Abstract Social workers and psychologists working in post-conflict societies are quite often confronted with trauma in their daily working routine. Trauma might emerge during the exhumation of mass graves, in counselling victims of war, or within supervisory case work and has to be dealt with in this professional, but non-clinical setting. The article explores theoretically, and with the help of a case study, difficulties and possibilities of understanding complex trauma in supervision, focusing on how to transform empathy into emotion-based understanding, and thus opening up new perspectives for solving conflicts. It is stressed, however, that the understanding of trauma must be grounded in a sound knowledge of clinical trauma theory.

Keywords Trauma · Empathy · Conflict · Group supervision

Introduction

Scientific debates and extensive research about trauma leave no doubt that trauma neither ends nor vanishes with the ending of the traumatic experience. Keilson (1979) was the first to point out that trauma has to be understood as a continuing process. The therapies he provided to Jewish children in the Netherlands who had survived the Shoah clearly showed that trauma continues even after the atrocities come to an end and that trauma is not the result of a single event. It emerges and is reactivated in sequences. Unresolved trauma “will remain an insistent present” (Varvin 2003, p. 209) and might even be transmitted unconsciously from parents to children in a transgenerational process (Wardi 1992; Kogan 1995; Laub 2000; Gampel 2006).

Increasing clinical research in the field of psychiatric traumatology and experiences of psychotherapeutic treatments of traumatized war veterans, victims of torture, and survivors of genocide and terror (Herman 1992; Bohleber 2000; Varvin 2003; Becker 2006) have reconfirmed these findings, eventually leading to alterations of the diagnostic formulation of Post Traumatic Stress Disorder (PTSD). Even though “the establishment of PTSD as a final common outcome of diverse trauma has assisted in unifying previously disparate fields of inquiry in trauma research” (Silove 1999, p. 201), it soon became evident that “PTSD derives primarily from observations of relatively circumscribed traumatic events … and fails to capture the protean sequelae of prolonged, repeated trauma” (Herman 1992, p. 377). Consequently, an expanded diagnostic concept of “complex PTSD” (Herman 1992) was introduced, but still the psychopathological view of a traumatized individual remained the core focus of the concept. Therefore, concerns have been raised about an exclusive focus on PTSD as the outcome of trauma and questions have been posed about the validity of applying the western-based concept of trauma to the diverse cultures and societies in which political abuses and human rights violations are prevalent (Silove 1999; Fox 2000; Rechtman 2000). In Latin America, psychologists like Becker (1992), who worked for many years with victims of torture in Chile, and Martín-Baró (1990), who is from El Salvador, insist that trauma cannot be understood only in terms of the clinical diagnostic formulations of PTSD because trauma is often the result of “man-made disaster” and therefore a social and
The Social and Political Background

Over the last 10 years, the German Federal Ministry for Economic Cooperation and Development has established a peace and reconciliation program in Guatemala to support the fragile peace-building process in the country (Duque 2007). After 36 years of war, the results of the so-called ‘armed conflict’ were devastating: 200,000 people died, more than one million lived in refugee camps in Mexico, 45,000 disappeared and more than 600 massacres were officially recognized (Comisión para el Esclarecimiento Histórico [CEH] 1999). But worst of all, the war did not solve any of the problems that originally caused it, and, even though the armed conflict ended, violence continued after the war. Lynching and corruption increased throughout the country, criminal youth gangs terrorized the cities, and violence against and homicide of women reached one of the highest levels in all of Latin America (Sanford 2008). Moreover, this lawlessness continues with impunity. None of the human rights violators has ever been accused, only two percent of all murderers are ever brought to court, and 85% of all judges report being pressured not to allow prosecutions. The report of the “Secretaría de la Paz” (2009) warned of “epidemic violence” threatening the stability of Guatemalan society, and two truth commissions came to the conclusion that the majority of the Indian population of Guatemala has been traumatized and that the “social fabric” has been severely damaged and partially destroyed (REMHI 1998; CEH 1999).

This was the political and social context for the peace and reconciliation program of the German Government Agency, starting just a few years after the war. It was also the context for the group analytic supervision training, a part of the peace and reconciliation program, which was initiated in response to the psychosocial needs of professionals working in difficult, complex and, often enough, “traumatizing situations.” Evaluations had shown that many psychologists and social workers were organizing exhumations of mass graves in Indian villages, supporting lawyers who defended victims of torture, or working with extremely traumatized Indian widows within community mental health projects. These professionals were left alone with the extreme suffering of the people they served. Strong identification with these victims often led to a high risk of burn-out and symptoms of secondary traumatization. Since at that time no supervision, in the sense of counseling professionals, existed in the country (outside of a master’s degree in counseling at the Universidad del Valle), the organizers of the group analytic supervision training decided to try to strengthen the professional capacities of a group of national psychosocial experts by offering a systematic training in methods of supervision. The German Agency hoped that the supervisory skills and

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1 By “bearing” the different expressions of trauma, I mean that the therapists or social workers must allow themselves to see and hear all the terrible details of the stories that their clients are trying to tell them. They must have the capacity to listen, observe, keep their hearts open, and avoid the temptation to block the pain that these stories evoke.
counseling provided to the national experts in workshops would then be incorporated in the work of these experts with their clients and that the methods would spread throughout the country.

**The Concept of the Training**

The group analytic supervision training in Guatemala started in 2005 and ended in 2008, offering six blocks of a 5-day training. In the beginning, 22 psychiatrists, social workers and psychologists came to the training, but only fifteen participated continuously throughout the two-and-a-half years of the program. The workshops took place in a beautiful colonial villa in the center of Guatemala City. The villa also hosted the offices of the peace and reconciliation program of the Agency.

The morning sessions concentrated on theoretical concepts such as group psychotherapy, counseling and supervision, defense and projective mechanisms, mirroring, and scapegoating. The afternoon sessions concentrated on practical applications of the concepts in “life” supervision and case work. Additional topics of the training were specific group analytic interventions, methods of conflict resolution, concepts of the social unconscious, organizational dynamics, intercultural issues and ways to adapt group analytic methods to the social and cultural context of Guatemala. Topics did not include diagnostic and psychotherapeutic techniques since the participants did not work in clinical institutions. Most of them were engaged in social and community mental health projects.

I was entrusted with the training since I spoke Spanish and had many years of experience in supervision and group analytic trainings.

**The Social and Cultural Setting of the Training**

Even though the war ended 9 years before the group analytic supervision training started, the effects of epidemic violence were ubiquitous. There were armed guards everywhere. To live in Guatemala meant to be surrounded by constant fear, anxiety and caution.

Although efforts were made to minimize security risks in the workshop, individual participants faced violence almost constantly. There was always someone whose mobile phone had just been stolen or whose car had been deliberately rammed. Often people had to leave their buses in panic because youth gangs invaded the vehicle and accosted the riders. A few years ago, a 72-year-old Catholic nun, who had participated in one of our first workshops, was murdered not far from the villa where the workshops took place. It seemed as if violence could not be avoided; it dominated daily life and all working routines. One of the challenges of the workshops, therefore was to find a way to understand and talk about traumatizing experiences not only in the lives of the clients but also in the daily lives of the workshop participants.

There are, of course, different ways to approach this challenge. One way is to concentrate on empathy, which might be considered one of the core concepts of psychoanalytic thinking and at the same time an essential part of counter transference reactions. But how do empathy and counter transference work in a context imbued with trauma?

**Psychoanalytical Understanding of Empathy**

Looking into psychoanalytic literature, one finds there has been a considerable amount of writing about empathy, starting with Freud, who acknowledged that he was somewhat ambivalent about this topic because of its “mystic character,” as he once wrote in a letter to Ferenczi (Grubrich-Simitis 1986).

And interestingly enough, according to Kakar (2008, p. 114), the actual definition given in the Oxford English Dictionary confirms this “mystic character,” explaining that empathy is considered the power to project one’s own personality into the object and, by doing so, to completely understand the other. Kakar, an Indian psychoanalyst, points out that psychoanalysts seem to avoid the scientific challenge connected with empathy, even though they work with it daily in their psychotherapeutic practices. He is convinced that this avoidance has to do with the very nature of empathy because empathy seems to function much more like a meditative practice than a psychoanalytic and scientifically proven technique. Freud seemed to be aware of the meditative nature of empathy when he wrote: “Experience soon showed that the attitude that the analytic physician could most advantageously adopt was to surrender himself to his own unconscious mental activity, in a state of evenly suspended attention, to avoid as far as possible reflection and the construction of conscious expectations, not to try to fix anything that he heard particularly in his memory, and, by these means, catch the drift of the patient’s unconscious with his own unconscious” (1923, p. 239). In a well-known piece of advice, Freud tells psychotherapists to liberate themselves from all conscious thoughts and emotions in order to be able to receive messages from the unconscious of the patient. That is an extraordinary task, not easy to accomplish at times, but necessary in order to perceive the messages of the unconscious.

Referring to this specific psychotherapeutic attitude and psychoanalytic technique, Ogden speaks about “daydreaming experiences” (1997, p. 719), meaning the capacity to allow...
oneself to have unobtrusive thoughts, feelings, fantasies, daydreams and body perception in the course of a psychotherapeutic process. With the daydreaming concept, Ogden described what Freud meant when speaking about floating attentiveness and named the sources that might produce the associations that are so valuable for understanding in the psychoanalytic process.

Taking the work of Freud and Ogden into account, Kakar shows very convincingly that this capacity of “daydreaming” is quite similar to the transcendental capacities of some of the famous gurus in India. According to Kakar (2008, p. 117), many psychoanalysts today try to minimize the transcendental character of empathy, saying that the identification of the therapist with the patient is temporary and not regressive, that it is under the self-control of the therapist, and that it contains neutral and even cognitive elements. There is obviously a lot of fear that empathy could be only a projection of the psychotherapist’s feelings, an empathetic fantasy, or a projective distortion. And of course, it cannot be denied that empathy could go too far; i.e., turn psychotic. Kakar (2008, p. 117) also points to the danger that an extended identification with the patient could be a hint that the psychiatrist’s own unconscious desires are being satisfied.

According to Kakar (2008, p. 118), the vague definitions of empathy, combined with the objections and warnings of potential risks, are responsible for the ambivalence found in the majority of scientific publications about empathy. Empathy seems to be connected too much to unconscious, mysterious, and incompletely understood psychological states of mind.

But there are quite a number of psychoanalysts who have different opinions about the topic. One of them is Bion (1967) who described the ideal psychotherapist as someone who could give up, for the sake of the psychotherapeutic situation, memory and desire and even understanding. He reiterates that psychotherapists should block off the noise of the material world and all sensory perception in order to be able to receive the messages from the psychic world. This capacity to hear the unconscious messages leads to an extension of the pre-conscious channels of communication and a greater capacity to recover messages from the depth of the psychic world. And Kakar (2008, p. 124) adds that empathy will grow only when the functions of the self can be given up with greater ease and when the fear of drowning can be handled less defensively. Then the potential of the psychotherapist to daydream can be strengthened and empathy can be amplified.

It is astonishing in a way that Kakar does not connect empathy with counter transference reactions because it seems obvious that counter transference does not work without empathy and that empathy is a crucial part of all transference processes, which allow the therapist to experience and explore the hidden issues of all therapeutic relationships.

Still, empathy remains a somewhat mysterious technique, abstract, not really disclosing its ways of functioning, and difficult to understand. Therefore, it might be helpful to turn to a real case experienced in a group analytic supervision workshop in Guatemala, where a lot of empathy, embedded in strong counter transference reactions, was needed to understand what was being said.

**Pedro’s Case**

It was Pedro, the only man in a group of women, who volunteered right in the beginning of a group analytic supervision workshop to present a case that was still disturbing him. I knew Pedro from a previous workshop and was glad to see him again. He had been very critical at that time, not familiar with group analysis or psychoanalytic ways of thinking. Now, his return might mean that something in the workshop had been convincing or useful after all. I felt some relief about having reached him because he was known in Guatemala as the author of two recently published books about one of the many wartime massacres in a remote Indian village. I remember thinking that, if I managed to reach him, I might be able to reach the others in this workshop as well. The workshop participants also seemed to be grateful that he volunteered to present a case and encouraged him to start.

Pedro told the story of trips he had made to an Indian village, way in the north of the country, to organize an exhumation of a mass grave. Although it was a 5-hour journey, he had traveled there many times because of complications that arose after the exhumation had taken place. An Indian family that had lost a father during the war and suspected that his body was in this mass grave had fought for years to get the official authorization for an exhumation of the grave. Finally, the authorities granted the authorization, and the forensic anthropologists conducted the exhumation, finding the bodies of the father, an uncle, and many other people from the village. The uncle’s family no longer lived in the village, having fled to a refugee camp in Mexico.

Since Pedro was in charge of the exhumation, he decided to search for the uncle’s family to tell of the discovery and to ask where to bury the dead man. After a lot of research, he managed to locate the only living daughter and visited her in Mexico. The daughter told him that she wanted her dead father to be buried in Mexico, close to where she now lived. When Pedro returned with this message to the Indian village in Guatemala, the woman’s cousins and aunt rejected her wish, arguing that it was they who had fought for the exhumation and that the body of the
uncle should be buried in the village where he had lived and died. Pedro conducted “shuttle diplomacy” between the family members in Mexico and Guatemala, but the positions on both sides remained rigid, and it seemed impossible to find a solution. Weeks passed, and Pedro felt exhausted and completely hopeless. No matter what he tried, nothing seemed to work. And worst of all, the judge in the nearby city urged him to organize the funeral since it was illegal to leave dead bodies unburied for such a long time. If the families could not be reconciled, the judge threatened to have the dead man reburied in a mass grave. Unable to understand either side of the family and feeling desperate, Pedro asked the supervision group for suggestions.

After a short silence, one of the women in the supervision group asked him, somewhat reproachfully, why he was engaged in such an emotionally difficult and stressful job, adding, that she thought it was too much to bear. She continued by saying that, as a psychotherapist, she had learned that it is necessary to protect oneself and not to exceed one’s limits. Pedro answered with a somewhat contemptuous smile that he considered it his moral and political duty to be engaged in this type of work and that he knew how to take care of himself.

As the discussion continued, the woman gave voice to the fears, anxieties, and defensive reactions of the group. She obviously felt the urge to protect the group like a good mother, feeling insecure, not knowing if I would be able to protect the group or if I might push the group too far with this unknown instrument of supervision. But underlying these anxieties was a conflict between Pedro and the woman. Pedro left no doubt about his political engagement and his strong leftist beliefs, whereas the woman fit the stereotype of the upper class psychotherapist who stayed out of political conflicts. While protecting herself with her non-involvement, she also strengthened the position of the conservatives in society. There was a lot of unspoken tension and aggression in the group. Shadows of the war had entered our supervisory space, and the irreconcilable conflict was frightening everyone.

While listening attentively, I felt many thoughts and associations race through my mind, but my greatest fear was that I had not understood and would never understand the key issues. I was almost convinced that this was a case we would never be able to resolve. My own counter transference reactions of not understanding pointed to the danger connected with the material Pedro had presented. I felt the resistance, fears, anxieties, and aggressions dominating the group.

Then someone in the group asked Pedro for more details, and he talked about his job, the exhumation of the mass grave, and the difficult situation in the village. Again I had the feeling of not being able to follow his words or to imagine the village. It felt like a blurred picture, as if a photographer had trembled when taking the picture, and even though I tried very hard to get a clearer image, I did not succeed. Irritated and profoundly disturbed, I felt as if I were on a journey to nowhere. Even my ability to speak Spanish seemed to vanish.

Finally, Pedro began to talk about the massacre. Even though the events he described were horrible, I began to understand. The father of the daughter now living in exile in Mexico had been denounced to the army as a supporter of the guerrilla. The army invaded the village, captured him, and ordered that he and many others be tortured in front of the whole village. The soldiers forced every man, woman and child to watch. Some time later, the guerrilla entered the village and killed those who had denounced the tortured men. When the army and the guerrilla were finished, dead bodies lined the streets leading out of the village.

There was silence and a strong feeling of pain and agony in the group. Then someone said, with a breaking voice, how shocking it was to hear about and to imagine these atrocities. Like everyone else in the room, I could see the dead bodies lying on the dusty paths of the village. It was an almost unbearable image. My strongest instinct at that moment was to flee, just to get out and get away.

I suddenly realized that my reaction was the same as the reaction of the family that fled to Mexico. I then returned in my mind to this girl, seeing her now very clearly as a young Indian girl standing in the crowd of the villagers, dressed in her brightly colored Indian clothing, forced to watch her father being tortured, hearing him cry out, and seeing him die. I could feel, partially I guess, what she must have felt at that time: agony, immense pain and suffering, but also shame, helplessness, solitude in the midst of a crowd of people, all of them paralyzed in utmost fear and terror. No one dared to do anything to help her father, nor her mother, nor her relatives, nor her neighbors.

Even though these images were almost unbearably painful, they helped me to think again and regain my capacity to conduct the supervisory process, now in a more active way. I finally began to understand why the daughter insisted on having her father buried in the place where she now lived. She simply wanted to have his dead body close to her as a late reparation for having left him alone in his agony. At least she wanted to offer him a burial in dignity and according to Mayan Indian religious rituals, to save his soul and to reconcile with her own feelings of shame and guilt.

I shared these thoughts with the group. Immediately, the tension left Pedro’s face. The group relaxed, and some of the participants leaned back in their chairs. Yes, now they
could understand the young woman’s desire to have her dead father buried close to her. That was the only way she could find some peace with the past and try to reduce her trauma. But what about her cousins and her aunt back in the Indian village in Guatemala? Their situation became more understandable too. They had done everything to get the authorization for the exhumation. They felt resentful towards the girl’s family, who had fled after the massacre, whereas they had stayed. Not allowing her to have the body of her father was like a punishment for having left the village, for having left them with the dead bodies lining the streets and with the horrifying political conflict that separated the village, on one side, the supporters of the guerrilla and, on the other, the supporters of the army. It was exactly the conflict that had been mirrored in the beginning of the supervisory process in our group.

But now we could see Pedro’s smile coming back: Yes, now he would know how to talk to the daughter, her aunt, and her cousins. He felt sure that now he would be able to reach an agreement between the two families because now he understood the trauma that both parts of the family had experienced and the different ways they had found to deal with it. He also realized that the trauma was still alive, having been reactivated through the exhumation process.

Feeling great relief, Pedro closed the case and thanked the group. We all headed outside, very hungry and thirsty, happy to have our break with lots of coffee and things to eat.

Reconstructing the Process of Understanding

Reconstructing this painful process of understanding on a theoretical level is not easy because to be empathetic in this case meant to go on a journey into unknown lands, through an “agony of anxiety” and to a confrontation with trauma and death. The process of understanding did start with floating attentiveness, as Freud (1923) mentioned, and the material as well as the cognitive world vanished, as Bion (1967) pointed out. My command of the Spanish language disappeared, and a state of mind developed that could be compared with daydreaming experiences. Blurred images allowed no rational thought, and intellectual and professional orientations, aims, and directions simply disintegrated. Slow floating turned into something Kakar (2008) called “drowning.” All knowledge vanished; there was no desire anymore and certainly no understanding. In contrast to Kakar’s analysis, however, there were, at least temporarily, heavy regressive motions in this process of “drowning,” which should be recognized. Feelings of emptiness, helplessness, impotence, and shame have to be considered indications of regression. These were not easy feelings to bear. But somehow, unconsciously, it was possible to persevere, instead of fighting it off. And by bearing the feeling of almost drowning, I was able to transcend boundaries, find access to the unconscious and traumatizing material of the story, and identify finally with this girl, standing there in the middle of the crowd, watching her father suffer and die. The identification with this girl was the turning point in the process of understanding through counter transference reactions. This empathetic understanding of the girl’s trauma opened up the door to an emotionally-based understanding of the whole situation.

But this step from empathy to an emotionally-based understanding cannot be described only in terms of transcending boundaries because that would fail to account for the process of conflict. Indeed, Pedro’s story shows that the core conflict was mirrored and experienced on five different levels throughout different stages of the case work:

- The initial scene in our supervisory workshop produced a clash of two radically opposed political positions within the group, thus opening up the stage for further conflict connected to the case.
- Conflicts shaped my counter-transference reactions when it was impossible for me to relate to the group, neither hearing nor understanding Pedro’s words. There was a complete breakdown of communication, producing an enormous amount of anxiety.
- There was this terrible conflict in the village, eventually uncovered during our case work. It turned out to be the central political and national conflict between the supporters of the army and the supporters of the guerrilla, ending up in mutual denunciations and the brutal killing of numerous Indian men in the village.
- This past conflict found a continuation in the present conflict of the two families, not being able to agree upon the burial place of the dead father and uncle. The effects of the wartime trauma were still alive, not allowing wounds to heal.
- The conflict was manifested in the unsatisfactory working relationship Pedro experienced with the people in the village. Because of unresolved trauma, he was unable to reconcile the two families and find a solution to the problem of the uncle’s burial.

In this case, trauma showed itself in the group as a basic and permanent state of conflict, producing symptoms and fears of “drowning” and finally a severe crisis. But in this process, resistance as well as defense structures partially broke down, allowing increased flexibility and, most importantly, creativity; that is, new ideas, new thoughts, and new perspectives. Only through crisis and the painful loss of knowledge and power did an emotional and empathetic understanding of the traumatizing situation become possible.
**Lessons to be Learned**

In addition to understanding trauma, it is quite important for psychosocial experts working in traumatized societies to realize that “trauma will not only persist as an insistent present memory of what happened but will affect how the world is perceived, how relationships to others are experienced, and how the person relates to self and others” (Varvin 2003, p. 209). This result, of course, is true also for working relationships; traces of trauma might surface in any professional environment at any moment, as well as in counseling and supervision case work, where it might least be expected. Psychosocial experts, working in post-conflict and heavily traumatized societies, have to be well aware of this fact and have to be prepared to bear, to understand, and to contain traumatic phenomena. This means, first and foremost, not to be afraid of conflicts, not to fight off one’s own feelings of helplessness, impotence and regression. Acknowledging one’s own vulnerabilities and limitations helps to relate to the needs of traumatized populations.

In this case a clinical approach would not have been helpful since it was Pedro’s task to organize the exhumation process and bring it to an end. To accomplish this task, he had to deal with trauma, but he was not in any position to diagnose and to treat traumatized persons.

However, the resolution of Pedro’s dilemma was made possible by the supervision support group. Psychosocial support in a group of colleagues creates a health-saving support system, which contains the fear of drowning, allows a person to regain trust in his or her own professional and personal capacities, and creates a feeling of solidarity with others. Feeling, experiencing, and living relatedness to others is decisive in bearing and overcoming the fragmentation and polarization always connected with trauma.

**References**


**Author Biography**

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