

Characteristics of Group Sociotherapeutic Work with Elements of Psychodrama with Torture Victims

Vladimir Milošević

(Translated by Anika Krstić)

Abstract

The use of group therapy with elements of psychodrama in the therapy of torture victims has proven to be an effective method, through which clients involved in this type of therapy have shown rapid progress not only on symptom reduction level, but also on the level of life quality improvement. Group therapy method that included psychodrama techniques has been realised in specific conditions of fieldwork, requiring high consideration for the particular context in which it was applied. In this text the author gives an overview of certain specificities of this type of psychosocial assistance, through a two-year experience of leading the groups with persons who had been victims of torture.

Within the scope of activities of the Centre for Rehabilitation of Torture Victims (CRTV) an important place is given to group psychotherapy of torture victims that includes elements of psychodrama therapy. There are many reasons for including group psychotherapy work with victims of torture.

One of the characteristics of how torture survivors see themselves is that they feel as if they have been branded with this traumatic experience. Torture victims see themselves as permanently and irreversibly changed, although they are often unable to verbalise this on their own, feel they are different from the rest of the world, which they now view with suspicion, experiencing it as something potentially threatening, hostile or rejecting.

The other characteristic is the attitude *nobody can understand me such as I am*. The experience of torture, especially if it had been prolonged and lasted for days, intensifies the need to avoid meeting others, not only because the victim does not trust them, but also because the contact with others could lead to re-traumatisation through evoking memories of the survived horrors. Fear of re-traumatisation greatly dominates the behaviour of torture victims and leads the person to ever-deeper social isolation. Besides the said problems, there is also a symptomatology characterised by depression, insomnia, nightmares and flashbacks, with frequent impulsiveness. The group provides a context that most successfully replicates the usual social environment in which the clients live. Therefore the group psychotherapy with elements of psychodrama presents itself as an optimal therapeutic procedure for working with this population, since the patients are able to use the group as a kind of laboratory to work through their internal conflicts and redefine their relationship with the environment, as well as view how they themselves function with others. There are numerous researches and abundant data from expert literature that corroborate this viewpoint: in 1997, the renowned posttraumatic stress disorder (PTSD) expert from Harvard, Bessel van der Kolk, was the keynote speaker in the American Society of Group Psychotherapy and Psychodrama. He said that experiential methods focused on the body, including psychodrama, are the "treatments of choice" for these patients, and called for more research in order to demonstrate the pretensions of psychodrama (Hudgins, 2001).

Prone to action and with deficit in words, these patients (trauma survivors) are sometimes more able to express their internal states through physical movement or pictures than by words. The use of drawing and psychodrama can help them to develop a language necessary for effective communication and symbolic transformation that could arise in psychotherapy (van der Kolk, 1996).

When experiential methods were used (therapeutic procedures that include evoking of memories and working through the emotional contents following these memories) therapeutic changes have occurred in cases of post-traumatic stress disorder (Elliot, Davis & Slatrick, 1998; Elliot et al. 1996; Hudgins & Kipper, 1998). Although there have been a lot less researches related to classic psychodrama, the existing studies indicate its effectiveness (Blatner, 1997; Kipper, 1989; Wilkins, 1997). Besides these research works there are numerous texts about the effectiveness of psychodrama in treatment of trauma (Kellerman, 1992; Moreno, 1953; Moreno & Blonkvist, 2000; Moreno & Moreno,

1969; Holmes 1992). Some studies demonstrate the use of psychodrama in PTSD cases (Baumgartner, 1986; Burge, 1996; Hudgins, Drucker & Metcalf, 2000; Hudgins & Kipper, 1998).

Seligman's theory on acquired helplessness (Seligman, 1992) on one hand and Levine's work on somatic experiencing (Levine, 1997) taken together represent a powerful argument in favour of the use of psychodrama in working with traumatised clients (Roine, 2001). Contrary to the acquired helplessness of traumatised people that usually occurs due to the impossibility to control a situation of extreme anxiety, psychodrama gives the protagonist an opportunity through reconstruction of traumatic events and encourages him/her to control the situation in a new way. The patient in a psychodrama therapeutic situation has a chance to perceive, emotionally understand, the traumatic situation and integrate the new behaviour through corrective emotional experience, as well as test this behaviour through the psychodrama action.

Psychodrama is an optimistic form of therapy. Instead of focusing on the pathology, it seeks resources within people and introduces a dimension of hope into the psychotherapeutic process (Roine, 2001). Moreno's philosophy of spontaneity and creativity (Moreno, 1953) stresses the importance of living "here and now" as a precondition to mental health. Such therapeutic philosophy, applied through action methods in the group that represents a safe environment for the traumatised, is a chance to step out of the mental prison in which the torture victim is continually locked, wherever he/she might be.

In addition to the above reasons, this type of psychotherapeutic approach is also cost effective because it ensures therapeutic work with several individuals simultaneously.

Another specific feature of group psychotherapy conducted with torture victims was that the groups have been organised outside the CRTV premises and the work was done during regular field visits, once a week at clearly defined time. The groups were functioning according to the model of semi-open groups and had between 10 and 25 participants, all of who were men.

Besides group psychotherapeutic assistance, medical examinations were organised during some of the meetings, with manifold results. The therapists thereby had a more comprehensive insight into the general health of torture victims, as well as the possibility to follow up on this during regular visits, whereas the clients were able to learn more about their health and receive appropriate therapeutic recommendations. These medical examinations are valuable also because torture victims have a tendency to develop somatic manifestations of their psychic discomfort; clear information about their real physical state during therapy helps both the clients and their therapist to separate real physical diseases from the psychosomatic ones. The risk of iatrogenisation, or stimulating client's hypochondriac elaborations, has been avoided through coordinated work of psychiatrist-psychotherapist and the physician performing medical examination; this enhances the realistic picture of health and clearly defines the boundary between physical, bodily health and psychological elaborations including specific organic symptoms (most frequently heart palpitations, tiredness, general weakness, etc.).

Legal assistance was also incorporated into the work with groups in the field. Initially it was envisaged as a separate intervention within the multidisciplinary rehabilitation process, but it also acquired a significant place on the level of sociotherapeutic recovery. It became evident that legal assistance is an important factor in the process of regaining higher self-confidence by torture victims, since it has enabled the patients to use realistic and structured legal action and begin to advocate for their own interests. Participation of lawyers constituted an important link between the therapeutic situation and external reality.

Specific nature of group psychotherapy in the field also includes adapting to circumstances where the groups are held, which was almost unpredictable. This inevitably raised the question of regular setting and maintaining continuity. Elements of the unpredictable external reality, such as the lack of heating in winter or seasonal work on the farms and fields have influenced the regularity of sessions. Adapting to these circumstances was often itself the topic of group sessions and represented a specific challenge for both the therapist and the group. All these aggravating factors were a symbolic representation of the irregularity of living conditions in which our clients had to cope, being not only victims of torture, but refugees as well. Accepting these facts, together with taking into account the specific context, since "*psychodrama can be performed anywhere, in the hospital, in school, in the battlefield...*" (Moreno, 1953) has indeed reinforced the cohesion within the group, as well as the therapeutic alliance between therapist and clients.

Another specific feature of this type of group work is that the therapist with his/her associates actually comes to an environment that already has its own laws of functioning. The population of refugees and torture victims who are accommodated together in one place, regardless of whether this is a collective centre or living in the same village, has already developed its own internal hierarchy and has a character of an informal group. In such situation it became necessary for the therapist to take into consideration these informal yet important laws structuring the interaction among group members, since the therapist and his associates were initially perceived as intruders, people coming from the outside and disrupting the regular order of things, with "who knows what intentions".

Persistence and determination, as well as the ability to contain negative, paranoid projections of the group, were an important bridge towards establishing the cooperation. Taking into consideration the existing informal group structure and culture also required relying on informal group leaders, as point of support in order to gradually open the space for all others. It was necessary to understand and respect various motivations of those who were attending the group, although these motivations were sometimes in contravention to the basic principles of psychotherapeutic work (e.g. rearing tendencies). This way the therapist was accepted not only as someone coming from the outside with a specific aim, not entirely clear to the group at the beginning, but in time also as a partner in joint therapeutic efforts.

This process requires constant deconstructing and redefining the position and role of the therapist, as well as of the therapist-group relation, continually acquiring a new form where the previous nature of this relationship is harmonised with the reality imposed by

circumstances. Only this way the group becomes a true medium of change for its members, and not only a theatre for expressing weaknesses or fighting for imaginary position of power and realising pending needs. Being a carrier of change in a system, from the position of the therapist, implies a necessity to accept the process of one's own change, which in turn requires taking into consideration social environment, contextual limitations, adaptation of therapy setting to existing field conditions and coordinating the therapeutic method with lawyer's interventions.

Basic therapeutic elements of the group such as cohesion, interpersonal learning, altruism, universality, mirroring (Yalom, 1985) are connected in a special way with the everyday life of group members, due to the specific context in which it is conducted, leaving the impression that the border between the group and external reality has been almost erased. Breach of these borders in classical psychotherapeutic situation is harmful and disturbs the therapeutic process, but in the given circumstances it represented the inclusion of sociotherapeutic and psychotherapeutic achievements into the real living environment.

In the beginning the key topic of group work was the very experience of captivity, forcible mobilisation, lack of confidence in their social environment. These topics allowed the participants to reach an agreement in opinions and attitudes, which represented the foundation for building mutual trust, as well as a starting point for expression of their own needs, fears and doubts.

The work put an emphasis on stimulating group interactions and revealing their meaning as a reflection of the social surroundings and its laws. Through group work and psychodrama action those situations were revived in which the acquired helplessness of torture victims was usually manifested through their current living, such as avoiding patterns in their behaviour, developing a dependence on others, negative attitude towards the environment. Current experiencing of life situations was linked with traumatic experiences from the past, very often with experiences of captivity or war actions. Relieved in a new way in the protected surroundings of the group setting, through corrective emotional experience, these experiences gradually became less disruptive for the everyday life of the patients. The group began to recognise itself as a metaphor for the social environment, it represented a mirror of the society in which it was created, in which it exists and changes. The feelings of weakness and powerlessness were gradually transformed into a fighting attitude toward regaining self-respect. Mutual respect of group members was the basis for turning towards the resolution of one's own social status. Group members were taking a more active attitude towards life. This progress can best be seen through the increased engagement of group members in issues related to resolving their legal and social status on a very practical level.

Group member *K.L.*, who has spent about half a year in captivity in Croatia and was often brutally beaten during his capture and subsequent detention in a prison camp, had previously come to Serbia as a refugee in 1995, then arrested by the police and handed over to the paramilitary units, where the torture continued with frequent humiliation and verbal abuse. After having come back home he reduced his communication with family and

friends to a minimum, became apathetic and highly suspicious of his environment, kept waking up with nightmares almost every night: the consequence of this was the constant feeling of exhaustion, anhedonia (inability to experience pleasure), with occasional hostility followed by self-accusation. He joined the therapy group at the persuasion of his friends who already were members of the group. In first group meetings he was silent, withdrawn and very sceptical in accepting what was going on in the group. After a month spent in the group, stimulated by the work of other members, he began to open up and tell about the changes he had noticed in himself or which his family members have pointed out upon his arrival from captivity. Active participation of other group members kept stimulating and encouraging him, so he began to get involved, initially in the group work, which also reflected upon his actions in everyday life. He recognised the mechanisms of avoidance dominating his daily routine, analysed the roots of such behaviour through working on the trauma of torture, after which he began to engage on a practical level in regulating his social and property status, felt himself more competent in interpersonal relations and started to have a more fulfilling relationship with his family. The therapeutic progress culminated in KL's trip to Croatia in order to regulate administrative issues related to property, employment and personal documents.

Such change in *K.L.*'s attitude was a strong stimulus for other group members who see themselves more and more as initiators of positive changes in others. This way the active participation in group psychodrama work leads to breaking the chains of acquired helplessness, on the basis of feedback functioning both in therapist-group relation as well as among group members themselves.

What was achieved through group work and short psychodramatic sequences of acting out the events, immediately found its practical application. We have included the elements of psychodrama as an activist psychotherapeutic method based on the use of stage techniques in therapeutic work. The plastic nature of this method, clarity of what happens in the action itself, opens the possibility to use the protected environment of group situation in order to explore the possibility of alternative solutions and develop those personal capacities that a person can rely on. Emphasis in therapy is not on pathology, but rather on strengthening healthy forces of a personality.

Principles of sociatry (establishing a clear link between relations in the group and those in the social context) (Moreno, 1961) had a direct practical meaning in our work with torture victims. Redefining one's own social role resulted in an observed reduction of symptoms, which did not disappear, but their influence on the everyday life of our clients was significantly reduced.

Perceiving life changes by the therapist indicated that torture victims benefited from the group therapeutic work by coming out of the limited scope of functioning and experiencing themselves exclusively as victim and completely powerless. The repertoire of roles and patterns of behaviour gradually became richer and more diversified. Expanding the scope of roles represents a step towards coming out of the position of acquired helplessness, out of the position of victim.

Recognising that they themselves are the carriers of therapeutic changes in other group members contributed to enhancing the feeling of one's self as an active participant not only in the group as a place for experiment and change, but also in their own everyday life functioning.

It is of essential importance for the therapist in working with torture victims to build an atmosphere of safety and trust in the group. Strict adhering to the rules of setting (time, number of group members, rules on being late, etc.) in the given circumstances would have been counterproductive, since it would lead to severing ties with the group because the group had to continually adapt to the changing and usually unpredictable external conditions. Psychodrama techniques should be used in a way that allows the acting out of a traumatic situation to be safe, with plenty of support; it should enable clients in therapy to be the ones who by themselves regain control over their activities in the group and subsequently in everyday life as well.

REFERENCES

- Baumgartner, D. (1986) Sociodrama and the Vietnam combat veteran: a therapeutic release for a wartime experience. *Journal of Group Psychotherapy and Sociometry* **38**, 31-39.
- Blatner, A. (1997) Psychodrama: the state of art. *The Arts in Psychotherapy* **24**, 23-30.
- Burge, A. (1996) The Vietnam veteran and the family both victims of post traumatic stress-a psychodramatic perspective. *Australian and New Zealand Psychodrama Association Journal* **5**, 25-36.
- Elliot, R. (1996) A process-experiential approach to posttraumatic stress disorder. Hutterer, R., (Ed.) Frankfurt: Peter Lang Publishing.
- Elliot, R., Davis, K.L. and Slatick, E. (1998) Process-experiential therapy for posttraumatic stress difficulties. In: Greenberg, L.S., Watson, J.C. and Lietaer, G.O., (Eds.) *Handbook of Experiential Psychotherapy*, New York: Guilford Press.
- Hadžins, M.K. (2001) Terapijski spiralni model: Lecenje PTSP-a u akciji [Hudgins, M. K.: Therapeutical spiral model: Treatment of PTSD in action]. In: Keleman, P.F. and Hadžins, M.K., (Eds.) *Psihodrama i trauma*, pp. 193-214. Beograd : International Aid Network.
- Holmes, P. (1992) London: Tavistock/Routledge.
- Hudgins, M.K., Drucker, K. and Metcalf, K. (2000) The containing double to prevent uncontrolled regression with PTSD: A preliminary report. *The British Journal of Psychodrama and Sociodrama* **15**, 58-77.
- Hudgins, M.K. and Kipper, D. (1998) Action methods in the treatment of trauma survivors. *International Journal of Action Methods* **51**, 43-46.
- Kellerman, P.F. (1992) Focus on Psychodrama: The Therapeutic Aspects of Psychodrama. London: Jessica Kingsley Publishers.
- Kipper, D.A. (1989) Psychodrama research and the study of small groups. *International Journal of Small Group Research* **5**, 4-27.
- Levine, P. (1997) Berkly, California: North Atlantic Books.
- Moreno, J.L. (1953) Who Shall Survive? New York: Beacon House Press.
- Moreno, J.L. (1961) The role concept, bridge between psychiatry and sociology. *American Journal of Psychiatry* **118**, 518-523.
- Moreno J.L. and Moreno, Z.T. (1969) New York: Beacon House.
- Moreno, Z.T. and Blomquist, D. (2000) Healing Through the Use of Surplus Reality. New York: Jason Aronson.
- Roine, E. (2001) Upotreba psihodrame sa žrtvama traume [Psychodrama with torture survivors]. In: Keleman, P.F. and Hadžins, M.K., (Eds.) *Psihodrama i trauma*, pp. 69-79. Beograd: IAN.
- Seligman, M.E.P. (1992) New York: W.H. Freeman and Co.
- van der Kolk, B. (1997) Keynote Address. New York: Annual conference of the American Society of Group psychotherapy and psychodrama.
- van der Kolk, B.A. (1996) The body keeps the score: Approaches to the psychobiology of post-traumatic stress disorder. In: van der Kolk, B.A., McFarlane, A. and Weisaeth, L., (Eds.) *Traumatic Stress - The Effects of Overwhelming Experience on Mind, Body and Society*, pp. 214-241. New York/London: The Guilford Press.

PART V THERAPY AND REHABILITATION: TREATMENT OF TORTURE VICTIMS

- Wilkins, P. (1997) Psychodrama and research. *The British Journal of Psychodrama and Sociodrama* **12**, 44-61.
- Yalom, I. (1985) *The Theory and Practice of Group Psychotherapy*. New York: Basic Books.