

Psychodynamic groups as used to work through collective trauma memory

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Summary

The Israeli-Polish Mental Health Association is a bi-national society of mental health professionals. Presentation of its twelve years' experience in working through memories of traumatic past was rationale of the text. The traumatic past had been extermination of Jews, by Germans on Polish territory with witnessing Poles. Dynamic group technique had been employed in debate stimulated by theoretical lectures and research results presentations concerning background of anti-Semitism, hatred, Shoah, collective trauma consequences and intergenerational transmission of trauma. Obstacles in the process and suggested measures aiming to overcome these difficulties as described by participants were discussed. Author's assessment of results of using therapeutic methods to solve mass trauma consequences in next generation of victims and witnesses conclude the essay.

holocaust / group process / trauma

Political changes in Europe in the 90', often referred to as transformation, have had, as one could expect, significant impact on mental health care. Psychiatrists, as well as other mental health professionals, had enthusiastically been turning their attention towards West European and American thought, attitudes, solutions and "know-how". It does not mean that iron curtain had been cutting off mental health professionals in so called East-European countries from professional books, journals and their colleagues for decades. But personal contacts between professionals had been effectively limited. Politicians supported rather exchange between mental health professionals within the sphere controlled by Soviet Union. On the other hand, Western mental health professionals, even interested in mental health care in this part of the world focused their involvement rather on Soviet psychi-

atry and on abuse of psychiatry for political reasons [1–3]. Disappearance of iron curtain resulted, among others, in movement called "bridging West and East". A vast number of meetings, conferences and symposia were including East and West bridging into their titles. The big national psychiatrists associations from the West organized bi-lateral teaching conferences in East European countries, of course with participation of local associations.

An example can be a series of conferences of The American Psychiatric Association organized in Cracow (Poland), Prague (Czech Republic), Bratislava (Slovakia) and Budapest (Hungary) in co-operation with respective psychiatric societies [4]. Such events are very important, but do not facilitate long-lasting working together. A need for closer relations resulted in a tendency to build bi-national associations focused on exchange, education and support across time. Polish mental health professionals participated in founding such associations with their colleagues from several European countries: France, Germany, Italy.

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Maybe the most effective has been The Polish-German Association for Mental Health (Deutsch-Polnisch Gesellschaft für Seelische Gesundheit e.V. /Polsko Niemieckie Towarzystwo Zdrowia Psychicznego). DPGSG has been effective in building working partnerships between psychiatric institutions in Germany and Poland. Its main rationale has been promotion of community psychiatry in Poland and, after reunion, in East Germany. Helping factors could be traced in close neighborhood, clearly defined task of reforming traditional psychiatry into community psychiatry, but also in working through wounds from the past.

ORIGINS OF THE ISRAELI-POLISH MENTAL HEALTH ASSOCIATION

Israel and Poland have no common border. Hebrew is not popular language among Poles as German is. But, for Israelis Poland is a significant country as a land of ancestors of many of them, and above all, as the soil of the Holocaust.

In spite of geographical distance separating Israel and Poland, and in spite of language difference, Israeli and Polish mental health professionals had decided to organize the Israeli-Polish Mental Health Association (IPMHA)/ Polsko-Izraelskie Towarzystwo Zdrowia Psychicznego (PITZP).

Decision on founding a bi-national association was made in Savion (Tel Aviv) on April 19th 2000 by thirty Israeli and Polish mental health professionals. Provisional board was established, and statutes accepted. Preamble of the statutes summarizes the Association goals and tasks:

“Having in mind the shared commitment of Polish and Israeli psychiatrists to the victims of the Holocaust, and having in mind a common wish to investigate the roots at the harm caused by racial and ethnic hatred, anti-Semitism and other forms of social prejudice, and having in mind the obligation of mental health professions to contribute to an enlightened and tolerant society, we hereby establish the Polish Israeli Mental Health Association to further the above goals and to contribute to the improvement of mental health care in our two countries”.

IPMHA was formally registered according the Polish law in 2001.

Thus, a group of experienced mental health professionals declared their conviction in close relations between prejudice and interpersonal hatred, and mental health; and their belief that using methods developed by mental health care can be effective in working through and solving these problems.

Some inspiring Israeli – Polish exchange already existed prior to making the decision on founding IPMHA. The exchange had started with involvement of Polish mental health researchers in consequences of the Holocaust. Maria Orwid, who was studying post-traumatic problems of the Holocaust survivors living in Poland [5], had invited recognized Israeli specialists in the survivors problems: Haim Daberg and Yosi Hadar, to the conference on post-traumatic syndrome she organized in Cracow in 1998. The conference proceedings were not published. Nevertheless the meeting was found so interesting, that in 1999 the Jagiellonian University Department of Psychiatry in co-operation with Deutsch-Polnisch Gesellschaft für Seelische Gesundheit e.V. (DPGSG) had organized Polish-Israeli-German symposium *Myths and Taboo*, and in 2000 Polish and German psychiatrists attended annual congress of Israeli Psychiatric Association, actually the congress symposium on fight trauma and its consequences. Haim Knobler, at the time the Secretary of The Israeli Psychiatric Association, had arranged a post congress symposium concerned on memory of the common past of Jews and Poles. Introductory lecture by Polish historian Marcin Kula appeared in print [6]. Israeli and Polish mental health professionals were accompanied then by significant group of German colleagues from DPGSG.

The IPMHA activities and problems have been already presented [7, 8].

FORMS OF IPMHA ACTIVITY

The main form of the IPMHA activity has been organization of mental health care professionals meetings both in Israel and Poland. These events can be divided into three groups. The most important have been bi-national symposia, alternatively in Israel and in Poland. The other type of

conferences has been formed by a series of symposia commemorating Hillel Klein, the Israeli, Cracow born psychiatrist. The third one: symposia sponsored by IPMHA within The Israeli Psychiatric Association and The Polish Psychiatric Association congresses.

Significant part of the IPMHA conferences was recorded in papers published in professional journals. These publications enable confrontation and verification of individual memory.

It is difficult to find the factors which could be responsible for fragmentary documentation of symposia materials. Simple answer points out different way of working on verbal presentation and on paper for print. No information on rejection of papers submitted to Polish journals was found. Editors of *Dialog* and *Psychotherapia* were inviting conference speakers to submit their presentations. Same papers were published in bi-monthly *Psychiatria Polska* being as well as quarterly *Psychotherapia*, official journals of The Polish Psychiatric Association (in Polish). Papers were also published by *Archives of Psychiatry and Psychotherapy*, a quarterly also edited by the Polish Psychiatric Association (in English). *Dialog* is an annual journal published by The German-Polish Mental Health Association, edited in Poland in Polish and German, occasionally three-lingual having also English version of texts. One of the papers appeared in *The Israeli Journal of Psychiatry and Related Sciences* edited by The Israeli Psychiatric Association. The Polish Psychiatric Association and The Israeli Psychiatric Association journals are peer-reviewed.

IPMHA members are mental health professionals active in various areas of clinical and community psychiatry, psychotherapy, family therapy. Many members are involved in studies on trauma and/or dealing with its people suffering trauma consequences. They are specifically focused on the trauma of the Holocaust. It should be pointed out that among members of the IPMHA a vast majority have been the Holocaust survivors or children of survivors.

The involvement mentioned above has been reflected in themes of bi-national symposia: *The Past in the present: coming to terms with memories – our own and those of our patients* (Jerusalem 2000); *Accepted and non-accepted identity* (Cracow 2001); *Guilt and responsibility* (Haifa 2003); *Guilt – Responsibility – Forgiveness* (Cracow 2004); *Conti-*

nunity / Discontinuity in a Changing World (Neveh Shalom 2006); *Brother-Other* (Cracow 2007), *Painful memories* (Nazareth 2008), *Memory and beyond* (Cracow 2009), *The Future of the Memory and of Future of the Dialogue* (Tel Aviv 2012), *Dialogues on Anti-Semitism & Current Problems of Psychiatry* (Cracow 2013).

Among early activities of IPMHA was co-sponsoring (together with DPGSG) the plenary session of the 60th Congress of The Polish Psychiatric Association in Cracow, 2001 [9]. The session was commemorating late co-founder of IPMHA, professor Adam Szymusik and focused on relations between totalitarian systems and psychiatry. Maria Orwid (who was with Adam Szymusik on a research team led by Antoni Kępiniski) spoke on *Cracow Auschwitz Research Programme*. Orwid, among others, discussed hypothetic reasons of not including Jewishness of Auschwitz Concentration Camp survivors among factors influencing imprisonment trauma consequences. "Conspiracy of silence" idea, according to her, could explain it in late 50' when the project had been carried on [10]. But, she also emphasized that both Auschwitz survivors and researchers were avoiding national identity question, as dangerous twelve years after the Auschwitz liberation. The shadow of national socialism was still heavy and dark. Henry Szor [11] focused on „immense damage done to the survivors' psyche, particularly in the area 'beyond representation'" [11, p. 167]. He pointed out, that in spite of great work done, and great achievements of clinical psychiatry and psychoanalysis to help survivors, and those to whom trauma was transmitted, the experience of trauma caused by totalitarianism, as Shoah trauma, is inconceivable. Other lectures in the session were presented by: Jim Briley, British psychiatrists, fighter with abuse of psychiatry by totalitarian regimes [12]; Semyon Gluzman, Ukrainian psychiatrist, himself victim of Soviet abuse of psychiatry, also fighter against political abuse of psychiatry [13] and German psychiatrist Niels Pörksen [14]. Their presentations concerned the abuse of psychiatry by totalitarian political systems in the past, and at present.

In a series of bi-national symposia the problem of the Holocaust trauma, post-traumatic suffering, intergenerational transmission of trauma an dealing with them in everyday mental health

practice were discussed from theoretical and practical aspects.

Martin Auerbach reported on permanent presence of the Holocaust consequences among Israeli users of mental health services [15]. Organization and specificity of help for the Holocaust survivors and their descendants in Poland was reported by Maria Orwid and her coworkers [16]. Haim Dasberg analysed the dynamics in attitudes towards the Shoah consequences in Israeli psychiatry. In his opinion perception of the posttraumatic psychopathology in survivors and its treatment has had a parallel evolution in mental health profession and Israeli community. From shock and shame – engaging perplexity, through neutrality – in consequence of denial, focusing on grave psychopathologies – due to defense by isolation, statistical assessment of anonymous non-patient survivors – due to defense by isolation, to new narratives caused by projective identification to the “pan-European dialogues with the ‘Other’” [17]. Changes in psychiatrists approach to the consequences of war trauma and in helping trauma survivors was studied in work of those Israeli and Polish mental health professionals who were first concerned in research and treatment of Nazi violence survivors. Haim Knobler has kept coming back to works of his teacher in psychiatry, Cracow born survivor, founder of Israeli psychiatry – Hillel Klein [18]; Jacek Bomba – reported studies of Antoni Kępiński [19], Krzysztof Gierowski and Adam Szymusik – of Maria Einhorn-Susułowska [20]. Some relevant papers of Hillel Klein [21] and Antoni Kępiński [22–27] were published in Polish and English translation, respectively. But, results on current research focused on the Holocaust trauma were also presented and discussed at the symposia, then published [28–31].

It is significant and meaningful for the IPMHA members that the NAZI extermination of Jews was executed in its major part on the Polish soil, in presence of witnessing Poles. So, it is not unexpected that the debate covered relations between anti-Semitism and Holocaust, between anti-Semitism and helping, indifference, hostile satisfaction, and least but not last, active participation if Poles in extermination of Jews. Finally, it was the problem of roots and sources of an-

ti-Semitism, which was especially important for the Polish IPMHA members.

Recognized students dealing with these problems were invited with lectures. Many of them represented other than psychiatry fields of science. They were historians (eg. Marcin Kula, 6), philosophers (eg. Michał Markowski, 32), poets (eg. Maria Cechnicka 33), but, also Israeli, German and Polish psychiatrists [34–38]. Their texts published form only a small part of contribution presented at the symposia by psychiatrists, psychologists, psychotherapists, theologians, philosophers, anthropologists, historians. The lecturers aimed to reach the genesis of human attitudes forming a background enabling behaviour which made the Shoah possible.

THE GROUP PROCESS

The small group debate was employed to deal with theoretical contents of symposia lectures, and with individual memories and attitudes of participants connected with the past relations between Jews and Christians in Poland. Memory of the Holocaust trauma was central issue for the majority of IPMHA members. Many survived the WW II, or were children of survivors. It was expected that the small group format will facilitate openness and development of a dialogic approach to participants' attitudes and opinions. The small group sessions lasted ninety minutes, two daily, for three days. Large group meetings served to share the experience of the small group meetings.

In 2008 and 2009 Symposia a large group run as “Dream Matrix” was introduced as the day starting event.

Each small group was led by two facilitators, one Israeli, one Polish. The language of debate was English. There was also a group in Polish as some Poles were not fluent in English and many Israelis spoke Polish. None of Poles nor Germans spoke Hebrew.

The groups were composed of Israeli and Polish members. The first series of small group sessions were also attended by German colleagues. As the Israeli-Polish exchange developed into more personal the Germans were kindly asked to stand by. It was presumed, that

their open and sincere tendency to take all responsibility for the Holocaust trauma on themselves holds back development of the dialogue between Israelis and Poles.

For the first meetings organized alternatively in Israel and in Poland yearly number of participants and number of small groups had been growing. Some participants were leaving. Newcomers were joining the groups. The group climate and the groups norms adopted seemed to be stable and not influenced by changes in the group composition. Israeli participants, especially those who belonged to the second generation appeared to be more open in bringing their traumatic memories and ambivalent emotions toward Poles. In consequence troublesome emotions connected with the groups debates were brought by Polish participants at the Polish part of the Association meetings organized between the IPMHA bilateral symposia, in Cracow.

Barbara Józefik, Bogdan de Barbaro i Krzysztof Sz wajca [39] discussed this problem at the 2004 symposium *Guilt and responsibility*. Their analysis led them to supposition that emotional load of the group process could be a traumatic experience for participants. They wrote: „Israeli colleagues (...) were talking in emotional way about their experience of Poland and Polish heritage in them, about constructing their identity and the meaning of the Holocaust and anti-Semitism for this process. Polish participants were not prepared for such personal process. (...) The problem was in what each of them was to do. (...) How to build the Jewish perspective into their thinking about their own country and nation up to present time.” [39, p. 74-75]

Polish, or precisely - Cracovian psychotherapists had started regular meetings to prepare themselves for the next Israeli – Polish symposium and small group discussions. The formal topic of these Cracovian meetings were studies on historical aspects of Polish-Jewish relations. Their goal was “to make place for the Jewish perspective”.

“Participation in these meetings appeared to be (...) more difficult than expected. (...) The emotional load was expressed in questions, but also in silence. Suggestions which appeared one could interpret as defences.” [39, p. 77]. Barbaro, Józefik and Sz wajca gave a description of the group debate: “(...) individual persons’ verbal

expressions, however in the meeting time form a polemic dialogue, are (...) ‘external voicing’ fragments present within each of participants. As in each of us are many voices: a voice demanding objective truth, and a voice looking for justification and purification, and a voice of defence fighting with any violation of the myth of decent Pole. At the same time there are efforts to give atonement to the Other (...)” [39, p. 78]. In the authors opinion the process get started in this group disclosing “double view in a form of two perspectives: 1) explanatory, and at the same time deconstructive, and 2) ethical [40, p. 78]. In their opinion “explanatory perspective is justified only after taking responsibility for evident evil” [39, p. 79].

Several years later Bogdan de Barbaro, Barbara Józefik, Lucyna Drożdżowicz i Maria Orwid [40] discussed the goals of the group meetings, and possible causes of individual and group difficulties. They tried to find ways to prevent accumulation of these difficulties. Barbara Józefik and Krzysztof Sz wajca [41], de Barbaro et al. [42] stressed the work on deconstruction of the Polish myths is necessary, but painful.

Further events seem to indicate that continuation of the small dynamic groups failed. Several members, among them figures important for the Association withdraw from the small groups and switched to task groups working on other IPMHA goals. The 2009 Symposium commemorating Professor Maria Orwid, the Holocaust survivor living in Poland and one of the IPMHA co-founders, after her sudden passing away half a year earlier, was the last one with the small groups.

Many members declare openly their need and readiness to continue this type of the Association work. Nevertheless, no small group was organized effectively within the last two Symposia.

One of the reasons may be undiagnosed and unsolved traces of trauma inherited in our subconsciousness. Haim Dasberg claimed that the Shoah is relevant for everybody independently from his/her, or his/her ancestors, position and role during the *Endlösung*. However neutral, and objective, attitude toward Holocaust is impossible [17].

Henry Szor [43] pointed out, that “trans-generational transmission of trauma causes necessity of lifelong elaboration, thinking -con-

scious and un-conscious, a process composed of memory and phantasy, (...) crucial for a capacity to be alive in the threat of this; beyond conceivable" [43, p. 177]. Moshe Landau published his account of dynamic group work by individual member [44, 45]. Landau is fully aware that change "of 'well known state of mind' (...) for example: inner attitude towards the diaspora, towards survivors, toward Poland etc. is difficult", and following Bion he treats it as "catastrophic change". [45, p. 89]

The similar problems in working through emotional consequences of the Holocaust were described by Volkan [46]. However, the significant difference between Volkan's group and IPMHA groups is in moderation. Volkan was leading the group of German of Jewish origin / German psychotherapy professionals being invited from outside. Our groups have been moderated by Israeli and Polish members of IPMHA. Nevertheless, as in experience described by Volkan our goal was to employ methods we use in clinical practice to solve the problems of Polish-Jewish relations, in the significant context of the Shoah.

CLOSING REFLECTIONS

As pointed out above, the most important part of the IPMHA activity has been a series of symposia composed of lectures and debate in small group dynamic format. More than ten years of this work has left an ambiguous feeling of defeat and success. This ambiguity could be seen as congruent with "radioactivity of the Shoah memory", both beneficial and dangerous, as Yolanda Gampel [47, 48] metaphorically spoke at the Nazareth IPMHA symposium. IPMHA were aware of the emotional burden of trauma memory both in Israelis and in Poles.

Some measures were introduced to prevent unwanted consequences of this burden. However, one can suppose, that aiming avoidance of troublesome effects they could have had opposite results. Cracovian informal meetings, as described by Barbaro, Józefik and Sz wajca [40] could increase defensive attitudes of participants towards their goals: "making place for Jewish perspective" and "taking responsibility before explanatory perspective can be adopted". A tendency to avoid working through could be also

traced in prospective, constructive actions. Such as concentration on young people exchange. Or even building the memorial of "twice forgotten patients".

Open format of the small groups does not allow for objective assessment of the effects participation could have in individual members. Some of those who decided to quit their attendance withdrew also their activities within the Association. Few of them reflected that they worked through problems which brought them to IPMHA activities. Yet another declared that the problems discussed in small groups belong to the older generation and they do not identify with them.

It is extremely difficult to assess function of Cracovian meetings introduced as study group on history of anti-Judaism and anti-Semitism, history of Jewish life in Poland, Zionism, and history of extermination of Jews in Europe. The meetings were held monthly. There was no formal group leader. The meetings were open, but majority of attendants was working together in the same mental health academic institution. Did formal institutional relations, differences of age and academic position negatively influence the group cohesion and dialogue? Some of those who withdrew their attendance happened to point on this as the reason of their decision. There exist a possibility that Cracovian meetings promoted divisions between the Association members.

There is also one, significant problem of Polish context. Between 2000 and 2012 Polish debate on the Shoah became a public debate. The debate covered, maybe as the main issue, the ways Poles behaved during that time. Reconstruction of attitudes toward the tragedy of the Holocaust became the issue of the Polish community. The Association could have a small part in starting this public debate. Nevertheless the question is no longer the IPMHA group and its members individual problem. The public debate is still going on. Serious difficulties in expression of emotions the Holocaust left can be traced in the public level too.

REFERENCES

1. Birley J. Political abuse of Psychiatry. *Psychiatry* 2004; 3, 3: 22-25.
2. Birley J. In conversation with Greg Wilkinson. *Psychiatric Bulletin* 1995; 19: 33-39.

3. Bloch S, Chodoff P, Green SA. *Psychiatric Ethics*. Oxford, New York: Oxford University Press; 1981
4. Bomba J, de Barbaro B (eds.). *Psychiatria amerykańska lat dziewięćdziesiątych*. Kraków: Collegium Medicum UJ, 1995.
5. Orwid M. Psychosocial perspective of Holocaust Survivors. *Dialog*. 2002; 11: 33–36.
6. Kula M. Stereotype: the self-perpetuating plague. *Dialog* 2002; 11: 91–96.
7. Bomba J, Knobler H. Polsko-Izraelskie Towarzystwo Zdrowia Psychicznego: jego historia i znaczenie. *Psychiatr Pol.* 2007; 3 supl.: 11–12.
8. Bomba J. The Israeli-Polish Mental Health Association: its history and activities. *Isr. J. Psychiatry Relat. Sci.* 2013, submitted.
9. XL Zjazd Naukowy Psychiatrów Polskich PTP. Integracja psychiatrii. *Psychiatr. Pol.* 2001; 35, 3 supl.
10. Orwid M. Kraków PTSD studies. *Dialog* 2002; 11:171–172.
11. Szor H. Meeting the limits of representation. Psychotherapy with victims of the Nazi regime. *Dialog* 2002; 11: 164–167.
12. Birley J. Totalitarianism In *Psychiatry Now*. *Psychiatr Pol.* 2001; 3 supl.: 22.
13. Gluzman S. Abuse of psychiatry in Ukraine. *Psychiatr.Pol.* 2001,3 supl.: 68.
14. Pörksen N. Healing or extermination. *Dialog* 2002; 11: 177–180.
15. Auerbach M. Past loses and old age – Holocaust Survivors dealing with existential meanings of loss and death. *Dialog* 2002; 11: 65–68.
16. Orwid M, Biedka Ł, Domagalska-Kurziel E, Kamińska M, Szwajca K. Holocaust survivors children (second generation) - Identity problems. *Dialog* 2002; 11: 142–147.
17. Dasberg H. Myths and taboos among Israeli first and second generation psychiatrist in regard to the Holocaust. *Dialog* 2002; 11: 21–27.
18. Knobler HY. The legacy of Hillel Klein – the late Krakow-born Israeli psychoanalyst. *Dialog* 2002; 11: 71–72.
19. Bomba J. Heritage of Antoni Kępiński. *Archives of Psychiatry and Psychotherapy* 2009; 1–2 : 69–72.
20. Gierowski JK, Szymusik A. Maria Einhorn-Susułowska: foudress of clinical psychology In Poland. *Dialog* 2002; 11: 78–84.
21. Klein H, Kogan I. Procesy identyfikacji i zaprzeczenie w cieniu nazizmu (trans. J. Bomba). *Psychoterapia* 2007; 4 (143): 17–25.
22. Kępiński A. Anus mundi. *Archives of Psychiatry and Psychotherapy* 2007; 4: 85–87.
23. Kępiński A, Orwid M. From psychopathology of Übermensch (trans. J. Bomba). *Archives of Psychiatry and Psychotherapy* 2007; 1& 2: 73–80.
24. Kępiński A. The Auschwitz refectons (trans. J. Bomba). *Archives of Psychiatry and Psychotherapy* 2007; 3: 79–81.
25. Kępiński A. The Nightmare (trans. J. Bomba). *Archives of Psychiatry and Psychotherapy* .2008; 1: 93–97.
26. Kępiński A. The ramp: psychopathology of decision (trans. J. Bomba). *Archives of Psychiatry and Psychotherapy* 2008; 3: 71–80.
27. Kępiński A. KZ-syndrome (trans. J. Bomba). *Archives of Psychiatry and Psychotherapy* 2008; 4: 77–84.
28. Prot-Klinger K. Das Bedürfnis nach Vergebung bei Holocaust-Überlebenden am beispiel von Juden aus Rumänien. *Dialog* 2004; 13: 107: 111.
29. Szwajca K, Bomba J. Problematyka drugiego pokolenia ocalonych z Holokcaustu w Polsce. *Psychiatr Pol.* 2007; 51, 3 supl.: 162 .
30. Prot K. Broken identity. The impact of the holocaust on identity in Romanian and Polish Jews. *Isr. J. Psychiatry Relat. Sci.* 2008; 45: 239–246
31. Prot K, Biedka Ł, Szwajca K, Bierzyński K, Domagalska E, Izdebski R. Psychotherapy of Holocaust survivors – group process analysis. *Archives of Psychiatry and Psychotherapy* 2011; 1 : 21–33.
32. Markowski MP. Identity and deconstruction. *Dialog* 2002; 11: 148–152.
33. Cechnicka M. The taboo of Jews among Poles. *Dialog* 2002; 11: 52–55.
34. Aleksandrowicz DR. Poland: myth and reality in Israeli eyes. *Dialog* 2002; 11: 39–40.
35. Aleksandrowicz DR. Israeli identity: a mosaic of contradictions. *Dialog* 2002; 11: 133–136.
36. Leidinger F. Poles, Jews and Germans. *Dialog* 2002; 11: 117–128.
37. Seidel R. Myth and taboo: memory and forgetfulness. *Dialog* 2002; 11: 59–60.
38. Bomba J. Jewish taboo among Polish people, *Dialog* 2002; 11: 45–48.
39. Barbaro de B, Józefik B, Szwajca K, Problem żydowski? Refleksje nad procesem grupowym krakowskich psychoterapeutów. *Psychoterapia* 2004; 3: 73–79.
40. Barbaro B, Józefik B, Drożdżowicz L, Orwid M. Polsko-Izraelskie Towarzystwo Zdrowia Psychicznego: dynamika i dylematy grupy polskiej. *Psychiatr Pol.* 2007; 3 supl.: 32
41. Józefik B, Szwajca K. Polish myths and their deconstruction in the Polish-Jewish relations. *Archives of Psychiatry and Psychotherapy* 2011; 13, 1: 35–41.
42. Barbaro B, Józefik B, Drożdżowicz L, Szwajca K. In the face of anti-Semitism: thoughts of Polish Psychotherapists. *Archives of Psychiatry and Psychotherapy* 2011; 13, 1: 55–60.
43. Szor H. When I think Lodz ... life history as difficult memory. *Dialog* 2006; 14: 170-178.

44. Landau M. Eine Reise von Tel Aviv nach Krakau: die Gegenwärtigkeit der Vergangenheit, *Dialog* 2007; 15: 238–247.
45. Landau M. Smutek po utracie. *Psychoterapia* 2009; 4 (151): 87–89.
46. Volkan V, Ast G, Greer WF Jr. *The Third Reich in the Unconscious. Transgenerational transmission and its consequences.* New York, London. Brunner-Routledge; 2002.
47. Gampel Y. I Was a Shoah Child, *British Journal of Psychotherapy* 1992; 8, 4: 391–400.
48. Gampel Y. *Ces parents qui vivent à travers moi: Les enfants de guerres.* Paris : Fayard; 2005.