Group Therapy with Terror-Injured Persons in Israel: Societal Impediments to Successful Working Through

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This paper describes a group intervention with terror-injured people in Israel to show the parallels between developments in the group and Israeli society's difficulties in working through and mourning its experiences of terror. Despite the development of group cohesion and a sense of empowerment, the group members remained unable to deal with the powerful emotions stemming from the experience of terror and continued to cling to their shared identity as terror victims, irrevocably helpless and isolated from others. Without excluding other explanations, we suggest that these difficulties reflect the defense mechanisms employed by Israeli society in dealing with the threat to its survival that is implicit in the terror to which it is exposed.

Group therapy is widely used in treating victims of trauma, whether an individual trauma such as rape, assault (Lubin & Johnson, 1997), or child abuse (Alexander, Neimeyer, Follete, Moore, & Harter, 1989; Nicholas & Forrester, 1999) or a group trauma, such as a natural disaster (Foreman, 1994), war (Goodman & Weiss, 1998; Shatan, 1973), or the Nazi Holocaust and other acts of genocide (Danieli, 1985; Vardi, 1999). Group therapy for trauma victims has been aimed at reducing their psychological reactions to the trauma by helping them first understand its influence on current life problems, integrate it into their personality, and learn new ways of coping with interpersonal stress (Barnes, Ernst & Hyde, 1999; Muller & Barash-Kishon, 1998). It also offers trauma victims, who are often

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isolated by their trauma, the opportunity to be in a supportive community with others who had similar misfortune. The group members validate each other's feelings and experience (Goodman & Weiss, 1998), promote catharsis and support (Austin & Goldleski, 1999) and thereby empower one another to rebuild the ego strength shattered by the trauma. In addition, the group improves the patient's homeostasis and hence his or her ego functioning and adaptation to both inner and outer worlds (Mueller & Barash-Kishon. 1998).

Nonetheless, the results of group therapy with trauma victims are mixed. While clinical studies report that the trauma survivors feel better (Alexander et al., 1989; Johnson et al. 1999; Solomon, 1992; Vardi, 1999), empirical studies do not provide solid evidence of improvement (Johnson, Lubin, & Corn, 1999; Solomon, 1992). Moreover, even those who document improvement with group therapy observe that many of the victims continue to feel isolated from society and unable to express feelings about their injury (Johnson et al., 1999; Nicholas & Forrester, 1999, Vardi, 1999). Some patients benefit from supportive group therapy focusing on recounting the traumatic events, while many others find this stimulates more memories and symptoms (Chiaramonte, 1992). This limited success may be attributed to the overwhelming magnitude of psychic devastation that may have made the damage essentially irreparable (Nicholas & Forrester, 1999; Solomon, 1992).

A complementary explanation rests on the limitations of homogeneous group when dealing with trauma—especially in regard to ego-building. Trauma-victims' groups are fairly homogeneous. This offers each person a mirroring experience that can be validating and containing (Barnes et al., 1999), and also promotes the group cohesion that is essential to therapeutic work (Rozynko & Donershine, 1991). However, in groups of trauma victims, the homogeneity and cohesion that support the victims' weakened egos also tend to make it extremely difficult for the individual group members to go beyond the enjoyment of togetherness to the separation-individuation essential to the working through of the traumatic experience. The more homogeneous and cohesive the group, the less room it allows for individual expression and examination of painful emotions, and the more pressure it creates for denial, repression, and projection. Numerous authors have echoed the idea that homogeneity and cohesion of the trauma victims' group may serve as a defensive shield that protects the group from outside intrusion, but blocks progress beyond the initial stages of the treatment (Berman & Wienberg, 1998; Hazzard, Rogers & Angert., 1993; Johnson et al., 1999; Shalev & Toval–Mashiach, 1999). Other authors have suggested that the homogeneity of the victims' group keeps the group members from interacting deeply and does not provide the opportunity for them to engage in the intensive reality-testing and transference enactments that might lead to vital reworking of their fundamental assumptions about self and others (Nicholas & Forrester, 1999).

Without excluding these explanations, this paper offers another way of looking at the problem. That is, a societal explanation based on the view, articulated

by Hopper (1997) and others (De Mare, Piper & Thompson,1991; Foulkes, 1964; Lawrence, Bain & Gould, 1996; Volkan, 1997; 2000), that to understand the therapy group, especially groups involving social traumas, it is essential to understand the societal context within which the group operates. In this paper, we assert that terror is a national and chosen trauma in Israel, and that the difficulties of the group reflect the unconscious difficulties of Israeli society in coming to terms with terror.

TERROR AS A NATIONAL TRAUMA IN ISRAEL

Terror has been a frequent, recurrent, and expanding phenomenon throughout Israel's short history, and has affected not only the victims and their families, but the entire society. Beginning before the creation of the State, with attacks on border communities in the outlying regions, in recent years terror has moved to the large cities in the heart of the country, with a concomitant increase in the number of dead and injured, and a proportional increase in anxiety as well. Terror has become a real and prevalent threat, against which there seems to be little defense because it can strike anyone anywhere.

Terror in Israel is not only a personal trauma, it is also a national trauma, stemming from the shared experience of trauma by large parts of the nation (Halton, 1994). National traumas acquire symbolic meanings that reinforce the feeling of belonging and the psychological bond between the individual and the group (Zinner, Williams & Ellis, 1999). They become markers of social identity that are vital in maintaining the cohesion that societies need to survive internal stresses and external threats. Societies have good reason for holding on to their national traumas (Levy, 1995; Volkan, 1997; Witstum & Malkinson, 1999; Young, 1995; Zinner et al., 1999).

Israeli society can be described as a society that sees itself as a victim of terror, fighting for its existence. Since societies lack the ability possessed by individuals to think and to engage in dialogue, they cannot transform and work through their traumas as individuals can. As a result, this more or less conscious sense of identity is accompanied by rigid, unconscious defense mechanisms aimed at guarding the society from the powerful feelings of helplessness and humiliation that terror evokes, thereby enabling it to function under the perceived life threat (Halton, 1994; Hopper, 1997; Le Roy, 1994).

Two of the primary defense mechanisms in Israeli society are denial and ideological thinking. Anzieu (1984) coined the term "pact of denial" to describe the tendency of traumatized groups to deny their traumatization. In Israel, although terror is a subject of endless political discussion, people pursue their family lives, work, and pleasures very much as though there is no real existential threat. Instead of allowing themselves to experience the overwhelming fear and helplessness provoked by terror, they revert to ideological thinking, marked by a rigid, unnuanced conceptualization that excludes major portions of realty—a characteristic

of extreme political, religious, and social groups. They also tend to split off uncomfortable feelings of weakness and aggression and project them onto external enemies. This splitting expresses itself as "us" versus "them" thinking, which both facilitates the formation of social identity and prevents the clear-sighted perception of either the self or the other (Berman, Berger & Guttman, 2000).

Moreover, Israelis have elevated terror into what Volkan (1997) calls a "chosen trauma." A chosen trauma is one that echoes an earlier paradigmatic calamity or existential threat in the collective memory. In Israel, every act of terror evokes a long list of prior threats to Jewish survival: from the destruction of the Second Temple in 200 A.C., through expulsion from Spain in 1492, the Nazi Holocaust in the mid-twentieth century, and Israel's various wars of survival. According to various authors, the chosen trauma is not worked through, but passed on from generation to generation, and for each generation it repeatedly, automatically, and ritualistically evokes the earlier threats to Jewish survival and the defenses that were raised to deal with them (Anzieu, 1984; Le Roy, 1994; Volkan. 1997).

These fortified defenses further thwart the society's working through, by obstructing the mourning process that is necessary to do it (Volkan, 2000). Like other societies, Israeli society deals with its losses by rituals of mourning, such as memorial ceremonies, monuments, and candle-lighting, to name only a few. These rituals enable the collective expression of grief and, over time, enable the society to grieve and come to terms with its losses. In Israel, the Holocaust dead are mourned in an annual day of national remembrance, when a siren is sounded and people stop what they are doing and stand up for a moment of silence, even in their own homes. Similarly, Israel's fallen soldiers are remembered on Remembrance Day, when people flock to the military cemeteries and similar rituals are enacted. Monuments have also been built for those who died in the Holocaust or the Army.

Almost no mourning rituals are observed for terror victims in Israel. Terror victims have no day of their own, and no monuments. In some cities, the local authorities have refused to permit the names of terror victims to be read aloud at the memorial ceremonies for Israel's fallen soldiers, or even in separate ceremonies. Moreover, injured survivors of terror are treated differently from injured soldiers. While the latter receive compensation and medical and psychological care from the Ministry of Defense, injured terror victims receive their compensation and treatment through the National Insurance Institute, similar to those persons injured in work or traffic accidents. What we see in these apparent slights is the society's difficulty in mourning and coming to terms with the losses stemming from terror.

This paper, analyzing a group intervention with terror injured people in Israel, shows the relationship between developments in the group and Israeli society's difficulties in working through and mourning its experiences of terror. It argues that these difficulties are reflected in the group and impede its progress.

THE GROUP

The group we describe was a support group conducted between 1998 and 2000 under the auspices of the Rehabilitation Department of the National Insurance Institute (NII), which deals with all Israeli victims of terror. The Department provides emergency intervention at the time of the terror attack and time—limited individual and group therapy afterwards. It also handles all claims for compensation and for disability recognition.

The group consisted of terror victims with various physical disabilities, who had all been injured in one or another terror attack anywhere between three and 40 years prior to the start of the group. It was a closed group that met regularly for an hour and a half once every two weeks over a period of three years. It was led by two female group leaders. In the first year, the group had ten members: seven men and three women, all between 40 and 65 years old. At the end of the three years, six members, five men and one woman, were left—a slightly higher attrition rate than in other groups.

The members of the group were enlisted through an outreach procedure. In 1995, following a number of large scale terror attacks in the center of the country, the NII decided to offer group therapy to victims of both the current and earlier terror attacks. Participation criteria were that the victim had sustained a moderate to severe physical injury and that he or she had not been formally diagnosed with PTSD. NII social workers contacted potential participants from the NII files. Prior to admission to the group all potential participants were individually interviewed by the group therapists. The interviews were intended to enable the potential participants to get to know the therapists and to enable the therapists to informally assess their suitability for group therapy.

THE GROUP PROCESS

For the sake of the presentation, the group process can be described in three overlapping stages.

In the first stage, the work of the group, as in most groups, focused on the coalescence of the group and the formation of a group identity. To these ends, the group members emphasized their difference from the rest of Israeli society, stating and restating the feeling that "nobody understands us," that "only those injured like us can understand." The group identity that they constructed for themselves was recognizably the identity of terror victims. Like victims of other traumas, they expressed strong feelings of impotence, helplessness, and envy of the unscathed. More specifically, though, they united around their shared experience of terror. To this end, they emphasized their sameness as terror victims and denied the differences among themselves.

Like members of other groups, they extolled "our" group above all others and achieved a sense of a group illusion (Anzieu, 1984). But they differed from most groups in the force with which they delineated the boundary between themselves and the rest of Israeli society. They spoke somewhat more than most groups of "us" and "them." They expressed a great deal of envy and anger at persons who had been disabled during their army service, and enjoyed greater prestige than other disabled citizens because their disability was recognized as a sacrifice for the nation. They were entitled to some exclusive, very attractive benefits that our terror-disabled group members had not, and would not, receive. They were also furious at Israeli society for discriminating against them.

In addition, the group members projected a pervasive sense of victimization and powerlessness and, in consequence, an enormous rage. There was a general lack of vitality and creativity, even a sense of death, in the group. For a long time the leaders felt that they were almost literally keeping the group alive, applying some sort of artificial respiration.

The creation of group cohesion around the identity of terror victim is an essential first step in working through the trauma. As noted above, group cohesion enables the group members to give and receive support; creates a space in which they can feel accepted and begin to accept themselves; and fosters a sense of love, belonging, and security. The identity of victim is a narrow and constraining one, however. It isolates the victims from all who have not undergone the traumatic experiences and, furthermore, impedes intimate interaction between one victim and another.

The second stage in the group work emerged about a year into the process, when the group identity had formed and solidified. In the first stage, the group members' strong aggressive feelings had been channeled against outsiders, which served to create group cohesion. As cohesion developed around the identity of victim, the members turned their aggression against each other and the group as a whole. They began to come late, an act that expressed contempt for the other group members and the group leader. This expression of contempt for the leader, combined with the defiant behavior of certain members, seemed similar to the kind of transference that is found in groups with Vietnam veterans. They see the group leader as a representative of the society that has rejected them. They were impatient, insensitive, and unempathic with one another. They had difficulty listening to each other, abruptly interrupted each other, and sometimes even deliberately ignored one another.

During this stage, one of the more dominant women in the group walked out in anger, declaring that the group wasn't helping her and that there was no point in her staying since nothing was changing. She was soon followed by another woman, who expressed similar feelings. The group members who remained accepted their departure as a valid criticism of themselves. As one member put it, "Those who remain are weaker and in greater need of help." None of the group

members expressed either grief or anger or any other emotion about their abrupt and hostile departure; none made any effort to question their reasons for leaving or the therapists' possible role in their departure; and none took the stated reasons to heart or considered acting on them. These non-responses exemplify the group's passivity, emotional flatness, and acceptance of their identity as helpless victims, as well as their continued disinclination to recognize the differences among themselves. An interesting manifestation of this disinclination was the fact that, in contrast to other groups, the group members did not assume differentiated roles, such as leader, clown, or scapegoat.

Throughout this stage, as in the first, the group members avoided dealing with their feelings, though they expressed a good deal of aggression, both directly and indirectly. The women who had left had expressed it towards the group and the therapists. Those who remained projected it outside the group, especially onto NII personnel, whom they identified as "the enemy," while they retained their idealized image of the therapists. They never explored their anger, however. Nor did they express, never mind explore, any other feelings, whether towards themselves or towards one another. Their behavior reflected the use of the defense mechanisms of identification with the victim, projection, and splitting. These mechanisms enabled them to avoid the important work at this stage of the group process of expressing and exploring their emotions and beginning to differentiate their individual identities—prerequisites to the long term goal of working through the pain of their traumatic experiences and mourning their losses.

Instead, the group members concentrated on giving and receiving practical advice, mostly about how to deal with the "enemy," the NII. They advised one another to "Go to a lawyer and lodge an appeal for your disability allowance" and to "Go back to the social security office and demand your rights." This problem solving made them feel close to one another, and, since some of the suggestions had a positive outcome, helped to empower them. It also made them feel like members of a select group, a feeling that somewhat compensated for their sense that Israeli society awarded greater recognition to other victims, especially injured soldiers and army-bereaved parents, than to terror victims. On the other hand, their focus on solving external problems reinforced their feelings of being "victims" exploited by the enemy.

In the third stage, in the last year or so of the intervention, some positive changes occurred. The group became somewhat more alive. The members began to speak somewhat more about themselves and their feelings, and to listen to, support, and encourage each other. In addition, group members who had previously spent a great deal of time complaining about the difficulties of their disability and the helplessness they felt expressed greater capacity to deal with their situations. A sense of empowerment was felt in the room. Some of the group members acted on the advice they had been given earlier and submitted claims for higher disability allowances. The group members told us that they felt like a family: strong, close, and united.

Nonetheless, few changes were noted in the ability of the group members to share their trauma and losses with one another. For all their empowerment, they remained highly dependent on the group leaders to move the discussion along, to raise ideas and propose alternatives, and to suggest interpretations and point out feelings. Their cohesion continued to be based on their shared identity as terror victims and the feelings of helplessness and despair with which their experience had left them. They were unable to unite around common tasks outside the room, such as visiting a sick group member or buying a gift for a group member who had given birth to a daughter. At the end of the group, though, the members clearly indicated that they did not want to break up and, in fact, asserted that they needed lifelong support, they uniformly rejected continuing as a self-help group.

SOCIETAL EXPLANATIONS OF THE GROUP PROCESS

Group therapy of the trauma-injured should move on a continuum which, at one end, allows the participants to experience cooperation and support in light of the similarities of their sheared experiences and problems, and on the other end, enables separation-individuation and the development of self-esteem and a wide repertoire of coping skills. Group cohesion is necessary for the participants to experience a sense of belonging, similarity, and acceptance, which enhances their self worth. Further on, though, the feeling of "we" should lessen and the sense of differentiation, otherness, and diversity should develop. As the group moves from the supportive aspects of sharing into the more frightening aspects of change—with painful underlying feelings being intensified and forced to the surface—the group members should begin to see their differences within the shared meaning of what is happening in the group (Barnes et al., 1999).

In the group under discussion, this transition did not occur. The group's early cohesion around the identity of victim provided the members with interpersonal support and practical help in dealing with the establishment. However, it also repeatedly reawakened the traumatic event and reinforced the members' joint identities as terror victims, irrevocably cut off and distinct from all those who had not been similarly victimized. They could not focus on new learning about themselves rather than reinforcing the definition of themselves as trauma victims, and were not able to develop beyond being defined by the trauma. A similar fixation on the identity of victim has been noted in other group therapy with trauma survivors (Kanas, Schoenfeld, Marmmar & Wiess, 1994; Shalev et al., 1999; Vardi, 1999).

This limited success can be attributed to quite a number of factors. Most of the group members were elderly, that is, at an age when a person's ability to change is markedly reduced. Secondly, for most of them, many years had elapsed since the trauma, during which they had not received psychological treatment. It is likely that their traumas and their defenses had both became entrenched over the years. Thirdly, the setting and the frequency of the meetings—the group met every

two weeks—emphasized the fact that it was a psychosocial support group and not a therapeutic one. Lastly, all the group members had serious physical handicaps. The need to cope with these handicaps day in and day out, in a society that values strength and makes few provisions for its disabled, doubtless caused chronic difficulties that may have kept their traumatic experiences alive and reinforced their victimizations.

Without excluding any of these explanations, we suggest that the group's limited progress reflected the unconscious difficulties of Israeli society in coming to terms with terror. The inability of the group members to go beyond this identity is much the same inability that characterizes Israeli society as a whole. In their unwillingness or inability to deal with the powerful emotions of fear, humiliation, and helplessness stemming from their injuries, we see much the same pact of denial that is found in the larger society. In their fight for their rights, they marked the National Insurance Institute as the external enemy and applied to it much the same simplistic, us versus them ideological thinking that is found in Israeli society's identity formation. Above all, their failure to mourn their losses mirrors the failure of Israeli society to complete its mourning and come to terms with its losses. These parallel processes suggest that so long as Israeli society is not able to complete its mourning for its terror victims, the victims themselves will not be able to do so.

When a society has been traumatized, the organizations and groups, including therapeutic groups within it, manifest the fourth basic assumption (Hopper, 1997). This is perhaps why many features of Israeli social, cultural, and political life oscillate between massification and aggregation, without seeming to develop. This is consistent with the manifestations of traumatic experience that result from incomplete and inauthentic mourning.

In addition, Israeli society directly impacts the small group of terror victims. Volkan (1997) maintains that societies preserve and re-enact their traumatic events in order to reinforce their social identity. We suggest that by serving as perpetual reminders of the threat of terror to Jewish survival, terror victims function as markers of social identity for Israel. We believe that as long as the society does not work through the trauma of the terror attacks, it will not permit change in the subgroup of terror injured people.

In United States society, the World War II veterans and victims of other kind of war trauma have the implicit or sometimes explicit sanction of the society to both suffer and expose their wounds. In contrast, the society disdains and neglects the veterans from the wars in Vietnam and Korea, a fact that suggests the society not yet worked them through (Lifton, 1988; McCranie & Hyer, 2000). Lantz and Gregorie (2000) described these stressful postmilitary homecoming experiences: "The Vietnam veteran has suffered two kinds of trauma: the trauma of war and the trauma of returning home from war" (p. 20). We see the same phenomenon in Israel in her solicitous relationship to the Holocaust survivors and relative neglect of war and terror victims.

These societal explanations should give therapists of victims' groups both greater understanding of the processes that may occur and a larger repertoire of interpretations and responses. They may also somewhat mitigate the frustrations that both the therapist and the group members feel when the group process does not unfold as expected.

You may ask what this new understanding will mean for group therapy with terror victims in Israel, and, by extension, for group therapy with the victims of any poorly accepted and processed national trauma. In our view, this new understanding of the role of society in small group processes means that we must reconsider the aims of group therapy. In our view, group therapy should not be primarily devoted to working through the trauma, however desirable that may be, but (1) to providing the traumatized victims with ongoing emotional support (2) and helping them to identify and act on their strengths.

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