

## Psychotherapy of Holocaust survivors – group process analysis

Katarzyna Prot, Krzysztof Sz wajca, Łukasz Biedka, Kazimierz Bierzyński, Ewa Domagalska, Ryszard Izdebski

### Summary

**Aim.** The paper discusses the effectiveness of group psychotherapy addressed to Holocaust survivors.  
**Methods.** The paper is based on many years of its authors' experience in running such psychotherapy groups. Common psychological problems of the group members and the group dynamics are being discussed and illustrated with the example of work in the group.  
**Results.** The example show the way the current events activate the past traumas and the specificity of the psychotherapeutic work of such traumatized group.  
**Conclusions.** The authors' experience shows that group psychotherapy is an effective method of treating people who have been exposed to extreme trauma.

trauma, survivors, Holocaust, group psychotherapy

### INTRODUCTION

The first reports on the psychological problems of the Holocaust survivors were published in the 1960's [1, 2, 3, 4, 5], and the first research involving the survivors was conducted in the 1970's and the 1980's [6, 7]. A perception of the Holocaust survivors as a separate group, in need of therapeutic help, gave impulse to publishing, in

the 1980's, of three basic anthologies which include the experiences of individual and group work with the survivors and their families [8, 9, 10]. The first two were, above all, based on the psychoanalytical paradigm; the third includes other therapeutic approaches, and refers to the problems specifically related to the catastrophe of the Holocaust. The first research, involving the survivors, focused on pathology, whereas the following two describe the survivors' strength, their ability to survive and possibility of returning to life after the trauma. It also refers to various symptoms. For example the survivor's anger can be interpreted, following Ornstein [11], in terms of PTSD-related pathological impulsiveness or as an adaptive defence against helplessness. Similar evolution applies to the thinking about the survivor's guilt – from compulsive, self-blaming guilt of neurotics to a creative feeling that leads to change – the feeling of guilt, which can transform pain into responsibility [12]. "Moral guilt" is an adaptive experience, which when worked through, allows one to see one's limitations. The therapeutic approach to

Katarzyna Prot<sup>1</sup>, Krzysztof Sz wajca<sup>2</sup>, Łukasz Biedka<sup>3</sup>, Kazimierz Bierzyński<sup>4</sup>, Ewa Domagalska<sup>5</sup>, Ryszard Izdebski<sup>6</sup>: <sup>1</sup>Head of Mental Health Center, Mental Health Center, Institute of Psychiatry and Neurology, Warszawa, Poland, <sup>2</sup>Department of Psychiatry, Collegium Medicum, The Jagiellonian University, Kraków, Poland<sup>3</sup>, Private practice, <sup>4</sup>Department of Psychotherapy, Collegium Medicum, The Jagiellonian University, Kraków, Poland, <sup>5</sup>Head of group of special school, Group of special school nr 2 in Kraków, Poland. <sup>6</sup>A Group of Home Hospitalisation Children's and Youth's Psychiatric Clinic, Collegium Medicum, The Jagiellonian University, Kraków, Poland. Correspondence address: Katarzyna Prot: Mental Health Center, Institute of Psychiatry and Neurology, 9 Sobieskiego St., 02-957 Warszawa, Poland. E-mail: kprot@ipin.edu.pl

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the survivors has also changed. Those who adhere to the “survivors syndrome” theory did not believe that psychoanalytical therapy was at all possible, thinking that trauma must have caused irreversible changes in the personality of the survivors, and that they defend themselves against the pain of a regression in therapy to the Holocaust period [14]. Understanding the survivors in the context of psychology of the self; seeing them not as separate, damaged individuals but in a broader family and social context, and seeing the role of “narration” has altered the objectives and expectations of the therapy, giving them also an option of using group therapy since the 1970’s.

The aim of this paper is to relate many years of experience of its authors of running the psychotherapy groups of the Holocaust survivors.

### **Introducing the group**

The people who attend our therapy sessions are a specific group, as far as their social identification is concerned. They are usually from assimilated Jewish families, and they owe their survival to contacts of their families with Polish people. It is this double Polish–Jewish identity that prevented them from emigrating after the World War II or with the 1968 wave of emigration. As they are often the only survivors in their families, they are looking for contacts with people with similar experiences, and it is this particular need that led to the creation of the “Children of Holocaust” Association in 1991. The members of the “Children of Holocaust” are usually people of Jewish origin who as children lived through at least part of World War II in the areas where the Holocaust took place.

The programme of treating the impact of the Holocaust trauma began in 1990, and was, after a long break, a continuation of an earlier programme devoted to former concentration camp prisoners’ post-concentration camp syndrome, which was run by the Kraków clinic [15, 16, 17, 18, 19]. The beginning of the programme on the impact of the Holocaust on the survivors and their children was rooted in the research of the Kraków team, headed by Prof. Maria Orwid [20, 21]. In 1995, we began first individual and then group therapy for the Holocaust survivors, as initiated by Prof. Orwid. The group therapy was held in a “marathon” mode: three days, 6 hours

of therapy a day, with the group going away together two or three times a year. Approximately 80 people are attending this form of therapy with 50 to 60 participating in every meeting, working in four different groups. No assessment was necessary to join the therapy. When the first groups were formed, the chairman of the “Children of Holocaust” at the time thought that every member of the association has the right to take advantage of psychotherapy, and the idea was supported by Prof. Orwid. It seems that it was clearly impossible to conduct any “selection” or exclude anyone who has experienced the horrors of war.

This had an impact on the way the groups are organised – there are people who almost always attend the group, but there also new people attending almost every meeting. Also, as far as the level of dysfunctions is concerned, the members represent a full spectrum: from a psychotic level, through – frequently encountered in traumatised persons – borderline level, and finally neurotics. Members have been known to give up therapy for various reasons, and they are also beginning to die of old age. Over the 14 years of group therapy, one therapist left the team and three new therapists have joined. Prof. Maria Orwid died in 2009, and her group was taken over by the psychotherapist who had supervised the team before.

### **The survivors’ psychological problems identified through the experience of group therapy**

The psychological problems of the survivors revealed by the research into their condition have been described in a separate work [22]. The problems that we have encountered in our therapeutic work are similar to those described by the researchers and therapists working with the psychological consequences of the Holocaust. Recurring themes mentioned by group members include loneliness, feeling isolated and difficulties in personal contacts, also with family and friends. As far as close relationships are concerned, problems distort communications and cause the feeling of being “emotionally frozen”, and other difficulties in expressing and accepting emotions. The feeling of loneliness is connected with the emptiness which is impossible to fill after the losses suffered in the Holocaust.

Fears for family and friends, health worries, worrying about children have been experienced, specifically by this particular group, alongside the fears of the trauma being reactivated. Among the factors that activate traumatic memories are individual experiences or anti-Semitic social experiences, and also - natural for the age group of the survivors – personal losses (death of members of family or friends, retirement, loss of agility, health problems). The decisive factor for starting psychotherapy, in the survivors' case, is entering into the age of suffering losses which re-activate the trauma [23].

Another important element is keeping the Jewish origin secret and the secrecy of the Holocaust. The groups are not so homogenous in this respect, or as far as the age of the group members is concerned. Some of the members were aware of living through the war and of the danger; sometimes they even felt responsible for others. Others, who were small children during the war, have more fragmentary memories. In some cases, they found out about their own history and the history of their family later on in their lives, sometimes as grown up people. One of the recurring themes is the contrast between the experiences of trauma of the people who remember the Holocaust, and those who miss their family without even having the memories.

At the beginning of the therapy we observed a kind of a "who has suffered most" competition between those who were born before the war and remembered this period, and those who were born immediately before the war or shortly after and had no such memories at all. The second group includes the people, who having lost the entire family, are unable to remember the circumstances of their own survival or pre-war family life. To start with, the members were under the spell of a stereotypical opinion that "it is better not to remember". With time, they saw how difficult it was to live without generations of family memories, with the difficulty of being from nowhere. The identity issues are also an important problem. The question "Who am I?" returns in various contexts also as "Where am I going to be buried?"

### Therapy objectives

The main goal of the psychotherapy of the survivors is often described as reinstating continu-

ity between the pre-war past and the present. Some of the therapists, who work with the survivors, think that they are able to return to their pre-war levels of ego functionality. The difficulty in working with people "without the past" is that it is impossible to rebuild such continuity [11]. One of the recurring motifs in the memories of the survivors is the theme of premature responsibility for one's life. The ability to face up to this responsibility and coping in extreme difficulty has produced the chance to survive. This is where the strength of the survivors lies, which they themselves rarely see. The external expression of this strength, such as social success, is treated by them as something superficial, a kind of barrier protecting them from the world. In fact, they see their real "self" as weak and helpless. One of the principal objectives of the therapy is the reconstruction of the self, reformulating the negative vision of life, exposing the good that did happen in survivors' lives, and the strength which had enabled them to survive. These people need psychotherapy focused on the change of self-image from a weak and helpless person into a strong person who had survived the worst.

### Jewish origin and the trauma as secret and taboo

Almost all members of our therapy groups concealed their Jewish family history from their children until they reached the age that the survivors thought "appropriate". Most of them thought that it was the age when a child could hide on its own. Parents fear that their children would feel "different", humiliated and rejected. They project their own fears, sometimes in an extreme form, related to their own war experiences. Their functioning, as classified by Danieli [24], represents the type of "victims' families" where the family life is dominated by depression, worry, lack of trust and the fear of the external world, and the family ties are symbiotic. Families live in constant fear of another Holocaust, which results in often dramatic responses to common every day events. Somatising is an unconscious expression of grief and anger but it is also there to control family members and manipulate them. The external world might be dangerous but the internal world is boundless. Ex-

cessive attachment and care given by children towards their parents and excessive involvement of parents in their children's lives restrict the number of relationships with people from the outside of the family. Silence in Polish Jewish families may be considered to be a part of silence surrounding the Holocaust, the so called "conspiracy of silence" [25], which dominated the world for many years. Most of the people decided to "come out" during therapy, at least in their family. This decision was sometimes influenced by stories of other group members of how their children took the news of their origin. The responses differed but the fears of being rejected in the family and persecuted by one's inner world turned out to be unfounded.

### The group process dynamics

In the first stages, the groups were mostly of "narrative" character: the members talked about their war experiences, which was accompanied by strong emotions. Expressions such as: "I have never said this in this way", "It is for the first time that I ever tell my story to anyone" were repeated quite frequently. At this stage, the therapist's and group's function was mostly to contain these very intense feelings of pain, shame and anger. Just as Danieli said in his "conspiracy of silence" theory, people who were psychiatrically treated or underwent psychotherapy often refused to talk about their war experiences for the fear that they would not be understood [25]. At present, the most frequently tackled problems during the meetings are old age, fear of disability, death – with the Holocaust looming in the background, and death being perceived as brutal separation rather than natural departure.

Traditionally a group meeting starts with a "round", during which every group member has an opportunity to say what has happened recently and what she or he has "brought" to the meeting. Because the breaks between the meetings are long, and the therapy itself is rather short, it is essential to minimise the risk of omitting something crucial in members' lives. These are very often losses and talking about them during the "round" produces an opportunity to refer to them, and to change the experience and attitudes which the group members

have had so far of pain being something that one remains with on one's own, as there is no-one else who would be able to contain it.

It seems that the main method of treatment in the group is careful listening, making space for what is being said and common reflection over the emotional meaning of experiences. After the years of attending the same group, the members know each other's war stories very well, but they still listen to them over and over again. Often the stories are told differently. Sometimes the narrator distances herself or himself from the horrifying experiences, sometimes new fragments of the story, that have been skipped before, are being revealed for the first time. Facts are now presented in a different context. To start with talking about them was linked to the expectation that somebody will contain/understand their suffering. Now the group members are trying to link their childhood experiences with the later and current story of their lives. The survivors notice the influence of the lack of positive childhood experiences on their attitudes towards their own children, or the impact of fact that they did not live in the world which could be trusted on their current difficulties with being able to accept care. One could say that understanding the impact of one's experience on one's emotions and current attitudes is a part of every therapy but in the groups of survivors linking the past with the present (Klein's depressive or Ogden's historic position) is especially important in terms of their ability to experience grief.

What the groups of survivors have in common, and what differentiates them from other groups is that they take an intermediate position between a social and family group. On the one hand it is rooted in reality: they are after all the members of the same association, they keep in touch intensively also outside of the group meetings. On the other hand, however, even if they do not know one another, they have similar experiences, wishing to recreate idealised "family". The expectations of an ideal relationship carry very strongly charged transference feelings towards the therapists and other group members. A specific difficulty in analyzing them is related with a real intimacy between group members within the association and other friendship groups, and so this type of group, although a difficult "place" to understand deeper intrapsy-

chic processes, fulfils a very important role of sharing experiences and creating conditions for collective grieving [24, 26].

The dynamics of group process is well reflected in the attitudes towards new group members. At the beginning, at the stage of dependency, new members were accepted passively as the group did not feel its strength and relied on the therapists' decisions. But once the groups were integrated and the group boundaries were well-established, with it appeared a certain resistance towards accepting new members. The situation was always exceptionally difficult: neither the group members or the therapists knew in advance that the new "siblings" would arrive. It seems that the opportunity to express anger initiated the process of getting outside of the feeling of envy, and noticing one's ability to nourish. The members began to see their strength in showing interest and understanding to the new people.

The strength of group psychotherapy is linked with the collective experience of the survivors, which produces the feeling of being understood and facilitates the acceptance of interpretations expressed by other group members. It is also a reversal of the situation of isolation suffered in trauma, which is considered to be one of the reasons behind the "survivor's syndrome" [27]. The participation in the group is experienced as the recreation of a family, the return home.

### Illustration of the group process

This material originates in a group run by two therapists, a man and a woman, both belonging to the so-called "second generation". The female therapist's father and the male therapist's mother are the Holocaust survivors.

These two sessions presented here were run in May 2008, at the beginning of a three-day meeting. We have decided to present these sessions because they give a very good demonstration of an actual group problem - "gone in the shadow of the Holocaust" - and for the first time in the group's history anger is openly expressed towards the therapists.

In order to understand the group context we provide the following information:

1. Janka (now dead) was a very important but also difficult group member. Her message to the group was "I am in a very bad condition and you can't help me". She created confrontations with the group's weak and hopeless elements, which is specially dangerous for survivors. The group's reaction to her was alternately sympathy, anger or an appeal to the therapists - "you have to help her!" The group had fantasies that help should be given outside the group by "therapists/parents", which were hopeless, and this frustrated the group.

2. Outside group therapy Dorota has been in individual therapy with the leading group therapist for three years. The basic problem, with which therapeutic work has to deal is expressing anger to the mother/therapist. Despite difficulties in contact with her aggressive side, she is aware through experience that anger doesn't destroy the object.

3. The therapist (F) advises the group that she will not be at one session, which was a unique occurrence in the group's 10-year history.

### Group of the 12th of May 2008 – morning

*The group began from Danka's proposal to observe one minute's silence in memory of Janka, who died 2 months ago.*

*Everyone stood up and after a moment of silence they sat down (the group decided when to stop)*

Jadzia: How did she die?

Justyna (a bit irritated): Lung cancer, you know it.

Jadzia (frightened): I didn't know.

Dorota: There is nothing to say.

Therapists: Maybe this is a good moment to talk about Janka and the feelings connected with her death.

Justyna: Lots of people have died recently. H. and K., too. It is like that. I don't feel well, either. My arm hurts and sometimes I think that this 90 year-old lady I take care of feels better than me. But I try to be active. I am attending the Third Age University. I am not afraid of death. I would like to be cremated and my ashes scattered.

Danka: But you have your mother's grave.

Tamara: I am not afraid to die, either. Everyone has to die. I have two colleagues, who have Alzheimer's now. They are talking about wanting to die... But maybe enough of this unpleasant subject, I'll show you photos of my grandson.

Therapist (F): Maybe we can look at them during the break.

Czesław: I didn't know about Janka's death and I'm shocked. I just found out now. She was so talkative and well groomed. I see her sitting with us (group agreement where she was sitting). We can lengthen her life by remembering her.

*Silence*

Mirka: So maybe now about something different?

Therapist (M): I don't know if everyone has had the chance to finish. You, for example, Tamara, started to talk about your colleagues. It seems to me important.

Tamara: Yes. I try to look after them but I don't always have time for it. I go to the Third Age University like Justyna but I know that my friends need me.

Justyna: Janka's daughter took great care of her. It was very nice.

Other people in the group: Yes, because she complained about them so much.

Tamara: But why did she have the funeral in a church? Why has the daughter made such decision? Janka was so much connected with the community and the rabbi. He helped her.

Dorota: Not this daughter. That was the other one.

Tamara: But I know how it was, I was in the church.

Dorota: And I was in the graveyard and you weren't there.

*Dorota's phone rings. Dorota leaves and comes back with news that Irena Sendlerowa died today.*

*Everyone is struck by this message.*

Danka: Just when we were talking about this subject.

Dorota: And Ala has gone because they are naming a school after Sendlerowa.

Mirka: I thought that she should be given the Nobel Peace Prize, and now she won't.

Justyna: It says now a lot about dignity in death but I think that dignity in death is not only someone taking your hand, but also having the opportunity to be cured with dignity. What's happening now? Doctors' strikes. Moving people from one hospital to another. This doesn't allow for dignity in death.

Irena: I know something about it because I look after my sick husband.

Sewek (blind): It says there is probably a new colleague who we don't know yet. Maybe she can introduce herself?

Irena: My name is Irena and I moved from the G. to W. That was my daughter's idea and now I see that that it was a bad idea. It seemed to me that I could handle it because is my 14th move but now I see that it is one too many. I am currently living in O., near W. and I don't know anyone there, the whole environment is strange. My daughter and granddaughter are working 16 hours a day, and I don't have contact with them every day. I am rarely in W. because I have no need to be there, so I don't have any friends there.

Justyna: So now you will have a reason to come to W. You will look us up and you will see.

Irena: This is also the reason why I am here.

Danka: I sympathise with you and understand because old trees are not easily replanted. I often changed orphanages in my childhood and it was difficult for me. And then I settled in Z. and I can't imagine such a change. It has to be very difficult.

Irena: And it is.

Konrad: I suggest taking the break now because we are half-way through.

Therapist (F): Good, but I think that after the break we can let everybody else be introduced to Irena.

*After the break:*

Mirka: So what should I say?

Therapist (M): This round has two goals – to introduce Irena and to talk about what happened in between meetings here.

Mirka: I am from B. During this break nothing happened. After our last meeting I was thinking about not coming anymore but Zina persuaded me so I am here. I have been coming here from beginning of the psychotherapy and it gives me a lot, even if I listen more than talk.

Therapist (F): Do you think that you didn't want to come because of something what happened in the group or outside the group?

Mirka: In the group. But I don't want to talk about it. I have swallowed it already.

Therapist (M): Perhaps we could return to that later.

Mirka: No, I don't want to.

Danka: I take great joy from my grandchildren. I have very good daughters and granddaughters. My granddaughter wrote an essay that I couldn't believe could come from a 12 year-old child.

Konrad: I am with W. I had a daughter but she is dead. No grandchildren. I don't watch TV but I spend a lot of time playing computer games.

Dorota: And I'm experiencing an upheaval – redecoration!

Group: So you will have something beautiful in your house.

Dorota: But now it is awful, I don't know how I will survive it. And also my dog died. I can't get used to it. I still leave bones for her because it seems to me that she still is... And I didn't tell you that I found my family in Israel.

*Vivacity in the group.*

Dorota: We became estranged when they emigrated in 1968, and now we are back in contact again. They call me every few days asking "How are you Dorotko?" No-one talks to me like that anymore.

Wojtek: And I haven't been here for a year. I was ill and after that I was called as a witness against this doctor. I told them that I couldn't say anything because my hospital ward wasn't under him. I didn't have any contact with him. But this creates the suspicion and lack of trust in doctors.

Tamara: And my grandson is 8 months old today. I am very happy that my son decided to

have a baby. I told him I wanted to live to see a grandchild from him. I have two real grandsons and two adopted by my son's marriages. It is like this but I am very proud of them. The oldest one is going to study another subject.

Czesław: I have four grandsons. Two of them took their exams this year and went on to study. They are learning very well. One of them was the best student in the school. That seems all.

Józia: I have a grandson who is proud to be taller than me.

Sewek: And I am a very happy man. I was a barrister, a lawyer. I think I have a good life.

Czesław: I suppose we all think the same as you but we formulate this in different ways.

Jadzia: I experienced a moment of terror as it turned out that the cost of my leukaemia medicine will be not refunded. It seems that people who are taking it can continue to do so. I have a 4 year-old granddaughter and I am very happy with her.

Irena: It surprises me – your relations with your children. You are proud of them as if your life is their life. I don't feel it like that. I think that they are separate people with whom I'm familiar but who have to do what they want. Their decisions sometimes surprise me but don't make me sad.

(...)

### **Group of 12 May 2008 afternoon**

Dorota: I wanted to start. I wanted to say that I have the feeling that a lot of things have changed and that I am coming here unwillingly. Formerly, these meetings gave me a lot, and now, for example, the morning meeting did not do me any good. It was a conversation that could be led by a table. We are not talking about our problems, just about shallow matters.

Justyna: So maybe our therapists could give us a subject which we can discuss, in order to know something.

Tamara: For example how to deal with lots of different situations. I for instance can't cope on the bus when someone is looking at me. Recent-

ly I came up with an idea and started to look at a woman who looked at me then she stopped...

Sewek: So maybe Czesław will show us his youth pictures.

Therapist (M): I think Tamara is not finished yet.

*Czesław shows his pictures.*

Czesław: I am not sure about taking these pictures because you can see how much you have changed. I meet my friends from school now. Only two men left. There are more women left and they said that they must have lost their eyes to let me marry another woman.

Irena: I think it is most difficult is for people who were very good-looking in youth. For example my husband was very handsome and now he can't look in the mirror. So much is changed through the illness but I don't care. It happens sometimes that someone recognizes me after 40 years because my features have stayed similar.

Justyna: And it happened to me that some people recognized me despite my age. For example my students - they recognize me from my voice.

*(they tell jolly stories how they have been recognized)*

Therapist (F): I have the feeling that you are talking here about jolly or funny things. Perhaps it is more difficult to talk about the sadness connected with passing.

Jadzia: I just wanted to say that I am meeting my friends and it is difficult for me because someone has always gone.

Justyna: But I am completely abnormal because now I'm coming back to my childhood, especially to V. Everyone from V. seems to me a close person.

Konrad: This is not strange. I have a war brother who is in Israel and came especially to find the place in the wall through which he escaped.

Jadzia: And I wanted to say something off-subject. I have been invited by professor S. to the Kraków ghetto commemorations because I was there. It was very moving when the people who attended the march to Płaszów were speaking. After this there was a wonderful party, I felt like

a queen. It was so beautiful and there were so many good things to eat.

Tamara: I don't feel good. Maybe I will leave.

Therapist (F): I think that what happened was that you wanted to say something but it wasn't heard.

Tamara: I don't remember what.

Therapist (F): We were talking about something connected with your appearance and I think that for lots of the people appearance during the war had special meaning. It seems that you wanted to say that it is possible to fear because of one's appearance.

Tamara: Oh, this situation in the bus. I dealt with it. I stared back at her.

Therapist (F): Why do you think she stared at you?

Tamara: Because they see how I look different.

Jadzia: I don't feel it.

Tamara: Because you don't look different but I have a different look.

Therapist (M): As if you wanted to avoid saying directly what's going on in such a situation.

Irena: This is traumatic. I understand it.

Tamara: I want to leave because for me this is a waste of time and now I am very much keeping my eye on how to use time well. I have an English book with me and when we have such conversations about nothing it's a waste of time.

Therapist (F): I have the feeling that today we are talking a lot about loss – Janka, Mrs Sendlerowa, other people. Dorota lost her dog. Now you are talking about feelings of passing and getting older. These are difficult subjects and on the one hand you want to talk about your problems which means staying with them, but on the other hand you change the subject to avoid them and this is the way I understand your request for us to find another subject to protect you against this unpleasant feelings.

Dorota: I just started to think that before I was talking about my stuff and I was getting a lot from you and now if I have a problem I wouldn't tell you about it.

Czesław: It means that we are not honest with each other.

Therapist (F): Do you have any idea why is that?

Czesław: No. Nothing comes to mind. I am sure about it.

*The group agrees.*

Therapist (M): It means that it is something within the group.

Therapist (F): Mirka also was saying today that she didn't want to come; maybe you could tell us what makes it difficult to talk about this.

Mirka: I will not say what is going on.

Therapist (F): Maybe not what's going on but why it is difficult for you to talk about it. If it is the case that you trust each other maybe we, the therapists, are not making it easier for you to talk about some issues.

Dorota: Yes. You are so indifferent.

Irena: They have to be like that.

Therapist (M): Like these doctors you were talking about in the morning.

Irena: Yes, the doctor can't die with every patient. They have to be impregnable.

Mirka: Yes, you are like that. Like it sinks into you like ink in blotting paper and emotions are not seen.

Therapist (F): You don't feel that we take care of you.

Mirka: So maybe I will say what is going on. Last time Józia said something and I give her my response as best I could but she misunderstood it, and said that I didn't like her. It has passed now but you should have intervened at this time, and explained to her that it wasn't the way she understood.

Therapist (M): That we don't protect you from injury.

Mirka: Yes, exactly that.

Therapist (F): It is important for us that you say this.

Dorota: Does it change anything? I was thinking that I wouldn't say anything here.

Czesław: So maybe you can change company?

Therapist (F): I think what Dorota is saying not to the group but to us.

Dorota: Yes and I will not repeat it.

Sewek: I have completely different opinion. I think that I have changed a lot since coming to the group. Before I hurt others and now I feel ashamed of it. I have come to understand a lot and I think that we are lucky that we are in this situation. We are still alive.

Mirka: I've seen you are different. When you said for the first time that you were blind I thought that it was provocation on your part and then when I understood that it was true I started to cry.

Sewek (with shacking voice): I'm very moved when you say that.

Mirka: Coming back to Tereska's complex.

Tamara: It is not a complex.

Irena: It is not a complex. It's trauma.

(...)

What's interesting is that in spite of a half a year break between meetings on the next meeting the group continues the conversation about ungiving and demanding children. The group finds it clearly difficult to continue with this subject, and only once it is explained to them that they are protecting the therapists who are "the second generation" like their children, they continue talking about their fears of being dependent on their children. What started as "we don't want to give to our children" has turned into "we don't want to take anything from our children". The therapist comments on the fact that when the group was first created 10 years ago, it constituted around the subject of "giving and taking". Then everyone said that they found it easy to give but difficult to take from others, and this subject has now returned in reference to their children. Many people said that now when they were getting old, this problem took another turn and was becoming a burdensome reality. The group is also talking about taking care of others. As the female therapist remarks that they call "care" what they give to others but what they could take they call a "burden", the

group begins fantasising about living in a place where psychotherapy is held.

## COMMENTARY

The fragment of group work quoted here reveals the presence of problems identified earlier on in this paper. The group's problems seem to span between the subject of death and recalling the absence of family graves (Danka's remark "but you have your mother's grave" emphasizes the exceptionality of this situation in this group as others do not have such graves) and the life represented not by their children but their grandchildren.

The therapists, who have been for many years protected from anger or lack of trust from the group, have been in fact accepted as "family members". The feelings of abandonment, loneliness, lack of sufficient care are important elements of the external world of "Children of Holocaust". Until then the therapists were often perceived as an idealised object for projecting regressive fantasies of the survivors about fusion, harmony and safety. In the session quoted above they became "persecution objects" that don't protect anyone from hurt in the situations of conflict in the group or outside of the group. In the situation of repeated trauma i.e. death of a group member and death of symbolic mother who saved Jewish children, the therapists became unanimously regarded to be indifferent, uncompassionate, leaving the group members without care. It seems that being able to express anger at the therapists made way for talking directly about relational problems with their children. The ambivalent and split image of children mentioned during the first session (i.e. good and bad daughter of Janka) is then "repaired" by idealised grandchildren. Once the therapists took on the attack, it became possible to talk of the fears of being dependent of their children.

Work in all groups within the programme has confirmed the results of research, showing strong though based on fear relationship of the survivors with their children [29, 30]. The survivors perceive the separation with their children as negative process, interpret it in terms of rejection and find it difficult to bear [29, 31].

It is true that the idealisation and devaluation processes take place in every therapeutic group. In the "enchantment phase" the group is perceived as family; the loss of hope for symbiosis leads to "disappointment and despair" [32]. A distinguishing characteristic of the groups of survivors is oscillating between the symbolism and metaphor of group work and the real situation, what Herzog [33] calls the work "beyond metaphor". The group feels like a family, fantasises about possible blood connections, but in the survivors associations finding a blood relative many years after the war really happens. As is clear from the fragment quoted here, re-establishing family ties broken by emigration is also a part of survivors' reality. During one of the previous sessions, one of the participants, who found traces of lost family, told a story of complicated family relations and showed recovered photographs of her father who was murdered in the Holocaust.

## RECOVERY OR ADAPTATION?

As we have mentioned in the introduction, the objectives of the therapy are changing, from the maximalist approach of classic psychoanalysis, aiming to reconstruct personality, to more realistic approach through the psychology of self. What's important in the recovery process is not the lack of symptoms but coping, the ability to make sense of one's life, in spite of the presence of symptoms [11, 34, 35].

The psychotherapy of survivors painfully confronts a therapist with a feeling of helplessness. It produces questions about its own possibilities and boundaries, such as to what degree are we able to treat the survivors? To what extent can we accompany them in their grieving process? Wardi [36] asks the question whether the feeling of limitations in the therapy of the survivors is a clinical observation or is it related to a collective countertransference, in which the Holocaust is seen as a strong and aggressive object making therapists feels like a helpless victims.

What seems important and what we are trying to achieve in psychotherapy is seeing the Holocaust in the context of entire life experience. Ornstein, in his conversation with Marcus and Rosenberg [37], warns therapists against the per-

ception of the Holocaust as a gigantic magnet which causes us to understand all patients' life problems within the context of this trauma while we omit her or his other experiences. He thinks that the survivors, just like other patients, can fully recover by finding new objects for the self, which will make the end of the grieving process possible. Ornstein understands adaptation as an internal compromise which makes it possible to remain in harmony with one's surroundings. Lomranz [38] on the other hand proposes the construct of aintegration as the possibility of feeling integrity without the need to integrate one's all experiences and feelings [39]. Aintegration can occur in various degrees as it especially concerns conflicts, stress and experiences of aging. The concept of aintegration entails that one can feel well without the necessity to integrate various bio-psycho-social levels or various dimensions (cognitive, affective, values) within a given level. Aintegration allows one to accept incoherence, relativism, lack of coordination, paradox, ambivalence, vagueness and the absurd. It makes it possible to live in such ambiguity while being in good disposition, experiencing fullness and integrity. It is particularly the elderly who can develop the skills of bearing thoughts, emotions, events and behaviours which appear incoherent in their personal or cultural dimension, yet they can maintain balance without the feeling of discomfort or fragmentation. Aintegration allows one to experience the opposites separately without the need to integrate, which does not alter the feeling of continuity within the "self".

Our observations of changes that occur with individual group members confirm Lomranz's theory: the survivors say that they are pleased with their present life; they are involved in various creative, social activities and self-education. This does not mean the lack symptoms, or the feeling of full integrity. They call their group meetings "charging the batteries" which probably stands for the feeling of increased strength and causal power. Some people see the relationship between the feeling of safety and acceptance received in a group and the relations in their family and with the external world. Writing memoirs and other forms of memorizing the Shoah turns out to be a therapeutic experience for many survivors, which is connected with the chance to ex-

press suppressed anger, and also finding words for describing what appears an indescribable experience, in other words finding some paths for narration [39]. The narration in this time of the survivor's lives is restored through therapy, informal conversations with family and friends, meetings in the groups of survivors, and the interviews they give about their wartime experiences. Research confirms that opening the traumatic past results in the improvement of mental and physical health; the motivation for it is usually found in a feeling of obligation and the need to make sense out of life experiences [40]. It is important to the survivors that the stories they tell about their traumatic experiences are heard by others.

The survivors return to their memories, often after many years, and get the chance of psychological working through the trauma [41, 42, 43]. The development perspective of the processes of recovery and adaptation of the Holocaust survivors identifies various mechanisms, which have made adaptation possible at various stages of their lives. [44]. After the end of the war, it was the mechanism of denial which made it possible to rebuilt families and societies. What is visible in the second stage, is the reaction of grieving in the process of analysing past experiences. Group psychotherapy produces a chance of common, collective reflection over these experiences and their impact on the lives of the Holocaust survivors.

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# PSYCHIATRIA POLSKA

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ZAŁOŻONY W 1923 R. PRZEZ RAFAŁA RADZIWIŁŁOWICZA  
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