

GROUP INTERVENTIONS FOR TREATMENT OF PSYCHOLOGICAL TRAUMA

MODULE 6: THE LATER STAGE: THE ROLE OF GROUP INTERVENTIONS IN COPING WITH THE AFTERMATH OF TRAUMATIC EVENTS

By

Cecil A. Rice, Ph.D., CGP, FAGPA

ABOUT THE AUTHOR

CECIL A. RICE, Ph.D., CGP, FAGPA is President of the Boston Institute for Psychotherapy, faculty at Harvard Medical School, and has a private practice in group, individual and marital psychotherapy for over 30 years, in Needham Massachusetts. In addition to working in his private practice with people suffering from abuse, he has also been working with colleagues from the United States and Northern Ireland providing training for local clinicians addressing the traumatic after effects of 30 years of civil strife in Northern Ireland. He has also published papers in this area.

I. RATIONALE AND OBJECTIVES

The after effects of a major social catastrophe such as September 11, 2001 can last for many years for individuals and families and may quite seriously limit their capacity to function well as members of a society. In brief, the effects of such social trauma last well beyond the initial shock and devastation.

The goal of this module is teach and demonstrate how mental health professionals may use groups effectively to address the longer-term impact of a major social trauma.

For the purposes of this module, we define the later stage as the effects of a traumatic event beyond its immediate impact and including several anniversaries of the event. This is not a clearly defined time; for our purposes we will define it as beginning one month after the event and lasting for 25 months afterwards. Clearly, this is an arbitrary framework, as the aftermath will last much longer for most and a lifetime for many.

The key markers of this arbitrary period are the event itself and the anniversaries that follow it. We will use the anniversaries as a motif for all triggering events that re-stimulate the experience of trauma or painful memories of it, shortly after the event, and months and years later.

The event that brought this module into being was the September 11, 2001 assault on the United States. However, the material will be applicable to other similar kinds of events, such as the bombing of the federal building in Oklahoma City, or any future tragedy of a similar nature. While, there is much overlap with groups designed to address personal trauma, such as that caused by incest and rape, these groups will not be part of our focus.

II. REFLECTIONS ON ANNIVERSARY REACTIONS

A. Though the literature is limited on anniversary reactions, it has been a *sine qua non* to most group psychotherapists that the anniversary of a difficult crisis in an individual's life brings back that experience. A person may remember or relive the trauma in a wide variety of ways. Sometimes this is a very painful memory; sometimes, the event is re-experienced; and sometimes, it is a combination of these two poles.

B. Why does the trauma return? A number of reasons are possible.

1. Individuals give meaning to dates. Thus, the same date one or more years later will have meaning associated with the trauma.
2. In the unconscious, time does not exist. Thus, events are ever present and can be triggered again by current dates and events that connect the conscious life and its meanings with the unconscious life, such as an anniversary.
3. From another perspective, unconscious time is cyclical. Linear time is a relatively recent discovery. For example, for the Samaritans, life was lived in cyclical fashion; one

day was a repetition of the previous day, and each season was repeated after the last season of the “year” past. It is reasonable to assume that such circularity is still part of the human experience, though often unrecognized. So, unconsciously the traumatic event forever returns.

4. An anniversary is what we call a trigger because it stimulates experiences associated with the trauma. There are many other triggers as well.

III. ANNIVERSARY REACTIONS AND OTHER TRIGGERS

A. Definition:

Anniversary reactions refer to the reactions traumatized persons experience on the first and subsequent anniversaries of the traumatizing event. We will also use anniversary reactions as a template of other events that trigger similar reactions as an anniversary does.

B. The kind of behaviors and experiences that may suggest an anniversary reaction:

A vivid re-experiencing on the anniversary, aside from the unpleasantness of the experience, is straightforward to understand, though not necessarily to the person experiencing it. Learning that it is an anniversary reaction can help contain the experience. Others may need special attention, even hospitalization.

C. Other Anniversary Reactions:

These may take a variety of other forms depending on the patient experiencing them and may include:

1. Being acutely depressed
2. Being irritated, fighting with loved ones for minor reasons
3. Feeling out of sorts
4. Crying and not being sure why
5. Over eating
6. Plodding along at work but finding no pleasure in it
7. Behaving differently than one usually behaves

Clearly some of these may be symptoms of many other things, such as an ongoing depression, but examination of recent behavior changes and recognition of the date will often confirm their specificity and may help ease the discomfort.

D. Subsequent Anniversaries

Subsequent anniversaries can also act as triggers, usually with decreasing acuteness, especially if the person has had a chance to talk effectively about the experience.

E. Other triggers

Following the initial trauma and subsequent to the first anniversary many other things can act as triggers. Essentially, the event triggers re-experiencing and remembering because of what the trigger means to traumatized persons and how they associate the trigger to the original trauma. The triggers will vary from person to person and may include:

1. Movies or television shows of similar phenomena, e.g. bombed buildings, movies of rape or violence, etc.
2. Returning to previous haunts such as drug stores, groceries stores, malls where one may have been with the lost or harmed person or was with the person who did the harm.
3. In places and spaces where one may feel “everyone knows” and one feels exposed. Some of the above haunts will have this characteristic also.
4. Special dates, such as birthdays or wedding anniversaries
5. Special events, such as reunions, church services, sports events

IV. THERAPY GROUP AND TRAUMA SUPPORT GROUP: A COMPARISON

Therapy groups help individuals come to an understanding of their patterns of behavior, thinking and feeling that negatively affect themselves and others. These patterns, though constantly repeating themselves, usually lie outside the awareness of the individuals themselves. Through the interactions with the other members, and by reflecting on those interactions and the subjective experiences they evoke, individuals become aware of the patterns that handicap them and can take steps to change them.

By contrast, a support group or a post-trauma group seeks to provide mutual support for the members to help them cope with the impact of the trauma, to grieve their losses and find a way to incorporate their losses, at least in part, into the rest of their lives. They do not usually examine the relations among the members, are not concerned with discovering self-limiting or damaging patterns of behavior, thoughts or feelings, or reflecting on them.

V. TRAUMA SUPPORT GROUP

Groups have a particular value when dealing with anniversary reactions and other triggers, including:

- A. Universality, the relief given from understanding that one is not alone
- B. In working with others, one's experience is normalized, i.e. this is how one reacts to trauma; it is not a pathology.
- C. The members also find they can help each other and in doing so help themselves.
- D. The group provides a place where one can speak safely about one's experience that may not be possible elsewhere, especially the phenomenon of others and one's self expecting that one should be "over it" by now.
- E. Depending on how the groups are structured—in contrast to a therapy group—the support group may also provide support outside the group, much as AA and Alanon do.

VI. THERAPY GROUP

- A. Therapy groups are not the first approach to anniversary or other reactions.
- B. It is not usually helpful to bring a person into the therapy group in response to a recent traumatic event. The group is too limited in its capacity to respond to a new member in crisis.
- C. A therapy group, however, may be very helpful to a long-standing member who experiences trauma while a member of the group, or re-experiences the trauma
- D. For these members therapy groups have some of the same advantages noted under Trauma Support Groups, but in addition, they usually have an already existing "holding" environment that will provide support for those experiencing anniversary reactions.
- E. Because of the broader variety of issues in a therapy group, the sense of universality will not be as strong, but the therapy group can compensate for this through the longstanding nature of the relationships among its members.
- F. Occasionally, additional attention, such as, individual sessions may be necessary.

VII. PREPARING FOR THE TRAUMA SUPPORT GROUP

- A. Selection of Members:
 - 1. Immediately following a crisis, like September 11, precise selection is difficult. When someone asks for help, the liaison persons working between the referring agent/s

and practitioners try to find available groups from the list they have generated, usually in a very short period. Sometimes the liaisons find a good match; sometimes they do not, as time is limited and the traumatic event affected the service organizations and their ability to function also. Under these circumstances, it is hard to make fine distinctions. Exceptions to this would be selecting out potential members so traumatized that they cannot function in a group and may need individual attention.

2. Ideally, it would be better to have greater homogeneity in the trauma groups, such as having in separate groups those who lost children, those who lost spouses, and those who lost parents and siblings and so on, especially if the group is time-limited as most trauma groups are.

3. Clearly, the later a group begins after the event, the more refined the selection process can be. While, the referring agent and the therapist may design a refined selection process at a later juncture, it should not be so refined that he/she cannot form a group.

4. Where possible, the group meetings should cover anniversary dates. Either beginning shortly before at the time of an anniversary, or ending some weeks after an anniversary.

B. Group Leaders

1. Leaders who have themselves experienced trauma can bring much to the group provided they have come to a reasonable understanding and resolution of the trauma and its place in their lives. This can enable the therapist to be empathic without confusing it with sympathy, and can more readily help members to take a hard look at things they may need some help to look at. The danger for traumatized therapists is they may identify too strongly with the group members and risk creating boundaries that are too permeable to be effective.

2. Leaders who have not been traumatized can bring a certain objectivity that can be helpful in reflecting on the groups and the members' struggles, if the objective reflection is also empathy based. A danger for non-traumatized therapists is to have their more objective stance become a way of distancing themselves from the group to protect themselves from the intense affect of the members. Another danger for non-traumatized therapists is to confuse empathy with sympathy. With sympathy one can feel sorry for the members and actually disrespect the members' capacities to heal and to cope, and face difficult issues.

C. Before Beginning the Trauma Support Group

1. Because of the intensity of the affect that can arise in a trauma group, therapists should have colleagues who are available and willing to be of support, both emotionally and in their knowledge of groups and of trauma.
2. Before beginning the group, therapists should be clear about the goals of the group, the length of the group, the population the group will address, and the size of the group. Most trauma groups are time-limited though the length of time can vary considerably. For additional therapy beyond the trauma group, a regular therapy group is often very helpful. Aside from doing further work, it can help reduce the victim identity that may develop in a trauma group and thus allow for a broader identity.
3. Where circumstances permit, leaders should then meet with the members individually to evaluate their fit for the group. If the goals and the desired population are clear, the selection also becomes easier. It can also be helpful if the members are currently in individual therapy or have had the experience of individual therapy to help them address the most acute aspects of their experience.
4. Often as noted in '3.' above, we do not have the luxury to meet individually and so first met the members when the group begins.

D. The Context

As noted above, major traumatic events, such as September 11, affect the community in which the groups meet and the group leaders of those groups. For instance:

1. Though leaders may not have lost loved ones, they will inevitably be affected by the event. It may be helpful if leaders acknowledge that they have been so affected, however, the primary focus should be on the needs of the group members.
2. Leaders may find that the management of the group maybe affected by the chaos, such as difficulty finding a time to meet, the group time being overridden by special ceremonies related to the event.
3. Through radio and television, members will be constantly reminded about what happened. Open expression about the mixed responses to this (rage at TV and radio, increased fear, glad not to be forgotten, etc.) is helpful to members.
4. Aside from the value of talking, leaders can help the group by remaining constant in terms of group time, length of sessions and location of sessions.

VIII. BEGINNING AND LEADING THE TRAUMA GROUP

- A. Remind members of the group agreements, such as:
1. Meeting dates and time
 2. Length of group
 3. Duration of group
 4. Agree to begin and end on time
 5. Agree to regular attendance
 6. Members may participate as much or as little as they feel able to

Therapists will respect this agreement, however much they may be tempted or feel pushed by other members to “explore” further.

If this group begins shortly after the traumatic event – like September 11 – this may be the first time the members will have heard these agreements.

Trauma groups, especially these formed in the midst of a national trauma, often behave chaotically, reflecting the larger community, and the many conflicting memorial events. It is important that the leaders understand that this is so, and not something of their creation.

B. The Initial Session

The primary tasks of the leader in the initial session will in be as follows:

1. To listen to the conversation among the member
2. To tolerate the intense affect that the conversation will generate, without seeking for ways to dampen it or distract the members from it, e.g. through premature analysis of what is going on.
3. To recognize the affect generated in oneself, which will often parallel that of the members. This affect is an important piece of information that helps leaders to understand better themselves and the struggles of the members. The initial affects will include shock and terrible sadness.
4. To be active, though not say much. The leaders’ activity is careful observation and continuous reflection on the process in the group and themselves.

5. Passivity in contrast would mean the leaders were not emotionally present and may be distracted, sometimes to distance themselves from the intensity of the group. On the other hand, therapists may talk too much to deaden or reduce the affect.

6. To focus interventions on the shared experiences of members. Universality is an important healing mechanism.

7. Exception: should the affect prove more than members can reasonably cope with then it helps if leaders talk more, usually inviting members to talk about the difficult feelings they may be having and invite sharing ways of coping with such distress. Some groups may need this particular leader activity more than other groups. Some therapists working with victims of incest will sometimes suggest exercises to provide what they call self-soothing during moments of high stress.

C. After the Initial Session

After the initial session, other feelings begin to surface, though one may have gotten hints of them in the initial session. These feelings include helplessness, rage, despair, wishes for revenge, and a search for someone to blame. The interventions noted in the first session hold. To these add the following:

1. Accept these feelings for what they are: normal responses to a traumatic event.

2. Verbally note the affect with which the members are struggling, underlining the communality of the experience. "It seems this evening that many of us are struggling with feeling hopeless and may want to get even." This usually invites further discussion and normalizes the experience.

3. Paradoxically, not everyone will have the same feelings. Leaders should respect those differences. Some may feel nothing on occasion; leaders should respect that also and not attempt to change that experience. Sometimes, it may be difficult to do this because in face of a tragic event the leader and members may yearn for the comfort of all being and feeling the same. In the end, the group is stronger and more effective when members can acknowledge and respect their differences.

4. Occasionally, some members will miss sessions. It is helpful to think of these missed sessions as a method of coping with the group's intensity. That is, members may have to "dose" themselves and decide how much stress is enough. When the leader and members talk about missed sessions in this way, most members will feel understood.

D. Those Who Were Lost

1. Following a tragic event like September 11, members will need to talk at length about those whom they have lost. This will change over the life of the group from grief for the idealized person to grieving a more rounded person.
2. Body parts will be talked about and often facilitates the grieving.
3. Lack of body parts may make grieving more difficult because it prevents full recognition of death.
4. This process is helped by therapists supporting the discussion verbally and non-verbally including encouraging a reflection on the different experiences of loss.

E. Countertransference Reactions

1. Countertransference reactions refer to the totality of the reactions including emotions, fantasies and thoughts that the leaders have to group interactions.
2. With a post-trauma group, the countertransference of leaders will be intense on occasion—sadness, helplessness, anger, fear, hopelessness, fantasies and thoughts of rescuing, doing harm and so on.
3. These reactions are very important pieces of data, and give leaders clues about what is happening in the group. If they feel sad or overwhelmed, it may be the members are too, though they may not be saying so.
4. Leader reactions may be complementary to those of the group members. For instance, a leader may feel very sad when the group is being very humorous. This may suggest that behind the humor lies some sadness.
5. Recognizing these experiences can help leaders bear discomfort and wait until the members are ready to express their feelings as they will on occasion; conversely it will help leaders use words that may put the members experiences into thoughts and increase coping
6. Though there is a strong relationship between the group and the leaders' countertransference, there are occasions when the reactions may have to do primarily with leaders' concerns. Thus, leaders need to reflect carefully on their experience and where possible look for data among the member interactions that will support their perceptions and experience.

F. Termination

1. Termination of a time-limited group will bring back the trauma and associated losses. While this may be especially difficult for members, it also gives the members an

opportunity to think together about the gains they have made and talk about resources available beyond the group. Sometimes this may be each other.

2. Group members also develop a richer and more complex picture of those they have lost, and of their past and present relationship with them.

3. Groups often find it helpful to arrange a reunion session. Thus, the members may agree to meet again in six months. Discussion of this matter gives the members a chance to reflect again on how difficult endings can be.

REFERENCES

- Freud, S. (1914). *Remembering, Repeating and Working Through*. Standard Edition, XII. London, England: Hogarth Press.
- Freud, S. (1917). *Mourning and Melancholia*. Standard Edition, XIV. London, England: Hogarth Press.
- Gabriel, M. (1992). Anniversary Reactions: Trauma Revisited. *Clinical Social Work Journal*, 20(2), 179-192.
- Herman, J. (1997). *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*. 2nd edition, New York: Basic Books, 40-41.
- Hull, J., Lane, R. & Gibbons, B. (1993). Early object loss and secret anniversaries of the heart. *Psychoanalytic Psychology*, 10(1), 77-91.
- Norberg, M. (2000) Oklahoma City remembers. *Emergency Medical Services* 29(4), 39-44 (April 2000).