UNCONSCIOUS CONFLICTS AND TRAGEDIES: GROUP- PROCESSES OF REMEMBERING, RE-ENACTMENT AND WORKING THROUGH IN A TRANSCULTURAL TRANSITIONAL SPACE ABROAD

Focus: Interferences Between the "Invisible World" and the Unconscious.
Material: Sequences of an ethnopsychiatric group analysis

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"We live in a world where the borders between local and global, national and international, are constantly changing." *(A. Gingrich, 1999)*

Summary

Migratory milieus and inter- cultural relationships in a globalizing world create new spaces, in which individuals from different cultural backgrounds experience diversity. Our consulting rooms and clinics are still in the same place, but our tasks of perception, diagnosis and therapy have become much more complex. The cultural processes and the identities we are dealing with in a globalizing system are increasingly more complex: the cultural bonds are mostly unconscious; and they are based in "realities of life" which therapeutic experts no longer (necessarily) share. In order to gain access to the cultural, ethnic and individual Unconscious that is a potential source of transcultural conflicts and identity disorders in individuals and groups, we use an interdisciplinary- psychoanalytical (ethnopsychoanalytical, ethnopsychiatric and group analytical) approach.

Therefore the material which will be proposed in the following text- sequences of an ethnopsychiatric group analysis- might give an insight into the above mentioned multisite perspective.

In intercultural settings which do not include a shared collective Unconscious (between patient and mental health professionals or experts) it is necessary to have some (background) knowledge about the respective cultural context in which one is working. However, how is it possible to "liquefy" this necessary knowledge, so to speak, to free one's mind and allow for suspended attention and free association in the therapeutic process, as an essential access route to unconscious conflicts and dynamics?

Interdisciplinarity and the Unconscious

The field of interdisciplinary transcultural psychotherapy and group analysis inhabits a position somewhere between cultural studies and psychoanalysis (Freud 1913, Freud 1919, Parin 1978), Nadig (2000b, 2002 [2000], 2006).

We think of at least three areas of research together – cultural anthropology, psychoanalysis and group analysis (Foulkes 1968, 1970, 1971, 1986) which will provide deeper insights into

unconscious material and into a group's or collective's matrix.

Only Foulkes, in his role as a group analyst saw an inseparable relation between psychodynamics and group dynamics by way of his concept of "Matrix". According to him, man is an individual born into a network of communication processes which profoundly influence his development.

The group analytic perspective, in addition, reveals how disruptions in an individual's life can merge their individual and collective memory.

An important question that arises in an intercultural group setting:

Is it possible in a foreign environment to remember and work through earlier conflicts, which affected not only the individual but the whole family in the individual's country of origin (in our work, specifically in Africa)? This question is complicated by the fact that such conflicts are often not worked through in the local point of origin, but rather taken as afflictive experiences into the new European society in which the individual (immigrant) now lives. The new European societal homes can often perhaps be a former colonizing country, belonging historically to a monotheistic religion that rejected spiritual beliefs. Not only are the clients (e.g. African women) confronted with diversity in these cases, which they would often like to hide, but so are the therapeutic team (e.g. the group leader or the ethnologist functioning as translator). More specifically, the special, ethnopsychoanalytical question I would like to raise in this text is: How are we dealing with the fact that there are various "occult" factors contained within these therapeutic interactions and spaces within the Western approach to therapy and group analysis?.

Is it possible to make unconscious conflicts and fields of tensions understandable and accessible for therapeutic progress using the psychoanalytical techniques at hand, i.e. suspended attention, interpretation of resistance, transference and counter-transference, if the patients are - as is seen in our work - from different cultural contexts?

How can we gain access to our patients' Unconscious?

How reliable are the cues, signals and information that we glean from examining transference and counter-transference reactions, when we share neither our patients' histories nor day-to-day realities?

Furthermore, cultural implications might creep into the process and remain elusive and undetected because the larger contexts of meaning are not the same for the patient and the therapist.

Excursus: In a research project having to do with intercultural dialogues, we had the experience that our African colleagues were faced with the question of how to interpret these unconscious fields of conflict and tension, considering that there are different notions of what is part of reality, or of "the real life" of thought, and of beliefs, is fundamentally different from these notions in the Euro-American or Western world. An important example of this difference is the way in which the world of spirits, magic, and the world of the ancestors still affect the subjects' current thoughts and actions.

A group's unconscious material always includes taboos, rules, affects of shame and guilt, which are provoked and controlled by their local faith in religion or in spiritual beliefs.

As Freud wrote in Civilization and its Discontents (1961 [1930]), we permanently find ourselves in a confrontation between the individual life experience (subjective) and the respective cultural rules and taboos (objective):

"*It can be asserted that the community, too, evolves a super-ego under whose influence cultural development proceeds.*" (ibidem)

Through the subject's ethnic/ cultural identity, the collective Unconscious unfolds in every member of the group or collective:

"*The superimposition of these two state of the sense of guilt- one coming from fear of the external authority, the other from fear of the internal authority- has hampered our insight into the position of conscience in a number of ways.*" (ibidem)

Ethnopsychiatry, ethnopsychoanalysis and the theorem of the transcultural transitional space.

In France, Devereux' ethnopsychiatric work was continued by Tobie Nathan at Centre Georges Devereux (St. Denis) in clinical work with immigrants. Nathan describes the combination of individual-psychological and social-cultural determinants in his conception of ethnopsychiatric work as follows:

"*Ethnopsychiatry as I practice it is a psychological approach that views the persons, their individual functioning and the modalities of their interactions as based on multiple attachments to languages and places, deities, ancestors, and behaviours*" (Nathan 2006).

In T. Nathan's opinion, a clinical therapist working with patients from a different culture faces specific difficulties:

" *The patient's specific language, not only as a specific foreign language,*
    but also in its implications of symbolisms and metaphors that lack a common
    perception ". (Nathan 1986)

The underlying ethnopsychoanalytical approach at the ZIPP enables us to place the process of the ethnopsychiatric- groupanalytical group in a transcultural transitional space (Nadig 2002 [2000], 2006, Özbek & Wohlfart 2006, Wohlfart& Özbek 2006, Wohlfart 2011,).

The implicit conception of suspendend attention in an intermediate space is one that, by its in-between (Bhabha 1997) nature, helps to reduce the tension of intercultural communication and provides a better unterstanding of the familiar and the unknown without the need to resort to stereotypical ascription or to remain in a permanent ambiguity (Amati Sas 2004) towards the others.

For the indermediate space I will propose the theory of the transcultural transitional space, which we developed at the ZIPP, which plays a key role in the intercultural psychotherapeutical space (Wohlfart, Özbek 2006).

The concept of a "transitional space" according to Winnicott (1971) is the basis for the development of a transcultural transitional space in an intercultural setting.

According to the anthropologist Homi Bhabha, this transitional space is conceived as a space "in- between" that resolves the dichotomy between inside and outside and forms a

bridge between the collective and the individual (Bhabha 1997).

A space emerges in the "in-Between", between the "foreign" and the "own" (Wohlfart & Özbek 2006; Wohlfart & Kluge 2007, 2011), between fantasy and reality and therefore between the Unconscious and the Conscious. New symbolisations can be reproduced and comprehended (Nadig 1986). The transcultural transitional space can initiate a joint process of verbalisation and re-symbolisation. Processes of mentalisation and reflection are set in motion and help, for instance, to reduce the unbearable emotional tension of anger and fear also in cases of traumatic experiences and reduce the shame in a foreign society. Both in an intercultural therapeutic relationship and in a research setting, this space helps to set pre-verbal, indifferent elements in motion without ending up in an intersubjective ambiguity (Amati Sas 2004).

This particularly belongs to the fact that what one can remember- often demonstrated through the telling of the individual biography- as well as the emotions that are encountered in the psychotherapeutic process, are not only underlying psychodynamic aspects of the Unconscious, but also factors dependant on the culture of memory and taboos in the society.

Excursus: My Maroccan colleagues pointed out that Freud dealt neither with colonialism, nor with Islam; however they see that Freud's psychoanalysis is able to be used to search for the Unconscious in culture, to find breaks, discontinuities and continuities also in other contexts as Freud's own. Totem and Taboo (1919 [1913] was cited as a crucial book for an analysis able to make connections and enables an understanding of historical processes, the origin of religious myths, and their implications for the present, the collective, and the individual, including an awareness of the effect of too much foreknowledge, which might disturb the psychoanalytic process of finding the Unconscious through freely- associated traces of memory. One of the colleagues posed a question about the Cultural Unconscious:. Where is the Cultural Unconscious in a group? How does it reflect in the subject? Is the Cultural Unconscious, which connects human beings beyond different ways of life, realities, religious affiliations, located in the dualism- the tension between Eros and Thanatos? Is it the dualism of drives between Eros and Thanatos that unites all of us beyond all differences? We closed the discussion agreeing that Eros and Thanatos could be the genuinely transnational, transcultural factors in Freud's conception of the Unconscious and the basic drives.

In both encounters, in Dakar as in Rabat, the thematic complex of "breaks and continuity" played a central role: breaks and continuity in the individual's subjectivity, breaks and continuity in thinking about the relation of religion and science (séminaire psychanalytique, Rabat), breaks and continuity in thinking about migration, global transformation processes and oscillations between Europe and Africa (Dakar).

Also in the intercultural psychotherapeutic space in Berlin, at ZIPP, we are confronted in certain cases with the fact that subjective experience and emotional remembrance are objectively tied to the rules and rituals of the respective cultural contexts.

By analysing the transference and countertransference, we also gain an insight into the "invisible world"-the world of spirits and of magic which is normally explored through spiritual practices or rituals.

How different collective factors are involved in the subject's demands, emotions and failure and how these factors shape the psychological symptoms are also of importance, particularly with regards to how they produce strong feelings of shame and feelings of guilt.

…" *The discussion regarding the sense of guilt disrupts the framework of this paper, but it corresponds faithfully to my intention to represent the sense of guilt as the most important problem in the development of civilization and to show that this is the price we pay for our advances in civilization"*. (Freud 1930)

Introduction to the conception of an ethnopsychiatric group analysis

An ethnopsychiatric group analytic group is working and resonating within a transcultural transitional space, a space in- between various diverse cultural repertoires.

Group analysis according to Foulkes provides the conceptual and metholodical background. The setting is informed by Tobie Nathan's work and also Marie Rose Moro's ethnopsychiatric practices.

Excursus on Tobie Nathan's ethnopsychiatric approach: T. Nathan (1986) puts forth the notion that a therapist working with patients from a different culture faces certain intrinsic difficulties. The patient's specific language implies a deficit not only on the concrete level of vocabulary and grammar, but also in the realm of symbols and metaphors, which the therapist does not necessarily share.

World views, mindsets, opinions and convictions which determine our actions diverge and were acquired in different contexts.

Material: sequences of an ethnopsychiatric group analysis

Key- words: Suffering, fear of annihilation, aggression, sorrow, tragedy, and remembering abroad

From the psychoanalytical perspective, the material re-creates painful processes of remembering and defence. The group analytic perspective, in addition, reveals how disruptions in an individual's life, the loss of their native country, can merge their individual and collective memory. The content of the group process is thus determined by the correlations between suffering, aggression, fear of annihilation, and tragedy as basal emotions (affects).

Group setting: We started the ethnopsychiatric- analytic group with African women in 2003, when an increasing number of female patients from African countries came to our outpatient department for treatment. The group, like other group and individual treatments, are patients of the international/ ethnopsychiatric outpatient department which is a part of ZIPP at Charité University Medicine, Campus Berlin Mitte.

The therapeutic team: An anthropologist (who also functions as a French interpreter) and myself – I function as group analyst (also interpreting/ translating English) and as the group leader. The anthropologist's part is to introduce her "knowledge" to the group process

associatively, in the psychoanalytic way.

The working languages of the therapeutic group are French and English.

The group members are women from various African countries, who in addition to the colonial languages French and English, speak their local languages, which do not follow national borders. They are multi-lingual. Each of them had their own reasons to leave their countries of origin, experiences of war-related or gender-specific violence are more frequent than reasons related to work (families and staff of diplomats), or marriage to German husbands. The therapeutic group is open. There is a core group of usually around 5 to 7 women from various African countries. There are also patients who come to the group for a single session only, for clarification according to the "ethnopsychiatric mode" (Nathan at the former Centre Devereux). (Of course in these cases the group leader asks the members of the group for their consent.)

Group implements

From a psychological perspective, what led our patients to us was the experience of dissolution of their cultural and individual identity, an inner chaos, a crisis that left most of them incapable of action, unable to cope with their everyday life with or without children. They exhibited grave psychiatric and medical symptoms that required treatment, such as hypertension, asthma, hyperventilation syndromes, psychogenous seizures, dissociative syndromes, PTSD with nightmares and sleep disorders, psychotic agitation, depressive ideas of guilt and other symptomology. They were not able to resolve these traumatic experiences abroad. Instead, they got caught in transcultural conflicts and identity confusions. Most of them are highly qualified individuals who, before their migration, held good jobs such as teacher, manager or business woman. Within the majority society here, they have no opportunity to find adequate work. Most of them live under poor conditions in their host country, and some of them are demoralized by the longstanding threat of expulsion.

Separate from their collective identities, patients found themselves incapable of narrating, remembering or of free association. Either they were too polite, kept an awkward silence and emphasized that they did not want to waste our time, or, by contrast, they were utterly distraught and cried for the entire hour. We were perplexed by their behaviour and by our own profound lack of understanding. I remembered a passage in Paul Parin's book where he kept repeating that among the Dogon, most talks should be held in a public setting. I discussed my speechlessness with Mrs. Hardung - the research group's anthropologist. She worked previously for a church-based information and counselling centre and had in this function already met some of our French-speaking patients.

The anthropologic – psychologic discourse before the group's initiation:

In our discussions, it became clear to me how much we have to rely on our Unconscious, shared cultural repertoire in order to reach our interpretations of transference and counter-transference, to understand the patients' unconscious conflicts and emotional suffering from a psychoanalytical/ therapeutic perspective.

In a more or less monocultural therapeutic setting, we are fluent in this knowledge on the basis of our shared socialisation, everyday experience, history, and values. Within a single country in Western Europe, we are unconsciously able to attribute differences between North and South, between dialects and social groups, and to recognize the expressions of emotions etc. We are free to engage in the therapeutic process with understanding. In a transcultural therapeutic situation, however, we are in danger of getting caught in chaos and helpnessness ourselves, which considerably reduces our professionalism.

According to Foulkes (1970, 1971), in a group setting, free-flowing, minimally structured discussion of the group members is the equivalent to free association in the individual analytic setting.

In his opinion, this approach has theoretical and methodological consequences for the concept of the Unconscious as an individual Unconscious that correlates with individual life stories and "drive destinies" (Triebschicksale) (Reiche 2004), and is uncovered through interpretative work.

That is because a group analyst interprets the group members' contributions as free associations and thus as an access to the Unconscious, it should, according to Mies, include in the interpretation another unit of the Unconscious. This unit, the collective Unconscious, intersects with the individual Unconscious. In the group, it is dominant from the beginning and will prove crucial for the direction of the Unconscious group process later on (Mies 1992).

The assumption of a collective Unconscious is contrary to the habits of thinking deeply entrenched in Western context, according to which independence is always superior to affiliation (ibidem). In the group leader, this group analytic assumption actuates her own process of collective remembering, which is put to use in the creative shaping of the transcultural transitional space in the group analytic process.

For the analysis of transference and counter-transference in the particular situation of an intercultural setting, it is also necessary to ensure attention is given not only to verbal utterances, but also to their "staging"- i.e. the manner in which it is "performed". It reflects the relationship and the process between the therapeutic team and the group. According to Pflichthofer, this process is characterised by oscillating between the level of experience – which is different for each member of the group - and that of understanding, when everybody is striving to take in the experience (Pflichthofer 2008).

Group- Processes of remembering, re-enactment and working through abroad.

Sequence from the group: 2 sessions

First session three years ago
Remembering: Shame, Tabu, Anger, Suffering
It is a sad group. For the first time, I get very angry because the women show up in 10 minute intervals. The anthropologist and I feel that we cannot work under these circumstances. The group is fragmented. Ms U. from the Congo comes in third after about 45 minutes, the

expression on her face somewhere between sadness and anger. She starts angrily complaining about the authorities again. When she is done expressing her anger, I interpret her facial expression, applying her mood to the whole group: It seems to be very difficult to feel able to remember when one is in a strange country, a country where one feels rejected.

Now another patient, Ms X., mentions her happiness about her imminent return home, after 5 years abroad. She is married to a diplomat and comes to the group with her daughter, who two years earlier developed a dissociative disorder after the death of her favourite aunt, who lived in their native country.

Ms U. is baffled by this: why would Ms X. be glad to go home? During the last session, prompted by an associative idea from the anthropologist, Ms U. had hesitatingly spoken about a part of her early childhood: We learned that she was bitten by a snake at the age of 8 and taken to a hospital, where she was cured. I see her sad and deeply hurt expression, but I don't understand why she isn't happy about being saved, since she doesn't talk about it. The anthropologist mentions a knowledge of groups where snakebites are associated with negative connotations of witchcraft. Ms U. goes on to tell us that after being discharged from the hospital, she was not allowed to return to her village, but was sent to a boarding school. She had in fact never seen her family again and had no contact with them until today. This helps to understand her sadness and the feeling and experience of expulsion from her group. We didn't learn more in that session, but now, when the thought of returning home is circling in the group, Ms U. seems to be eager to talk more. I ask her whether she would like to continue her story, and whether she would like to speak about her memories of her family together with the group. She tells us that at the age of 8 she was the victim of witchcraft. She was the first child of her father's second wife and his favourite. She then describes in detail how and where the snake bit her. Everything about the incident was memorable: the snake, the kind of bite, the scar. If she sees her foot now, she thinks she was born "normal" but is now handicapped. She shows her foot, where the only visible defect is a slight discolouration above the ankle. I remark that the injury might have had more internal effects in addition to the exterior ones. The other women discuss who could have sent the witch doctor. About this, Ms U. remarks that everybody suspected the first wife's son of being behind the witchcraft, because he wanted her dead, and that he made a pact with the witch doctor, selling his own arm. He did in fact lose his arm later on.

Ms U's mother made sure she never returned home in order to protect her, but when she only saw her a few times when she was in boarding school. Ms U. is very quiet.

During the team meeting after the session I think that I understand why Ms U. felt so very sad, and why she was almost cynical about Ms X's gladness to return home and why she always felt uncomfortable in each group. I realise, however, that I don't understand everything yet, because Ms U. is not angry about her brother, but rather about the therapy group. I also suppose that she is suspicious of her mother and women in general. Afterwards, the anthropologist and I spend hours at a café before being able to think clearly again. We try to translate. We understand why we feel burdened, but what is new is the helplessness taking hold of us, and my feeling that we should stop the group, because there is no point to it, that I would rather capitulate.

Second Session also three years ago

Remembering, re- enactment:

Shame, resistence based on Western religion, beginning of re- symbolization.

We wait for everybody to show up and then return to the last session by asking general questions about the women's feelings afterwards, and about their understanding of Ms U's story in a local context. Ms Z., from the same country as Ms U., says that she was very moved and hadn't slept well. Ms U. herself is in a bad mood again, rejecting everyone and saying that this was her defect, nobody was able to understand, she didn't want to think about it any more,and that it would stay with her.

The snakebite was like a bad omen, the beginning of a long life of pain and misfortune, and everything that came afterwards turned out badly. She was singled out and cast aside.

The other women wonder why her father didn't take care of her by using a "cleansing ritual", in order for her to be able to return to the village, and whether her mother was against it. I come up with the psychological interpretation that the brother's attack could have been caused by envy and rivalry, but I feel that I'm merely groping about in the dark.

At that point Ms U. explodes: All this was much too banal in her eyes, the simple white world had no clue about the spirituality of witches or devil and Satan, which we could only defend ourselves against by faith in God.

Regarding our thoughts, we tried to understand the symbolisation by a complementary approach (Devereux 1978) – by using the anthropologist's view and the groupanalyst's approach at least together- to translate the material through the local context of the group and the groupanalytical understanding of the group dynamic. The anthropologist went ahead to further explain the meaning of the "snake bite" in the context in which the patient described it. I understood that the snake bite was a bedevilment, and that the blame for the bedevilment remained with the patient, and that the mother could not care for her being unable to re-embed Ms U. in the village. As speculation, we raised the question of whether the mother had her own fears, as the young second wife of the father of the patient. The mother wanted the best for her daughter, giving her to the white one`s school.

Thus, the patient did not experience that the evil could have been banished with a ritual that could have taken her guilt. A cleansing, spiritual ritual is something that gives the individual a certain base of identity and can be seen as a kind of external collective super-ego.

The "devil" which is mentioned means the materialized super-ego of the patient.

Evidently the young mother who tried to protect herself also with the help of western religion, had fear for her daughter. The group tried to convey to the patient that they would protect her to overcome the feeling of not belonging anywhere because of a blemish.

Since the patient still did not have sufficient confidence in the group, as she previously could not protect herself (except through her anger and faith), she remained in it at first. I had the feeling that the patient's anger towards the young mother has been transferred onto me as an incompetent, not-understanding white therapist, which in the countertransference made me as helpless and sad as the mother must have been when she had to give away the daughter.

We discussed these sessions of the group later with a colleague in Senegal .

In this discussion I became aware of the great importance that topics such as sacrifice, control and coming into contact with the non-visible world could have, particularly when the spiritual issues are related to the maternal lineage. One could say that women or mothers hold the power to control "the Unconscious" of the whole group. The idea in a sacrificing healing ritual is that the ill person experiences a kind of rebirth through a bond to the sacrificed animal, and afterwards the illness should be transmitted to the animal. Our colleague in Senegal, Dr. Ndoye, pointed out that we, as Western therapists, must reflect more on those extraordinary symbolic levels. The snake bite is not just a snake bite, but rather becomes a bad omen or spirit which is conceived as a non-visible, cultural being. Only a traditional healer in trance can come into contact with the spirit, because the trance is the gateway to the non-visible world, to the Unconscious. Only through the person in trance can we get some impressions about the spirit.

Ndoye expressed that he views himself as a psychoanalyst, but that he maintains much respect towards these healing traditions. He accepts that in his African context there is a powerful "Unconscious" and that it is not really possible to control "Le Reel" (Lacan 1975 [1966]). In the African context it is important to note that it is not called "Unconscious", but rather referred to as "The Other." The Other hears and sees things we cannot hear. In Ndoye's interpretation, the rituals had given the members of the collective a certain identity and the women had a certain amount of power in their separated spaces of the rituals. Moreover, the psychoanalytic conception of the Unconscious could, in Ndoye's view, be seen as a possible approach to the conception of the non-visible world in spiritual contexts.

Because of the fact that the women are the connection to the non-visible world, that they have spiritual power to control "the Unconscious" in their cultural context. On the other hand, in intercultural psychotherapeutic settings we have experienced that this power is not connected with everyday life and not an individual power, nor is it manifesting itself in the female rights in these societies.

Conclusion

• It is necessary to continue a discourse regarding therapeutic practices and theories of the Unconscious in intercultural settings, which may form new discourses.

• The different imaginary worlds, opinions, convictions, that were acquired in another context must be further examined and discussed and seen as action-guiding.

• Parallel realities and different meanings make it difficult for the patient and the Western therapists to integrate the other, the own and the own other. The pressure of having to give up or conceal the own at first
causes a mess. It is only possible if one is able to analyze the
interference and to notice the other.

• The existence of a world inhabited by spirits or ancestors may be part of a reality that is, within the cultural context, considered real. Explaining illness by recourse to the spirit world may not appear pathological at all.

It might be seen, that also in the process of an analysis, the analysand in the talking cure

formulates his myth. In both cases it is the concern of the

subject - the group to find the symbolic solution that offers/ opens up an alternative of mental determination. Similarly, the move backwards, which is brought about in psychoanalysis, seems to be known also in the possession cults, since the return to the mythical time constitutes a real return, a reactivation of the "sacred time".

This concept of going back is obviously crucial on the level of the achieved therapeutic results, be it in psychoanalysis or in a state of obsession: Via a return to the roots the order can be established. For as much as the myth is the basis, is this knowledge of the origin of a fact or thing really helpful for their control.

• Transcultural conflicts can also surface in the form of shameful hiding of parallel realities, spirituality and culturally- specific rituals and rules, from the Western European majority society.

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