Understanding the refugee-traumatised persons - semiotic and psychoanalytic perspectives

by

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Abstract

The current situation of refugees demands a redefinition of our understanding of the concept of psychological trauma. Posttraumatic stress disorder (PTSD) cannot be used to account for the variety of posttraumatic reactions.

This paper presents an alternative approach illustrating how theories on traumatisation and its treatment may take into account salient dimensions of man's semiotic relations to others: body-emotional relations to the environment, relations to the groups/family, and relations to the socio-politico-cultural context. Each of these dimensions have an unconscious base, influencing the person's capacity for repairing the trauma-processes.

Key words: Trauma, PTSD, subjectivity, body, culture, Nachträglichkeit, mentalisation

Introduction

The refugee crisis in recent years is actually a massive movement of people, happening on almost every continent and mostly due to protracted wars, endangered freedoms and security in totalitarian regimes and perils of insecurity in economically collapsing states. Refugee populations consist of high proportion of individuals who were exposed to traumatic experiences in their country of origin, ranging from loss of home, displacement and separation from family to extreme violence such as exposure/involvement in combat, detention and torture (Opaas and Varvin, 2015; Silove, Ventevogel and Rees, 2017).

It seems that in every currently active armed conflict there is a characteristic targeting of civilian population, often including an open or hidden politics of "ethnic cleansing". Ethnic cleansing is defined as "rendering an area ethnically homogenous by using force or intimidation to remove from a given area persons from another ethnic or religious group" (Radović, 2004, p. 39). Violence toward members of different ethnic groups includes "killings, expulsions, detentions, torture, sexual violence, destruction of property, educational or religious institutions of a certain ethnic group and other means of violence and intimidation" (ibid.). This situation spreads terror and can contribute to massive exodus of populations.

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In addition, many if not the majority of those who are forced to flee, have experienced adversities, violence and abuse during their flight. This includes physical dangers of the passage (such as passing over sea in boats) and violence inflicted by criminals, smugglers, different armed groups or state officials. Adversities done by state officials (police, border guards, etc.) are assumed to result from informal political decision of governments to block the passage toward the aspired better conditions. When it happens in Europe it is often with agreement or consent of EU countries. The EU's institutions and the member states have chosen to largely ignore the human rights violations (HRV) connected with the closure of the Balkan route, and "this ignorance in practice amounts to a tacit agreement" (Weber, 2017).

To our knowledge, there is still no systematic research on the scope of this problem but there are recent reports from civil society organization (Janković Jovanović, Trivunčić and Đurašinović, 2015; Psychosocial Inovation Network (PIN), 2016; Arsenijević *et al.*, 2017; HCIT, 2017; MSF, 2017) describing systematic abuse in form of severe beating of refugees by border police, use of pepper spray and police dogs. This practice may have political support and it seems to have been agreed among police and border guard units as it is systematic, repetitive and undoubtedly aimed at deterring people from trying to repeat illegal crossings. UNHCR publishes regular monthly reports for each of the country involved in refugee crisis, which indicates the seriousness of the problem (UNHCR, 2019).

Although not all refugees who have experienced HRVs develop posttraumatic conditions, research shows significant higher prevalence of mental health problems in the refugee population (Fazel, Wheeler and Danesh, 2005; Silove, Ventevogel and Rees, 2017) , which will create a strain on mental health services in host countries.

Posttraumatic Stress Disorder

With the inclusion of the category of posttraumatic stress disorder (PTSD) in DSM-III of 1980 (American Psychiatric Association, 1980), mental health professionals got a possibility to diagnose mental disorder directly related to trauma, i.e. "a recognizable stressor that would evoke significant symptoms of distress in almost everyone" (ibid., p. 238), and victims of those HRVs could get recognition, treatment and compensation. This also enabled tremendous increase in research on psychological trauma over the decades. Disadvantages with the PTSD paradigm developed, however, which involved serious methodological difficulties in the conception of posttraumatic states:

Firstly, academic psychiatry relies on "syndromal" definitions of mental disorders based on a categorial system (inaugurated by introduction of "operationalized criteria" in DSM-III), i.e. a polythetic descriptive approach which lumps together symptoms and signs of mental disorders, differentiate them and establish them as nosological entities. This implies a reification of the assumed entity of symptoms and signs into „real" psychiatric illnesses whose validity need not be questioned (Jablensky, 2005).

Introduction of operationalized criteria was primarily meant to improve research of mental disorders, in order to obtain more data. It can be argued that this approach created a split between researchers and clinicians, which today affects the field of trauma in many ways.

Secondly, the diagnosis PTSD mostly used for traumatised people does not cover spectrum of posttraumatic sequelae frequently seen in clinical setting, and other syndromal assembly of symptoms, usually named "co-morbidity", such as somatizations, substance abuse, and somatic illnesses such as hypertension, diabetes, etc, are added, creating the image of a patient suffering from several "illnesses".

PTSD was conceived and further developed in accordance with recognizable models and theories of mind in spite of the DSM system's claim to be "a-theoretical". PTSD came into being as an outcome of different social and political factors, including the needs of veterans of the Vietnam War (Shephard, 2001, p. 355), as well as professional engagement, mostly by Chaim Shatan and Robert Lifton. They supported veterans' initiatives and initiated a formation of a subcommittee on the "post-Vietnam syndrome" (Young, 1995, p. 109), in preparation of the DSM-III. Looking for a help to conceptualize this syndrome, they invited Mardi J. Horowitz (Shephard, 2001, p. 367). Combining earlier theories of "Freud, Janet, Kardiner, Grinker and Spiegel" (ibid.), Horowitz used the information processing model to develop what would become PTSD in 1980, defined as three clusters of symptoms – intrusion, avoidance and hyperarousal. This was already introduced in a paper which inaugurated the influential "Impact of Events Scale" (Horowitz, Wilner and Alvarez, 1979), where Horowitz et al. started with pre-defined concepts of intrusion/avoidance, and provided psychometric evaluation of two samples: 66 adults treated by psychotherapy after a serious life event and 25 physical students who had "recently begun dissection of a cadaver and hence contact with death and sights that were usually a taboo" (*ibid.*). Despite weak empirical foundation a theoretically heavily charged concept was developed in a supposed a-theoretical diagnostic system. A split between clinician and researcher became evident: "Everything was factored into Horowitz's equation – except experience with military cases and an awareness of the role of social culture. The building bricks of his model were intellectual not practical. In the battle between the consulting room and the laboratory, the field hospital and the study, the intellectuals had triumphed" (Shephard, 2001), p. 367.

Thus, the implicit pathogenetic mechanism of PTSD processing of traumatic memory. As the memory of the traumatic event cannot be integrated, it surfaces in the mind in a form of intrusive re-experiencing, that needs to be avoided as it creates an unpleasant hyperarousal. In practical terms, mainstream treatment for PTSD became "trauma-focused psychotherapies". At the web-site of the National Center for PTSD of the U.S. Department of Veteran Affairs (*PTSD Treatment Basics - PTSD: National Center for PTSD*), they are described as the most highly recommended type of treatment for PTSD. 'Trauma-focused' means that the treatment focuses on the memory of the traumatic event or its meaning.

In this connexion it may be important to note that the first description (as we know of) of the "Post-Vietnam Syndrome", by Shatan, published in The New York Times in 1972 (Shatan, 1972) did not include anything related to traumatic memory. Shatan enlists complaints such as "guilt feelings for those killed and maimed on both sides", "they have been scapegoats [...] they feel deceived, used and betrayed", "Rage [because of] the awareness of being duped and manipulated", and dehumanization during the basic training and in the warzone: "You paid a high price for trusting other people in the Nam. Every time you acted human, you got screwed" (Shatan, 1973, p. 647). In fact, we can say that all these complaints are related to interpersonal/social sphere with an emphasis on dehumanization, which is of most significance. We will return to this later.

During clinical sessions (with the author, VJ), those were topics much more frequently addressed than traumatic memories and flashbacks. When veterans, many of whom were adhered to nationalistic war propaganda, turned back to civilian life they found that society had changed into an each-man-for-himself ideology followed by a widespread corruption and plundering on a massive scale of once-state-owned property. Also, with refugees arriving recently to the Balkans, traumatic memory has not been the main complaint. When recently a refugee boy of 14, who had been raped by a group of men a couple of days prior to the interview, cried in the consulting room "how could they do this, if they are Muslims?", it seems obvious from a phenomenological perspective that the traumatisation involved is not only the pain, helplessness and humiliation but also a disillusionment of the previously idealised group identity.

Disorganization, anomia and crimes, disruption of cultural and traditional values, etc., may have a more traumatic function than the exposition to combat or threats to life in itself. The PTSD concept do not contain any of this and is often quite irrelevant in the clinic and may be a hindrance for understanding and for clinical interventions.

Conceptualisations: Some psychoanalytic and psycho-semiotic perspectives

There is thus a need for a more comprehensive understanding of what traumatisation implies, a conceptualisation that takes into consideration the complexity of traumatisation happening during situations of war and social terror, its often prolonged quality, the context in which it happens and the context of the earlier life of the traumatised as well as what happens afterwards.

Psychoanalytical concepts – Nachträglichkeit and mentalisation

There is no unified psychoanalytical theory of trauma. There are many trajectories of conceptual development, which often overlap and link conceptually at some points while diverge at other point.

The concept of traumatic memory that is unintegrated, intrusive and brings emotional suffering, can be traced back to Freud's earlier theories (Wilson, 1994), mostly in his work

with Breuer in Studies of Hysteria (Freud and Breuer, 1955). There they claim that: "*hysterics suffer mainly from reminiscences*". This theory was highly influenced by Charcot's traumatic theory of hysteria (Baranger, Baranger and Mom, 1988), and corresponded with Janet's work. But while Janet, who was "reborn" in the nineteen eighties (Nemiah, 1989), in a time of resurgence of interest in psychological trauma, explained psychopathology through weakness of the mind, assuming functional deficiency, Freud focused on dynamic conflict of psychological forces. The PTSD concept, in contrast to Freud's conception, avoids the fact that it is not just the traumatic event the individual must cope with. It is also the contents of existing structures of meaning, including earlier experiences (traumatic and otherwise) and unconscious fantasies, that colour the perception of the traumatic event while at the same time needing themselves to be re-assimilated in the light of the traumatic event. Contrary to the idea that trauma arises solely because of the objective presence of a danger, Freud maintained that fear of death was not the causal agent of the traumatic anxiety. For Freud, the traumatic situation actually being reacted to was characterised by anxiety linked with being abandoned by a protective superego, losing the object's love or losing the object itself, and thereby losing safeguards against internal and external dangers. He maintained further that the core experience of psychic traumatisation was the resulting experience of helplessness on both the conscious and the unconscious parts of "psychic reality"(Freud, 1926; Rosenbaum and Varvin, 2007).

The relation and conflict between soldier's war time function (war-time ego) and civilian life (peace-time ego) was a focus in XX papers just after WW-I. Kardiner, in his exceptional work on the physioneurosis of war, expressed some hesitation on this view even while partially endorsing it. These were "conflicts understood entirely in terms of self-preservation in relation to ideals of heroism, patriotism and the like" (Kardiner, 1941, p. 4). Thirty years later, Shatan understood this conflict in terms of a "grief of soldiers", as a problem of accommodation to civilian life after "emotional anaesthesia" caused not only by war trauma but by military training "which discourages grief and intimacy". We can now connect these concepts into the process of dehumanization, a splitting off of humanity, which can be imposed on young men during military training or in torture survivors. Bollas (Bollas, 1992) wrote that "in object relations terms, humanity is presumably represented or representable by the presence of different capacities of the self (such as empathy, forgiveness, and reparation) which had been squeezed out of the self" (p. 198).

Nachträglichkeit

The concept of 'Nachträglichkeit' (Freud, 1895; Damasio, 1999) is in our opinion a core concept in the understanding of psychological trauma. Freud developed the notion of 'Nachträglichkeit' to describe the nature, causality and temporality of the trauma. The temporality innate in the notion of 'Nachträglichkeit' has in short been understood in two different ways according to time vector primacy and its pathogenetic consequences.

1) The notion as determinative and causal (forwardly time vector): a previous event inscribed in memory may unconsciously and preconsciously affect a present or more recent traumatic experience.

2) Hermeneutical interpretations, a retrospective meaning-making (backwards time vector): a present trauma re-evokes and transforms memory-representations of previous experiences.

In our conception, the two time vectors are combined and working as an extended feedback-feedforward process. The first time vector influences forwardly in time (deferred action), while the other vector works as a "looking back" and giving interpretative meaning to the past. The first vector is related mainly to levels of affects, whereas the second is meaning-making and involves a transcription of past perceptions.

We conceive this pathogenic mechanism as a continuous process – backwards and forwards. In severe traumatisation the process may become repetitive; in the work of psychoanalysis and –therapy the 'nachträglich' causality processing may instead be basis for transformation and psychological change.

The backward-forward processes of 'Nachträglichkeit' does not necessarily rely of memories or memory-parts with symbolic sign-qualities and meaning. It just as often exist as psychic representations ('Vorstellungen') that do not yet have meaning, or have lost its meaning, and thus appear in bodily affective signifiers, or on the level of proto-self (Damasio, 1999), encompassing fatigue, energy, excitement, wellness/sickness, tension/relaxation, stability/instability, balance/imbalance, harmony/discord.

'Nachträglichkeit' processes may also appear on the level of political, social and cultural discourse. We usually dismiss this process on the cultural level and re-interpret the return to culture in childhood, childhood stories that have been read to us, literature and photos signalising another time and culture, etc. as having a body- and person-related regressive background in the development. But we claim and find it more profitable that 'nachträglich' processing of picking up a religious or culture-specific political and philosophical statements or ideas that colours the experience of a newly perceived traumatic situation should be understood as 'Nachträglichkeit' on a separate cultural level. Severely traumatised persons may use literature, philosophy and religious thoughts as ways of fighting a present state of traumatisation, or opposite, they may feel that what they believed in and idealised in childhood now play the role in nightmares, reasons for isolation, feeling of betrayal and breakdown of trust.

Mentalisation

Lecours and Bouchard (Lecours and Bouchard, 1997) summarized development of the concept of mentalisation, by W. Bion, Pierre Marty and French psychosomatic school. They refer to mentalisation as a linking function "connecting of bodily excitations with endopsychic representations" (p. 855), and thus to a process of psychic transformation

whereby “un-mentalised” experiences are changed into “mental contents within a human interpersonal and intersubjective matrix”. This is a precondition if these experiences are to play any endopsychic role. Lecours and Bouchard develop levels of mentalisation and claim that all psychic content may be placed on a continuum of “increasing mental quality between the poles of somatisation and insight” (p. 857). They see this as an ongoing process in which somatic excitation, and thus psychic content, are constantly reorganised on different levels of mentalisation, including bodily excitation, acting, dreaming and higher levels of abstraction.

Creating mental representations thus means linking basic somatic experiences with images and words which in Freud’s conceptualisation would equal linking thing-representations and word-representations (Freud, 1915)). Meaning seems in this model to be attached mainly to representation in language. This may contrast with the conception that meaning is also inherent in the preverbal organisation of emotions and the potential meaningfulness of bodily symptoms and signs.

In Lecours and Bouchard’s model (Lecours and Bouchard, 1997) there are different levels of mentalization, which are presented through four different channels: somatic activity, motor activity, imagery and verbalisation – the latter describing a complex process of symbolisation of raw bodily-affective experiences . At the first level of mentalization, which they call “disruptive impulsion”, drive/affect experiences are neither tolerated nor contained, and we see no elaboration of those experiences; “This is the archetypal idea of acting out in the widest sense, of a direct discharge and non-reflexive evacuation” (ibid., p. 861). In somatic sphere we have chronic, persistent pain which is such an important characteristic of trauma victims and huge obstacle in the treatment. At the level of motor activity, we can see violence, self-harm or self-destructive actions. Posttraumatic imagery at the level of disruptive impulsion would relate to “flash-back” episodes described within the PTSD. Verbalisation at this level is in the form of impulsive shouting, insults, when they feel provoked or humiliated.

We see mentalisation, understood as including both basic symbolisation processes, as a concept that explains how affective experiences are made mental and possible for thinking and as a theory on how the mind’s capacity for understanding oneself, others and relations between self and other, as an important first step in building a model that can describe the complex consequences of man-made traumatising experiences.

A psychosemiotic model of traumatisation

Generally, one can state that whenever a person is expressing him-/herself towards others, or is otherwise relating and interacting with others, three dimensions may be taken into account: the body–world dimension, the subject–social group dimension, and the subject–discourse dimension. These dimensions display specific characteristics that manifest themselves in the person’s narrative speech and in his/her self-awareness and self-reflection.

The dimensions are dynamically closely related and interacting, and their inter-relational dynamic as well as the specific dynamics on each level may be understood on a conscious as well as the unconscious level.

As a dynamic model, it transcends the use of categories like PTSD, and we need to use the term “model of traumatisation”, meaning here: model of body-group-culture processes in a traumatizing perspective.

Figure 1

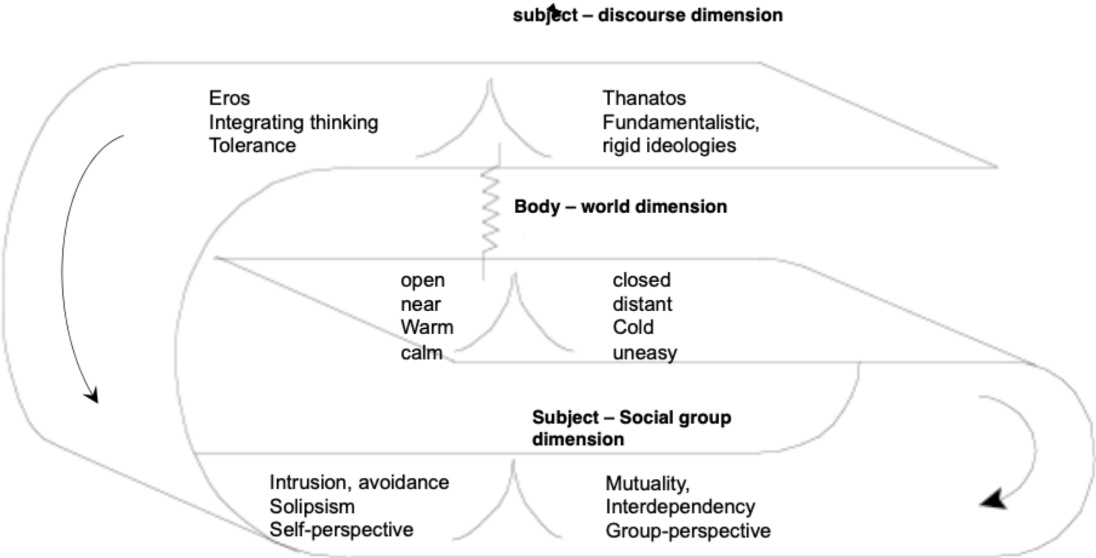

Figure 1 illustrates these three intersubjective dimensions and their dynamics:
Upper level: subject – discourse dimension
Middle level: Body – world dimension
Lower level: Subject – Social group dimension

The meeting of human beings with otherness, always implies the existence and influence of both positive and negative values. The subject is attracted to or repelled by divergent representations of otherness (Lust and Unlust of the object seeking drive). Thus, attracting and repelling forces in the mind are working in their joined effort to create meaning in the encounter with others and create meaning to what is said and not said. This dynamic

between subject and otherness is a core constituent of the functions of each of the three dimensions in the above model. Each dimension has its own psychodynamic patterns, and that is illustrated by the 'cusp-figure' on each level. Psychologically speaking, the 'cusp-figure' may assert that the subject (as self-representation) is simultaneously or alternatively attracted to and repelled from desirable and undesirable objects (external and internal objects), states or moods. The subject may swing rhythmically balanced, based on the atmosphere of the situation, between closeness and distance, balance and imbalance, warmth and coldness; or between feeling 'part of' or 'neglected', 'ego-centred' or 'other-centred'; or between 'being interested in integrating oppositional viewpoints' or 'being fundamentalistic'.

At the basis of the cusp, the subject may be attracted to the one or the other side without losing the possibility of preserving the "harmony" or safety in the relationship to the environment, the group or the culture. At the top of the cusp, the risk of transgressing the borders of the cusp is more threatening, and the result may be either that a splitting occurs and a psychic retreat is sought (Steiner, 1993), or that chaos, total loss of anchorage and catastrophical anxiety becomes the dominant mode of (non-symbolic) experience. Working one's way back from the latter position, or from other positions outside the borders of the cusp, demands the help of others (therapist, rescue-worker, family and long-term friends). Without the intervention from these, it is hard to return to a life with good-enough harmonious swings of the subjective states of mind.

In the body–world dimension, the subject's experience of the world is emotive, psychophysiological and temperamental. Tone of voice, facial expressions, eye movements, manual signs and gestures, postural attitudes, and other action patterns express aspects of the body–world relationship. Human beings are emotionally linked together in mirroring processes and the subject feels the urge to react to, to lean on, idealise or devalue, imitate, submit to or isolate oneself from, or otherwise defend itself against the actions of the other. Some of these expressions may be seen as mirroring phenomena (Gallese, 2014) and in a general psychoanalytic perspective they are phenomena within the Imaginary order of language (Lacan, 2014). A person who is severely traumatized may present a long range of bodily break-down symptoms, and when the traumatizing condition is worsened or not psychotherapeutically helped, the person may experience a total confusion of the psychophysiological processes that are normally characterizing human interaction.

In the subject–group dimension, the self is linked affectively to internal group-formations (Freud, 1921). These are internal matrices of object relations in which the individual unconsciously - by projections and introjections - identifies himself. A balance between on one hand feelings of being a unique/special self and on the other hand being similar/equal to other selves is a basic condition for identifying oneself as part of a group with its asymmetrical intersubjective and inter-intentional links in its matrix.

In this dimension, identification processes take place at an unconscious level – whether these processes are developmental in a creative way or (self) destructive. In severely traumatized states of mind the person often loses the group perspective and turns into different kinds of self-perspective with solipsism, autism, fearing and avoiding others, feeling intruded by daily life events, as was seen in the case described earlier with the 14 years old refugee, who had been raped by a group of men. He clearly felt betrayed by the group when he cried: "how could they do this, if they are Muslims?"

The subject–discourse dimension encompasses the subjective relationship to the socio-cultural knowledge and experience. Cultural perspectives—the identity-shaping stances relating to politics, ideology, education, ethics, moral conduct and religion—are the main organizers of subjectivity and intersubjectivity of this dimension. The cultural discourses are inscribed in the mind, and the identity-shaping stances are expressed overtly or tacitly. Human interaction in this dimension always takes place with references to converging and diverging myths, narratives, ideologies, paradigms of beliefs and patterns of argumentations. The traumatized person may experience different kinds of breakdown in this dimension, often resulting from real breakdowns in the cultural dimension in the group/society: distancing oneself from one's religion, cultural habits, moral values, etc. with feelings of hate, disappointment, phobia, numbness, indifference and cultural anaesthesia or death.

A case description and some comments

Recently, an 18-year-old refugee from Middle East who had extremely hard life over the past couple of years approached a treatment centre for counselling. He was then referred to a female psychologist for psychotherapy[1].

He had then been living in Serbia for a year, he had applied for asylum and he had learned a language quite well. He was working very hard at a street food stall and he liked the work as he was communicating with a lot of people, making jokes and was making friends. He was apparently functioning well but a social worker became aware that he had very painful experiences and severe problems he tried to hide and referred him for counselling.

He had spoken to "many psychologists", he told, but was not particularly satisfied, as "some of them wept while listening to my story". His overall attitude was one of the "survivor", the "resilient man".

He was detained with his family in a refugee centre in a country neighbouring his home country when he was 14 and was caught by guards when he tried to escape. He was imprisoned and tortured for three months, physically and psychologically and abused every day, he told. He escaped from the camp with the help of a cousin and lived a couple of

[1] Gordana Maksimović, Clinical psychologist, Mental Health Supervisor with Médecins Sans Frontières in Serbia, has kindly allowed us to use material from her case report.

months in a rented flat with a part of his family. Then he was forcibly conscripted and sent to military camp for training, to be further deployed to the frontline. He praised his combat skills and he claimed being successful in frontline and, as he said: “I was aware that if I don’t kill them, I will be killed“.

After being maltreated and humiliated he found a way to survive by abolishing his identity with the group (disturbances in the subject-group dimension in our model above) based on a probable experience of deep wound in his bodily relations to others through the torture and abusive humiliation.

Not willing to fight and after most of his unit was annihilated, he deserted and headed for Europe. He reached Slovenia but was pushed back to Serbia. He decided to stay here, though, as he said: “you have no cuisine, no music, no culture, and no history as old as in the Arab world”. But other countries as well are good no more:

> “And yet, to go to Germany, which is full of Afghans, who spoil the reputation of refugees because they act like animals, who do not know what soap is and are so primitive and ungrateful, they destroy everything that is afforded to them”.

With reference to our model we may say that he was seeking a new subject-group relation, but this compared badly to his home culture – and there was an obvious need to split off and project own undesirable parts of himself on to others: the lack of culture in “other countries” and the primitiveness of the Afghans. In this way he attempted to keep and maintain a more “clean and idealised self”, protecting himself from total collapse in both the subject-group dimension as well as the subject-discourse/culture dimension.

He decided not to try to go “to game” anymore:

> “So I came to the conclusion, I was thinking a lot with myself, maybe in psychology we would call it deep thinking, and figured it didn't matter what country you were in, if it's safe. If you are capable and smart, you will be able to make money anywhere. I can make money here, get a passport and then go to Europe, the normal way. But everyone thinks it's better ‘out there’. And especially because everyone is lying to their parents and sending pictures in front of the Eiffel Tower when they arrive, not saying how hard it is and how they look until they arrive. But I know that”.

What was striking was the absence of “posttraumatic” in his narrative in sessions. He never spontaneously spoke about the war, atrocities or even torture that he endured. But there was another topic which was prevailing in sessions. He demonstrated in this way a basic need to establish some stability in all three dimensions, even if it was done in a cynical way. After being beaten by border guards several times, he in a way gave in and decided to “make the best of it in Serbia”. But the loss of the totality of his home situation loomed in the background. He had experienced loss and pain in all three dimensions of the model – probably feeling that his life was beyond repair.

In one session, he started as regularly – everything is fine, he goes to school, he is very busy, at the workplace he works very hard, but he likes the job, now he supervises some new employees. But he has a problem with a particular police woman: she can't do him a harm, he has a documents, but "she is looking at me constantly, whenever I work she passes nearby, watching". Then he spoke about his good behaviour in the centre where he was accommodated:

> "I am the only one who doesn't make any problems, who tidies up his bed neatly and who has the room tidy. I always help people who are employed there, both cleaning the house and cooking. I go to school, I will never drop out of school, I think it's important, I go to Serbian classes regularly and I went to every workshop".

But there is a problem also:

> "Here's an example, what happened these days ... a girl, a Roma girl, lives in that house with us. She kept asking me for cigarettes and then I gave and helped her with everything. One day the two of us were sitting outside and smoking and she told me in Serbian 'what do you think if I would be your girlfriend' (laughter). I understood her, I understand Serbian so much, but I immediately said that I did not understand and switched to English".

Then he describes another occasion:

> "There is also one teacher in the house, she is 29 years old and I think she likes me. Here I will tell you why. First let me say that all the men in the house say that she is beautiful and that she is like a model, but I don't like her. For example, I sit on the balcony and smoke and then she comes and puts her feet in my lap. I'm shocked by that! Is that decent? She is employed there, how can she put her feet in my lap. I don't understand that".

He continues to describe how she is trying to seduce him, how it annoys him and makes him angry. As the psychotherapist encouraged him to talk about those feelings, he explained that he was a virgin, that he was not "what you call a gay", but he did not want a sexual relation but a steady relationship that will last forever. Resisting the embarrassment, he admitted that he was afraid of women, that he was afraid of the psychotherapist as well, that he knew that he was not physically endangered but whenever he was alone with a girl he "looks for a window to jump out". The psychotherapist encouraged him to talk about his parents and he described his mother

> "I always had a terrible fear of my mother. I wasn't afraid of my grandmother, I ran to her whenever I had a problem with my parents, but I was always afraid of my mother. She is a very harsh woman and very ambitious. She always wanted us to be nice, honest, to behave, to have nice manners, to be the best in school .... She was harsh whenever I didn't do something right, but rarely I didn't do something right".

Finally, he came to describe his father:

> "My father always required me to be male, sharp, rude, aggressive. He was a wicked man and everyone was afraid of him in the neighbourhood. I was not allowed to come home from school and complain about something, I could not, as European children, come and say that someone hit me. My father demanded that I immediately reciprocate, with a stronger measure, to sort out and finish everything with my hands. [...] His words went through my mind many times during the war and I think that helped me. But again I don't want to be that, I don't want to hurt anyone".

He described father as very violent to him as well:

> "And he beat me so much that I often ended up in the hospital. Once he beat me so bad he broke my eardrum, I still have a problem with my right ear. Then he twisted my wrists (shows that), broke my bones, here - take a look at my wrists. [...] It was not easy for me, my brothers are fortunate to have no father now, when they are six years old" (as his father has had a rule not to beat them before the age of six).

When he experienced approaches from other women, this evoked fears and resentment in him. He then gave a rather disturbing picture of his relation to mother and father, which concerns both the subject-body intimate relationship and safety in attachment relationships. It reasonable here to refer to how the intense maltreatment on a bodily-emotional level through torture and sexual abuse may 'nachträglich' have coloured his perception of these early relationships. This notwithstanding that we know that in some cultures it is habitual with physical disciplining of children. The fact that this happens even if it not necessarily do not need to be intentionally malignant behaviour, make such experience susceptible to a 'nachträglich' re-writing of the history.

This story is similar to many other abused adolescent's stories, an in the supervision group, where this case was discussed, participants noticed the almost complete absence of anxieties about war or any kind of re-experiencing. This created a kind of disbelief in a supervision group about the "reality" of his war narratives – it was almost like another exaggerated and possibly even invented adolescent story about tough fighter. But it was obvious that the trauma of war still did not become traumatic for him – due to powerful defences he employed to survive. He focused on school and learning, as well as on work, he kept sexual feelings at distance, putting them outside in different women who were chasing him – which he subjectively felt as a persecution of him) - and he presented himself as a case example of resilient survivor.

Approximately six months after the described session, he learned that his younger brother had been abducted, imprisoned, abused and tortured – probably in a same way as he had been. That provoked a depressive collapse; he stopped coming to sessions for a couple of weeks, was feeling desperate and completely overwhelmed with persecutory guilt. He had a fantasy that his brother has been tortured because of him, because of his actions and what

he did in war, because he maybe did harm or kill somebody's brother, etc. It was after this news the reality of his experiences could be really felt (through the identification with his brother), and also through identifying with the therapist's emotional and empathic response, that he could connect to his guilt feelings and horrors of his experience.

This experience brought back to him the significance of both the bodily-emotional relation to others and his relation to the family/group (dimensions 1 and 2) and in way restored parts of his relations in these dimensions, even though it became very painful. In this situation, he lacked the possibility and ability to make some coherence to the shocking experiences in a culturally accepted way (dimension 3), but the fact that he worked on in the psychotherapy made it possible for him to gradually work towards some sense of coherence of meaning

Concluding remarks

From psychoanalytical point of view, social environment is the field which is of extreme interest in the treatment of trauma survivors. There is a movement from inside out when, due to collapse of mentalization, the external world is overwhelmed with projections of catastrophic, annihilating fantasies. On the other hand, a traumatised person who has been attacked, tortured, humiliated, whose human dignity has been obliterated, is extremely vulnerable to hostile, dehumanizing actions of others, and these may act as triggers that could be equated with the traumatic experience itself.

What we have attempted in this article is to describe traumatisation as a process, not only an incident or a single experience, that continues after the identified traumatising experience. Further, that there is all through an interaction between the subject and environment on several levels. The concept of 'Nachträglichkeit' denotates a time line with forward direction, deferred action, where the traumatising experience may become traumatic only later when the person is in a context that signifies the experience as traumatic. 'Nachträglichkeit' also designates the backward movement where earlier potentially traumatic experiences may appear as traumatic, where they otherwise had been contained. This was exemplified in a research of a group of severely traumatised refugees where it was found that hardship in early childhood explained more of the present symptoms and suffering than the recent war and Human Rights Violation experiences (Opaas and Varvin, 2015).

The model we present depicts the complex relations the subject has in different dimension within the present context (bodily, group and culture).

We argue thus for a systemic view on traumatisation as a process and underlines that the ecology of complex interpersonal and social relations plays a significant role in both the development of posttraumatic consequences as well as in a potential healing process. Larger studies has shown that a significant part of those who have undergone HRVs do not develop symptoms (Vaage *et al.*, 2010; Bogic, Njoku and Priebe, 2015; Silove, Ventevogel and Rees, 2017). There is thus a high degree of resilience in these groups. In line with the above

presentation we argue that in order to promote recovery from massive traumatic experiences, an understanding of traumatisation as a process that involves the subject's relations to otherness in the three dimensions described is necessary. This can be realised within a psychoanalytic treatment where more weight must be put on the actual complex relations between the inner world and the subject's actual relations. It is also important in preventive and rehabilitating interventions. Early interventions for vulnerable groups (e.g. torture survivors, mothers, children) with this holistic and systemic perspective can redirect pathological posttraumatic processes. Rehabilitation programs for already affected survivors will benefit from the understanding of the relational dimensions described in the model. Based on comprehensive descriptions of the traumatised actual situations, his/her relations and history, more precise interventions can be implemented. This is in line with recent research that see resilience not primarily as an individual characteristic but resulting from complex relationships between the subject and the environment (Hauser, 1999; Hauser, Allen and Golden, 2009; Ungar, 2012).

References

American Psychiatric Association (1980). *Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition*. Washington, DC: American Psychiatric Association.

Arsenijević, J. *et al.* (2017). A crisis of protection and safe passage: violence experienced by migrants/refugees travelling along the Western Balkan corridor to Northern Europe. *Conflict and Health*, *11(1)*, 6-15

Baranger, M., Baranger, W. and Mom, J. M. (1988). The infantile psychic trauma from us to Freud: Pure trauma, retroactivity and reconstruction. *International journal of psycho-analysis, 69*, 113-128.

Bogic, M., Njoku, A. and Priebe, S. (2015). Long-term mental health of war-refugees: a systematic literature review. *BMC International Health and Human Rights*, *15(1)*, 15-29. doi: 10.1186/s12914-015-0064-9.

Bollas, C. (1992). The fascist state of mind. In Bollas *Being a character - psychoanalysis and self experience*. London: Routledge, 193–217.

Damasio, A. R. (1999) *The feeling of what happens: Body and emotion in the making of consciousness*. Londfon: William Heinemann.

Fazel, M., Wheeler, J. and Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *The Lancet*, 365, 1309–1314. doi: https://doi.org/10.1016/S0140-6736(05)61027-6.

Freud, S. (1895). Project for a Scientific Psychology. SE*, Volume I*, pp. 281–391.

Freud, S. (1915). The Unconscious. SE, Volume XIV, pp. 159-215.

Freud, S. (1921). Group Psychology and the Analysis of the Ego. SE*, Volume XVIII*, pp. 65–144.

Freud, S. (1926). Inhibitions, Symptoms and Anxiety. SE*, Volume XX*, pp. 75–176.

Freud, S. and Breuer, J. (1955). *Studies on Hysteria*. London: The Hogarth Press and the Institute of Psycho-Analysis.

Gallese, V. (2014). Mirror Neurons and the Perception–Action Link. In *The Oxford Handbook of Cognitive Neuroscience*. Oxford: Oxford University Press, Vol.2, 244–25.

Hauser, S. T. (1999). Understanding resilient outcomes: Adolescent lives across time and generations. *Journal of research on adolescence*, *9(1),* 1–24.

Hauser, S. T., Allen, J. P. and Golden, E. (2009) *Out of the woods: Tales of resilient teens*. Cambridge, Mass.: Harvard University Press.

HCIT (2017) *Forcible irregular returns to the Republic of Serbia from neighbouring countries Hungary and Croatia Collected throughout 2016 and 2017*. Available at: http://hcit.rs/wp-content/uploads/2017/05/HCIT-report-on-expulsions-to-Serbia-ENG-version.pdf (Accessed: 31 December 2017).

Horowitz, M., Wilner, N. and Alvarez, W. (1979). Impact of Event Scale: a measure of subjective stress. *Psychosomatic medicine, 41(3)*, 209–218.

Jablensky, A. (2005). Categories, dimensions and prototypes: critical issues for psychiatric classification. *Psychopathology*, *38(4)*, 201–205.

Janković Jovanović, A., Trivunčić, B. and Đurašinović, V. (2015) *The demographic picture, the assessment of the legal status and needs as well as examination the traumatic experiences of refugees who are in transit through Serbia*. Available from: https:// ian.org.rs/the- demographic- picture- the- assessment- of- the- legal- status-and-needs-as-well-as-examination-the-traumatic-experiences-of-refugees-who-are-in-transit-through-serbia/ (last accessed 17 February 2020)

Kardiner, A. (1941). *The traumatic neuroses of war*. Washington: APA, National Research Council. https://doi.org/10.1037/10581-000

Lacan, J. (1966). The Mirror Stage as Formative of the Function of the I as Revealed in Psychoanalytic Experience. In Lacan, J. (1977). *Écrits - A selection*. London: Tavistock Publ., 1-7

Lecours, S., Bouchard, M.-A. (1997). Dimensions of mentalisation: Outlining levels of psychic transformation. *The International journal of psycho-analysis, 78*, 855-875.

MSF (2017). *Games of Violence*. Available at: https://www.msf.org.za/about-us/publications/reports/games-violence (Accessed: 16 December 2017).

Nemiah, J. C. (1989). Janet redivivus: the centenary of L'automatisme psychologique. *American Journal of Psychiatry*, *146*, 1527–1529.

Opaas, M. and Varvin, S. (2015). Relationships of childhood adverse experiences with mental health and quality of life at treatment start for adult refugees traumatized by pre-flight

experiences of war and human rights violations. *Journal of nervous and mental disease*, *203(9)*, 684-695.

Psychosocial Inovation Network (PIN) (2016). *The Mental Health of Refugees*. Belgrade. Available at: http://www.unhcr.rs/en/dokumenti/istrazivanja/mentalno-zdravlje-izbeglica.html (Accessed: 7 August 2018).

PTSD Treatment Basics - PTSD: National Center for PTSD (no date). Available at: https://www.ptsd.va.gov/understand_tx/tx_basics.asp (Accessed: 29 December 2019).

Radović, B. (2004). Yugoslav Wars 1991-1999 and Some of Their Social Consequences. In Špirić, Ž. et al. (eds). *Torture in War: Consequences and Rehabilitation of Victims*. Belgrade: International Aid Network, 25–70.

Rosenbaum, B. and Varvin, S. (2007). The influence of extreme traumatization on body, mind and social relations. *The International Journal of Psychoanalysis*, *88(6)*, 1527–1542. doi: 10.1111/j.1745-8315.2007.tb00758.x.

Shatan, C. F. (1972). *Post-Vietnam Syndrome*. *The New York Times*. Available at: http://www.nytimes.com/1972/05/06/archives/postvietnam-syndrome.html (Accessed: 8 February 2018).

Shatan, C. F. (1973). The grief of soldiers: Vietnam combat veterans' self-help movement. *American Journal of Orthopsychiatry*, *43/4,* 640–653. doi: 10.1111/j.1939-0025.1973.tb00834.x.

Shephard, B. (2001). *The War on Nerves: Soldiers and Psychiatrists in the Twentieth Century*. Cambridge Massachusetts: Harvard University Press.

Silove, D., Ventevogel, P. and Rees, S. (2017). The contemporary refugee crisis: an overview of mental health challenges. *World Psychiatry*, *16(2)*, 130–139.

Steiner, J. (1993). A theory of psychic retreats. In Steiner, J. *Psychic retreats*. London: Routledge, 1–13.

Ungar, M. (2012). The social ecology of resilience: A handbook of theory and practice. New York: Springer Science.

UNHCR (2019). *Serbia Update July 2019*. Available at: http://www.unhcr.rs/en/dokumenti/izvestaji/unhcr-serbia-updates.html.

Vaage, A. B. *et al.* (2010). Long-term mental health of Vietnamese refugees in the aftermath of trauma. *British Journal of Psychiatry*, *196(2)*, 122–125.

Weber, B. (2017). *The EU-Turkey Refugee Deal and the Not Quite Closed Balkan Route*. Sarajevo. Available at: http://library.fes.de/pdf-files/bueros/sarajevo/13436.pdf.

Wilson, J. (1994). The historical evolution of PTSD diagnostic criteria: From Freud to DSM-IV. *Journal of Traumatic Stress*, *7(4)*, 681–698.

Young, A. (1995). *The Harmony of Illusions: Inventing Post-traumatic Stress Disorder*.

Princeton, NJ: Princeton University Press.