

The Group and the Individual in Conflict and War

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This paper is an expression of gratitude to Malcolm Pines who has been both a personal mentor and a robust supporter of the Israeli Institute for Group Analysis. The firm friendship which we developed, as well as his strong links with Israel and his wish to see us well, secure and developing are a source of great comfort. I would not have started to write at all if he had not provided encouragement over a decade ago. Thus this paper is not only an effort to use the group clinically and an attempt to overcome difficulties politically by group work, but is itself an outcome of Malcolm's influence. Beyond many other possible citations, I use two of the most relevant:

'My belief is that the therapist has always to earn the right to make any interpretation. Truths are always personal. There is no objective, impersonal truth given by a therapist pronouncing objective truth about the patient. To speak out what you believe to be true about another person's life is to engage with them in a shared encounter . . .' (Pines, 1993: 101); and,

'A new group has a limited range of communication, as its capacity to contain, to hold and ultimately to understand what people are expressing in their illnesses is limited. Over the time the range of responsiveness and understanding greatly widens . . .' (Pines, 1993: 102).

This article is about the difficulties of painfully working through our own truths and the advantages and limitations of group development.

Key words: group, Palestinians, conflict, dialogue, dreams, guilt

Part 1

The Containing and Holding Functions of Groups: Internal and External Working through of Difficulties in Groups under Stress.

Introduction

A Chinese curse says: 'may you live in interesting times'. I live in a country where most of the time they are 'interesting times'. Some of us have fought and suffered not one, not two, but a number of wars and in the whole region reciprocal aggression and victimization has caused great, continuous suffering over the last hundred years. A while ago, I was away for a whole month at conferences in the USA and Hawaii and to my surprise, and contrary to my usual experience, in those four weeks nothing dramatic happened in Israel, no suicide bombings, no kidnapping, only some 'non-lethal' rockets in the south. I suggest that we therapists make use of some of the experiences from these unhappy and unusual circumstances in order to learn about the function of groups in extreme situations. I wish to speak about processes in the second Lebanese war in the summer of 2006 and the difficulties of working in conflict dialogues like those that I experienced with Palestinians.

1. Groups and the Psychic Survival of the Civil Population in War

During the summer of 2006, I had three continuous therapeutic groups: a twice a week group, a once a week group and a twice a month group of Arab patients. These were slow open, closed groups that I had been running for many years. Their function in the war and their ability to share coping skills in extreme situations helped me to understand many of the processes that were relevant. Some of us could be challenged with these situations in the future: the civil population may have to improve its coping abilities in warlike conditions and in addition, we might be able to transfer learning to less stressful but still important growth spaces.

The two Jewish groups continued to meet during the whole war without any disruption; the Arab group, despite their willingness to meet, felt hindered by their surroundings and their family and friends, in coming to a Jewish therapist who lived in a Jewish neighbourhood and by being separated from their relatives even for a few hours.

How does the normal individual, his family and his surrounding groups, survive while being the modern target for terrorism and aggression? This social/political reality had certainly been true in

the previous century, where incomparable atrocities happened not only in the trenches of Verdun and the streets of Stalingrad, not only in Auschwitz and Bergen Belsen, but in London, Dresden and Hiroshima, in Rwanda and Nigeria. These processes continued in Mostar, in today's Baghdad, in Kabul and cities in Pakistan.

The question for the therapist is: what is needed for the individual's psychic survival under attack? In Israel, this question became reality when two million inhabitants, both Jews and Arabs, came under attack from 5000 rockets that summer not so long ago. It is the psychology that I witnessed in bombarded areas that will be discussed here rather than the politics, which often were beyond my comprehension and caused suffering to the whole region. For the past two decades during the two Gulf Wars, it had been the civilian population in my surrounding area that had suffered significantly more than the military. The massive bombing of the main cities in Israel by scud missiles caused enormous mental pain and suffering similar to that experienced by the Palestinian population in the West Bank and Gaza, who live constantly under terrible conditions and army attacks. Now, it was the Israeli Jewish and Arab population in Galilee that received a joint beating—for the first time.

The first lesson I learned was that psychic survival is better if you are prepared. The unprepared Palestinian population of Israel's north, who always felt sure that they would never be attacked, suffered the most. Our surprised Arab neighbours were for the first time extensively attacked by Hezbollah's rockets—like us. The second lesson is the big secret of psychic survival: the use of Others, the help of the environmental society and the 'good-enough' group. The helpful Other may be a supporting individual, at times a family and often the possibility of being included in a group. Rarely did I witness support from an internal object—most of us in such existential stress need 'external containment' in order to survive psychically. Internal containment, ideally described by Victor Frankl (1947) who chronicled his time as a concentration camp inmate, is a rare and uniquely extraordinary experience. From my own observations, finding a reason to survive and live is essentially a social event, and Frankl's very individual, intra-psychic survival strategy is highly unusual in the normal mortal. This is in spite of the fact that most of us usually try a first autonomic and intrapsychic step to cope with psychic difficulties as we hold on to the illusion of complete independence. The differentiation between dreaming and dream-telling will be connected to this same issue.

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2. *Curative Factors in Times of War*

Yalom and Leszcz (2005) defined curative factors and used them in practice and especially for research. However, in wartime where the stress on containment (Bion, 1962) is so great, psychic and social processes seem different, and I want to talk about three such factors which appeared to me to be outstanding in their contribution to adjustment to the wartime experience: denial in the presence of others, solidarity and recognition of the suffering and the containment of the Other.

a. Denial in the Presence of Others Information agencies will have either to stop informing or start bringing news in a way that is more containable by the individual. Information, both emotional and cognitive (if there is such a division at all) is continuously elaborated by conscious and unconscious thinking processes. It is our 'Dream-life' (Meltzer, 1983) that helps us to digest and integrate news about 40 decapitated bodies found in Afghanistan, a Shiite exploding himself in a Sunni shrine, pictures of dead children in a railway attack in Pakistan or a Gas attack in Tokyo's underground. Our Personal and 'Social Unconscious' (Hopper, 2003; Weinberg, 2007) are constantly busy, working through emotional responses in us as to the unbearable suffering of the victims and their loved ones. Our inner 'Safe Space' (Kotani, 1999; Friedman, 2004), which has to elaborate intrusive information, may be well beyond its unconscious working-through capacities. Reaching its limit in a first autonomous step of processing, it may well need others, groups or individuals, in a second elaborative step in order to better digest this material. The media, as 'the significant other', will have to either film news in a more digestible way, or forget about most of the material. It does seem that now we actually do ignore and deny most of the news, which may be a healthy process sometimes. The war in Iraq is a good example; the war in Afghanistan is even a better one: the public knows almost nothing about these events, even if they were relevant to countries like Italy and Israel—mostly because we do not want to know them. We could know if we wanted to, but, in many ways, we have stopped or at least impeded our exposure to the information flow.

There are two actual examples of denial processes in our professional circles: inside Israel, we tried to organize study days on post-trauma and the suffering of the civil population after the war in three associations, including the Israeli Association for Group Psychotherapy, which I headed. There were many important and relevant issues to be

discussed and learned from the war experience. Firstly, we wanted to learn about the processes that families go through if they stay in bombed areas (we had (and still have) waves of thousands of children in distress with post-traumatic anxieties, etc.). Secondly, we wanted to investigate the processes that families, which leave the area go through (there seem to be many more family conflicts in the process of adjusting to other spaces and relationships in a difficult time). Thirdly, we wanted to learn about the professionals' role in such a situation. Should a psychotherapist or a group analyst stay in the war zone, or at least work there and make him available as a container? We found that, in contrast to doctors, nurses and hospital staff who continued to work in high-risk areas, psychotherapy in war zones was largely reduced. The continuing stress in which it was impossible to open a group without some person bursting into tears or to have parents asking for help for their children pushed us to organize a full study day. However, we failed to interest the Israeli professional population in the traumatic processes that happened in the north, in contrast to every other professional subject that easily stimulated our curious therapists.

Denying and splitting the social/political reality into good and bad is a tendency that also has to do with the difficulty of exploring painful and threatening information. Left and right have difficulties in becoming ambivalent and maybe there are survival and protective functions, which may have to be respected and sometimes supported by the therapist or group conductor in times of stress. Having said this, decision makers who use these splits or are principally moved by them may not be in a position to exert their thinking abilities functionally.

b. The Principal Function of Groups in Times of War: Solidarity and Recognition of Suffering Transitional identification and momentary recognition of suffering are relatively common and being discontinuous interpersonal processes are ineffective in alleviating the problem. Solidarity is a continuing interpersonal process, difficult to keep and tending to fade away in the absence of special personal motivations. Solidarity needs a lot of energy to bridge between 'object relating' and 'object use' (Winnicott, 1962); it has to translate fantasy and feelings into action and relationships. In large groups conducted after the war, even in Israel, it was difficult or impossible for participants to voice their recognition of the

victims' misery, which typically emerged strongly only after the war was over.

In reality, a solidarity state really means a special kind of containment, in which the ability to tolerate the other's suffering does not result in avoidance. In small groups living in the war, there was a superior ability to contain suffering and to recognize the pain and agony of the other than was evident some months later in the large group.

c. The Role of Containing Others: Looking for Parents or Parenting The great loneliness and weakness experienced in stressful times is frequently met by a longing for 'containing roles', often experienced as a craving for a father or a mother. Patients repeatedly looked for recognizing, supporting and even guiding parental influences. While in times of peace therapists naturally occupy some parental roles, in times of war they are often overwhelmed themselves by the same needs for protective parenting. It makes the conflict of interests between transference and countertransference stronger, as group analysts are expected to take holding and containing roles resolutely. The paradox is that if the therapist does not flee completely from the stressed area, the acceptance to fulfil such roles seems to make life easier for both the parental and the 'parented' sides. A relationship is then established that meets strong reciprocal intersubjective needs, creating great energy that helps psychic survival.

3. Failure to Contain and the Relations Disorders

Failure to contain stress, as we witnessed in the north, leads to different kinds of pathologies. Let us view these difficulties in terms of disorders of relations, instead of the classical and orthodox intrapersonal diagnostic categories. Interpersonal dysfunctional patterns, which I have already described (Friedman, 2006a, 2006b and 2007,) as Relation Disorders, use group perspectives to both understand the social and intersubjective source of the pathology¹ as well as the unique curative opportunities provided by the group therapy itself. These interpersonal disorders were conceived as a perspective that does not favour the 'One' over the 'Many' and vice-versa, but looks for the functionality of their relations (de Polo, 2006: 5). Therapists focusing on relationships improve indication and selection criteria for psychotherapy and increase their abilities to look at difficult relationship patterns during group therapy. Today no Differentiating Indications System for therapy exists that promises optimal efficiency.²

A failure to contain strong emotions produces Relation Disorders. In the extreme conditions of war, where denial splits and existential anxieties take over in our minds, this tendency is even stronger. The first Relation Disorder includes the inability to contain the duality between weakness and strength in oneself and others. Thus the group's affective state suffers from a deep split between feelings of deficiency and the inability to feel deficient and creates a sick relationship pattern. The second interpersonal pathology results from a disability to contain overdoses of aggression in the group. As a result of the violence fantasized and acted out, a Rejection Relation Disorder may appear. The third disorder centres on difficulties of containing separation anxieties within the group, resulting in social over-identification and in an underdevelopment of an autonomic Self. It gives rise to the need to have selfless 'heroes' and their 'Selfish' counterparts—both aspects of these pathological reciprocal relationship patterns. In the reality of war I witnessed many who responded to the threat of war with sickness, as an existential and a narcissistic blow. The coping effort seemed to entail obsessive preoccupation with the self as hero, used and misused by society while also using and misusing others at the same time.

From my own experience, the fourth interpersonal illness, the Exclusion Relation Disorder, was the most serious and was caused by the marginalization of the victims of war due to faulty containment of strong needs for solidarity and a recognition for their increasing dread. In my opinion, many of these problems will continue to emerge, illustrated by primary and secondary traumatization. These war victims are not rejected but they feel excluded while their symptoms resemble a depression. Their low level energy can only be invested in survival and they cannot achieve productivity or satisfaction. Marginalization probably stops people from materializing their emotional and intellectual potential. The environment of war demonstrates how good-enough psychic adjustments must include membership in small groups for psychic survival in which a mix of recognition, alternating between containing and contained roles where some kind of denial can be obtained.

4. The Conductor's Function in Times of War

Drawing on my own experience during war, the conductor's basic and most important functions were administrating the setting (Foulkes and Anthony, 1948) and holding (Winnicott, 1962) the group. I felt many, and sometimes conflicting, desires and needs towards the group: I had

the responsibility to keep a continuous group's 'Safe Space' while contemporaneously managing my own anxieties and fears about their commuting in general and specifically their driving my practice (many of the casualties of the war were drivers who were consumed by fire after their vehicles were set alight by fallout).

There were also reservations concerning the existential safety of the room where the sessions were held. How does one contain and elaborate feelings in this situation? Interpretation, a dilemma even in times of peace, becomes even more difficult during war. I found myself more than usual, allowing group processes to take the central stage instead of directing them, empowering the intersubjective encounter. Instead of working on issues such as the participants' relationship to the conductor or the governmental agencies, I promoted verbal and non-verbal 'being-in-the-presence' of the other and the group and 'being-with-the-other'. The group experienced a move away from the insightful into the more experiential, non-interpretative 'being there' (Winnicott, 1967). I looked for the most basic emotional encounter, for 'moments of meeting' (Stern et al., 1998). I often remembered Winnicott's warnings against over-interpretation and Foulkes' (1975) adherence to move away from what he called, 'plunging interpretations' and his famous sentence: 'Interpretation comes in where Analysis fails' (Foulkes, 1975: 115). In wartime the conductor should refrain from interpreting because of both his own condition as well as that of the extreme existential situation that concern all involved. Supporting and recognizing the difficulties and acknowledging the strengths seem to me to be more significant. During the war we recognized, we helped each other, we took interchanging reciprocal helping roles, we 'used' each other. The most important achievement was that no-one from the group was excluded, we managed without marginalization. We elaborated and empowered parts of Self, discussing and accepting selfishness as well as selflessness, courage and anxiety. The conductor should leave sufficient space for the group participants to have an existential encounter that heals one another by using each other. As Yehuda Amihai, an Israeli Poet, wrote many years ago:

People use each other

As a healing for the pain. They put each other

on their existential wounds,

on eye, on cunt, on mouth and open hand.

They hold each other hard and won't let go (Amihai, 1986)

Part 2

The Elaboration of Guilt in Talks with the Palestinians

1. Dreaming Peace and Talking to Palestinians—a Personal Account of the Use of Dreams in the Process of Dialoguing with an Enemy

The war in Israel has been going on for four or five generations. Whatever the views are from outside, most of those I meet in my Jewish–Israeli environment would love to do without it. However, our basic conscious feeling is that we have to fight in order not to be driven ‘into the sea’. Is this pathology or reality? Whatever critics and historians say, this is one of the main psychological facts of our existence. We share the same piece of land with the Palestinians as well as a lot of beliefs, traditions and religions that have culminated in this conflict. Despite many on both sides feeling absolutely sure that the space (which includes land, culture, beliefs, etc.) belongs to them, which may correspond to Melanie Klein’s (1946) schizo-paranoid position, others are in a more ‘depressive’ position and are willing to accept that they are a part of the landscape without owning it. Psychologically, this may be considered a more mature position that makes cordiality possible, thus enabling dialogue, which is almost impossible with those with the first viewpoint.

The results of the events of World War II and those of the 1948 Israeli war for Independence for Jews and Palestinians seem obvious and pervasive. The Holocaust had a magnified impact on the culture and psychology of the Jews living inside and outside Israel. When I grew up as a child after the Second World War, some members of my family, those ‘lucky’ enough to survive the camps in Europe, joined us. To describe their way of life, their efforts to cope both with their traumatic past while trying to build their new existence, may seem anachronistic but their conscious and unconscious influence on modern Israeli and Jewish thinking is undeniable. Our social and political reality is inextricable from our ‘here-and-now’ psychic existence coping with the trans-generational trauma (Volkan, 2001; Hopper, 2003) that was inflicted. Personally, I was dreadfully attracted to overhearing secretive talks about events in the camps or what was found after liberation on the return ‘home’ to native towns and cities. In retrospect, the incessant efforts to contain the uncontainable had a lasting influence on me and I am quite sure that my curiosity for psychic processes is very closely related. The principal influence on our culture has been that such events should never be allowed to

happen ever again and it became policy to prevent such outcomes at any cost. This occurred without really having worked through our position as victims, and was a situation that was inherited and now lives in a parallel paradox to our pro-active, preventive and aggressive policy. In my dialogues with Palestinians, we seemed to be two subgroups clashing over the claim for monopoly of a victim's culture. However, in contrast to the impotent Jewish victims of World War II, we Israelis developed our unique aggressive coping style with existential fears. The position of the victim certainly made dialogue difficult and, in my opinion, this was a truism for the Palestinian side also.

The Palestinians' 'big tragedy' was the Nakbah in which millions of refugees were scattered over the region and symbolizes more than any other event their position as victims. The Israel of 1948 (the year of its independence war) is accused as the aggressor and as such is responsible for their terrible fate, partly because the civilian population was told by their own leaders to leave their homes.³

2. The Conflict Between Us and the Palestinians and the Talks

Due to the lack of alternative formal processes of peaceful dialogue, some civilian Palestinians and Israelis make attempts to talk to each other. Professionals like Dr. Mahmud Sehwal and I initiated such an attempt in the years of 2004–6, initially for the unconditional exchange of information on treatment of traumas but with an openness to a further deeper motivation: the great desire for peace. By promoting discussion as enemies, we could model a difficult but fruitful dialogue. After a very problematic beginning, in which we could not even shake the other's hand, meetings did eventually happen. The location was also troublesome: we used to talk for many hours in East Jerusalem in a hotel like the American Colony or in other environments such as the Mormon University. The meetings became a formal professional contact made between me as President of the Israeli Association for Group Psychotherapy and Dr. Mahmud Sehwal, the Head of a Palestinian institution called 'The Torture Rehabilitation Centre' (TRC), who treated former incarcerated Palestinians suffering from traumatic characteristics. We decided to lead these talks by ourselves without external leadership. This decision, not taken light-heartedly at all, was taken for the reason that most of successful dialogue experiences occur without external conduction. Certainly, I was very much influenced by my extensive

talks with some of the Oslo negotiators, who had done their talking directly, only using the setting provided by the Norwegians. We believed that it would be possible to contain the strong feelings that emerge in the group by ourselves. Our decision may have been paradoxical because of my own belief that an external container, a partner to work through difficulties not sufficiently elaborated autonomously is needed, especially in stress and borderline situations. Our own limited containing capabilities have to be expanded by integrating a 'partner' in the working-through process. I want to describe the actual complicated group life of this dialogue in order to gain a better understanding of the process.

3. The Partners for a Group Dialogue

While both the Israeli and the Palestinian subgroups included professionals dealing with trauma, they were quite different in their composition. The Palestinians consisted of four women and two men, while we were three men and two women. The first very strong difference was the gender culture. Our women were very verbal and vocal professionals who certainly did more than half of our talking. Conversely, their women did not talk for more than 10% of the Palestinian time allocation. In addition to the question of the male authority issue in Palestinian culture, all of them bar one were young. I believe that gender differences could be used positively *especially* in conflict dialogues, because women often seem much better able to cooperate or see common suffering with compassion. In contrast, men tend to focus more on conflict and push the positions to an extreme. I thought that in the Israeli subgroup the female side had a strong influence on the negotiations, while in the Palestinian subgroup the women had no real impact. A further difference was found in the levels of professional education and experience: not that I could really assess the influence that such gaps have on the relation between the subgroups—but it must have.

4. Obstacles

One way to understand all group processes is to differentiate between 'holding' and 'containing' (James, 2000). Amongst the biggest obstacles we encountered from the beginning was the 'holding' of the setting of the talks. Both sides agreed that it was existentially unsafe for us Israelis to go to Ramallah or other Palestinian territories. On the

other hand, for the Palestinians to enter to Israel, they needed permits, which were very difficult for us to get and quite offensive for them to receive. The contact with the army and the checkpoints was so frustrating that we wondered if it would prove too great an obstacle for the Palestinians. They felt deeply hurt by the army's security measures and we thought they would 'displace' their aggression on us, their dialogue partners. Besides this possible resulting indirect anger, another issue was the inability to stick to the timetable that we had agreed upon (in writing). Usually a meeting would start later than programmed and then it would turn out that they wanted to finish it two or three hours before the formal ending. They would explain that they wanted to use the permits to go to pray in El-Aqza or to visit relatives they had not seen for some time. In spite of our feeling that this seemed human and natural, we often felt angry, used and misused by not having been informed about this beforehand.

The greatest obstacles though, were on the 'containing' side of the processes. The relationships were full of emotions very difficult to contain. Conflicts popped up without warning, especially feelings of hate, envy, guilt and other strong emotions that stirred up the processes continuously. 'Holding' and 'Containing' processes influence each other and when the group's holding is difficult, when its setting is under pressure, its potential to contain reciprocally and work through difficult states of mind is automatically put in jeopardy. On the other hand, failures in containment of emotional difficulties will always have an impact on the holding of a setting.

5. The Containment of Guilt

Maybe the central emotional problem we encountered on both sides of the dialogue was the elaboration of guilt. The capability of feeling guilt can be regarded as a mature ability to contain one's own aggression. In one sense, it is connected with an ability to differentiate between 'feeling guilty' and 'being guilty'. Often it goes together with having partners who are able to tolerate some kind of guilt, sharing the emotional burden of responsibility and elaboration of aggression. If only one party feels guilty, especially if it is coupled with shame, it may become unbearable. If one has such dread of being guilty but no feelings of guilt are allowed, then the result is to be on the defensive.

In our dialogue there seemed to be a powerful incentive to defend oneself by counter-aggression in the form of accusations, in order to get rid of the mental pain these guilt and shame feelings engendered.

From the very beginning of our encounter, we felt accused both openly and covertly by the Palestinians, who occupied continuously the role of being our victims. The relentlessness of their accusations and the seemingly continuation of the persecuting feeling were the main themes discussed in our Israeli Sub-group. We used the long way home from Jerusalem to try and work through our experiences, a very trying and tiring process. After one of these dialogue days some of us slept for more than 20 hours.

In spite of having initially agreed that the Israeli side was a formal professional institution and that both parties should not take sides against the governments, the Palestinians also found it difficult to accept that we were mainstream Israelis. They had some former experience of talking to extremely left-wing Israelis, who usually shared stronger identification with the Palestinians. Despite our own personal political convictions, which included strong left tendencies, we were certainly not able to accept anti-Israeli slogans and statements against government policies. We had the feeling that the Palestinians were requiring us to over-identify with them every time they needed a conflict in order to stop the talks. Without warning, they would accuse us for example, of not declaring officially against the occupation of the West Bank. In our subgroup we thought that they, professionally and personally, over-identified with their patients who with them were the victims of our Israeli aggression, which made them act externally against us. Internally it seemed as if their unique strategy of healing trauma resulted in a specialization of sharing a victim status while professionally taking a blaming position. In our dialogue group it became increasingly difficult to really discuss the experiences and know-how of the therapy of trauma, which was no longer being inflicted by the 'other side' but by 'the Israelis'. Every case discussion became an accusation.

Elaboration of Guilt

The group was split: while the Palestinians were accusing and acting as if guilt was not their lot, we were trying to cope with guilt. Maybe unconsciously they were accusing on behalf of both our and their sides while the Israeli subgroup made conscious and unconscious efforts to cope with both our own and their guilt. In hindsight, I think they were evacuating their guilt and transferring it into us through their accusations, in the absence of their own working through guilt process. It was an awkward situation: the wall between the Palestinian

Authority and Israel did not yet exist and we had suicide bombers exploding in our buses and restaurants on a daily basis. In spite of these attacks they were unwilling or unable to give up their exclusivity to victimization.

In light of the Israeli–Jewish trans-generational trauma described above, it was even more difficult to accept their position and our guilt. We had not been educated to feel guilty. The lacking reciprocity of the containing efforts made it increasingly difficult to talk. The beginnings of the Gaza Disentanglement and the Israeli civil populations' suffering, as they were evacuated from their houses, while having an enormous impact on us, were either ignored or not recognized by the Palestinian side. While we were empathic for their suffering under the military occupation, as a subgroup we increasingly felt certain that the Palestinians were bringing this suffering on themselves. Finally we felt that Israeli efforts to improve the situation threatened them because it weakened the monopoly of victim as a main strategy.

After a year or more, it could be said that there were only monologues in the room, with no real success in engaging in a reciprocally more mature dialogue or discourse (Schlapobersky, 1993). In the Israeli subgroup we came to the conclusion that we had to elaborate guilt alone, and there would not be a continuation of the encounter if we could not master our conscious and unconscious reactions. Our main motivations to continue the talks were the enormous amount of learning we accomplished. For the Israeli subgroup there was a unanimous effort not to relinquish the dream, and it also opened a door to a wholly ignored world in which our neighbours lived. We could also neither stop our craving for a dialogue, nor our curiosity about the Palestinian approach to working with trauma. Last, but not least, we felt a very strong amiability towards some of the other sides' participants. This was especially noticed in the pauses . . . the women would go together to the ladies' room where a much freer conversation was apparent and the men talked in a very personal and familiar way to each other.

The Personal and Group Processes of Working through Guilt

Sometimes in extremely stressed processes working through is done by a mixture of 'being-in-the-group' and finding some personal containment to the emerging problem. Orenstein (AGPA, 2007) addresses similarly a combination of individual and familiar work on the Holocaust survival and coping strategies after it. The space between

internal and interpersonal elaboration is extremely significant for the individual participating in the group process to push to find one's own solutions. During the time of the dialogue with the Palestinians I consulted with some professionals and friends, seeking additional help to what we discussed in the subgroup. It was both interesting and sad to understand how much these supervisory consultations were tainted by political positions influencing the advisor.

As a consequence, for many months, although we kept talking in the Israeli subgroup in many different formats, nothing helped me really understand and develop my opinions. That is when two dreams came to my help. I dreamt one dream that reminded me of an earlier one experienced many years previously, some time after a conference between Israelis and German psychoanalysts held in Nazareth in 1994. In this first dream:

I am with a friend in the conference. Two German participants approach me, together with an uncle of mine. All three come to me and say: 'we want you to forget and forgive us'. I say to my friend: 'but they are Nazis, we'll never forgive them' . . . then they seem to escape or distance themselves to a far place.

This uncle of mine was a German Jew who, 30 years after he had escaped the Nazi regime, returned to Germany. In spite of having been ripped of every legitimate freedom of living and working during the pre-war years in Germany, he still felt that he could only return to Berlin, the city where he used to live and feel 'at home'. Although I loved and admired him, and had witnessed his cultural and language difficulties in his emigration country, I had a very hard time accepting his return to Germany. Actually my uncle proved very much part of me: my ambivalence towards him and my identification with him showed me the dream was about sides of myself.

At the time, the dream helped me to work through some of my relationships and my perceptions with Germans and all I called 'the Nazis'. Some of my stagnated attitudes to Germans changed radically after this dream.

Another Dream that Added and Helped

Some days following a conflict with the Palestinians when they had stopped the dialogue completely, I had the following dream:

My uncle appears wearing a suit in my working room in my home in Israel and wants something unclear from me. I wake up in great fear.

My first thought after waking was an instant remembrance of the first dream and consequently I had an immediate understanding of

'I'm a Nazi'. It was a very difficult emotional moment for me; it was deeply painful, although I try to get close and befriend my dreams in search of my true self; I felt deeply hurt. Cognitively and emotionally it finally dawned on me that I/we are Nazis to the Palestinians and we may be this forever. For days afterwards I felt pain and disillusionment. Progressively, while trying to live accepting the situation in some strange way, this insight also calmed me. Later I understood that in the process of working through my guilt, it seemed that I had to feel its fullest impact in order to make peace with these feelings. I understood how much of my thinking and doing were related to the difficulty, alas almost the impossibility, of containing this kind of guilt for we Israelis. I had made the experience of re-owning guilt feelings for myself, while probably doing this also for the whole subgroup.

As I retained the ability to contain the guilt process and it was included in the group's working through, in some ways significant developments in our coping were achieved. While containing our conscious and unconscious guilt, the Israeli subgroup understood, that we will never be forgiven by the Palestinians—we have to give up hope for absolution. While being Nazis for the Palestinians is a completely 'politically incorrect' notion, it is one we will have to live with. Instead of putting our heads in the sand and trying constantly to liberate ourselves from the burden of our guilt feelings and responsibilities, it will make us more human and able to tolerate even unapportioned guilt. Additionally it will better prepare us for dialogue with accusing Palestinians: not in order to defensively reject their accusations, but to be more objective about our investigating our faults.

If the full internal and external containing circle includes the transfer of the digested material to the Other, it failed in our case. Shortly after these mental processes the Palestinians stopped the dialogue. The Palestinians never changed their approach to their own guilt during the talks: their subgroup did not get nearly close to accepting psychologically their part in the violence (not politically but humanly).

d. The Three Uses of Dreams: Informative, Formative and Transformative Aspects of Dream-Telling

Why did I tell you these dreams? I think the first reason is that in order to elaborate unconscious processes represented in dreams we have to share them. Dreaming and dream-telling are two different processes. Dreaming is a personal, autonomous processing of excessively threatening and exciting emotions. Dream-telling is a social

event and provides a space for two intersubjective, interpersonal interactions that I have called: a request for containment and a wish to influence, which may move the listener into responding and elaborating positions. By re-dreaming the dream we move and are moved.

I described three uses of dreams: the first is the Informative Use—using a dream told in order to retrieve information from it which was Freud's approach, for example looking for the ego's maturity, his oedipal position or the transference to the therapist or the group's situation (Freud, 1900). Social Dreaming (Lawrence, 2007) uses dreams to diagnose a Society or an Organization. The interpretative dialogue seeks even a deeper understanding of a dream, making the unconscious available to consciousness. Secondly there is a Formative Use of dream-telling—using dreams told by an immature or fragmented psyche to progressively structure the dreamer's psyche. Finally, the Transformative Use makes an effort to understand in which emotional direction the dream is told in order unconsciously to move the audience. The audience hearing the told dream is needed to witness and recognize emotions in order to help contain them and to influence the relationship between listener and dream-teller.

Additionally I believe that we often dream something for our close ones, our children, friends, for our partners or patients and vice versa. We work-through not only our own difficulties, but also those of connected persons, who may depend on our elaboration capabilities. The permeability of our psyches makes this process possible, and the fact that 'intrapsychic' and 'interpersonal' boundaries are blurred, sometimes lost completely. A first, internal step, in digesting difficulties through dreaming, if uncompleted, may be complemented by a dream-telling, which can be described as a second step, in which an effort is made to further elaborate emotional difficulties through interpersonal containment. This intersubjective—sometimes reciprocal, usually asymmetrical—containing process is especially potent in the small group but creative elaborative partners can be found in the audience to this dream as well.

In Haifa University we do research on dream-telling shedding some light on dream-telling in the family and in the society. Where there is a container, we found dream-telling and the foundation of an interpersonal elaboration. My dream and the subsequent work, together with similar processes in other members of our subgroup, not only moved the Israeli side to a better elaboration of our guilt, but also contained the wish to influence the other side. Dream-telling has the function of changing the relationship with the audience; it seeks

interpersonal, intersubjective influence. I think the function of this dream was to communicate the message that we are willing to accept a lot of guilt, including our own, and so it is possible to continue our conflict dialogue. I think in many unique ways, all the Israelis in the subgroup worked through their guilt—but as our dialogue came prematurely to a sad end it only helped us with our next dialogue partner. The Palestinian TRC group stopped the dialogue and cancelled their promised participation in the last congress of the Israeli Association for Group Psychotherapy. Maybe they were threatened by the extremists in their camp.

6. Conclusion

The elaboration that I and the Israeli group had conducted with feelings of guilt, following our encounter with Palestinian misery, their blame and my own working through of my personal part in their terrible fate, was not accomplished in this group. We did not, however, give up, and are in dialogue with a second group of Palestinians with whom we have achieved some progress, and about 40 of them attended the IMAGINE congress in Tel Aviv, 2006.

Notes

1. Why is it so difficult to adopt an interpersonal pathology characteristic instead of the known personal, intra-psychic perspective? Italians, who often are deeply socially and politically orientated may identify with the Foulkes remark that sticking to an individual pathology is a defence against guilt (1964: 291). Foulkes, who was both a Freudian psychoanalyst, and the founder of group analysis, actually believed our attachment to the classical intra-psychic nosology had the function of denying and avoiding social responsibility for the maladies of others. If we believe others are neurotic or psychotic because of their internal structure it is easier to deny one's relationship to their pathology. The feeling of having identified with projections, which contributed to a Disorder of having caused suffering or pathology to others may cause us to feel guilt or shame.
2. The result of not answering questions such as: when and for whom is individual therapy or group therapy best indicated? —is that many of our patients stay too long in the wrong therapy. I find it natural that almost everyone prefers individual therapy at the beginning of the curative process. When in distress, very primal 'programs' drive us into a dyadic request for containment, so it is natural to first turn to individual therapy. However, after initial individual therapy (for a few people from the beginning) it may be group therapy that provides the optimal curative space, because of the intersubjective growth potential of processes like Resonance and Mirroring and ego-training-in-action (Foulkes, 1976). Group psychotherapy is often more efficient in helping work against the patient's 'external' reality which breaks insights. It may help patients' Relational Disorders

to suggest 'where to look' during group therapy and aid the characterization of re-enacted relations.

3. Interestingly, in the last war, Nasralla, the Head of Hezbollah, demanded that the Arab population should leave Haifa, so he could bombard freely, a strong reminder of the demands made on the Arab population in the 1948 War by their leadership. For the first time, Haifa Arab leaders answered that they would not make the same mistake, as they made in 1948. They stayed, but the same night a rocket fell in the main centre of the Arab quarter, killing two and injuring 200 . . .
4. It brings me to conclude that the optimal ethical position in war is to give a serious place for feelings of guilt. Again I feel that their acceptance and containment both develops a more mature and responsible identity as a (fighting) person as well as helping to regulate aggression and violence.

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