

# From sunrise to sunset: Personal memories of the early years

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*What can Cordelia do? 'Be silent and love'*

W. Shakespeare, King Lear

## Abstract

The author writes about her personal experiences in the field of the rehabilitation of torture survivors. The article shows the first steps of the therapists exploring individual and group therapy methods. The mobile team consisting of psychiatrists, psychologists, child therapists, non-verbal therapists and trained interpreters' and the visits to refugee shelters. This type of work cannot be separated from the actually existing political waves in Hungary and decisions regarding the legal regulations for refugees, neither from other factors like the pandemic. This task and mission demand innovative abilities from therapists in a permanently changing setting.

**Keywords:** Cordelia Foundation, refugees, torture survivors, therapeutic methods

As Editor-in-chief of the Torture Journal, Pau Perez-Sales asked me to write '*something personal*' for the 30th anniversary annual edition.

What shall I write about? I found myself pondering. Perhaps an article on the activities of the Hungarian Cordelia Foundation? About our psychotherapeutic working methods? On the challenges of the present political situation and

its influence on our daily work? Or on my experiences with the Torture Journal? I had several ideas, but attending to daily duties and patients meant I had little time left to write.

I keep my promises, so I finally made a decision and chose to write about my 26 years with the Cordelia Foundation and 30 years with the IRCT, including my memories with the Torture Journal.

## How did it all begin?

I was an ordinary medical doctor, psychiatrist, and psychotherapist working in the early 90s at Budapest's most prominent mental institute -the National Institute of Psychiatry and Neurology. One morning, my boss showed up at one of our departmental physician's meetings and asked: 'Dear colleagues, can any of you speak English?' I timidly raised my hand, and he declared, '*Lilla, you should immediately suspend your shift and go straight to the Academy of Sciences. There is a conference there, and I appoint you to participate*'. I asked him what the conference was about. -'*I am not sure, but it has something to do with torture*'- he said. Oh no, no, no! I had nothing to do with such horrific things, and I began to think about how to avoid this 'special honour'. I was pretty unhappy and angry about it, but there was no way to avoid it. I had to comply and go to the second international conference of RCT organised in Budapest in 1991 (after the first one held in Tromsø)

After listening to the second presentation, I knew that that was it - I got hooked. From a psychiatric standpoint, I found the topic incredibly intriguing and interesting. Understanding the severity of the problem, I became concerned that I would want to become involved with the rehabilitation of torture survivors in the near future.

It was also at the conference where I met Inge Genefke and her colleagues for the first time. We made friends with each other throughout the conference, and I was later invited to a short training in Copenhagen.

I then went back home, and, together with a colleague from the Psychiatric Institute, we set up the foundations for the rehabilitation of torture victims. We began our activities in one of the refugee shelters hosting asylum seekers from Bosnia. We employed interpreters and began to collaborate with a human rights' defense centre at the Southern border of Hungary.

We did not really know how to go about it. Our experiences as psychiatrist and psychologist were the only things we had. We had no special screening methods or therapeutic tools; we did not know anything about multiculturalism and traumatic war experiences. There was nothing outstanding in our psychotherapeutic and psychoanalytic training backgrounds, nothing on vicarious trauma, burn-out, or the working team's psychological processes. We had to learn from our experiences and failures.

This lack of knowledge meant that we did not know how to identify potential torture survivors in the pool of 2,000 asylum seekers at the shelter where we were working.

So we went from room to room asking people: *'Have you been tortured?'* The answer was stereotypical: *'NO!'*

Once, we saw a person laying in his bed holding his head in his hands. I asked him: *'Have you been tortured?'* And the magic happened! The answer was *'Yes!'*

We sat down on the bed and began to ask how and by whom. The person answered: *'By the local dentist in the village, when he extracted my tooth!'*

It could not go on like this, and we decided to start using questionnaires. We were able to identify some patients, but they later reported that they felt like they were being interrogated.

We incorporated this learning experience into our practice, and Step-by-step, we elaborated methods to screen the patients.

Another significant failure was brought about by our naivety about the psychological processes of the working team. The first Foundation broke into pieces due to serious personal conflicts. I was also broken and decided to devote my energy to the Institute and my psychoanalytic practice.

However, shortly after, Inge phoned me to inform that a delegation of different centres was coming to Budapest and wanted to meet me. They knew about how the Foundation had disintegrated. Inge grasped my hand, saying: *'We have come to help you to stand up and begin again! You cannot give up! It is a mission, and it cannot be simply given up!'* She was right, I knew. I had to stand up and begin to set up the new Foundation.

The dilemma was how to name the Foundation. How to call a foundation born out of your love and heart? *'Heart is cor'* in Latin, but that did not make a good name for a Foundation. I also wanted to involve the name of the person I loved, and that was my first-born child, my daughter Delia. That is how Cordelia Foundation came into life in 1996.

By then, only two of us worked as therapists: Eva, the non-verbal therapist, and myself. Eva was a puppet theatre artist originally. She was a great 'magician'. Eva became a non-verbal therapist during her working years in the Psychiatric Institute, and adapted animation therapy to suit refugees' needs. Animation therapy was

built upon the idea of 'animate inanimate objects': working with objects that would evoke associations from memories of trauma and torture.

Once, she tied a rope around a person's hurting abdominal area. Subsequently, she eased their pain by using the person's peers' cold hands on the wounded area. This type of therapy also increased group cohesion, which is essential for people far away from their own culture.

We continued the work with Bosnian refugees. On the other hand, when new asylum seekers came from Kosovo, we realised that we had to find new methods of psychological rehabilitation that were culturally-sensitive.

The non-verbal therapist started using more direct methods with movements and gestures to drain the hostile feelings and anger brought from past painful experiences. She called it »station group therapy, (reminding Jesus Christ's stations at Mount Golgota)« referring to the different mental stations that the survivors went through. We elaborated the 'symbol group therapy' for patients coming from Saddam Hussein's prisons in Iraq. In this type of therapy, symbolic objects evoked both traumatic and calming memories of the past.

'Epic group therapy' was elaborated for women from Afghanistan, evoking their painful and tragic memories from the past using cultural elements. These patients were all either recovering during the nonverbal therapeutic process, or getting to a point where they felt ready for the verbal elaboration of the trauma(s).

In 1998, new regulations were put in place for non-European asylum seekers, and we began to work with survivors from Afghanistan, Iraq, Iran, Somalia and other countries.

The therapeutic group went out every week from Budapest to different refugee shelters and detention centres all over the country. We treated more than 1,000 persons yearly. We listened to the stories of the patients and learned

about people, cultures, historical changes, political situations, and individual tragedies.

We also learned about physical and psychological wounds through these stories.

We learned from the young girl from an African country whose parents were killed in front of her. She was then enslaved to serve people. She was abused and tortured. She carried a child that the perpetrators beat out of her womb.

We learned from the elderly lady from Afghanistan whose daughter was raped and kidnapped by the Taliban, and from the young Somalian boys who had to draw lots, and the 'winner' had to rape his brother to save his own life. Nevertheless, lately, both of them were shot dead, as the other group members told us.

We used individual, phase-based, and group verbal and non-verbal therapeutic methods. We employed different therapeutic modalities, from supportive psychotherapy, through trauma-focused therapeutic methods, to single-session therapy. We continued refining our screening methods for torture victims and other people surviving extreme traumas. We learned how to write a medico-legal report after the Istanbul Protocol landed on our hands in 1999.

We were trained on how to use it, and, later, we trained other civil organisations on how to care for refugees. We began to offer regular supervision to the staff at the shelters and to many other people responsible for the care and rehabilitation of asylum seekers and refugees.

We were aware of the importance of not neglecting our own psychological needs, so we had regular group supervision in the Foundation.

We set up therapeutic spaces, we referred to two refugee shelters out of the capital as 'local rehabilitation centres'.

We called our therapeutic model the 'Stay and Go model'. Either the patients came to the local centres in the shelters (»Stay« element), or the mobile therapeutic group went out from the

capital to the shelters offering therapies in the patients' rooms («Go» element). If we, the therapists, were treating the patients in their room, we entered into their space symbolising their (temporary) home. If they came to our facilities, they had to adapt to the service's rules or social norms (e.g. they had to arrive on time). It was a learning process for them - a form of psychoeducation, a step forwards integration.

We were travelling long distances to provide support and treatment.

We trained our interpreters on how to appropriately interpret the psychological content in the messages they translated. We learned how to protect our staff from vicarious trauma to prevent problems in the group.

We were participating in the global network of IRCT, actively contributing to the elaboration of working strategies. The present author contributed as a Council member, a former Ex-Com member, and worked as an Editor-in-chief of Torture Journal for nearly two years.

We were following the history, the history of wars. We realised that we also *live* in history, and our situation is gradually changing with the different political contexts.

After 2015, the attitude towards civil organisations changed in Hungary. There were less and less asylum seekers allowed into the country, and we became gradually isolated from the persons in need of care and treatment, as they were kept away from the borders by the fence and the transit zones.

Progressively, the shelters closed down. Less and less people arrived. The previous employees trained by our Foundation left, and anew staff came who did not want to communicate with us. The previously open-minded general population got instilled with the negative idea of the 'migrant' who wants to take away the local population's work and invade our country. The previous empathetic attitude of the population

began to change and turned into a hostile attitude against the aliens«. Those in charge of the support of these persons were also «listed» as the »mercenary of Mr Soros«.

The number of our patients began to decrease. Nobody or very few persons were let into the country asking for asylum, and life became very tough for them if they wanted to remain as refugees.

We had to reduce the number of staff members, and had to change the focus of our activities. We began to educate and train other professionals responsible for torture survivors and people who experienced extreme trauma

And then came the pandemic... It meant a new challenge to the therapists and the other staff members. Let's work online, and let's elaborate on special working strategies! We wrote a manual and held webinars on training interpreters and intercultural mediators to act during a pandemic. It was a great inspiration to continue in a different way.

We reached out to those had not contacted us, and many previously treated patients came back due to a moderate relapse as a result of the pandemic. We worked with limited capacity, but did our best to bring the same quality online and in person.

We have always carried on and we will carry on!. This is the time to share our experiences and knowledge and build new frames for a different future.

We do know that the sun always rises after every sunset!

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