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Mood-Oriented Prismatic Balint-groups with Victims of Torture

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Introduction

Prismatic Balint groups are a further development of classical Balint groups in form of a mood oriented sensory-metaphorical process. The group method enables resolving of chaotic, panic, psychotic and traumatic experiences, which as a source of team conflicts have blocked communications between doctors, nursing staff and patients. A prismatic mood oriented Balint-group remains fully functional within an institution with participants from different occupational groups and hierarchy levels, as both role conflicts and relationship conflicts are defocused prismatically by mood orientation. The theory of poetic communication as well as the violence virus hypothesis are discussed. Experience shows that torture and rape victims frequently seek to suppress the experiences they have suffered and that they thereby infect and paralyse their intrapsychic structures, blocking access to their feelings and experience from the pre-traumatic time. Mood orientation and poetic communication open this blockage. They allow the patient to regain his feeling of being accepted by society.

Consternation, helplessness, feelings of solidarity and empathy determine and hinder therapeutic actions in the light of distressing accounts given by patients who come for consultation or therapy and to talk about their experiences of torture. A relatively great number of patients in the Federal Republic of Germany have come from countries where torture is still practised. They come into the clinic with reactive depressions marked by fear, various motivational disturbances and diffuse vegetative symptoms.

These patients do not usually open up to the therapist. There are a number of good reasons for their behaviour: fearful, defensive reactions towards recapitulating the torture experience and the inability to trust, especially if the application for political asylum in the host country is in danger of being rejected. Quite often there are unexpressed doubts both in the doctor and the patient concerning the success of a psychotherapeutic approach to the traumatic torture experiences.

For about fifteen years I have been attempting to understand and to overcome emotionally based occupational difficulties and team conflicts in institutions by practising a special kind of group work, initiated by M. Balint (1). The overriding paradigm in this work has been the psychoanalytical idea that conflicts as well as learning and occupational difficulties in an institution are to be found in interaction patterns which block creativity between colleagues. These interaction patterns can subsequently be understood as re-enacted infantile relationship patterns and may also be explained as aspects of desire, urge or

resistance in transference and counter-transference processes. I soon realised that the development of different transference patterns proved to be very helpful, when viewing various transference possibilities towards a patient or a client. Relationships that had been narrowed down and come to a standstill could still be opened up again.

In between, however, I realised that these unbalanced methods focusing on regression and transference patterns were impeding one another, increasing conflicts between colleagues. Rationalisations blocked information and other processes. This destroyed the positive results and rewards of the transference interpretation that had been initially experienced as providing relief. Moreover the majority of institutions do not continue sessions by looking for continued equivalent aid, and often choose to discontinue further attempts after the trial sessions. Experienced group supervisors also withdraw from institutional practice. These facts document the specific difficulties of institutionalised Balint group work.

PRISMATIC BALINT-GROUPS

Prismatic Balint-groups are a further development of classical Balint-groups, focusing on mood processes. The group method makes it possible to resolve relational conflicts, and above all traumatic sets of experiences which have taken root between doctors, nursing staff and their patients, as well as between nurses and their clients, between students and their patients (2-11).

The mood-oriented method of working can be outlined as follows: after presenting a relational conflict or a patient's problem to the group, the individual members of the group are required to prepare themselves to describe their mood and their own physical and mental state. They should not analyse or interpret the problem that has been presented but instead introduce metaphorical fantasies, in which their mood and physical and mental state seeks expression. We call the group prismatic, as we understand the various descriptions of experiences by the individual members of the group as an unfolding of different opportunities for experiencing a patient or client by the doctor or the nurse. We compare this process to the colours of the rainbow of white light, which only become visible on prismatic refraction. Through the mood-centred, prismatic, sensual-metaphoric method of working it is possible to make a patient's or a client's conscious and unconscious components of experience visible in the group, which can be compared to the potential space defined by Winnicott (13).

All these shifting expressions of the state of health and mood of the individual group members are not interpreted or understood as having to do with a relationship. Unpleasant feelings, chaotic mortal fears, aggressive, erotic as well as depressing-distressing aspects of patient's or client's experience can unfold freely among the individual members of the group. With the help of this multicoloured events a way can be found out of a paralysing relationship as well as out of a victim-perpetrator fixation that stifles every development.

The group members learn to accept their emotional experience and their ideas as a creative achievement, as a resonant and creative ability and as a willingness and ability to sustain a field of tension between the contents of the conflict and the various mood and fantasy processes in the group. In contrast to the classical Balint-group process, in which the focus is on relationship patterns, relation oriented interpretation, self-awareness desires and the blockages caused by these can largely be excluded in prismatic groups. Therefore the prismatic group remains fully functional within an institution with participants from different occupational groups and hierarchy levels, as both role conflicts and relationship conflicts are defocused prismatically by mood orientation.

For torture victims and their therapists as well as for those caring for torture victims the metaphorical method of working in prismatic Balint-groups has proved its worth. Experience

has shown, that torture and rape victims frequently seek to suppress the experiences they have suffered. They thereby infect and paralyse their intrapsychic structures, blocking access to their feelings and experience from the pre-traumatic time. We have come to see that patients attempt to incorporate terrible events and try to integrate them into their ego, by internalisation of the torturer to become a part of the family pattern, thereby individualising and privatising social violence. Their entire perceptive, emotional and motivational structure finally becomes embraced by this violence. The experience remains fixed on a victim-perpetrator track. Concentration camp victims and Vietnam veterans show that even decades after these traumatising experiences the fixation persists.

Therapy attempts based on transference and relationship interpretation often fails for this reason. They are avoided by the patients, as they experience them as retraumatizing and not leading to a solution. Above all we have learned from the massive experience of the Rehabilitation and Research Centre for Torture Victims in Copenhagen (14). The *Quarterly Journal on Rehabilitation of Torture Victims and Prevention of Torture* of the IRCT, is a main source world wide. We have chosen a mood-oriented method of working for this group of patients close to that of the RCT. We have preferred the framework of a supportive and politically loyal treatment concept in individual and group discussions with torture victims, enriched with poetic communication. We use this also in the supervision with doctors, nursing staff and assistants working in this field.

With this method it is possible to address torture and violence themes in a way which brings relief to the individual and to the relationship. They are illuminated in different colours and in a wider context. In this way victims of torture and violence can free themselves step by step from their terrible experiences. They find renewed access to their pre-traumatic emotions. Only after a considerable time did we come to understand that previously blocked pre-traumatic emotions can seek expression in the sensual-metaphorical reports and in the pictorial language used by fellow-patients and therapists.

MOOD SOON BECAME THE CORE AND SCOPE OF THE NEW ORIENTATION OF OUR PRISMATIC GROUP WORK. THIS TERM INCORPORATES ATMOSPHERE AND CLIMATE, PHYSICAL SENSATIONS AND FEELINGS. MOOD BECAME THE BASIS, THE FRAMEWORK, THE VARIABLE MEDIUM AND, FINALLY, THE CONTENT OF THE WHOLE GROUP PROCESS ON WHICH WE MANAGED TO FOCUS OUR ATTENTION WITH INCREASING SUCCESS. THE CONDITION FOR THIS MOOD ORIENTATION IS THE ABILITY TO DEVELOP MOOD AWARENESS AND TO TRANSFORM EMOTIONS INTO MOOD FEELINGS.

”Prismatic” is a technical term for group processes created by the psychoanalyst W. Loch (15). He compared Balint-groups to a prism splitting up the doctor-patient relationship into shades of monochromatic light without having to employ genetic or resistive work. We have adopted this comparison from W. Loch and developed it further into mood-processes. We are attempting to understand the shades of mood of an expression as a necessary tonal chromatic phase on which the following tones or moods can unfold. Through these experiences and expressions of the individual group members, prismatically differentiated, feelings lose their logical and semantic cohesion. Emotional patterns and conflicts are defocused, transformed and in this way minimised. This approach increases the sensual awareness and creative potential for dealing with complex material in the intermediate domain, by Winnicott´s definition (13). The prismatic term has been used for more than 15 years to describe what I now propose to call "poetic communication".

The metaphorical quality of expressions plays an important role in this mood oriented group process. Fantasies and memories based on imagination or fantastical elements are understood as mood process experiences formed with images. We describe this linguistic imagery as "open fantasies" to stress that its metaphorical content should not be reduced to a

symbolic expression of a specific behaviour in configurations of relationship. The development of experience into metaphorical expression is understood in relation to the process. This means that the individual metaphorical elements serve primarily as the elaboration and further development of each mood-process.

It is important to realise that metaphorical-poetic and rhetorical language is not an inferior, aesthetical side-track in the search of truth, but that through it, the complexity of language, archaicism, history, future and the multidimensionality of vital processes find their adequate expression. I have found that the metaphorical aspect has to develop a concrete image first of all if it is to be understood in its complex contradictions, its past and present content. I have also learned that if an image is understood simply as a symbolic expression of an emotional aspect, then it loses its open nature, its dynamic tension and its full truth. (16). On the basis of these experiences we developed the psychoanalytic theory into a three-dimensional-personality-concept. We distinguish between the following three dimensions:

1. The primary process, originating in the early childhood and the unconscious area of the adult.
2. The secondary process, which includes emotions in relationship and transference and the rational understanding of the unconscious.
3. The tertiary process, which is based on mood, feelings and metaphorical language. It opens the sources of creativity and allows a transformation of ego-centred fixations into socio-cultural activities.

THEORETICAL CONCEPTUALISATION

Although elements of the group technique, such as sensual-physical experience, open creative work and metaphorical forms of communication can quickly be grasped, we have had longlasting problems with the theoretical conceptualisation of mood in prismatic Balint-groups and in the psychotherapeutic field. We have found a number of explanations allowing at least some understanding of this phenomenon, which in its kaleidoscopic forms of expression encompasses our whole existence. We cannot free ourselves from moods. We all know and feel that our decisions and motivations are dependent on our moods, which are influenced by internal and external factors. The advertising industry has realised the importance of moods in the developing of sales strategies. Politicians view the influence of moods as crucial in elections. Mood, however, remains a neglected field of psychological research. With regard to the considerable number of psychotherapeutic schools and methods, it is surprising that mood has hardly been dealt with at all.

Thure von Uexküll (17) views mood as a central psychosomatic term. His concept of mood as prereality can be related to Winnicott´s views about transitional space and objects (13), to Michael Balint´s theory of "Primary Love" (18) to "flash" by Enid Balint (19), and to a number of other theoretical approaches which describe the absence of the subject-object dimension as an unstructured transitional space, in which the central therapeutic, creative and productive processes evolve.

In the prismatic group process an attempt is made to transform unstructured information into mood-dynamics. These dynamics can only develop when the individual group members succeed in transforming teleological "why-because" question complexes as well as emotions and group dynamics into sensual-metaphoric experience. These processes of experience and transformation are what we mean by the expression mood dynamics and poetic communication.

Working together with students in Balint-groups, Thure von Uexküll (17) describes how these students, who had not yet been conditioned by specific thought processes were increasingly capable of perceiving and discussing physical and sensual experiences in the

group, because they were not yet familiar with the language of organic or psychological medicine. We have also frequently observed this in our groups. We were often surprised to learn how the behaviour and physical symptoms of a pupil, a patient or a client could mirror the transference-atmosphere of a relationship, a school class or a hospital ward within the group process. Behaviour, symptoms and mood change when moods are described in a pictorial language.

We considered it as particularly valuable for our work to understand how transformation processes work. Thus we could study how chaotic, unchained, unconscious feelings, above all the fear of psychotic disintegration and the fear of death in our patients would increase the emotional tension in the staff and adversely affect the dynamics of an institution. We understood that disassociated feelings could be transformed and thus tied to interaction patterns. On the other hand emotionally fixed experiences of conflict can be transformed into mood feelings with the help of prismatic mood orientation.

In the therapy with neurotic and psychosomatic patients we have explored physical and mental awareness of mood as well as metaphorical forms of communication. With the help of mood orientation even psychotic patients - to the astonishment of therapists - learned to see their experiences and fantasies in a process of mood communication as playing a creative role in the group. They understood that their moods were their individual expressions of a given problem from another patient or a group conflict. This opens the door for a new understanding and to the transformation of egocentric and interaction feelings into mood processing feelings. Thus we can free a person from his misconceptions of the external world and from what he is producing in himself. The mood oriented method is also a helpful therapeutic tool in the work with the growing group of patients with post-traumatic stress and borderline symptoms.

For me, the most important step in learning to understand the theory of mood oriented therapy was my work with patients who had experienced torture and were unable to find a way out of their mental prisons. Above all I had to learn to accept my own inability to fully comprehend and to bear the patient's experiences of torture. I became aware that transference oriented therapy in a classical psychoanalytic approach was not able to carry and to work through the psychotic-like feelings of torture. Some analysts would however disagree.

When I started to work in a mood- and resonance-oriented manner, the therapeutic scene changed immediately. The mood of the patients, which was fixed on torture, shifted, and thereby brought them relief. The blocked pre-traumatic feelings could be reeperienced, giving the patient a new opportunity for normal pre-traumatic life experiences.

DISCUSSION

Traumatic, burdening experiences such as torture are as a rule individualised by the victims. External violence is psychologised and clad into various aggression theories. Help is then offered within the framework of a subject-centred psychotherapeutic therapy. The suffering caused by torture is primarily subjective and for a considerable number of victims it remains a life-long burden. In this light we have asked ourselves why psychotherapeutic help is so seldom sought or accepted by the victims. Could it be, that the victims of concentration camps, torture or rape experience the limitations of subject-centred psychotherapeutic processes in bringing them relief? Or do the victims themselves succeed in reducing the burden of such experiences by attending groups consisting of fellow sufferers, those who have gone through similar experiences? The large number of women, for example, who look for and find help in the "Women’s Houses" but also in counselling and self-help groups, might be an evidence of this. But all these attempts, by the community, political authorities, ideological or religious groups, to offer help and relief, have their limits in the already

subjectively internalised and fixed individualisation of torture, rape etc. These have to find mood oriented release.

VIOLENCE VIRUS

We will attempt to illuminate this complex problem with its equally interwoven and distinct social and psychological dimensions by a tentative model: Torture could be viewed as a superinfection by specific violence-viruses. These viruses penetrate into the individual structure of the victim in the form of multiple physical and psychical injuries. They have the ability to hide themselves so as not to be recognised in their true nature, thus preventing the formation of antibodies to combat them. They are experienced and evaluated by the infected victim as his or her own psychosomatic syptoms. The "violence-virus" model can help us understand how traumatic experiences increasingly infect the individual structures of the victim and why it is so difficult to overcome these painful experiences. This approach is helpful in overcoming the resistance of torture victims in therapy, especially of those who seem unable to develop political or religious structures of defence or to create meaningful thoughts which work against the torture experience. Such a "violence virus" may infect the therapist as well, especially if he is drawn to theories about unconscious violence in psychic structures, and is thereby unable to consider the social dimensions of violence and torture. He has to defocus this fixation.

It appears as if the transference oriented focusing upon trauma and emotions may even deepen the suffering of the victim and the therapist. This has been discussed by Tilmann Moser (20), Anita Eckstaed (21), Alfred Drees (10) among others. Methods of defocusing open up new possibilities. Allan Staer (22) has poined out that torture victims of the Middle East need a cultural and community oriented form of transference instead of a western, individualized one. I myself experienced this in my prismatic Balint groups in Kuwait (12).

CONCLUSION

Mood and defocusing orientation allows the therapist to help the patient regain his feeling of being accepted by society, while in a interaction approach, he remains in his torture-feeling-prison. The theory of mood orientation enables us to understand and to integrate all the new nonverbal body and sensual oriented techniques in psychiatry, such as dance, music, art and literature therapy. In institutions, especially in schools, hospitals and counselling centres, prismatic mood-oriented training-groups reduce emotional tensions among the staff and in the institution and hereby minimises burn-out syndromes. These training groups evoke mood-awareness in the therapist as well as in the patients. They enhance the psychotherapeutic possibilities and integrate the nonverbal techniques in a comprehensive mood-concept.

Finally I can only briefly mention here that prismatic Balint-group experiences defined by the key terms: mood process orientation, prismatic enlargement, transformation of interaction patterns, sensual resonance, metaphorical language and poetic communication, have relevance even outside the Balint-groups in the psychotherapeutic field. For tortured patients and their therapists it is the favoured therapeutic approach.

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Summaries in German and Spanish

Stimmungszentrierte, prismatische Balintgruppen in Therapien mit Folter und Gewalt Opfern.

Prismatische Balintgruppen sind eine Weiterentwicklung klassischer Balintgruppen im Rahmen einer Stimmungszentrierten sinnlich metaphorischen Prozessorientierung. Die Gruppenmethode ermöglicht eine Lösung aus chaotischen, panischen, psychotischen und traumatischen Erlebnissen, welche als Quelle von Teamkonflikten, die Kommunikation zwischen den Ärzten, der Pflegegruppe und den Patienten blockieren. Eine prismatische stimmungsorientierte Balintgruppe mit Teilnehmern aus unterschiedlichen Berufsgruppen und Hierarchiestufen bleibt innerhalb einer Institution voll funktionsfähig, da Rollen und Beziehungskonflikte im Rahmen von Stimmungsprozessen prismatisch defokussiert werden. Die Theorie der poetischen Kommunikation sowie eine Gewalt Virus Hypothese werden hierbei diskutiert. Es zeigte sich, daß Folter- und Gewalt Opfer ihre traumatischen Erinnerungen zu unterdrücken suchen und daß sie damit den Zugang zu ihrer prätraumatischen Gefühlswelt blockieren. Stimmungsorientierung und poetische Kommunikation ermöglichen es diese Blockaden aufzulösen. Sie helfen dabei dem Patienten das Gefühl von Menschlichkeit und gesellschaftlicher Akzeptanz zurückzugewinnen.

Grupos Balint (Mood-Oriented Prismatic) con víctimas de la tortura

Los grupos "Prismatic Balint", constituyen un desarrollo más allá de los clásicos grupos Balint, como un proceso senso-metafórico de orientación de ánimo (mood-oriented). El método del grupo hace posible la resolución del caos, pánico, experiencias psicóticas y traumáticas, las cuales por ser fuente de conflictos de grupo, bloquean la comunicación entre

médicos, enfermeras y pacientes.Un grupo "Prismatic Balint", dentro de una institución con participantes de diferentes grupos ocupacionales y distintos niveles jerárquicos, se mantiene de manera funcional. Se produce un cambio en la visión que se tiene de ambos roles, los de conflicto y los de conflictos relacionales, debido a la orientación de ánimo (mood-oriented).Se discute la teoría de la comunicación poética así como la hipótesis del virus de la violencia. La experiencia nos enseña que las víctimas torturadas y violadas buscan suprimir en un alto grado las experiencias sufridas, las cuales infectan y paralizan sus estructuras psíquicas bloqueando el acceso a sus sentimientos y experiencias anteriores al trauma.La orientación del animo (mood-oriented) y la comunicación poética abren esta barrera, permitiendo a los pacientes volver a adquirir la certeza de ser aceptados por la sociedad.