Psychoterapeutic and Psychosocial Care of Torture Victims in Hungary

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ABSTRACT: The author provides a brief overview of the activities of the CORDELIA Foundation for the Rehabilitation of Torture Victims and its therapeutic methods. The Foundation is the Hungarian branch of the IRCT's international network, it provides psychotherapeutic and psychosocial help to severely traumatized and tortured victims.

The psychotherapeutic methods of the Foundation therapists are: individual and group therapy, verbal and non-verbal therapeutic methods in the client's native language. These methods are adapted to the specific client populations, mostly to victims of torture. The therapists continuously investigate and experiment with new therapeutic possibilities.

The author emphasizes the importance of continuous training and supervision of the staff and therapists in charge of traumatized refugees.

OPERATIVE WORDS: PTSD, torture/traumatization, refugee, psychotherapeutic possibilities, individual/family/group therapies, verbal/non-verbal methods, psychosocial help, training, supervision.

At the CORDELIA Foundation for the Rehabilitation of Torture Victims we have been engaged in helping, psychosocial counselling, psychiatric assistance, and guidance of severely traumatized refugees, mostly torture survivors, since 1996.

The Foundation is the only accredited rehabilitation centre in Hungary of an active global network, the INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS (IRCT), where psychiatrists, psychologists, a non-verbal therapist, a social worker, and interpreters treat refugees who suffered from war, torture, discrimination, and/or degrading treatment in their home country. Today there are more than 240 similar trauma centres operating throughout the world. The centres of each geographic region assist and treat their clients hand in hand and attend their clients in cooperation and with continuous and direct exchange of information. Considering the peculiarities of migration--for example, in case of emigration to a third country—a therapy that begun in Hungary could be continued in the USA, Canada or Australia by the therapists of the recommended trauma centres. This ensures not only the treatment of earlier traumata but that of the secondary traumata also suffered during migration. This facilitates the complex process of adaptation and integration in a way that earlier seemed to be impossible.

The General Assembly of the United Nations adopted The „*Universal Declaration of Human Rights*" in 1948, article no. 5 of which states the following, "*No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment*".

The General Assembly adopted its resolution, "*The Declaration on the Protection of All Persons from Being Subjected to Torture or to Other Cruel, Inhuman or Degrading Treatment or Punishment*" as a guideline for all states and other entities exercising effective power in 1975 and adopted "*The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*" in 1984.

The first article of the Convention defines the concept of torture as follows,

> „The term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed , or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the investigation of or with the consent or acquiescence of a public official or other person acting in an official capacity."

The European Workgroup of the **WHO** established in 1986, that each refugee could have been considered as a victim of organized violence because of uprooting and the exile are in close connection to the organized violence.

Literature on traumatizations and tortures exists throughout history. The first studies specifically focusing on victims of torture were written about the victims of the Holocaust (by L.Eitinger, E.Kogan etc.).

There is a difference in degree between **maltreatment and torture**. As to the ways and means, human fantasy is inexhaustible. The humiliating proceedings of prisons are qualified as torture, but it is also torture, what the world have heard from the Albanian women from **Kosovo.** Serbian soldiers raged nursing mothers with their babies at their breasts in a village in Kosovo. The soldiers filled the nursing bottles with human blood, and then forced the mothersat gunpoint to feed the babies with the drink.

The **"survival syndrome"** as it was described by Chodoff in 1969, is one of the first approaches to the current understanding of **PTSD** (Post Traumatic Stress Disorder).

Several researchers tried to separate and define "torture syndrome" as a distinct entity, but it is still subject of discussion, because of such diversive symptoms as chronic anxiety, depression, cognitive injury (memory deficiency, decrease of interest) and lack of self-esteem (Somnier and Genefke, 1986). The defense mechanisms and coping strategies applied during a stress experience play a significant role in the development of the symptoms (Somnier and Genefke, l986).

Recently a number of scientists attempted to describe a new diagnostic entity, the **„complex PTSD"** or the „Disorders of Extreme Stress Not Otherwise Specified" (**DESNOS**). DESNOS can be the result of early interpersonal traumatization—e.g. child abuse trauma—or the result of maltreatment and/or torture that is an extreme stress to the survivor.

The syndrome has six characteristics.

1. Alterations in the regulation of effective impulses, including anger and self-destructiveness.
2. Alterations in attention and consciousness, leading to amnesias, dissociative episodes, and depersonalizations.
3. Alterations in self-perception, such as chronic sense of guilt, responsibility, and/or shame.
4. Alteration in social contacts, such as not being able to trust other people or to feel intimate with them.
5. Somatization without any organic background.
6. Cognitive problems.

The earlier the onset of the trauma and the longer its duration, the more likely that a person will suffer from serious and complex symptoms of Desnos (van der Kolk, 2000).

The very essence of torture is that it attacks "the seed (the central part) of the personality", making the victim, then his/her children, then their children unable to carry on their everyday life (Rauchfleisch, 1996).

Torture affects not only the torture survivor but it leads to a transgenerational trauma and, without proper therapy, the transmission of traumata to the next generations, as well.

The personality of the survivor can be damaged on five levels (Vesti, Somnier, Kastrup, 1992): on physical, psychological, social, legal, and spiritual levels.

In Hungary the **therapeutic treatment of torture victims** is conducted in a special way. The Foundation is a „mobile centre" and the therapy takes place in the rooms and living quarters of the refugees at the refugee acceptation stations. This has a practical reason to it, but, from a psychological point of view, it also has an advantage, bacause this way the client hosts the therapist in his/her "own home". This **"inverted situation"** allows for a better understanding for both parties and patients generally give up their usual paranoid position earlier, already at the beginning of the therapy. The clients don't have to "request admittance" to the therapy. The physical and/or psychological trauma of torture surfaces during the first interview, but it often happens that several introductory and summing up discussions are necessary for the client to verbalise the trauma and the maltreatment, and their possible connections to the "offered" symptoms. One of the reasons why memories of torture and humiliation must be suppressed lies in their nature, because these experiences produce the feelings of shame and guilt.

When we begin our work, a number of our clients haven't even heard about psychotherapy yet. We inform our patients about the possible outcomes of the therapy. The therapeutic session are conducted in the native languages of the clients.

The therapists and the **interpreters** regularly elaborate on their therapeutic experiences in supervisory session. These training seminars and supervision sessions provide guidance and support in serious transfer situations. This is a way to prevent exhaustion and burn-out. The role of the interpreters is very important in the treatment and therapy process since they are familiar with two different cultures through their education, training and

empathy. During the therapy they can harmonize during the therapy the different worlds of the therapist and the client, the historical background and the pecularities of client's life. They are the "first violinists" of the therapy. They are in a difficult position since they play the role of „the mouth" both for the therapist and the patient, therefore a lot of people are unable to fulfil this task.

OUR THERAPIES: INDIVIDUAL AND GROUP THERAPIES WITH VERBAL AND NON-VERBAL METHODS

The individual verbal therapy is short, generally focuses on the trauma or torture but we also use the so-called „insight therapies" that are longer, up to in 15 to 20 sessions. These therapies are aimed not only at the elaboration of the trauma and torture but also to improve the patient's ability to integration and his/her capacity for coping and adaptation since these are vital for the future life of the victim in a foreign culture.

Earlier there were a few experiences with **family therapies** of torture victims. This therapeutic form developed spontaneously, almost from the situation itself, because sometimes other family members were also at home and in the room during the victim's treatment at the refugees' station.

The tortured, humiliated head of a family, the raped mother of a family, or the abused child transform the structure of the religious family that was constant through the centuries and thousands of years in the culture and the traditions.

There is a great difference between the survivors of torture and/or maltreatment and the secondary traumatized victims belonging to these survivors with respect to the character of their traumata. That is to say, torture fragmentizes not only the victim's Ego but also causes "smashings" and "moving of the shattered pieces" in his/her family. It means that the surrealistic world of the torture chamber survives in the confused human relations of the family. On a family-level defence mechanisms appear in the suppression or the oppression of the trauma.

The family's coping capacity can be developed and strengthened by the verbalisation of the hidden messages, and serve as the foundation to a healthy integration.

The wife turns into the leader of the family since for the head of the family torture and maltreatment can seem as the equivalence of castration. This means a great trouble and a heavy load, especially for the children. The new role-models are judged in a negative way by the community, for example in the Muslim world, and this further increases the children's psychological problems.

The situation is similar in the **„mutilated families"** where there is a lost or missing family member as in the following case.

A Curdish woman from Iraq came to therapy because of dissociative symptoms. Her husband was arrested and shot to death, the family got only his corpse back. The young wife came to Hungary with her three children, but they weren't able to cope with the new

situation. Our patient was a 26 years old Mid-Eastern beauty, illiterate though, but with extraordinary intelligence. In the refugee camp she didn't provide for herself or her family. Being in a state of total displacement and having lost ground entirely, she didn't take care of their meals or hygenic needs. She missed her way when she went shopping, from time to time she threw herself on the floor screaming and complained about her physical pains. Her eldest, an 11 years old girl took upon herself both the roles of the mother and the father. She did the shopping, prepared the meals for her younger brothers, did the laundry, bathed and put her mother to bed, dealt with the family finances--directed the whole life of the family. We began the therapeutic activities: at first our patient started a non-verbal group therapy with other women where her female role was repeatedly confirmed. Her daughter participated in drawing sessions with the child psychologist. We visited the family only after these interventions. We mourned the lost husband and father together and then began to work and elaborate on the roles in the family, as it was earlier, before the tragedy, and as it now, in the present situation. The roles got reconstructed almost automatically after the exploration and realization of the pathological family structure.

After having six sessions, her companions at the refugee shelter greeted us with extremely well-groomed faces. Our patient had found herself and became "the beautician of the refugee shelter". Beautifully drawn oriental eyebrows and gently lined lipes showed that she found her way back to the female role. She went shopping with the other women and later with her children alone. Her complains disappeared. The eldest daughter who had taken up an adult role in the family, began to attend school again, and the younger children went to kindergarten with their mother.

The eighth session wasn't held. Another Iraqi refugee married the young woman and the family could leave the refugee shelter.

PTSD is a normal reaction to an abnormal situation. Its treatment under foreign circumstances and in a foreign language environment is a great challenge both for therapists and interpreters. If the premorbid personality and the earlier family structure was healthy, the results, in a high percentage of the cases, are very good.

The beauty of the therapies is further expanded by the unlimited space for empathy, and by knowing that any of us can get into such a situation as a survivor of similar, unmeasurable tortures. The importance of family therapies has to be emphasized, for the integrating young generation, the second generation, and then the third, native generation could cherish their traditions of the lost past in the host country and they shouldn't be silent about their history.

In most cases the **verbal therapy is prepared by non-verbal group therapies that practically "relax the pathological control mechanisms" of the patient**, and he/she becomes approachable by the verbal processes. The group stimulates the individual to "descend into the depth". It predicts a "situation of basic trust" for the generally distrustful, suspicious, and paranoid patients, who, perhaps, live in permanent anxiety.

NON-VERBAL THERAPIES

The **"Hungarian non-verbal method"** is used for two purposes.

1. It prepares the clients, practically relaxes them for the verbal therapy.
2. It is a very effective therapeutic method for the decrease of trauma symptoms with art and movement/relaxation techniques.

This method was first used with Bosnian refugees on the basis of the clinical experiences gained in psychiatric departments. This was the **"heroic age" of non-verbal therapies** with PTSD-clients in Hungary.

When a whole chronic psychiatric department was rescued from Bosnia, it signified the professional crossing of borders. We began communicative movement group activities with the patients.

The next step was the application of the **animation group** method, animation of inanimated objects that served to develop a contact with a person who had become alienated from his/her own body or from his/her environment as the consequence of torture. The therapeutic activities lasted from 6 to 12 sessions in order to gain back the patients' lost confidence and self-respect.

The **therapeutic aim** is the reconstruction of the body-scheme that became injured as the consequence of traumata, torture and/or humiliating treatment, by using several methods from elements of gesture therapy up to the Dynamic Examination of Drawings (by István Hárdi).

These **elements** are the following: breathing exercises, gesture therapy exercises, moving to music, fixing a gesture in plaster of Paris, contact and communicative exercises, exercises with rope, groping of the face, face painting, re-acknowledgement of the person's own body and others' body, relaxation exercises, analysis of a series of drawings, painting in a group and individually. During these exercises the clients usually use objects like a ball, a or rope, plaster of Paris, or paint etc. and move together a lot.

To **illustrate** it here is the case of „the handsome fellow from Bosnia" .

The jaw of a young man who earlier had a handsome face, got deformed into an unrecognizable shape as the result of his scars. His face was beaten by a policeman, who was also his neighbour, during his arrest, since allegedly he was a deserter of the army. Successfully, he could escape and in Hungary he came to therapy. During the group session he was unable to touch his face at the face painting exercises. He asked the therapist to paint his face using white colour, just like for a white clown with red tears under his eyes. With the help of the group leader/mother figure he practically wanted to have the wounds on his face corrected, to make the marks of the scars disappear by the "curing colour of white". At the same time, he wanted to mourn his earlier handsomeness with the red tears.

It isn't possible to think of the old man without being shocked, whose right thumb was cut off during torture. Various hand gestures were preserved in plaster of Paris in a

groupwork. The old man offered his mutilated hand for modelling. While the plaster was drying, he asked the therapist to stroke his hand with "that warm bandage", especially the lost thumb.

The animation therapy was successful because the participants were able to leave the refugee camp and change their life.

Today we use animation group therapy as an introduction to verbal therapies. We work with two therapists: the non-verbal therapist is the leader and the verbal therapist is the co-therapist.

And then came Kosovo... Enormous crowds of refugees... It was impossible to limit the number of the participants in the group sessions. Not surprising that a big crowd of people, seriously traumatized by the war's horrors, streamed to the place where they could speak about their losses and sorrows. Next to the numbers, there was another difference compared to the animation therapy groups: these refugees wanted to go back to their native country as soon as possible. These group sessions were called "**station groups**" referring to Jesus Christ's stations on his way to the Mount of Golgota, the way of sufferings.

The trauma was still too close to the conscious level, and the pressure of suffering was so burdening, that the creation of a truly intimate group situation was practically impossible. There were groups sometimes with over 30 participants!

Elementary emotions emerged with the drawing of houses, since this activity collided with the fact that those houses existed only on paper for they had been burnt down or blown up. We used elements of psychodrama because aggression was floating on the surface.

In concordance with our observations there is an unbelievably great need to speak, a „requirement for narration", on part of those clients who are recent survivors war, trauma and catastrophic situations. Those refugees who were traumatized a longer time ago have a stronger need for silence, a "requirement of silence", a desire to forget and bury the trauma.

Refugee women from Afghanistan also bring their children to the group sessions, so that they become witnesses to the war stories, to the sufferings and cruelties of war. They listen with grieving face to the crying mothers who tell the stories of war. We were eased by realizing that this is just as right, because otherwise nobody will continue to carry on the history of the people's sufferings from Afghanistan, the Afghan epos, if not these children. From this knowledge they receive help during the process of elaboration.

There is space for dancing, singing, and communicative moving and gesture therapy over and above narration. One of the most important missions of the Station group therapies is the re-establishment of basic trust. The participants provide whatever name or age they want, depending on their psychological reality. It is an interesting phenomenon that, during the legal procedures of their application for refugee status, usually therapists are provided with the correct data and the authorities and official persons get the „chosen names" and the false dates of birth.

People who have been traumatized for a long time, for example, the latest groups from Afghanistan, do not bother about anything, e.g. that men and women should work separately when in groups. They don't want to draw, do movement exercises, or to communicate by gestures, they only prefer a leisurely narrative of "recitativo". We accept these expectations and leave it as it is. The group is only verbal, "we are just together".

The "ars poetica" of the therapeutic group-work is the following: "Let's come everybody who wants, one of us speaks, the others keep silence, but, at least, we are together". (György Konrád: The visitor).

We have developed a new therapeutic method, the so-called **"symbol group"** therapy for Arabic speaking refugees.

The pertinent works of Jung written about symbols provided the theoretical background for this method. We present a lost object or a piece of memory from the past to our clients to awaken the memories blocked by anxiety and fears, because the lost object should be mourned in order to decrease the extreme anxiety, caused by the loss of the interior calming mother object. The object can be recalled not only verbally but we also make it perceivable in a tactile way by handing over, for example, an Arabic coffee-pot with the aroma of coffee, prayer chains, or an embroidered handkerchief, etc.

It is a sign of trust when the group offers a symbolic object. This happened when one morning Arabic speaking male patients prepared fried fish for us, female therapists and interpreter, in the refugee camp. The fish had a special importance being an ancient symbol, meanwhile the preparation of food and the feeding of the symbolic mother, women, also carries a symbolic meaning. The men tore the fish into pieces, they laid it on an Iraqi newspaper, a meal for us, prepared by their own hands and offered to us to eat. They honoured the opportunity of a developing attachment to the therapists received during the previous group sessions and they interpreted the therapy as the process of „feeding of their injured human soul".

Our work gives us great pleasure, great experience but it means an extreme load, as well.

We have to emphasize the importance of **supervision**, **„the care for the caregivers"**. There we always receive and give balm to the vicarious traumata for the medical staff, social workers, and eligibility officers working in the refugee system. We are also human beings who can be seriously traumatised during our work. We can break down or burn out, as well.

Not only the weight of the experienced sufferings is depressing, but the burden is increased by the heavy prospects and the limitations of help. We confront with unexpected and difficult situations or with persons "difficult to manage". However, not every client is a so-called "problematic person", but the enormous number of the clients means the greatest overload sometimes.

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