

GROUP PSYCHOTHERAPY IN PATIENTS WITH THE EXPERIENCE OF TORTURE AND FORCIBLE MOBILIZATION

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SUMMARY

One and a half years of therapy work with the group of torture survivors, including a number of members with the additional experience of forcible mobilization, compelled us to present the most significant events in the group and group dynamics, focusing on the contents related to forcible mobilization and members with this experience. The article primarily contains the issues of (dis)trust in the institutions and other people in general, including ourselves as persons who are there to help, but who also represent a non-governmental, in the clients' opinion, "international" organization. The issues of (in)security, (non)-belonging, self-respect, (non)-existence of control over one's own life... as well as the sense of guilt, fear and anger, are addressed in this paper, as issues that were dominant in the group work with these clients. The article includes a review of the clients' motivation to join the group therapy, as well as the resistance we have encountered in working with them, with the possible explanations to a certain number of clients dropping out of therapy (a large number of these clients had the experience of forcible mobilization). Events in the group were analyzed from the psychodynamic (group analytic) point of view and examples from the sessions were provided, vividly illustrating our topic. Having in mind that this type of work, with torture victims and forcibly mobilized clients as a separate group of traumatized persons is for the moment insufficiently present and described in the literature, in the lack of available references, we have tried, based on our own knowledge and work experience, to present our views and possible explanations of the phenomena we have detected in the course of work with this group of clients.

SPECIFIC FEATURES OF THE GROUP AND SELECTION OF PATIENTS

The idea of establishing such a group¹ arose from the therapists' need to offer the severely traumatized clients of the Center a further therapeutic possibility to overcome their traumatic experience more successfully and to achieve better adaptation to their present environment. Reactions and stress related to trauma can be treated in both an individual, and in a group setting. In view of positive experiences in the work with war traumatized and tortured clients of our Center in the individual setting, we wanted to try and offer them treatment in the group psychotherapeutic setting as well.

This was not the first group of tortured and war traumatized persons that was established and led by the Center therapists, but it was the first group to be established and led at the Center itself. Earlier groups (in Hrtkovci, Slankamen and Bijeljina) were led by mobile teams of therapists, as described in the previous monograph (Spiric et al., 2004). Beside the one already stated, the group had other specific features as well: it was led co-therapeutically; both therapists were female and of younger age, and group members were men, traumatized by war and exile, torture survivors, most of them forcibly mobilized, and of middle to older life-age.

Forming of the group was preceded by months of consultations, on the need for such type of therapy, considering the delicacy of tasks to be set before the therapists and members of the group, as well as the careful selection of patients.

The basic criteria we followed in the course of selecting the patients for this group were: they were all males, refugees, detained and tortured by the enemy armies or paramilitary formations, or, following the exile, they had the experience of forcible mobilization and torture in one of the camps of the Serbian paramilitary formations (Erđut, Manjaca). An important criterion in the selection of patients for this group was the posttraumatic stress disorder (PTSD) diagnosed in the course of clinical examination and subsequent psychological testing. This diagnosis, of course, included the triad: re-experiencing of trauma, avoidance and hyper-arousal. A certain level of education, intelligence, as well as the ability to think psychologically, were also among the main criteria for the selection.

Our impression on the patients' motivation to undergo such type of treatment was also important, considering the level of distrust and previous harm experienced by the group members as members of groups they belonged to earlier, then as members of the detainee group, and now through their experience of living "in vacuum", incompleteness and existence "neither here nor there" through belonging to the refugee group.

¹ (Biljana Djordjevic and Sandrina Speh, as co-therapists, have led and still lead the group, under the supervision of Jovanka Cvetkovic).

It can be said that, starting with the selection of patients, through forming the group and the initial sessions, to this day, and we intend to continue so in the future, as long as this group exists, we constantly had three questions in mind: 1) who are the members of this group? 2) what are their needs? and 3) how can the group help them?

Members of this group are people who have experienced dramatic and traumatic events in their lives, which, in the most negative way possible, have changed their lives forever. The experience of torture they were exposed to, and, for the most of them, subsequent experience of forcible mobilization by the police of the country they sought refuge in, after being released from the camps, place the focus of attention on the degree of impaired trust in others. The very fact that this group was formed, functioned and survived, brings the hope that the psychological and any other damage that was done to them can be resolved, although in many phases of the group's life the task seemed insuperable, insurmountable and insoluble.

The need for understanding, care, support, respect, interest in themselves and their lives, the need to regain hope in fellow man, to take control over one's own life, to stop mourning and move on, find new meaning, regain trust, self-respect and to feel safe, are the primary psychological needs of the members of this group. Traumatic experiences such as war-related traumas, and especially torture, raise a multitude of complex feelings that are difficult to cope with, as well as difficulties in processing these experiences and integrating them in the overall life experience in such a way as to make them no longer overwhelming and impairing. Traumas of this type, coming as a consequence of human actions, deeply shatter the basic confidence in people and sense of security, which are crucial for normal functioning. Therefore it could be expected that the most difficult task would be to gain the clients' trust in ourselves as therapists, persons who are there to help and not to inflict pain.

There are specific factors of group therapy that we had in mind when we were considering initiating this group. Irvin Yalom, whose work focused on groups, described various factors of use in group psychotherapy, naming them therapeutic factors: introduction of hope, universality, altruism, corrective emotional experience, building up of social skills, interpersonal learning, group cohesiveness, catharsis (Yalom, 1985). These factors, representing different parts of the change process, are the factors operating on the interpersonal level. The other level in the group that offers change is the deeper, projective level. In this sense, the other members, therapists and the group as a whole, serve as receptors for the projections of detached, unbearable parts of self, as well as anxiety related to it (Bion, 1959).

The atmosphere created in the therapy group has to allow for helplessness, hopelessness and despair to be experienced in safety. This is the case in all therapy groups, and it was particularly important to create such safe and protected

atmosphere in this group, having in mind multiple and severe traumatization of its members.

DEVELOPMENT OF GROUP COHESIVENESS

Is it possible to relent to the therapists and the group, or else to “self-organize”, i.e. withdraw, shut down and give up?

After several months of preparation, the group began its work in March 2004. In the first session, twelve members were present. Beside the torture experience, eight of them also had the experience of forcible mobilization. To the moment of writing this article (July 2005), 36 group sessions were held. The group, led by the pair of co-therapists, met biweekly for the period of 90 minutes, in the same place and at the same time. For the time being, the question of ending the group remains open.

The initial group sessions focused on the members getting to know each other, as well as the therapists and functioning of the group. When asked by the therapists, the members speak about their expectations from the group. They are unanimous in assessing themselves as people who have survived something horrible, which is why they joined the group, they all feel bad and expect the group to help them feel better. They speak of their wartime plight, camps they were detained in, of their distrust toward the institutions and the system of the country they are in, of the dilemma whether they should yield and give up the idea that help and understanding can be attained, or to “self-organize” and fight for their rights. They mention the institutions they previously sought help from, “going from door to door”, feeling humiliated numerous times, agreeing with each other that “a kind word” would have meant more than actual, material help, but the “kind word” never came. Here the members suggest to the therapists their need for idealized help (“kind word”), thus indicating, in the very beginning of group life, that they are not ready to relinquish the idea of getting such help, instead of real, i.e. corrective emotional experience. For that reason, interventions of the therapists are aimed at explaining the members that precisely such expectations exist in the group and from the group, i.e. for the group to be a place where they could find “kind word” and understanding for themselves and what they went through, but also that due to this and other difficult experiences they were exposed to in the past, trust is not easy to feel, and that the dominant feelings present in the group are hope on the one hand and doubt on the other.

How difficult is the idea that help can be obtained and more importantly, taken, can be seen in the following sessions, when the number of members decreased. Interestingly, as early as the second session, none of the members who, beside the torture, also had the experience of forcible mobilization, showed up. Later on, the number of members with the experience of forcible mobilization has

stabilized, but these members found it more difficult than others to come to group regularly. It seems that the group situation and the invitation to participate in it was experienced on the subconscious level as another “forcible mobilization” they did not want to respond to.

The members who are present are disappointed with the others’ not coming, but also with the therapists whom, unconsciously, they consider responsible for the group dropping out. Although the manifestation of discontent and anger toward the therapists is difficult in all therapy groups, it is particularly present here and noticeable in almost every session: *One of the members talks about his job and his dissatisfaction with the bosses: He works illegally in a small family enterprise where everybody cover for one another, because they are family, although “they don’t know first thing about business”, and he is forced to learn new things, such as working on the computer, just so he could help them, and so they “don’t have a clue” and he “does all the work”.* On the one hand, the therapists are viewed as “members of a small family enterprise” who “don’t have a clue but they cover for each other” and want the “others to do all the work”, but, on the other hand, there is a feeling that he wants to be a part of the family, i.e. group, to be accepted and protected by this relationship, understood and appreciated, with the feeling that he needs to acquire some additional skills in order to make that possible.

One of the members, later to be one of the most regular ones, coming to group on a regular basis until he was diagnosed with a severe somatic illness, and who during the war was a high-ranking official of the then Yugoslav National Army (JNA), is trying to keep the members together, encouraging both them and the therapists, taking the responsibility in the same way as during the war, when he was taking the responsibility for his soldiers. Talking about his job and his life, he points out how important it was for him to create something here, to have something of his own, and how proud he is that he succeeded, he has a little orchard next to his house, he planted some new trees as well, and in several years’ time he managed to furnish his household better than the locals. So now, the neighbor borrows tools from him, and he “has all and doesn’t borrow anything”. Evidently, the anxiety is present related to the question of how much can be shared in the group, if something can be “borrowed”, or he has to do everything by himself “with his own tools”.

Another member, on the other hand, speaks of friendships, of opening up and bonding, disappointment in others, he is sad he didn’t find friends here, because where he lives now, people are “simple and narrow-minded” and everything is fine as long as he is ready to “stoop to their level”, but if he wants to talk about “serious things”, then it is a problem, because “they don’t have the broadness”. He ends with the conclusion that he is nevertheless “reserved and highly cautious in communication”.

The topic was also brought up of life before the war, of time when they had their homes, lands, jobs, families, their lives (idealization shifted to the time “before”, which is always present in trauma) and the time now, when they lost almost everything and as if nobody needs them, being so worn-out, tired and sick. They talk about their present jobs where they work illegally and with almost no rights, with uncertain salary that is late for months, and the feeling that they don’t have any choice, that they are left to themselves and that nobody cares about them. There is an obvious feeling of the need for safety, for establishing continuity between the time before, “then and there”, time before the war, when their life was good and they felt safe, and the time today, “here and now”, where everything is uncertain, but in which they want to feel the long lost peace again.

WOMEN THERAPISTS AND MEN WAR VETERANS

The topic introduced in the early sessions was the attitude of the group members towards women therapists. *In one of the first group sessions, a dynamic debate starts between the members on the issue of their relationships with their wives. Two opposed perspectives are differentiated. The first, represented by members who talk about good marriage, understanding they get from their spouses, without whom the already difficult reality would be unbearable, and the second, led by a member who is unhappy with his marriage and in constant conflict with his wife, who thinks that he is to blame for their present hardships.* Beside the real meaning and importance that this topic has in their lives, another, unconscious meaning is also present. Namely, the sex of the therapists has initiated “negotiations” between men in the group, on the type of relationship that is to be established with the women therapists, i.e. whether it will be a relationship of conflicts, judgment and lack of understanding, or one of care, support and acceptance.

In one of the group sessions in the advanced stage of the group’s life, *the member M.N. mentions that the anniversary of his exchange is approaching. In the following session, when the therapists ask him how he feels about that, he changes the topic and starts talking about the differences between men and women, raising the question of trust in women. He talks about his wife, the value of her support and respect, about female strength and intuition, on how he trusts women more than men, that it is women who “hold things under control” in partner relationships, but also, that there are “different women”, women who “nurture”, but also those who “only look after themselves” and who are “prepared to leave not only their husbands but their children as well”.* This was a clear analogy, as well as the member’s expectation from his therapists to be nurturing, and also his worry that they might in fact be like the “women who leave their children”. At the same session, another member jokingly mentions the need to introduce female members into the group. According to this member’s fantasy, women in the group would induce them, the men, to “open up” and talk about issues that they might be

avoiding now. He also brings up the subject of sexual attraction, and of their wives (not) being jealous over their coming here and discussing personal matters with “two women”. He says that he has read Freud, and that according to Freud “certain erotic feelings” occur in every relationship.

With the arrival of new members (due to some of the members dropping out, new ones were occasionally introduced), “war topics” would again be discussed. Which war zone they were at, where they were captured, which camps were they detained and tortured in. Beside the apparent need to work through complex feelings related to such experiences in a secure, therapeutic atmosphere, these topics often had the function of excluding women-therapists and the attempt to establish male authority.

On the other hand, beside the gender, the difference in age between the therapists and the members also contributed to a specific group dynamics. The therapists feel, as they said in one of the supervisions, as if they work with a group of “hurt fathers”, fathers who, despite the prejudice in our culture that “men don’t cry”, found the strength to ask for help, to rely on the girl-therapists and try to trust that their intentions were good, and that, in spite of their inexperience and youth, they were highly educated and able to help them.

The therapists’ expectations were twofold. On the one hand, there were expectations they had of their own work and efforts. On the other, the expectations that, beside the support that the members would undoubtedly offer to one another, as people with the same experience of wartime plight and torture, they would also find within themselves the capacity for a new and deeper understanding of themselves and of the change. If you imagine the mentioned and non-mentioned “vectors” of expectations and wishes, as well as the capacities of all the participants, and if you add to it different personalities of people with the terrifying experience of torture and/or forcible mobilization, you will see a complex network of strong emotions, whose entangled threads are to be held, contained, understood and “disentangled” by the group led by the therapists.

As could be expected, the age difference and the difference in life experience, as well as the gender, between the therapists and members of the group, initially sets the culture of mutual respect and appreciation. The members speak with defensive optimism, strong support, mutual understanding, devise concrete actions of self-help, and are grateful to the organization and the therapists. In this phase, the therapists feel “valuable”, fulfilled, stating how wonderful it is to work with people filled with gratitude! *The phase of developing group cohesiveness and idealization* in this group confirms once more the theory of group development phases according to Yalom (Yalom, 1985). However, the idealization phase in this group lasts much longer than in the majority of other groups. Even though the therapists feel content in this phase, the question remains, what is happening with the unpleasant and unacceptable feelings, such as despair, guilt, hopelessness and anger?

After the initial idealization, however, came the first open resentment and criticism of the therapists, principally demanding of them to be more controlling and to direct the work of the group by imposing certain themes and “vetoing” the others. The topics that affected them the most and that should be “censored” were precisely the ones related to traumatic experiences, that is, the feelings set off by the experiences. The sense of guilt was a particularly painful issue, and any reference to this topic caused an uproar of anger and the need to deny the feeling completely. Any reference of the possible presence of this feeling was regarded as an accusation and pointing the finger at them, as pouring salt on the still fresh and painful wound. Only one member of the group, taking the role of “spokesman” (Foulkes, 1948), accepted this topic, reflecting on his own responsibility and guilt for certain events. It is a member who usually tends to find the guilt in himself, even when it is clear that there is no responsibility of his own. As such, he was a suitable choice to be “delegated” by the group to deal with this painful and disturbing topic and to cope with the sense of helplessness and the realization that sometimes in life horrible things happen that are impossible to predict, understand or have control over.

DOUBLE BETRAYAL

“Forcible mobilization” of unbearable feelings of anger, powerlessness, helplessness, hopelessness, fear, despair and guilt

The subject of forcible mobilization was frequently addressed in the group. Most often in group situations when something would become too difficult to handle, or when the challenge to express anger toward therapists would be too great. In one of the group sessions, the therapists introduced new members. After the initial approval and the “old” members informing the “new” ones on the work of the group, the uneasiness about the newcomers and the resentment toward therapists due to that, turns into a heated debate on crimes and responsibility, events of war, crime and manipulation, betrayal and courage. The new member, forcibly mobilized after coming to Serbia as a refugee, talks tensely and irritably about his experience, stating that the most difficult thing for him was the “betrayal” he experienced here, that he, *“a war veteran and invalid, should be detained and abused by some Arkan’s men, calling him a traitor and a coward”*.

Similar situation occurred in the session when the therapists informed the group about the severe illness of the most active and regular member, six months after forming the group. The information presented to the members starts a chain reaction of painful emotions, primarily fear and powerlessness, helplessness, having and not having support, disappointment, loss of faith in people, and in contrast, the need to believe in others and to preserve hope in spite of numerous negative experiences. As a reaction to this, the group again manifests the need to

evacuate painful emotions into the forcibly mobilized member, who takes the role of “spokesman”, letting loose a series of insults aimed at the international organizations, institutions, and the state.

Another challenge for the group and another situation of “delegating” the members with the experience of forcible mobilization to take the group anxiety for all, were the sessions that ensued after the group received information about this monograph. Due to special consequence of this information for the group dynamics, we will discuss it later in more detail. For the moment, we will only consider the reaction of the “forcibly mobilized”: member M.L. (forcibly mobilized) is not present at the session when the therapists shared this information with the group. After turbulent reactions, the anger toward therapists focuses on the absent member, and he becomes a “*selfish man with the material interest above all and with unclear motives for joining the group*”. The central group fantasy at this moment is that the therapists are more concerned about their personal interest, i.e. gain from writing and publishing the article, than about genuine support to the members of the group, and so the therapists become “selfish” and with “unclear motives for joining the group”. Group anxiety projects onto the absent member, who, by his absence (but not only this!) becomes the most suitable person for evacuation of the feelings of anger, betrayal, disappointment and distrust. Considering that there were other group members not present at the session, a question is raised why these feelings evacuated specifically into the member with the experience of forcible mobilization. M.L. shows up for the next session. The therapists repeat the information he did not know. This time, everybody is quiet, and M.L. becomes noticeably upset. First he has the need to, once again, explain the therapists in detail what he has been through, constantly repeating “do you understand?” After that, becoming more and more aggravated, he is moving the chair closer to the therapists, gradually entering the circle, while all the other members are silent. In this situation, the member M.L. takes the role of “spokesman” and confronts the therapists in the name of the group, expressing resentment, anger and rage. It seems that group anxiety has re-activated in this member the traumatic situation where he is again to be sacrificed by the group, which is what happened during the forcible mobilization.

The three described situations are examples of escalation of paranoid fears in the group. In all three situation of, so to speak, “crisis” in the group, the augmented group anxiety has evacuated into members with the experience of forcible mobilization. It seems that these members, due to their experience, i.e. active defense, were suitable respondents i.e. “spokesmen” or “scapegoats”, the members into which the unbearable feelings of guilt, anger, powerlessness, hopelessness, despair and fear would be evacuated.

On the other hand, it seems that the group was perceived as a place where forcible acceptance of one’s own painful emotions – first of all aggression and guilt – was supposed to occur, the place of compulsory infliction of mental pain. The

situations described are also examples of how, in this group, the defense from depressive emotions is articulated through the defense from persecutory guilt, which leads to the possible conclusion that forcible mobilization was experienced as the realization of persecution.

SILENCE IN THE GROUP

Group analytical orientation, as a framework for the functioning of this group, conditioned both the existence of stable setting (same space, same time, same therapists) and the non-directiveness of approach, without imposing topics of conversation, but encouraging free association and allowing silence in the group. This situation was sometimes difficult to bear, both for the members and the therapists. For the members, because it reminded them of the traumatic situations they went through, primarily of the suspense they felt during captivity while they were expecting new “surprises” from their torturers, and for the therapists, because they were afraid they would be perceived as torturers themselves, at least on the subconscious level. Precisely for these reasons, there was almost no silence in the group, since the members tried to avoid it, and even if it occurred, the therapists, for their part, tried to make sure it didn’t last too long, having in mind the impact it could have on the group of people with this type of trauma:

In the tenth group session, member P.L. who, from the beginning, was the bearer of passive and isolated elements for the group, for the first time uses group time in a different way and taking a lot of it to himself, talks about his war time experiences, captivity and torture he had survived. Immediately after his story, there is a silence, to which he reacts with agitation and the need to end it. Upon the therapist’s intervention that it seems that for some reason silence has become difficult for him and for the others, he says that he is like that with his family as well, that he finds silence and being alone distressing and unhealthy, and right after that he changes the subject, showing vivid interest for the therapists, what they do, where they are from, how they will spend the upcoming holiday, if the therapists themselves have suffered trauma, and how their parents are. Not getting the expected answers from the therapists, he continues to talk about how, after the war and the disability pension, he took up model- building, and also learned the goldsmith’s trade, which now is a source of income as well, mentioning that he particularly likes cleaning and mending broken jewelry.

It is obvious that silence in the group has instigated painful feelings that the member tried to evacuate into the therapists. His interest in the therapists was partly defensive, but, on the other hand, it was also an attempt to communicate with his own healthy parts represented by the therapists, which brings calming down and turning to healthier and safer topics such as life after the war and an attempt to overcome the trauma (he cleans and mends broken jewelry – something

precious to be cleaned and mended, similar to his need to clean and mend everything inside of him that survived in spite of horrifying experiences).

DROPPING OUT OF THERAPY

Dropping out of therapy, especially in the early sessions, is not uncommon. Seeking psychological assistance, apart from the hope of obtaining help and relief, also brings the concern about facing painful contents and feelings, the fear whether help would be attainable or not, and if someone would be able to accept and understand what the clients themselves find hard to understand and accept. Of course, there are unconscious motives as well, that should not be disregarded – the fear of regaining confidence, by which the internal gain, coming from fostering of hatred and vindictive feelings, would be lost. For these reasons, early dropping out of members in this group is not surprising. However, a question arose, if there were other factors, specific for this group of traumatized people, which caused the initial interest for psychotherapy to decline and the number of dropouts to increase. One of the factors is undoubtedly the nature of motivation. Apart from the basic motive, to “feel better by talking in the group”, there were others, relying on the “usefulness of treatment for the compensation claims”. Without further explanations on the importance of material compensation in the psychological sense as well, it seems that it was difficult to face the questions that were raised already in the first session. “We all feel bad, that’s why we’re here”, “of course we are angry, it was harder for us than for the rest of our countrymen”, “and on top of all, to be arrested by some Arkan’s men”, “of course we don’t trust those international organizations”... We can recognize the need to ask for help and, at the same time, the fear to obtain it. In the first group session, they talk of powerlessness, but they also “take care” of the member who was released from prison only several months earlier. It seems that it was the least painful to deal with the suffering, painful and vulnerable parts of self when they were seen from the outside, in somebody else. Thus, from the very first session, they showed the tendency to keep the tortured and suffering part of self on a distance, both from themselves, and from the therapists. When the challenge from the introduced “hot topics” and the accompanying feelings would become too great, considerable absenteeism or dropping out of therapy would ensue, and the conversation in group sessions would focus on current political issues, with a strong need to marginalize the role of therapists.

Posttraumatic stress disorder as a frequent consequence of traumatic events, consists of three groups of symptoms, one of which being the symptoms of avoiding memories and situations related to or reminiscent of the traumatic event. The need and attempts not to think, not to talk and not to remind oneself about the trauma, are the attempts to escape from the unbearable feelings. Dropping out of therapy was probably one but not the only way of expressing the need for

avoidance. The members shielded themselves from painful contents by humor, by work, often compulsive in nature, the need to avoid “difficult” subjects in the group and turn to “nicer” topics such as talking about the future or everyday events in the society. There were also needs to turn the group into something it was not, into a place to socialize and chat in, to avoid the usual setting and go outside to the park, to go to a café, or some other space that would not hold the danger of painful emotions. Some of the clients saw the limited and closed space of the group work room as a reminder of the traumatic events, primarily of captivity, and they often talked about the uneasiness they felt in such space, or they left in the middle of the session to go to the toilet, in order to evacuate what was harmful and unclean inside of them.

In the ninth session, when most members were absent, one of the two present members speaks of the fear of indictments, of new persecutions by the Croatian authorities, and that this might be reason why most members are not there, that there is fear about who the therapists are, since they work in an international organization, so that the reason why they are frequently absent is their distrust, not in the therapists, but in the organization they work for, that they have had enough of international organizations and their so-called help. Splitting, as the dominant defense mechanism in the group, is present for a very long time. The therapists are “good and full of understanding”, and doubts and fears are transferred onto the organization we work in, that is, on the possibility that the therapists, only if “ordered by the bosses” and not by their own willing, could do something that would harm them. He starts talking about the situation in the country, about insecurity, betrayal from all sides, collapse of the country and the society, on how there is no order and no one obeys the rules. Talking about it, he becomes more aggravated. The therapists’ attempts to try and make a connection between what he’s saying and the irregular attendance of the members, with the anger toward therapists, perceived to be betraying them and not being protective enough, and the group as “a country collapsing, a place where there is no order and respect for the rules”, are without success. Events in one of the following sessions have a similar tone, when the therapists announced the introduction of new members. After the silence, a heated argument ensues, absorbing a large part of the group time, on “incompetent politicians”, “conflict between Tadic and Kostunica and their responsibility for the situation that the country is in” and how it would be crucial for “the president and the premier to come to agreement, and stop making all those frequent changes in the government that impede the state functioning”. Here the therapists are perceived as Tadic and Kostunica who “can’t come to agreement” and constantly make “changes in the government”, i.e. introduce new members, and because of that the group cannot work with full capacity. This interpretation hits the target. An avalanche of criticism follows, doubts, questions, anger and advice for the therapists on how to manage the group, that they should be “sly as foxes” to “see through them”, to find a “cunning” way

to “open” them, instead of them “opening up on their own”, to be “more direct”, “clearer”, “stricter”, to “foresee” what will happen to them. They also touch on the therapists’ age, one member declaring that it is an “unbridgeable gap” The need for de-idealization of the therapists is also an “unbridgeable gap”, but the activated splitting still disables the ambivalence and the beginning of integrative processes. Hence the anger aimed at the therapists, who are trying to introduce the “heretical” idea of own imperfection, their imperfection and imperfection of the group.

DEVELOPMENT OF GROUP DYNAMICS AND COUNTERTRANSFERENCE (Working through and mourning)

After establishing group cohesiveness and surviving drop-outs, the members start taking more initiative and the focus gradually shifts from the outside events to what is happening on the inside. The idea emerges of the importance of group as a place where they can reflect on themselves freely and without restraints, and the members communicate with each other more authentically. *In the nineteenth session, one of the more active group members advises a new member on how “the group is a place where you can and should allow yourself to face painful memories and feelings, so you could function better in the real life”.*

The idea of the therapists being the only ones to blame for some of the members dropping out and the only responsible for the survival of the group, is more and more replaced by the idea of own responsibility: *In the 14th session, the conversation started on some of the members not showing up. One of the present members expresses his opinion that it is a consequence of misguided and unrealistic expectations of certain members of the group, who think that “they just have to show up and the therapists will do everything else”. Remembering his first session, his apprehension and skepticism about it, he says he is glad that “in spite of all” he stayed, fitted in and started realizing “very important things” about himself, adding that the group is being more and more helpful for him. Another member agrees with this, saying how important the group has been for him, how he has changed, and is no longer depressed as before. He also says that he rarely shows his feelings and doesn’t talk about them anywhere else outside the group. He vaguely suggests his fear of “letting out all the emotions he keeps inside”. Other members join in, commenting on how they see themselves and the others in the beginning and now, and in what way the group has helped them. A fear is also present that for some reasons the group would end its work.*

Escalation of symptoms (e.g. intensification of nightmares, tension or dejection), on which they were informed at the start as a possibility to be expected, does not raise as much fear as before, since the gains are clearly seen as well, i.e. after the period of intensification of symptoms, followed the period of reduction, or even of their complete retreat: *Z.C., one of the more passive members of the group,*

in favor of the theory that “bad things in life” should be left behind, that “traumas should be forgotten and never mentioned”, starts to reexamine his attitude. He talks about how several years ago he completely retreated into himself and the only thing he did was planting fruit trees, how he planted a huge orchard next to the barracks and even got commended for it by his superior officers, even though he did all that “to run away from his feelings”, and then afterwards he “ended up in hospital because he was not feeling well mentally”.

The dreams become available for analyzing and understanding and, with the development of the group, they become more frequent material for the sessions: *In the 16th session, the member B.N. talks about how his dreams “are intensifying”, especially after the session, “both dreams of war, and of some unreal things that he didn’t experience”. More and more frequently, he dreams about friends he has lost in the war, of whom he doesn’t speak often, but whom he misses very much. He had a dream about an acquaintance from Croatia, who went missing before the war and nothing was heard of him since, whether he was dead or alive. It is strange to him, why he dreamed of someone he was never close with.* The therapists’ explanation that it is a part of him he is encountering, a part of him that went missing before the war and is not close to him now, a part that he doesn’t know whether it is dead or alive any more, initiates in B.N., but also in other group members, recognition of the need to find within themselves the personality aspects they have repressed and couldn’t get in touch with for a long time. *L.K. says how in his dreams someone always chases, but never catches him, and how in the dreams he always lacks either money or identity card.* Nightmares, the symptom that almost regularly accompanies posttraumatic stress disorder, most often about persecution and with the dreamer feeling he cannot escape or he is missing something important to save himself. In such cases the therapists’ interventions are aimed at pointing at the members’ need to face the painful feelings that are haunting them: anger, killing rage, but also sorrow and guilt. What is lacking in the dream is what they have actually lost: identity and existence. The subject of loss is addressed, of numerous separations they had, doubts about being able to establish satisfactory relationships with others, to allow themselves to have good friends again. In the same session, member C.M., bearing group anxiety for all, defends from this idea by stating that he cares about the group, but it is “different”, that they are people “like him”, and he doesn’t believe that he could have such close relationship and understanding with other people “outside the group”.

The following illustration shows how the therapy, although experienced as significant and useful, was also painful and terrifying for these people: *In one of the sessions, more than six months after starting the group, member M.D. expresses his dilemma about whether to go to his birthplace for the exhumation of his cousin’s body. He thinks that he should go and “face everything that is troubling him” but he also expresses fear of making this decision.* After this session, this member started coming to group less frequently, and eventually

dropped out, in spite of his calling the therapists regularly for three months, and saying that next time he would come. The therapists' attempts to communicate with him and bring him back to the group were unsuccessful. The challenge to "exhume" his deepest and most painful emotions was too great, in spite of the obvious need for therapy. M.D. was one of the members of the group who emphasized how well they adapted to the new environment, who scarcely looked back on the war, mobilization, captivity and forcible mobilization, and who tried to look on the world "from the bright side".

As for the therapists, the phase of increased enthusiasm and exhilaration about working with this group is evident, often growing into an idealization of the group and of themselves as therapists. Although a part of these reactions can be considered both useful and desirable, especially in the first months of the group's existence, it is certain that such experience of the therapists was not only a defense but also, to a large extent, an answer to the members' expectations. The therapists have largely denied the existence of problems in working with this group of people, just like the members themselves, denying the fact that they have often worked with two or three, and even only one member, due to significant absenteeism, particularly in the first year of the group, and through denying the fact that issues they were facing in the group were just as difficult, painful and disturbing for them as they were for the members. The need to keep the group from disintegrating, and to prevent the scenario by which there is and there can never be a safe place for these people, that they are let down, betrayed, abandoned and on their own again, was too strong and present, both in the group and in the therapists. Due to such countertransference reactions, the fantasy that anger, rage, discontent and resentment were redundant and undesirable emotions in the group was maintained for quite a long time.

REVOLUTION IN THE GROUP CULTURE AND THE ONSET OF UNACCEPTABLE FEELINGS

"Promised land of persecuted Serbs and promised safety in the group"

Triggering and exposing of these feelings was preceded by new and (un)expected situations. First they were the sessions where new members were introduced, with increasing protests and the feeling that new members came as "replacements for them". Not "replacements" for those who dropped out, but "replacements for them" who are already there, present. On the subconscious level, it is possible that the arrival of new members was perceived in the same way as the arrival of new detainees in the times when they were imprisoned and kept in unbearable suspense of what the next day would bring. Probably, a sense of relief was present as well, arising from the idea that the torturers would now focus on the newcomers, at least for a while... The feeling so human, and yet so hard to accept from the moral aspect

of personality, provoked by the drop-outs in the group and consequential introduction of new members, caused a great amount of anxiety and anger.

Further group situations causing the onset of “unpleasant” feelings were the ones when the therapists offered more directive interventions on the matter of unconscious and profound guilt and confronted them with their mechanisms of avoiding or repressing difficult contents.

The final “revolution”, however, was brought on by the information conveyed to the group about writing the monograph and the need for writing this article. All members of the group react in the same way. They all agree that we should write “about that”, but after such supportive statement, the therapists face a torrent of disapproval and criticism aimed at “various addresses” i.e. absent members, non-governmental organizations, politicians and politics, at those who extradite Serbs to The Hague so that they would declared them criminals, at “general” betrayal they have met so many times before... At the same time, the therapists’ interventions and attempts to make a connection with the information that exploded in the group like a bomb, are denied or ignored, with the clear message to “shut up or they will turn against them too”. In this session every last one of them remembers and talks about his most difficult experience in the war. Those are distressing events that acquired the character of the most difficult ones because they included being let down by their close friends or associates, or were related to their ordeal of making decisions on other people’s lives, or they witnessed situations that were later misrepresented by the media. One of the members talks about his family’s forest that was “preserved for centuries and trees weren’t cut down, so that sons and grandsons could inherit it and build their homes there”, on how his grandfather and father could foresee that one day Serbs would be exiled from Croatia, but they stayed there nevertheless. He concludes how his ancestors, as he himself did, “followed their heart and hope, which, as writers say, dies the last”. The attack on the therapists is full and frontal. As if nothing positive could be seen. One of the members, enraged, is talking about “new treasons” they are exposed to, “as if it wasn’t enough that they were persecuted and tortured, and driven off their ancestral homes”, but also, to top it all, some of them experienced forcible mobilization in Serbia, in the “promised land of persecuted Serbs”. All of a sudden, the therapists, and particularly one of them, irresistibly and by unusual elements, start resembling women prosecutors, lawyers and the women in Serbian political stage who promote extradition of criminals to The Hague and insist on taking the responsibility for crimes committed by the Serbs, i.e. “all the unscrupulous and labile women who don’t understand them, who laugh at their suffering and don’t take seriously what they have been through”.

And, as idealization is often followed by persecution, out of “kind, good and beautiful girls” the therapists become “selfish, cruel and unscrupulous women” who “either won’t or can’t understand their suffering, torment and distrust” and who will “follow their own agenda” no matter what they do.

The therapists' feelings range from sadness that they have hurt them, and "betrayed" their confidence and affection, to the idea which has become obvious after this session, that being a therapist means much more than being supportive and understanding to someone who feels bad and that both them and the group need to move from the tranquil atmosphere of "unconditional acceptance and love" in order to achieve genuine change.

This situation is probably a chance to de-idealize the therapists, and consequently, to reduce the distance that has remained between them and the members all the time. The gap between the members, who are primarily males, warriors, aggressive and rough, and the therapists who are women, young, gentle, kind and beautiful, unimpaired by war and torment, unimpaired by aggression and anger, neither the members', nor their own.

The need for splitting and saving good parts of self by projecting them into therapists, which is evident in a series of sessions and in numerous examples presented in this article, where "the therapists are good and the organization is bad", is maintained to the last group sessions, and in the end all the inadequacy is seen in one of the therapists, while the other one remained "good".

Considering that the "bad" object was originally placed outside the group, in far-off external objects (international organizations, politicians, society, bad countries, "decaying West" etc.), and that in the course of time it was recognized in the group as well, so that some members were only "kind and benevolent" and others were only "impulsive and aggressive" with all the above events, we could say that the entire group process is shifting towards recognition of the distant and confronted feelings.

With the "splitting" of the co-therapeutic pair into a part which is "good and involved" and a part which is "detached and looks like Sonja Biserko", it seems to us that this mechanism will be abandoned for the benefit of recognition, acceptance and integration of both desirable and undesirable parts of self. It may be too much to expect of them to consider that what is annoying in Biljana Vuco and what is "rotten in the West", is the fear of mental reality that what they all perceive as unscrupulous is present in every one of them (and us), and that every society and every man can recognize something "rotten" in themselves!

The following sessions bring encouragement, reflected in the members' acknowledging that there are positive aspects of writing this article as well. Or, as one of the members said "not all pediatricians have children either, and they treat them successfully", which was a distinctive tribute to the therapists, who, in spite of their lack of experience of war plight and torture, were able to understand, to be there for them, to share with them and to help. To treat them successfully.

SIGNIFICANCE OF WRITING THIS ARTICLE

The significance of this article for the group and group process, and for the therapists themselves, is manifold. First of all, the very fact of writing this article has clearly indicated basic difficulties in working with this group, and we are sure that this effect will have positive influence on our further work. This is, nevertheless, the first group of detained and tortured clients that was approached in this way, i.e. within the framework of group-analytical work, not only in IAN, but, as far as we know, in the country as well. The second important aspect of writing this article was the introduction of this topic into the group. Beside the revolution in the group process that we described above, and which is the secondary gain, our aim was to give the group members an opportunity to have complete control in this situation over what comprises their life in the group. Control and possibility of choice were not only of formal nature, and we were prepared to give up the article if even one of the members should show significant and open disapproval. We are glad that this group (“our group”) took the challenge and gave us their confidence. And, as one of the members said, “there are few situations in life which are remembered by their good throughout life”. For him, it was the feeling of immense pride that he felt when in a brief television report he saw his father kissing the foundations of the demolished church in Croatia. For us, in the life of this group, those were the situations when the members succeeded in showing strength to cope with provocative situations and to show their feelings, with complete trust in us.

INSTEAD OF THE END

Final effects are difficult to discuss when the group is still on-going. We believe that maximum benefit from the group is obtained by the most regular members and the members who are in the group for a long time. One of the members stands out, not only by his attendance statistics, but also by the capacity for understanding intrapsychic processes and interpersonal relationships he has developed and nurtured in the group. On the other hand, there are those who were absent frequently, and those who dropped out of therapy, or only came to session once. Their gain is in accordance with what the group had to offer them in the moment when they were members. In our opinion, the group accepted the so-called “interim” members well and supported them to stay in the group, which, unfortunately, wasn’t always successful.

Our gain is impossible to measure from the professional standpoint alone. Experiences such as this are among life experiences for us. Just as much as their trauma left trace on their lives, our experience in working with them has set guidelines on how great can human powers be in adversity.

The feelings toward “the end” are dual, even in the case of writing an article. “Conclusion” is a much better term. Mentioning “the end” could be a kind

of preparation for the end of working with this group, which is to happen sometime in the future...

However, it is difficult to talk about feelings that will follow the process of ending, even though we know that the ending of therapy always implies opening of new opportunities, both for them and for us.

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