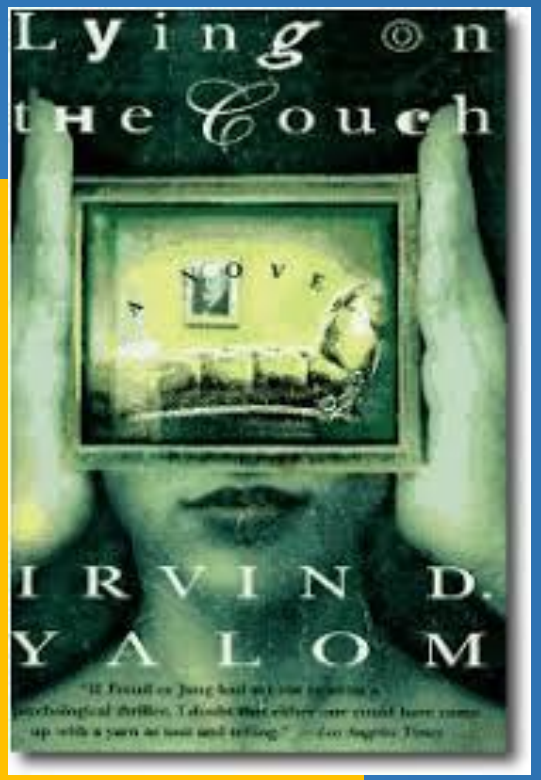
- The myth of Narration (or any Universal Solution paradigm)

To work on trauma, *the narration of traumatic event is not a necessary requeriment*. Even less in initial phases when we are stablishing a secure bond

Psycho – Legal Perspective

RULE # 3. THE QUESTION ON EMPATHY

1. Empathy is an attitude
2. Empathy is in itself therapeutic when working with the undescribable and unspeakeable
3. Absence of empathy can be interpreted as distrust.
4. **Empathy and objectivity are not in conflict. The crossroad is honesty**



Irving Yalom: Concept of **Authenticity** ***Lying on the Couch*.**

. A patient wanted to chase the therapist.
He explained some true facts but gave
false information most of the time
. The therapist was not aware of that. But he acts
always with radical Authenticity. The tale describes the interaction between a patient that always lies and a therapist that always answers the truth about what does he think of him and what is happening in the here-and-now.

[Radical] Authenticity is in itself a healing element

What happens when putting these ideas in practice?.

Dilemmas in daily work with survivors

Ethical dilemmas in diagnosis

1. **Diagnosis as stigmatization – sub-saharan patients**
2. **The dilema of being victim/disease or survivor/resilient**
3. **Creating identities linked to diagnosis - victimhood**
4. **Do diagnosis based on symptoms really mean something?. Borderline Personality Disorder – Cutting and suicide attempts a way of scaping a painful past / post-traumatic psychosis… can they be treated as structural psychosis?**

BUT

1. **Diagnosis as a tool in forensic assessment – common language**
2. **Diagnosis as a tool to protect a survivor – time off work**
3. **Necessary tool for Redress and Compensation**

Some ethical dilemas..

To put a poke in the eye….

We are interviewing a woman that was tortured in prison. The narration has clear inconsistencies.

Dates, circumstances. She looks very affected but what she describes seems not extraordinarily severe…

The lawyer says that something else must have happened. We have very short time and asks you to press the victim to get more information… The lawyer explains that this is necessary in the best service of the victim…

Finding the balance

Balance two important requirements:

- the need to obtain a useful account,
- the importance of respecting the needs of the person being interviewed

Rule.

- When possible let the survivor have the last word.
- Review drafts of his/her statement
-Decide on matters which are too shameful or painful (in spite this goes against his o her case)

Some ethical dilemas..

Reporting….

After two months, the woman reveals, with great shame and tears, that she was raped on different times, one of them in a very traumatic way.

She says that she has said this because she trusts you and she sees that you want to help her. But, she does not want this to be included in the report. This is too shameful, she does not want her family and specially her husband to know.

The lawyer says that this key information for the case and that she **needs** this to be included and demands from you to write an integral report.

Some ethical dilemas..

Consistency – *I can't believe…*

A victim explains that while he was in prison, most of the time he shared his cell with five other inmates.

One night two guards entered the cell and beated everybody and raped him in front of the others. He explains that his trousers were put down and he had an anal rape with a big stick.

You are shocked but at the same time surprised, as far as you have interviewed other people that was in this detention center. He does not seem very much affected. You ask for the name of the other inmates, but he does not remember…. You ask if he was atended by a doctor and wether he has a medical report and he becomes very angry and stands up, saying: Ok, I see, you don't want problems…

You are blocked...

Some ethical dilemas..

Consistency – *I can't believe…*

. Authenticity – Disclosing it

vs breaking working Alliance

. Do-no-harm – "I do believe you, but help me understand…."

. In case of doubt?

Therapy – Wait – do not question (Amin)
Forensic work – Refrain from definitive conclusions

If confronting – *do not loose empathy*.

Some ethical dilemas..

CONDITIONS

I am collecting information with a torture survivor in a detention centre.

We are surrounded by other inmates.

The authorities in charge say it is imposible to have a private room for the interview and that we must talk in that place…

The situation posses dilemas related to security / retaliation; conflicts with other inmates /personnel; reliability… But you might not have any other opportunity to collect the case or work with the victim

Doing the interview

Primum Non Noscere…

Acting ALWAYS IN THE BEST INTEREST OF THE VICTIM

Security and Privacy

- **The clinician should establish and maintain privacy during the interview.**

- **Police or other law enforcement officials should never be present in the examination room**
- **Under certain circumstances, it might be acceptable to be at the sight, but not hearing distance.**

- If confidentiality cannot be assured and there is risk of retaliation, *do not ask and make a complaint*. Do not confront the victim with an impossible dilemma.

I am pressed to provide information on a detainee that I Interviewed

. Psychologists at inmigrant detention centers /
. Doctors in prisons

Confidentiality and informed consent

- Clinicians have duty to maintain **confidentiality of information** and to disclose information only with the patient's informed consent.

- The patient should be clearly informed of **any limits to the confidentiality of the evaluation and of any legal obligations for disclosure of the information** – Dual loyalty (Inform Prison director) – Report for Court (Inform Judge)

- Clinicians must ensure that informed consent is based on adequate understanding of the **potential benefits and adverse consequences** of the evaluation (Retaliation).

Interview is not interrogation –
Beware of trauma responses in transference

The evaluator's questions may be experienced as;

- forced exposure akin to an interrogation.

- sign of **mistrust or doubt** on the part of the examiner.
- The evaluator may be perceived as;
  . voyeuristic and sadistic motivations,
  . as a person in a position of authority (in a positive or negative sense)

- the interview situation may be perceived as resembling more strongly the torture situation
- being on the side of the enemy

Difficulties in recalling and recounting the story

- Torture itself such as blindfolding, drugging, lapses of consciousness, etc.
- Disorientation in time and place during torture
- Neuro-psychiatric memory impairment from head injuries, suffocation, near drowning, starvation, hunger strikes or vitamin deficiencies
- Experiencing repeated and similar events may also have led to difficulties recalling the details of specific events clearly….
- Clinical reasons: Dissociation, depression….
- Cultural reasons: proscribed to talk about emotions
- Shame

Difficulties in recalling and recounting the story

- Fear of placing oneself or others at risk
- Lack of trust. Lack of privacy, inadequate time
- Socio-cultural barriers such as the gender of the interviewer, language and cultural differences
- Transference/counter-tranference reactions
- Misconducted and/or badly structured interviews

QUITE OFTEN **DISTRUST** IS IN FACT DIFFICULTIES IN TELLING AND INCONSISTENCIES **SUPPORT** CREDIBILITY.

Ethical dilemmas

Shall a psychologist or a psychiatrist participate in the interrogation of a detainee?

AMA Journal of Ethics. October 2015, Volume 17, Number 10: 922-923.

The Code Says

The AMA *Code of Medical Ethics*' Opinion on Interrogation of Detainees

Opinion 2.068 - Physician Participation in Interrogation

Interrogation is defined as questioning related to law enforcement or to military and national security intelligence gathering, designed to prevent harm or danger to individuals, the public, or national security. Interrogations are distinct from questioning used by physicians to assess the physical or mental condition of an individual. To be appropriate, interrogations must avoid the use of coercion—that is, threatening or causing harm through physical injury or mental suffering. In this Opinion, "detainee" is defined as a criminal suspect, prisoner of war, or any other individual who is being held involuntarily.

Physicians who engage in any activity that relies on their medical knowledge and skills must continue to uphold principles of medical ethics. Questions about the propriety of physician participation in interrogations and in the development of interrogation strategies may be addressed by balancing obligations to individuals with obligations to protect third parties and the public. The further removed the physician is from direct involvement with a detainee, the more justifiable is a role serving the public interest. Applying this general approach, physician involvement with interrogations during law enforcement or intelligence gathering should be guided by the following:

- (1) Physicians may perform physical and mental assessments of detainees to determine the need for and to provide medical care. When so doing, physicians must disclose to the detainee the extent to which others have access to information included in medical records. Treatment must never be conditional on a patient's participation in an interrogation.
- (2) Physicians must neither conduct nor directly participate in an interrogation, because a role as physician-interrogator undermines the physician's role as healer and thereby erodes trust in the individual physician-interrogator and in the medical profession.
- (3) Physicians must not monitor interrogations with the intention of intervening in the process, because this constitutes direct participation in interrogation.
- (4) Physicians may participate in developing effective interrogation strategies for general training purposes. These strategies must not threaten or cause physical injury or mental suffering and must be humane and respect the rights of individuals.
- (5) When physicians have reason to believe that interrogations are coercive, they must report their observations to the appropriate authorities. If authorities are aware of coercive interrogations but have not intervened, physicians are ethically obligated to report the offenses to independent authorities that have the power to investigate or adjudicate such allegations.

Position Statement on Psychiatric Participation in Interrogation* of Detainees

Approved by the Board of Trustees, May 2006
Reaffirmed by the Board, December 2014
Approved by the Assembly, May 2006
Reaffirmed by the Assembly, November 2014

"Policy documents are approved by the APA Assembly and Board of Trustees…These are…position statements that define APA official policy on specific subjects…" – *APA Operations Manual.*

1. The American Psychiatric Association reiterates its position that psychiatrists should not participate in, or otherwise assist or facilitate, the commission of torture of any person. Psychiatrists who become aware that torture has occurred, is occurring, or has been planned must report it promptly to a person or persons in a position to take corrective action.

2. a) Every person in military or civilian detention, whether in the United States or elsewhere, is entitled to appropriate medical care under domestic and international humanitarian law.
b) Psychiatrists providing medical care to individual detainees owe their primary obligation to the well-being of their patients, including advocating for their patients, and should not participate or assist in any way, whether directly or indirectly, overtly or covertly, in the interrogation of their patients on behalf of military or civilian agencies or law enforcement authorities.
c) Psychiatrists should not disclose any part of the medical records of any patient, or information derived from the treatment relationship, to persons conducting interrogation of the detainee.
d) This paragraph is not meant to preclude treating psychiatrists who become aware that the detainee may pose a significant threat of harm to him/herself or to others from ascertaining the nature and the seriousness of the threat or from notifying appropriate authorities of that threat, consistent with the obligations applicable to other treatment relationships.

3. No psychiatrist should participate directly in the interrogation of persons held in custody by military or civilian investigative or law enforcement authorities, whether in the United States or elsewhere. Direct participation includes being present in the interrogation room, asking or suggesting questions, or advising authorities on the use of specific techniques of interrogation with particular detainees. However, psychiatrists may provide training to military or civilian investigative or law enforcement personnel on recognizing and responding to persons with mental illnesses, on the possible medical and psychological effects of particular techniques and conditions of interrogation, and on other areas within their professional expertise.

*As used in this statement, "interrogation" refers to a deliberate attempt to elicit information from a detainee for the purposes of incriminating the detainee, identifying other persons who have committed or may be planning to commit acts of violence or other crimes, or otherwise obtaining information that is believed to be of value for criminal justice or national security purposes. It does not include interviews or other interactions with a detainee that have been appropriately authorized by a court or by counsel for the detainee or that are conducted by or on behalf of correctional authorities with a prisoner serving a criminal sentence.

Joint Resolution Against Torture of the American Psychiatric Association and the American Psychological Association

Approved 1985; Reaffirmed, 2007
Reaffirmed by the Assembly, November 2014
Reaffirmed by the Board, December 2014

"Policy documents are approved by the APA Assembly and Board of Trustees…These are…position statements that define APA official policy on specific subjects…" – *APA Operations Manual.*

Whereas, American psychiatrists are bound by their *Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry* to "provide competent medical service with compassion and respect for human dignity," and

Whereas, American psychologists are bound by their *Ethical Principles* to "respect the dignity and worth of the individual and strive for the preservation and protection of fundamental human rights," and

Whereas, the existence of state-sponsored torture and other cruel, inhuman, or degrading treatment has been documented in many nations around the world, and

Whereas, psychological knowledge and techniques may be used to design and carry out torture, and

Whereas, torture victims often suffer from multiple, long-term psychological and physical problems,

Be it resolved, that the American Psychiatric Association and the American Psychological Association condemn torture wherever it occurs, and

Be it further resolved, that the American Psychiatric Association and the American Psychological Association support the *UN Declaration and Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*; and the *UN Principles of Medical Ethics*, as well as the joint Congressional Resolution opposing torture that was signed into law by President Reagan on October 4, 1984.

WORLD PSYCHIATRIC ASSOCIATION

Advance Psychiatry and Mental Health Across the World

WPA POSITION STATEMENT ON BANNING THE PARTICIPATION OF PSYCHIATRIST IN THE INTERROGATION OF DETAINEES

WPA POSITION STATEMENT ON BANNING THE PARTICIPATION OF PSYCHIATRIST IN THE INTERROGATION OF DETAINEES

. The purpose of this statement is to provide ethical guidelines of practice, in which psychiatrists are explicitly forbidden, and must refrain, from participating in any procedure linked to the interrogation of a detainee.

An exception is the specific case of assessing the liability, by which the person is being or has been submitted to ill-treatment or torture and the documentation of such events and eventual consequences.

WPA POSITION STATEMENT ON BANNING THE PARTICIPATION OF PSYCHIATRIST IN THE INTERROGATION OF DETAINEES

4. Psychiatrists working in detention facilities under any kind of contract, either private or public, have a duty to act for the benefit of detainees and not to do harm. Therefore, they should not participate or assist in any way, whether directly or indirectly, overtly or covertly, in the interrogation of any person deprived of liberty on behalf of military, civilian security agencies or law enforcement authorities, nor participate in any other professional intervention that would be considered coercive and against the benefit of the detainee in that context.

WPA POSITION STATEMENT ON BANNING THE PARTICIPATION OF PSYCHIATRIST IN THE INTERROGATION OF DETAINEES

Use of clinical files

6. Requesting, releasing or causing transfer of medical records or clinical data or allowing access to clinical files for interrogation purposes is a violation of professional ethics.

International protection as an example of a psychosocial view of a working alliance

1. Asylum seeker

2. Therapist / Forensic expert

3. Administration in charge / Court

The status of exile, refugee or asylum seeker

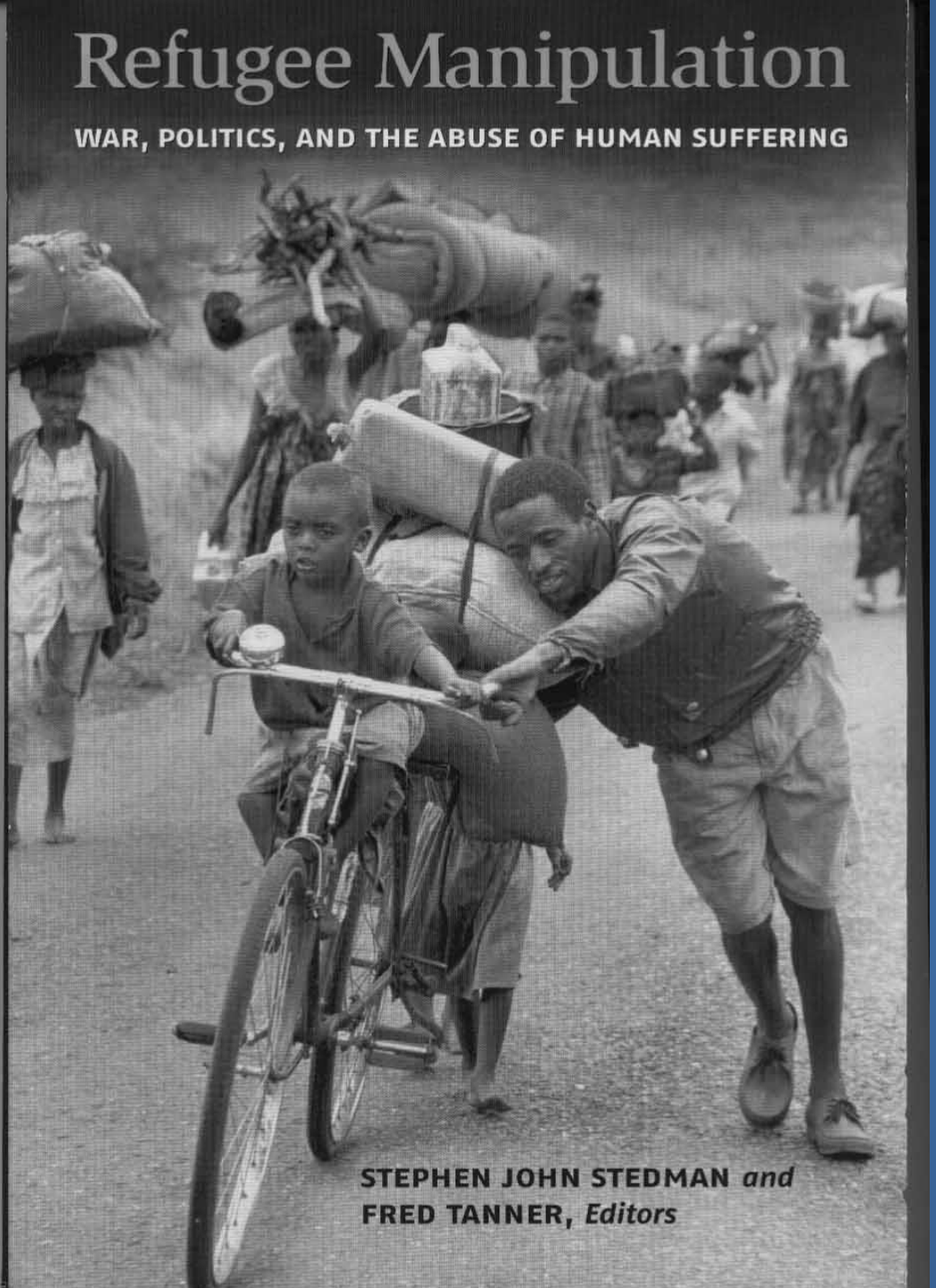
I. Truth as a moral value

- "Better a lie that can not be denied than an implausible truth" (Joseph Goebbels, 1945)

  "I have understood that there are two truths, one of which must never be said" (Albert Camus)

Refugee Manipulation

WAR, POLITICS, AND THE ABUSE OF HUMAN SUFFERING



STEPHEN JOHN STEDMAN *and*
FRED TANNER, *Editors*

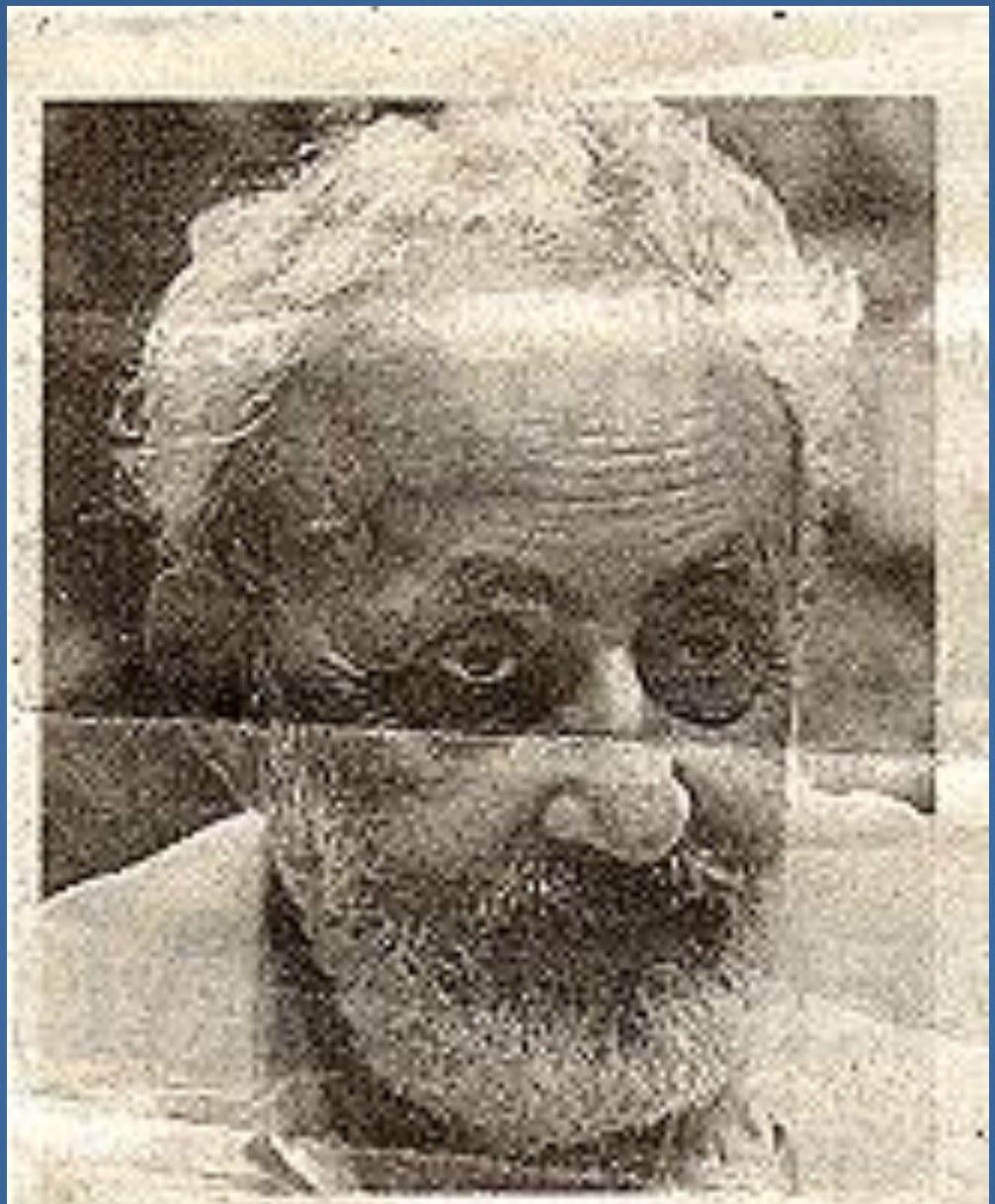
“Being a refugee means learning to lie…”

(Voutira, Harrell-Bond, 1995)

- "The constant famine led to theft, which I, at that time, considered a good thing (...). In any case, he saved me during that time ... "

  "One of the simplest tricks was [to present myself] as the son of a person with power. Since he [the caretaker of the hospital] was an old man, he simply took my word for good. That allowed me to get a certain amount of extra food "

  "It was also a time when women and girls did prostitution as an aid to feed us all [of course .... to those of us ... that we had sisters]. We knew perfectly well that this was not correct, but there are things that are beyond human control "



Paul Steinberg, the author of "Speak You Also."

"To try to survive, you had to adapt and not everyone was able to do it. At first, it was not the case of overly structured personalities (...) with a sense of dignity (...). They formed the category of immediate victims. (...) Then sentimentalists fell, those who cared day and night about the fate of their wife, their old parents, their children. Consumed by anguish, they were in a state of least resistance (...). Another category was formed by the desperate, the pessimistic, those who did not see an exit, those lacking vital energy (...).

A robot portrait (...) of the one destined to survive is ambiguous. It seems that the only common denominator of the survivors is a disproportionate taste for life and a contortionist flexibility. I do not believe in the pure and hard hero who has gone through all the difficulties without concessions, with his head held high. Not in Auschwitz. If that man exists, I have not found him and the halo should be uncomfortable for him to sleep"

(Steinberg, 1999) (pp. 62-63)

Difficulties inherent in roles

Refugees or Asylum seekers

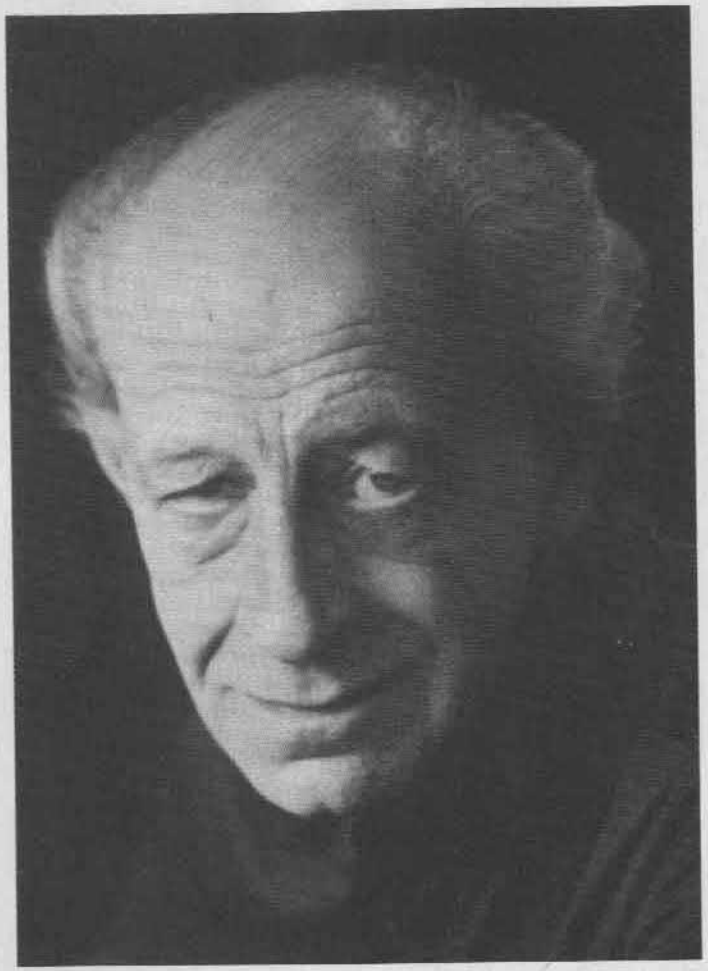
The concealment, falsification or restructuring of data is a logical resistance mechanism of the asylum seeker.

There is no place for indignation or moral judgment

The status of exile, refugee or asylum seeker

I. Truth as a moral value

II. Torture destroys the ability to trust others



© Schafgans, Bonn

MÁS ALLÁ DE LA CULPA Y LA EXPIACIÓN

Tentativas de superación de una víctima de la violencia

Jean Améry

Traducción, notas y presentación de
ENRIQUE OCAÑA

PRE-TEXTOS

Jenseits von *Schuld und Sühne*.
Bewältigungsversuche eines *Überwältigten*.

“Whoever has suffered torture can no longer feel the world as a home. The ignominy of destruction can not be canceled. Confidence in the world that is already partly staggered by the first blow, but that with torture finally collapses in its entirety, will no longer re-establish itself. In the tortured the terror of having experienced the neighbor as an enemy accumulates: on this basis nobody can look at a world where the principle of hope reigns ". (P.107 and 108).

The status of exile, refugee or asylum seeker

I. Truth as a moral value

II. Torture destroys the ability to trust others

International protection as an example of a psychosocial view of a working alliance

1. Asylum seeker

2. Therapist / Forensic expert

3. Administration in charge / Court

The point of view of the forensic expert

Clinical Report

- Search for the truth
- Belongs to the patient and it is for the patient
- Useful tolerable truth
- Medical confidentiality

"Vinculo comprometido"
Committed link - empathic relationship

Forensic Report

- Search for the truth
- Done from the patient, addressed to the Administration
- Real and necessary truth
  Rupture of confidentiality
- Technical impartiality - Affective neutrality

Countertransfer reactions in interviews with survivors' of violence applying for international protection

- Evasion, rejection, defensive indifference, hostility.
- Disillusion, helplessness, hopelessness and over-identification.
- Omnipotence and grandiosity in the way of feeling like the great expert in trauma or the last hope of the survivor.
- Feelings of insecurity, guilt, excessive anger against torturers and persecutors or towards the individual

Be aware of your own prejudices when evaluating/in therapy

Associated Press AP - Tue Aug 30,11:31 AM ET

A young man walks through chest deep flood water after looting a grocery store in New Orleans on Tuesday, Aug. 30, 2005. Flood waters continue to rise in New Orleans after Hurricane Katrina did extensive damage when it

Email Photo Print Photo

RECOMMEND THIS PHOTO » Recommended Photos
Recommend It: Average (138 votes)

AFP 3:47 AM ET

Two residents wade through chest-deep water after finding bread and soda from a local grocery store after Hurricane Katrina came through the area in New Orleans, Louisiana. (AFP/Getty Images/Chris Graythen)

Email Photo Print Photo

RECOMMEND THIS PHOTO » Recommended Photos
Recommend It: Average (211 votes)

RELATED

- Katrina's Effects, at a Glance AP - Tue Aug 30, 1:26 PM ET

Hurricanes & Tropical Storms

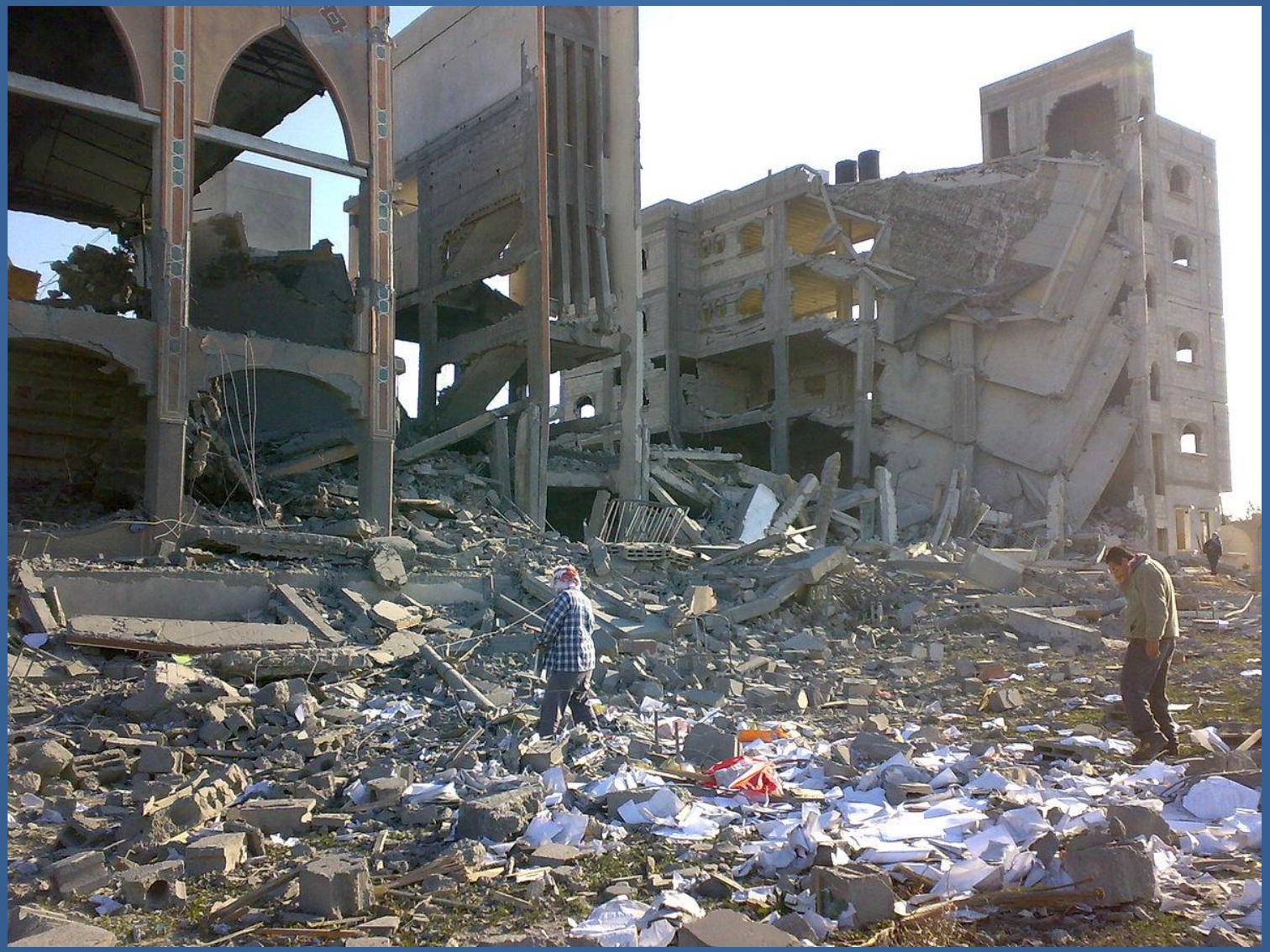
Trust as a game of inter-subjecti vities

52% of Serbs say they do not know of any war crimes committed by their troops. .

Trust as a game of inter-subjectivities

Only 43% of Serbs surveyed (Serbia, 2006) consider that the killing of Muslims in Srebrenica is a War Crime and 50% question whether this actually occurred (despite the exhumations carried out). In contrast, 70% consider war crimes the deaths of Serbs in Kosovo or Croatia

Operation “Cast Lead”
27 December 2008 – 18 January 2009



Massive military operation from the air, land and sea, preceded by an aerial bombing campaign on the Gaza Strip (Palestinian Territories), which started on December 27, 2008 and ended on January 18, 2009.

Objective: Rescue soldier Gilad Shalit captured by Hamas in 2006 and destroy Hamas infrastructure.

Combatants : 200.000/20.000

Weapons: High range-Forbidden?/Short range-HM

Israelí Navy Tzahal 176 500 soldiers (total)[4] 6 500 reserve troops· 65 Armored anti-mine tanks Israelí Air Force. 88 combat fighters, bombers and helicopters. Drones Armament: Cluster Pumps, Arrow Pumps, Chemical Weapons (White Phosphorus) and Experimental Tungsten Pumps	Hamas 20,000 militiamen (total) Popular Resistance Committees Brigades of the Al-Aqsa Martyrs Popular Front for the Liberation of Palestine Armament: Short range rockets Qassam and Mortars Sariya -1 (maximum range 15 kms). Homemade rockets.

Casualties - 1/400 civilians death ; 1/30-50 combatants

11 soldiers killed, 236 wounded 3 civilians killed, 84 wounded	1 314 dead (at least 673 civilians) 5 300 injured According to Israel, 1 200 dead (at least 700 of them militiamen)

Source : Goldstein Report / Wikipedia (2017)

Kindergarten classroom in Beersheba hit by Grad rocket from Gaza

Phosphorus cluster bombs dropped on populated areas on 11 January

Gaza – Poll among Israeli Citizens

Israel Defense Forces had used excessive firepower in the conflict?. **No: 96%**

Yes: 4%

Is the war justified?. **Yes: 95%**

No: 5%

(Israel Democracy Institute and Tel Aviv University. 2014)

INSENSITITVITY OR TECHNICAL PROFICIENCY?

EL PAÍS, domingo 2 de enero de 2005

EFE

Los turistas vuelven a las playas del horror

Indiferentes a una catástrofe que se ha cobrado al menos 150.000 vidas, grupos de turistas vuelven a la rutina vacacional en las playas de Tailandia (como ésta de Patong, en la isla de Phuket), ajenos a los trabajos de los equipos de rescate que siguen luchando contra las consecuencias del maremoto. El mundo se ha volcado en ayudar a los damnificados en todo el sureste asiático. Las donaciones alcanzan ya los 2.000 millones de dólares, incluyendo 500 de Japón, 350 de EE UU y 68 de España. **Páginas 2 a 5 /** Editorial en la **página 12**


Who's point of view?

Confidence and trust *are not a given, but a process*

. Working Alliance
. Empathy
. Authenticity
. Who's Control? – "the duty to talk"
. Do-no-harm
. Confidentiality
. Privacy
. Security
. Handling countertransference
. Prejudices

You can say a survivor in therapy: Thanks for letting me have the privilege to work with you….