Separately or together? Homogeneous or heterogeneous groups in the context of countertransference. A commentary on the paper by Maciej Zbyszewski entitled "War Trauma Dialectic"

Katarzyna Prot-Klinger

Abstract
This article is a commentary on the paper by Maciej Zbyszewski concerning his work with soldiers who returning from war missions. My work with Holocaust survivors and consequences of working with homogeneous groups are discussed in the context of war trauma. In my opinion therapeutic group homogeneity creates a specific situation where similarity of group members is expected while the therapist is usually seen as "the other".

Key words: trauma, group homogeneity, Holocaust survivors, group therapy, countertransference

….I seek a teacher and a master
May he restore my sight hearing and speech
May he again name objects and ideas
May he separate darkness from light.

I am twenty-four
Led to slaughter
I survived.
("The Survivor" transl. by Adam Czerniawski)

Maciej Zbyszewski begins his paper with an extremely moving description of a war zone experience. A dying soldier asks Bion to write a letter to his mother. The soldier repeats his request, and in the version originally reported by Bion (1), also gives his address, calling "Mum, Mum" several times. Intolerability of this scene is associated with a discrepancy between two simultaneous narratives. One is a description of panic fear at the moment of death, fear that can be soothed only by the presence of the nearest person/mother. The other is an attempt to maintain the "romantic" image of death on the battlefield. The discrepancy is the more difficult to name that the two narratives are connected by the mother figure – on the one hand, the soldier's longing for his mother as a containing object, but on the other hand – for mother as a symbol of the Motherland and Good Death.
The notion of "Good Death" dates back to the mid-1800s, the time of the Civil War in the United States. A part of the death ritual is the soldier's asking someone to write a letter to his mother (2). A popular army song at that time was entitled "Write the Letter to my Mother". Each soldier used to carry with him every day a letter he wrote

to his mother in case of death, so the letters usually began with the phrase; "..this is my last letter. I died a manly death." Commanding officers generally enclosed an outline of the situation and praised the soldier's valor to alleviate his mother's pain of loss.

A debate is currently taking place in Great Britain about the British army participation in the World War I (the story reported by Bion occurred at that time). Some historians believe that poorly equipped soldiers should not have been sent to certain death, while others consider this decision justified by the need for "heroism" (3; 4). I think this reminds all of us of the Polish debate on the Warsaw Uprising.

The "Soldier" myth and its consequences were clearly described by Theweleit in his "Male fantasies" (5). This German sociologist and theorist of culture describes the fascist state as "a reality created by the soldier's male body". The body contains impulses and needs inside, it is "dry", "hard' and intact. Discussing the origins of fascism Theweleit derives it from negation of "femininity" representing impulsiveness, emotionality, and sexuality, i.e. the exact opposite of what should be represented by the soldier. According to Theweleit, the German male/soldier has a problem with his body boundaries and is afraid of decomposition – which is perfectly covered by his armor-uniform.

It is in this sense that Bion's story cited in the paper, about his jumping on a tank under fire, is concordant with the myths of the Soldier and Good Death.

Bion's comrade enacting the patriotic-romantic ritual nevertheless remains a little child calling its mother, while we feel the horror of his mangled body and chest torn open.

Bion vomits, thus expelling from his body fear and pain instilled there by the injured soldier. And perhaps also his confusion evoked by the encounter with the realities of death, far from the categories of "purity" and "heroism". Besides, vomiting is associated with repulsion. Possibly this is why Bion mentioned his reaction only in a successive version of his story. His repulsion might be due to a sense of the injured soldier's blood and dirt infiltration into his body, to a feeling of his own narcissistically defended pure soldier's body being attacked (6).

When in this story the injured soldier begins to call repeatedly "Mom, Mom", it is unclear whether he is urging her to help him, or in his perimortem confusion believes the person assisting him – Bion – to be his mother. Reading the article I thought it must have been just as difficult to accept the dying soldier's fear, as to identify oneself with the maternal object, i.e. to become his mother.

A particular difficulty consists in the fact that the situation is equally threatening to both soldiers. It is only by chance that someone else is injured, not me. Having conducted psychotherapy of Holocaust Survivors for over 20 years I can appreciate how difficult it is for them to accept that their survival depended on "luck" or "pure chance". The importance they ascribe to that term seems to be possibly related to guilt feelings and to the question they keep asking: "why me?". According to Lifton, the researcher working with victims of the Holocaust and Hiroshima, guilt feelings

are associated with these of relief and the joy of having survived (7). Primo Levi, an Auschwitz survivor himself, writes that the survivors' guilt originates from their shame of being alive instead of someone else. *"...And more precisely, instead of someone nobler, more sensitive, wiser, more useful, more deserving to be alive than you"* (8).

Guilt feelings seem to be the most devastating emotion in the "survivor syndrome", frequently leading to depression or even suicide. Primo Levi writes: *"Suicide in most cases results from feelings of quilt that no punishment can ever alleviate (...) What sort of guilt could be meant here? When everything was over, an awareness came that nothing or too little had been done to counteract the system that had drowned us"* (9). The difficulty of coping with guilt feelings is clearly confirmed by the case reported in the paper.

The author presents in his paper some interesting remarks concerning therapy in homogeneous and heterogeneous groups. When conducting therapy for homogeneous groups of Holocaust Survivors I have serious doubts about this type of settings. I agree with Judith Herman's theory (10), that homogeneous groups are beneficial in the initial stage, when trauma themes are predominant. As regards the groups conducted by our therapeutic team, their homogeneity was due to the formal organization and funding of psychotherapy by the Survivors' Association, given that until 1995 no form of help addressed specifically to the Survivors had been offered. Only few participants in these groups have had some previous therapeutic experience. Some of them during their previous therapies had never disclosed their identity as Jewish survivors of the Holocaust. In some cases therapists responded to their "coming out" with resistance, e.g. by commenting: "But it was so long ago..". In the initial phase of therapy homogeneity of the group served an important function. Even if the participants' experiences were most diverse, their feelings of similarity enabled them to tell their life story (sometimes for the first time ever). At that time an essential function of the group was containment of very strong emotions, deep pain and humiliation. The strength of group psychotherapy consisted in the Survivors' recognition of their common experiences that yielded a sense of mutual understanding and facilitated acceptance of interpretations proposed by other group members. It was the reverse of the Survivors' war-time traumatic situation of being isolated, which is considered one of the main causes of the "survivor syndrome".

Shared traumatic experiences produce a sense of belonging, nevertheless after a while they provoke comparisons and a "competition in suffering". At some moment an important subject emerged and was discussed in the Survivor group: who is "better off", those born before the war and thus capable of remembering the Holocaust period, or others, born immediately before the outbreak of or during WWII, and having no such memories. The latter category included persons who having lost all their family were unable to remember either the circumstances of their survival or anything from their pre-war family life. Therapy participants initially seemed to hold the stereotyped belief that those who remember nothing are "better off" ("more

lucky"?). However, with time they appreciated the difficulty of living without multigenerational memories, the difficulty of being "from nowhere".
Another phenomenon seen in homogeneous groups is that of an intensification of the already existing dissociation between "us" and "the external world". It can be said that by creating a homogeneous group we give the participants an indirect message: "you must hold onto people like yourself, as the world will not understand you". Maciej Zbyszewski writes in his paper that telling "others" about war experiences may be difficult, but perhaps it may be just as hard to tell one's in-group?
Interestingly, when speaking about homogeneous groups we often forget the therapist, who usually represents "the other" in the situation of participant similarity. In our therapeutic team working with Survivors during parallel marathon workshops we differ in our Holocaust-related familial experiences. Three therapists come from mixed Polish-Jewish families, and two of them have a parent who is a Holocaust survivor. The other three therapeutic team members come from Polish families. One of the groups was conducted by Maria Orwid, a Holocaust survivor herself, until her decease in 2009. The group process showed that different attitudes toward therapists began to change in accordance with countertransference dynamics.
This can be exemplified by a fantasy produced in my group that I am a Holocaust Survivor just like themselves, while my co-therapist who has joined the group later, represents their children (the so-called "second generation"). This can be interpreted as acceptance of both therapists among "family members", protecting them against the group's anger or mistrust.
Feelings of abandonment, loneliness, being insufficiently cared for are an important element of the Survivors' world. Therapists are often perceived as idealized objects onto which group members' regressive fantasies about fusion, harmony and safety are projected. Thus, therapists may the more easily become persecutory objects that do not protect their patients against being hurt in either in-group or out-group conflict situations.
It is the type of countertransference emotions that clearly differs therapeutic work with Survivors from that with war mission combatants. As regards Survivors, there are first and foremost protective feelings and the need to rescue. This can be clearly illustrated by a clinical example coming from the survivor group I have worked with - initially single-handed, and then for many years with my co-therapist (11). As noted earlier, we conduct three-day marathon workshops. On one occasion I severely hurt my foot when closing a heavy gate after the first day. I had to go to the emergency department where my wound was stitched. Despite the doctor's orders to stay in bed, the next day I "heroically" attended further therapy sessions looking evidently sick – limping and using a walking stick. Nevertheless I felt I could not leave my "children", which I hoped they would appreciate. Clearly, I lived in a different time zone, where nothing could justify my abandoning the group. The participants were not particularly interested in my obviously poor condition, but instead heatedly discussed the therapists' indifference shown when listening to their war-time stories.

There were such comments as: “They have to do so, they are doctors” or “They cannot die together with their patient every time”. After our mostly containment and reflective interventions which evidenced our ability to survive the attack, the group participants began talking about their mothers “devastated” by the war, who had been incapable of protecting their children during the war, and if survived, had to be taken care of. For the first time it was possible to express their anger toward parents, who from the child’s perspective “had consented to be devastated”, and were unable to protect either themselves or their children.

I wonder what countertransference emotions are associated with working with combatants where, as noted by Zbyszewski, the treated patient is a victim, but also crime perpetrator. Discussing the pleasure derived from killing seems to be the most difficult aspect of working with soldiers.

Summarizing, I would like to point out that despite differences between the two target groups, the goal of therapy in persons submitted to extreme trauma seems to be the same, namely, to restore their verbalization ability referred to by Maciej Zbyszewski. The Holocaust Survivors not only discuss their life histories among themselves, but also share within broader social contexts – writing memoirs, organizing exhibitions, being invited to schools for educational purposes. They become “teachers and masters”, those who “name objects and ideas” and “separate darkness from light”.

Such activities are paramount as they lead to gaining social support. In the process of treating trauma not only individual coping is important, but also a broader social “embedding”. I wonder what could fulfill such a function in the case of soldiers returning from war missions.

Notes

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10) Herman J. L. Trauma and recovery: the aftermath of violence - from domestic abuse to political terror. New York: Basic Books.
11) The example described in more detail in the context of countertransference in chapter "Countertransference in the Treatment of Holocaust Survivors by a Second Generation Therapist" in the book „Countertransference in Perspective: The Double-Edged Sword of the Patient– Therapist Emotional Relationship", editor: Dov Aleksandrowicz, Sussex Academic Press, 2016, 96-111.

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Katarzyna Prot-Klinger MD, PHD is a psychiatrist and psychotherapist (group analyst from the Institute of Group Analysis, Warsaw), professor at the Maria Grzegorzewska University in Warsaw. Her special areas of interest are community psychiatry and psychological consequences of traumatic events. She is the author of many articles related to this subject, the monograph “Life After the Holocaust”, in which describes the effects of the trauma of the Holocaust based on interviews with Survivors from Poland and Romania. For many years, she conducts individual and group therapy of Holocaust Survivors and their children.
Email: kasiaprot@gmail.com