The authors describe a programme for victims of war structured around day care treatment that takes into account the need of patients for structure and at the same time makes it possible for them to re-experience the trauma. This programme consists of a combination of a storytelling group and art therapy.

Keywords: psycho trauma, storytelling, narrative group psychotherapy, art therapy, testimony, victims of war

Introduction

Centrum'45 is a Dutch centre for the treatment of survivors of war and organized violence. The staff recently developed a type of treatment that offers structure while at the same time enabling clients to address their traumas in depth. Clients work, in a group setting, on their own individual and specific treatment goals. The acquisition of coping skills is therefore, strongly emphasized.

The clients attend a set therapy programme once a week for a period of eight months with the following components:

1. A task-oriented therapy group, in which clients agree upon and evaluate the specific steps they will take towards accomplishing their treatment goals;
2. Psychomotor therapy in a group setting, in which clients learn how to deal better with the somatic equivalents of their high level of arousal;
3. A social skills training group;
4. The combination of a ‘story’ group and art therapy; which is the main topic of this article.

The programme is ‘open’, which means that there is a regular in and out flux of participants.

The participants are primarily first generation survivors of World War II, mostly from the former Dutch East Indies. They suffered multiple traumatic experiences in their early childhood during the war, and in the course of the subsequent migration from Indonesia to the Netherlands. At an early stage in their lives, they were deprived of the necessary family support to deal with these experiences. The emphasis was on continuing life in the midst of loss. Therefore, these are people who had a traumatic event early in life and who now are being impacted by their past. In most cases, they have maintained their original survival strategies for an impressively long time. They now have difficulty organizing and directing their lives, have a limited ability to move freely in society and therefore are living limited social lives. They present a variety of psychological complaints: anxiety, depression, feeling pressured. They have
problems with sleeping, suffer from nightmares and flashbacks, and have problems in the regulation of aggression.

The story group

Five men and one woman are sitting in a room. Five are of Indonesian descent. Their ages are between 60 and 70. The two therapists enter. There is some joking that they are late. Then a tense silence ensues. ‘Jan, if I’m not mistaken it’s your turn’ says one of the therapists. ‘Jan sighs, ‘I’d better begin’. He tells the group about his early childhood in the internment camp: that his father had gone, his mother had become hard and bitter, about the illness of his younger sister, the hunger, the search for scraps of food, and the public punishment of prisoners who were forced to sit and stare into the sun for hours on end. Group members sometimes nod in understanding. One of them is clearly holding back tears. The therapist regularly interrupts the speaker. It seems impolite and harsh to ask someone a series of painful questions and to enquire about details, when it is plain to everyone how difficult it is already. ‘How does the hunger feel?’ ‘What is it specifically about your mother that tells you she has become so hard and bitter?’ ‘What does your sister’s illness look like?’ and ‘Does anyone have any question to ask of Jan?’ Most group members remain nodding in understanding. One of them is clearly holding back tears. The therapist regularly interrupts the speaker. It seems impolite and harsh to ask someone a series of painful questions and to enquire about details, when it is plain to everyone how difficult it is already. ‘How does the hunger feel?’ ‘What is it specifically about your mother that tells you she has become so hard and bitter?’ ‘What does your sister’s illness look like?’ and ‘Does anyone have any question to ask of Jan?’ Most group members remain ‘polite’, and do not ask anything, but one of them tries to speak about his own camp experiences. One of the therapists stops him from doing so: ‘No Andy, let us try to focus on Jan’s story and help him to deepen it’. Jan is clearly finding it difficult, as he is not permitted to tell his story the way he has done so often before in his life, now he is unable to maintain his own safe tempo. When he has to speak about his history in this manner, it almost feels as if his story is happening in the present. He is not allowed to side-step by talking about his failed son, or about the rejection of the Dutch that he felt when he arrived in the Netherlands.

Above is a brief example of how a typical story group session may unfold. Someone tells his life story, but does so within a framework of strict rules. The atmosphere is tense, but also sympathetic. The group members clearly have an emotional bond. After the session, they leave together for lunch, joking, sometimes touching, and consoling each other.

Aim. The therapeutic aim of the story group is to enable the participants to tell their trauma story within a safe setting. At first, stories tend to be too well polished, or show many gaps, while less essential details are magnified. Participants appear to control their emotions and prevent flashbacks by using this style of story telling. However, in doing so, they also block working through the experience. Therefore, therapists intentionally work to make the telling of the story an intense experience. Traumatized participants would rather not deal with this intensity and therefore tend to structure the telling of their life story so that they feel safe and under control (Hunt & Robbins, 1998).

Structure. The task-oriented character of day treatment inherently contains a lot of structure. Additionally, there are certain specific rules for the story group. Only one participant tells his or her story in the weekly one hour-session. Who that will be is agreed upon during the previous session and each will take his turn. There is always a back up in case the protagonist is not there, something, which may well happen in a group climate of avoidance. The ‘audience’ within the group has its own task: they are expected to support the protagonist in his story with explorative questions and brief responses. They can only bring in their own experiences if this seems facilitative for the protagonist. The vignette above shows how difficult a task this can be. The hard questions are usually left for the therapists to ask. There may also be a cultural factor here. In Indonesian culture (and in many others) one is expected not to ask questions, which might leave the other person sad, or angry.
During the course of treatment, each client tells his story several times. The first time the focus is on the actual traumatic events; the second time explores events before and after the trauma, on up to the present time. If possible, there is an exploration of the influence of the past on the present: how do past ‘scripts’ influence the experience of the present? It sometimes happens that someone cannot tell his story in a single session. As an exception to the rule, it can then be decided to continue the story next time. However, in order for the participants to learn how to gain maximum control, it is preferred that these experiences be consciously closed off and then purposely opened up again later.

New participants do not tell their stories immediately, but will first observe and witness the others during their first few meetings. In the art therapy group, they will focus initially on constructing their life-line (see that section). In that way, they gradually approach their own traumatic material.

The story should not be directed at an individual therapist, but much more at an ‘audience’ with whom one feels a strong bond. How telling the story is facilitated. The suggestion ‘tell me about it’ will usually only have therapeutic effects in an atmosphere of mutual support among group members. Such an atmosphere gradually develops during the course of treatment, as group members are continuously assisting each other with self-imposed tasks and targets that flow from their treatment goals. After a while, this becomes a sort of group culture, which is transferred onto new participants and provides the support needed to facilitate the storytelling. There are frequent contacts between group members outside of the treatment situation, although this is neither encouraged, nor discouraged, by the staff. At times, ex-group members are invited for informal meetings. Sometimes people exchange ‘services’, like making a ‘spekkoek’ (Indonesian cake) for someone. There is always someone who appears to be assigned the ‘father’ or ‘mother’ role, and people discuss this dynamic openly. Within this particular day-treatment programme, there is a lot of attention given to the termination of treatment, and saying goodbye. People tend to give presents at these occasions, something which is also not encouraged. After termination, there are still frequent contacts between former group members.

Preparation for telling the life-story. This preparation occurs in a variety of ways. Before telling their life-story, the participants construct their own lifeline during art therapy. Clients are encouraged to bring objects that are connected in some way to the situation in which the traumatic events took place (photos, a rice bowl from the camp, etc.). They are also encouraged to research the past, for instance, by speaking with family members that in some way were involved in their traumatic past.

Sometimes, when it concerns particularly difficult, shameful, or intensely painful memories, it is possible to express these parts of the life-story with the help of behavioural exposure: an intense, prolonged focus on the avoided stimuli and memories. This takes place in individual sessions with a therapist (not necessarily a psychotherapist); psychomotor therapy and art therapy can also be used to arrange a form of ‘prolonged exposure’. Finally, a participant may decide not to talk about some aspect of their experience in the story group or may not be able to do so. In that case, we usually suggest that he/she attempts to work on this non-verbally, within art therapy.

The attitude and interventions of the therapists. Both the group therapist and the art therapist are present in the story group, and in the art group. The group therapist will usually have
a directing role and the art therapist a supportive role. Through their model-function, the therapists will have to convey the essence of their approach: to confront the painful material within the safety of the treatment structure. Painful memories can and will be touched upon openly and directly. Direct and searching questions will be asked. The therapists may probe for details of the traumatic experience, or ask questions that help someone to get involved in his or her own story. As the story often is told in a stereotypical fashion with gaps and omissions, the therapist will attempt to examine the events from several different perspectives. For example, if the description is mainly in images, the therapists may ask about sounds (‘how did the voice of this Japanese soldier actually sound?’).

The life-story is often presented as a string of consecutive events: ‘first-this-happened-and-then-he-did-that’. The therapists will attempt to bring the protagonist back into the story as someone with his own perceptions, his own thoughts and feelings, his own ability to choose and his own will power. This is particularly important with respect to experiences in which force and loss of self-control were an essential part. The therapists will attempt to bring out multiple interpretations and attributions of the same experiences (Jefferson, 2000).

Meanwhile, the therapist tries to be vigilant for so-called ‘screen memories’. This is where one painful memory ‘screens’ another, even more painful memory preventing it’s coming into full awareness. For instance, it may be easier to remember being mistreated by a camp guard than to remember being mistreated by your father. In the same way, memories of poverty may screen earlier and more painful memories of emotional neglect. The therapists try to mould the questions to address the ways in which the protagonist appears to avoid emotional matters. For example: telling the story in an impersonal or stereotypical manner with little feeling (as if it has been told hundreds of times before), telling the story very quickly, being stuck in the story, or dwelling endlessly on seemingly irrelevant details.

Apart from asking questions, the therapist can stimulate the other group members to ask questions as well. These will usually be the kind of questions aimed at collecting information that is more specific. The asking of questions has an important function for group members: it helps them to keep some distance to the story of the protagonist, and it may also help to control their own flashbacks which may be triggered by identification with the protagonist, or their story.

Continuously, the therapists are also searching for continuity (Dasberg, Batura & Amit, 2001). Events never exist in and by themselves, there is always a ‘before’ and an ‘after’. Recurring themes are pointed out, if possible. In the interest of continuity, the therapists’ attention remains focused on the protagonist, unless the atmosphere in the group requires intervention. Sometimes there may be an avoidant attitude in the group. Alternatively, the protagonist does not feel free or safe in the presence of some group members. In such situations, the therapists will briefly pay attention to the group process.

The art therapy

The group sits in a circle around a table. Without words, without overt agreement it is clear who will sit where. The atmosphere is relaxed, and there is talking and laughter. We begin with a brief chat to find out what each person has been able to accomplish in his or her work. Then, the therapist gives directions so everyone can continue with a clear focus. Questions asked may be along the lines of; ‘how do I go about making a support project. I cannot think of anything positive without remembering something bad...?’ The
work is taken from the drawers and the group begins. The atmosphere is quiet and everyone is concentrated on his own work. The first half hour is spent focusing on the ‘trauma project’. Time quickly passes. One group member switches to their support project after a short 10 minutes, as he is no longer able to cope with the trauma project, while someone else finds it hard to tear themselves away from it. One woman begins to cry. She is painting an image of herself amidst bombardments, together with other painful images from her memory. She is shocked at her own reaction, ‘as a child I always had to keep quiet - forget everything I saw and heard. I now rarely feel any emotions when I have these memories, not even last week when I told my story in the group. Now that I am painting myself, I can see myself again... when I was a little girl - and everything comes very close to me. I can finally cry.’ The work is stored away in a personal folder, and the meeting is closed by jointly reviewing the work that has been completed over the past hour.

Aim. In the art therapy group participants are expected to depict their own life story. It is not a group in which the story is communicated to the other group members, but a setting where each searches for meaningful images in themselves - those that will stimulate contact with more hidden emotions. In working with tools and materials, one can practice dealing with problems in a different way. One of the most important outcomes is greater flexibility.

Structure. The art therapy sessions last one hour. Everyone works individually on his own project, using either the easel, or the table. People work on very clearly defined assignments. The first three sessions are spent on the ‘life line’ - an assignment that can be seen as preparation for the first telling of the life story in the story group. The next sessions are spent on the ‘trauma project’ and the ‘support project’ (explained below). The first half hour of every meeting is spent on the trauma project, and the second half hour on the support project. During the last sessions, the art therapy group is used to prepare a ritual ending of the treatment programme. The lifeline. The construction of the lifeline is intended to further construct a better sense of the past. By presenting their life story in chronological order, clients can also structure their memories. In doing so, insight may be gained into the broad outlines and recurrent themes, and a connection can be made.

Figure 1: The hands of the client’s mother are depicted. At this stage the work is unfinished and a Bible will later be added. His mother would often read to him from the Bible when this client was in the camp.
between past and present. By assigning colours to the different periods of life, difference and nuance is expressed in emotional life (happy and unhappy periods). People work on this assignment three or four times. When this is completed, the participant is ready to tell his or her life story in the story group (de Vries-Geervliet, 2000).

**Trauma project.** The aim in working on the trauma project is to search for those memories of traumatic experiences that are the most charged with anxiety, and that are the most actively avoided. Different techniques, materials, and colours are utilized in order to make the recollection of the traumatic experience as vivid as possible. Physically kneading clay with one’s hands provides a physical connection to the material; as a result, the subject theme may be experienced in a more physical way.

Clients may spend a long time on seemingly insignificant details of a traumatic experience, thereby avoiding more central, and usually more painful, aspects. If that happens, the therapist will try to make them aware of this and stimulate them to look at these difficult, but important aspects. An alternative is to offer a different medium, which makes it harder to work on details.

**Support project.** The aim of working on a support project is to mobilize positive forces and qualities. In this project, a person’s healthy side is emphasized, and participants may discover the source of their strength to continue and survive. Many of the support projects deal with pre-war people and experiences. Frequent themes are parents (often mother), religion, and nature. Work on the support project is important in regaining control, particularly as it is combined with work on the trauma project. Participants are stimulated to find and choose supportive themes in their life themselves, but frequently need direction from the therapists.

**Alternating between support and trauma.** Within art therapy sessions, we work for half an hour on the trauma, followed by half an hour on the support project. Both client and therapist keep track of this. It is important to find the right balance between avoidance on the one hand, and endlessly working on the trauma, on the other. The client is stimulated to make these choices themselves, but if this is difficult, a clock may be used. When the time for working on the trauma project is past, the client is asked to put it to the side. It is important to keep the trauma project nearby within the session; as a symbolic acceptance of the trauma as something that is always present, as something that is a part of the client. Putting the trauma object away and out of sight would be like a renewed avoidance.

*Figure 2: A client sculpted out of clay an image of himself at a time he was forced to witness a mass execution. In sculpting the image, he came very close to his former emotions, which until then, his memories had been like a ‘grey amorphous mass’.**
Attitude and interventions of the therapists. Both in the story group and in the art therapy group the focus remains on the individual. In both groups, it is considered important to confront traumatic material from the safety of treatment structure. The art therapist stimulates the client to use certain materials, and helps the client to search for those images that are associated with the traumatic experience. While sitting next to the client and discussing his work there is ample opportunity to probe for details, such as: ‘what did the surroundings look like?’, ‘what colours did you see?’, ‘where did you stand?’, and ‘where were the others?’. The material choice is jointly made between client and therapist. Some find it difficult to work with clay as can sometimes release memories of earth and corpses. When this kind of fear occurs the decision can be taken to make a drawing of the trauma first, then, at a later stage this can be used as a starting point for work with clay. People often attempt to control their emotions by working with pencil and a ruler. Working with brush and paint is much more difficult because more control has to be relinquished. Colours are more intensely experienced, and may bring someone closer to their traumatic experiences.

The combination of story group and art therapy
The combination of therapies is meant to integrate recollections of traumatic events in both a verbal, and a non-verbal way, and for both methods to complement each other. The two therapists run the story group and the art therapy group jointly. In this way, they can maintain an overview of the therapy process in both. The atmosphere in each therapy group is noticeably different. The story group usually has a more palpable tension, while the mood in art therapy tends to be more relaxed. In the story group one person is the centre of attention and tells his or her story. All eyes are focused on the speaker while the others listen, and perhaps ask questions.

The story group provides an overview of the personal history of the participants with a lot of opportunity to probe for details. Specific aspects of the story may be tackled in art therapy. By adding art therapy, it becomes possible to continue themes for extended periods. Words are spoken in seconds, but creating an image takes much more time. This may intensify the therapy process. Images made in art therapy are tangible, concrete. They can be stored away physically, taken out again, or shown to friends. They can even be thrown away, or destroyed. The content of what is being expressed is often less important than the manner in which this expression occurs. Most clients have spoken about their wartime experiences before, but often in a highly stereotypical manner. In this process, they are encouraged to step outside of this stereotypical frame (Laub & Podell, 1995). This may give rise to anxiety, but also offers a new opportunity for working through the experience. New, and yet untouched aspects of traumatic experience, may come to the fore. Clients increasingly become aware of the more basic cognitions they cling to about themselves, others, and the world (Mishara, 1995).

Participants seem very committed to the therapy and the groups tend to be highly cohesive. This provides the safe basis from which the participants can confront anxiety and gain a new perspective on life, as well as disengage from misery, and to have fun.

References


1 In the following, on behalf of readability, the masculine and the feminine will both be represented by the masculine when the text is applicable to both sexes. The masculine in this article feels somewhat more comfortable because most group members are male.

2 This is one of the reasons why an open group setting is important. In a closed group such a group-culture would have to be rebuilt time and again.

3 Apart from being a preparation for telling the story, we also believe that traumatic experiences should first be explicitly placed within the life-story. These experiences have often become split off, dissociated and fragmented, as a result of which they no longer form part of the flow of life.

4 Often early memories are stored in a more sensory or bodily way. The same is true for early traumatic memories. Images may form the ‘key’ to these memories and the accompanying emotions. Moreover, people are sometimes stuck in their language; they keep repeating themselves or just cannot find the words to express what they want to say. In art therapy we work with a ‘language of imagery’ through which communication and exploration may at last become possible.

5 Often people prefer to work with pencil and a ruler to express the images in a very precise and controlled way. The suggestion instead to paint or to draw may be difficult and increase anxiety. Old patterns have to be relinquished, which results in fear of loss of control. What emerges when they are able to do so, is the ability to work more freely, less controlled, and with more authenticity. Working with a brush gives less control, while working with colour stimulates the emotions in a way that a grey pencil doesn’t. In this way flexibility is encouraged.

6 A more extensive reference list can be ordered through the first author: ivdv@centrum45.nl

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