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DREAMS OF DECEASED CHILDREN AND COUNTERTRANSFERENCE IN THE GROUP PSYCHOTHERAPY OF BEREAVED MOTHERS: CLINICAL ILLUSTRATION

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This article presents, in the form of a clinical illustration, a therapeutic group of bereaved mothers with special reference to their dreams about their deceased children. The article presents descriptions of the emotions of these mothers and countertransference feelings, a topic that, to our knowledge, has not been frequently studied. The group was small, analytically oriented, slow-open, comprised of women bereaved by the death of a child, and conducted by a female therapist. Over more than three years, the group included 20 members in total. This article describes a number of dreams recorded during a period when the group included seven members. Dreams helped the group members access their emotional pain, helplessness, yearning for a relationship with the deceased, guilt, and feelings of survival guilt. The transference-countertransference relationships were characterized by holding. Countertransference feelings of helplessness predominated. The therapist and the group as a whole contained various emotions, allowing the group members to return to the normal mourning processes from the parallel encouragement of group development and interpersonal relationships.

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Based on our education in group analysis and experience acquired in our daily analytic work at an university department, this presentation will generally rely on certain analytic authors, although we are fully aware of the significant contributions of other analytic and other authors in the field of mourning. In pioneer work in the field of mourning, S. Freud (1917) emphasized melancholia in comparison with mourning and introduced the term *the work of mourning* as a set of conscious and unconscious mental processes initiated by the loss, during which the mourner reviews and relinquishes emotional ties to the lost object. S. Freud wrote that the mourner is confronted with the reality that the lost object no longer exists and “when the work of mourning is completed the ego becomes free and uninhibited again” (p. 245). Although some question whether mourning is a process that can be completed, Freud’s paper is valuable for understanding the dynamics of the work of mourning and significantly influenced other theoreticians and clinicians dealing with the issue of mourning.

Following Freud’s paper, many analytic authors viewed the mourning process as lacking a definitive end (Pollock, 1989; Volkan, 1984). In fact, it seems that Freud himself reconceptualized this opinion of mourning in a letter to Binswanger after his daughter Sofia’s death, a letter which reveals his implicit attitude concerning the impossibility of completing the mourning of his beloved child:

Although we know that after such a loss the acute state of mourning will subside, we also know that we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. And actually, this is how it should be. It is the only way of perpetuating that love which we do not want to relinquish. (E. Freud, 1960, p. 386)

Klein (1940) suggests that normal mourning, in fact, concerns the loss of good internal objects and always reactivates the guilt of the *depressive position*; thus, normal mourning requires the re-internalization of good objects and results in *reparation*. Pathological mourning, on the other hand, implies the inability to discharge feelings of guilt and reach reparation.

In long-standing work with bereaved persons, Volkan (2007) relies on Freud’s theoretical formulation of mourning, but elaborates Freud’s work by introducing the term *perennial mourners*.

These persons generally cannot identify with the enriching aspects of the mental representation of the lost object and the adaptive ego functions associated with this mental representation. They keep the object representation of the lost one within their self-representation as a specific and unassimilated object representation and are characterized by excessive, ambivalent preoccupation with this introject. This condition is described as being stuck in their mourning process; they describe themselves as being frozen. Volkan (1972) has also introduced the term *linking objects and phenomena*, presented by perennial mourners. Linking objects while actually representing externalized version of introjects of lost persons or things, have a magic and symbolic value and usually are inanimate. The linking object in the external world contains the tension caused by ambivalence and anger.

Other renowned authors also contributed to the theoretical approach to grief. Bowlby (1961) and later Bowlby and Parkes (1970), associated grief with attachment, and spoke of a grief process. Bowlby and Klein introduced the developmental dimension to the problem of mourning. Bowlby and others believed that the process that occurs in infants and small children when facing separation is identical to the process occurring in an adult faced with an object loss. Attachment theory has inspired scientists and clinicians in the field of bereavement.

To our knowledge, bereavement therapy groups (including parental bereavement) have received little attention in the literature, in contrast to group or individual therapies with traumatized persons, which can show similarities to bereavement therapies.

Parents' dreams of deceased children (or of other deceased persons) are reported in the literature (Arnold & Gemma, 2008; Goldmann-Posch, 1996; Klass, 1997; Sormanti & August, 1997; Volkan & Zintl, 1993; Worden, 2009). Volkan and Zintl attributed great meaning to bereavement dreams and used them excessively in individual psychotherapeutic work. They believed that dreams can represent different phases in grief work and they make special reference to the dreams of perennial mourners. Klass (1997) highlighted the role of continuing bonds, implying that grief is resolved through serious transformations in a parent's psychic and social world. Klass stressed that bonding with dead children need not be pathologic in and of itself and described bonding with deceased children through dreams, plants, stars, sunsets, and other natural

phenomena and/or events. Worden (2009) emphasized the role of dreams in the therapy of bereaved persons. Other authors mention dreams, yet it seems that they do not pay much attention to them; instead, they stress that dreams represent a means of communication or a spiritual connectedness (Arnold & Gemma, 2008; Sormanti & August, 1997).

Dreams are important in group therapies. As much as the contents of a dream matter, so does the group dream work (Ullman, 1984); that is, the group process (Derr & Zimpfer, 1996). To our knowledge, the issue of dreams in a bereavement therapy group has been scarcely reported in the literature. In one of the few such reports, Moss (2002) interpreted dreams to help the members access unconscious feelings.

Likewise, countertransference descriptions in bereavement therapy groups are also rare. However, there are a number of reports on countertransference feelings with groups of trauma victims (Beck & Buchele, 2005) and AIDS patients (Bernstein & Klein, 1995), and individual bereavement therapies (Volkan & Zintl, 1993), all of which could be similar to bereavement therapy groups.

Literature reports indicate the possibility that mothers may differ from fathers in coping with the process of mourning (Murray, Terry, Vance, Battistutta & Connolly, 2000). According to Schwab (1996), mothers express more intense grief and for a longer period than fathers. Cantarella (2002) emphasized that the creation of a specific climate of trust can be noticed in female groups.

The aim of this article is to describe, in the form of a clinical illustration, a therapeutic group of bereaved mothers with special reference to their dreams of their deceased children. We demonstrate extent to which expressing dreams during group sessions and processing the associated emotions helps resolve grief. We also show that participating in group therapy improves interaction within the group and with other people. The article includes vignettes from the group work and our comments. The vignettes are presented chronologically, following the course of the therapy. The vignettes have been chosen to represent the dreams that the therapist identified helping the mourning process. Group members gave their consent for publication of particular history data and their respective vignettes.

Participants and Setting of the Group

The group was small, analytically oriented, comprised of women bereaved from the death of a child, slow-open (Foulkes, 1984), and conducted by a female therapist (first author). It met an hour a week. The therapist is a group analyst who works in accordance with the theoretical background of Foulkes (1984). Therapy was conducted at the Outpatient Clinic of the University Department of Psychiatry, in Zagreb, Croatia.

The group lasted just over 3 years. In the beginning, the group was heterogeneous according to the type of loss (four mothers and four members with other losses). The four members with other types of losses gradually completed the group therapy and continued with another mode of therapy as necessary, so that about one year after the group's formation, it became homogeneous by loss except for one woman whose husband disappeared in the war. In total, it included 20 members. Out of the 15 mothers who lost a child, 4 left the group in less than 4 months, and the remaining 11 attended group sessions for 14 months on average. Currently, the group is not active, as its members have completed therapy or have been included in other forms of psychotherapy (individual psychotherapy or heterogeneous small groups). During the study period, there were seven group members.

History data of the group members, cited by pseudonyms, are given below. Ana lost all three of her children, her husband, and her niece in a severe car accident in which she was the only survivor. She was in a coma after the event and was not present at the funerals of her beloved ones. Cecilija and Fiona nursed their child with a malignant disease for several years. Dalija and Ema lost their child in a car accident. Gita lost her son due to sudden cardiac death and has no other children. Biba's husband was missing in the war and his remains were never found; she had to proclaim him dead because of legal issues.

The group members were aged 38 to 53 years. According to marital status, two were married, three were divorced (regardless of the loss), and two were widows (loss-related). At the time of attending group sessions, most had no partners. All except one had secondary educations. With respect to occupation, two were retired and the others were employed but on long-term sick leave. All were religious except for one who changed her religious beliefs

after the loss. The time elapsed from the loss to the joining of the group ranged from several months to 16 years. None of the group members had received psychiatric treatment before the loss. While seeking help, they were overwhelmed with the memories of their lost children and isolated from their living relatives.

Findings and Discussion

Group dynamics are described first, before the vignettes. The vignettes present content in the following areas: the need to express dreams of deceased children, the importance of processing the various emotions, issues related to the group as a whole, an opportunity to follow up on the progress in the process of mourning, the facilitation of relationships with other people, and the development of countertransference feelings.

The group was formed spontaneously following the needs of clinical practice. After the first mother, Marta, revealed to the therapist her internal grief and the unresolved loss of her son, who died in a car accident immediately after his eighteenth birthday, the therapist was stimulated to form a specific therapeutic group. This woman opened considerable countertransference feelings in the therapist and she was nicknamed the inspiring mother.

Immediately upon the inclusion of Biba and Ana, the group became homogeneous according to the entity of mourning for one's own child. The joining of these two members appeared to accelerate the development of group cohesion and facilitated bringing up confidential content—dreams of the deceased children, in particular. The first vignette took place a month after the inclusion of Biba and Ana.

Some group members played special roles in the group dynamics. Aside from memories and dreams of her dead son, Ema often presented her relations with her other children to the group, her youngest daughter in particular. Ema acquired the status of the youngest “group child” because of her frailty, slight build, and delicate health. Fiona and Cecilija mirrored each other through the identical circumstances regarding the loss of their children, whereas Biba developed a special connection with Ana based on her multiple traumas. Despite her extreme loss, Ana frequently exhibited great emphatic potential through her relation with Biba as well as with other group members. Historically, Gita

was the youngest group member, similar to Ana in that she lost all of her beloved ones. Despite being the oldest group member, Dalija frequently exhibited high vulnerability, slow progress in the process of mourning, and feelings of isolation from the group.

Women in this group had a distinct need to share their very vivid dreams of their deceased children. The therapist felt the verbalized dreams to be a reflection of the mutual trust developed and viewed them as an extremely valuable gift. In particular, Ana often expressed her dreams. Below, we cite a part of the session where Ana's dream continued in Cecilija's dream.

Vignette 1, March 2007 Session

Ana: I often think, why I was left alive? . . . What they looked like right after the accident? Did they suffer? . . . And then shortly after the loss, I dreamt of them so vividly showing me their arms and legs . . . and letting me know that they are fine.

Cecilija: They must be all right!

Therapist: Similar to the dream of little angels we heard previously!? (Here the therapist is referring to a dream from a previous session.)

Ana: I often wonder if they suffered.

Therapist: Perhaps Cecilija can help you with it.

Cecilija: I shall never forget when my son told me of a dream that he was in a hospital and the doctors came to take him somewhere and he could hear my voice calling him and he was coming back . . . When he was gone, I wondered if I should have consented to the amputation, should I have demanded a sooner operation? . . . The fact that he could not stand pain and many children on the ward could . . . they were on morphine . . . this meant a lot to me . . .

Therapist: Does it seem to you . . . as if your constant presence decreased the pain in your child?

Cecilija (with difficulty,
sorrow and disbelief): Why should the children suffer? . . .

Ana clearly expressed her survival guilt and emotional pain through repetitive dreams, while at the same time emanating some emotional calmness. Cecilija tried to convince Ana that the children were well. The issue of children's suffering was still

present. In Cecilija, the dreams were intertwined with the feelings of calmness (“My son did not suffer so much pain”), along with the feelings of guilt and pain (“Should I have done something better?”).

The entire group had a function of processing and containing emotions (Bion, 1967). In our opinion, dreams and various feelings put forward through the dreams have an important role in working through the mourning process. Similar to Danieli’s view (1984, 1985), we understood the feelings of guilt (and in particular the feelings of survival guilt) in our mothers as defenses against existential helplessness. These feelings may also serve the functions of loyalty toward the deceased and bonding with the dead ones. We are aware that these intensive unelaborated feelings of guilt may also make more difficult the process of mourning and may lead these mothers to further social isolation. We understood the feelings of guilt as an expression of the trauma associated with the loss of a child rather than of conflicts from the pretrauma history (Niederland, 1981), although we do not want to diminish the role of the pretrauma past. In this sense, Niederland (1981) wrote that “survival is unconsciously felt as a betrayal of the dead persons and siblings (children in our case) and being alive constitutes an ongoing conflict as well as a source of constant feelings of guilt and anxiety” (p. 421). In our unique group, the unnatural nature of the loss added to survival guilt (Rando, 1985).

In the next vignette, Ana tells about her dream concerning her dead child growing up.

Vignette 2, October 2007 Session

(Ana extensively describes going to the cemetery and “talking” to her children and husband there).

Ana: We lived in harmony . . . only they were young, there was a lot of work . . . I dreamt of my eldest son . . . he was supposed to start school that year . . . I dreamt of him coming back from the kindergarten wearing a jacket, which was getting too small for him and a pair of trousers which were getting too short and I wonder how he could be wearing these short clothes which I don’t recognize.

Therapist: As if he grew somewhere . . . your husband dressed him . . .

Ana: It wasn’t like that . . . I was the one who would arrange it all.

Biba: (Breaks in. Describes a tough week. She mentions four doctors who did not act adequately on current treatment of her daughter.)

For the first time my daughter said she missed her dad because she has no one to rest her head on. . . .

Therapist: I have a feeling you had a very hard time since our last session. . . . Four doctors who don't know what they are doing. . . . I'm a doctor, too. (The therapist feels as if Biba wants to draw attention to herself and is angry for most of the session being dedicated to Ana).

All mothers from the group visited the cemetery regularly and Ana in particular emphasized doing so. This is in contrast to Volkan's report (1984). Through the dream reported to the group, Ana talked first about beautiful feelings from her pretrauma history, then about current feelings of longing for her children, feelings of helplessness associated with her emotional pain due to the separation ("My children are growing up somewhere else, without me"), and the inability to control the situation. Biba also described her own feelings of helplessness and longing, as well as rage. This rage could be understood as being directed to Ana, or in terms of transference to the therapist.

According to our impression, Ana had a specific position within the group because of her need and her ability to tell about her dreams and the extreme severity of her loss. However, her specific position occasionally aroused jealousy and anger within the other group members. Mothers seemed to oscillate between the notion that their children were dead (testing the reality correctly) and the need to be in constant contact with their children (who are alive in fantasy world), which is reminiscent of splitting and denial (Jurčević, Vlastelica, & Urlič, 2005; Volkan, 2007; Volkan & Zintl, 1993). This oscillation also illustrates the alternation of the reality and the pleasure principle (S. Freud, 1917). It seemed as though the mothers, because of their enormous pain, tended to avoid facing the reality in the long term (S. Freud, 1917; Volkan & Zintl, 1993). Here, we could open the question of the level of trauma, in other words, the extent to which the mourning of these mothers is traumatic (Worden, 2009).

It could be said that the process of mourning was stuck (Volkan, 2007). It is interesting to notice that, contrary to the

available data (Volkan & Zintl, 1993), present mothers did not dream of burying their children as a way of completing their bereavement. Rather, they sometimes dreamt about a child growing up, an experience that would maintain the splitting and denial and maintain the bond with the deceased (Klass, 1997). Reporting and examining the dream helped them remove the denial; this removal allowed the dreamer and other members of the group to reinvest in their own mourning process. Thus, reporting and processing the dreams reactivated the normal mourning process. In contrast to Volkan (2007), we had no impression of a frozen mourning process; we had quite an opposite impression. The mothers' approach in presenting their dreams of their deceased children is considered as a type of creativity (Shuttleworth-Jordan, Sayman & Faber, 1988) and vitality (Hagman, 1995). In particular, the supportive aspect seemed clear in presenting the dreams of deceased children, which reminded us of the works on safe environment that gives us the basis that all dreams can be verbalized (Ullman, 1984). This aspect is also reminiscent of the concept of secure attachment (Bowlby, 1969).

The group as a whole presented itself in a way that the members were confronted with their loss through group work and the group mitigated the emotions and painfulness of this confrontation by exchanging experiences. The group became a space in which the members themselves, through their authenticity, emphatic capacities and loss compatibility, exchanged ideas and dreams with trust and had a healing impact on each other, with the therapist merely modulating their work. A group matrix developed, thus providing a basis for developing the dynamics of the group relations (Foulkes, 1984). Dreams of deceased children reflected the individual aspects of the members (their self) but also reflected the ways of group interaction (Stone & Karterud, 2006). Examples of mutual support, in the sense of holding (Winnicott, 1971) were numerous. For example, after a new member (Gita) retold her painful memories to other members, there was silence and then Ana followed and, full of understanding, said, "The first year is the toughest!" After this statement, neither the therapist nor any of the members had the need to intervene. During its course, the dynamics of the group continued to evolve. After the group contents presented in Vignette 2, trust and intimacy of the group members gradually increased, consistent with what Yalom and

Leszcz (2005) called *the positive self-reinforcing loop*: trust—self-disclosure—empathy—acceptance—trust.

Vignette 3, which occurred late in the group development, illustrates some characteristics of developed group dynamics, relationships, and member roles within the group.

Vignette 3, January 2008 Session

Ema: I felt awful . . . that fear not to lose her again. (She was encouraged to retell a potentially dangerous situation. Something caught fire in the car running on gas right before Christmas holidays when she was planning to come and introduce her little daughter to the therapist.)

And then I dreamt . . . I dreamt of my son . . . last night. He came to me and showed me his tooth tissue, he had some kind of inflammation, a swelling which was aching . . . And he was asking for help . . . And I took a swab (cotton sticks used for cleaning babies' navel before it falls off, and for nose and ears) and cleaned it up for him . . . And then he left and I woke up.

Therapist: You helped him!

(Ema is crying softly.)

Fiona: (This is her first session.): May I? . . . I hear this lady has lost a son. I lost a son too . . . He had a tumor . . . My Miro. (Cecilija begins to quiver; Miro is the name of her deceased son too.) I also dream of him, my daughter too . . . I dream of him in real situations. Going shopping, going to a cycling tournament. And his grandfather, my father, because I'm divorced, so he and his grandfather were very close, he often dreams of him . . . And in his dream my son always sends him messages that he is well somewhere there . . . Once my father told me of a dream in which Miro told him that there was no need for the lantern which was always on (in our house) to be on, because he was well now. (A lantern is an oil lamp which burns in memory of those who passed away.)

Therapist: Cecilija?

Cecilija: I can't do anything . . . when I just hear the name Miro . . .

Therapist: You don't dream of him?

Cecilija: Rarely . . . I used to dream of him while he was ill.

(Silence)

Therapist: The way in which we are talking today, even though it is painful, it shows us best how the group functions. We see ourselves in each other. It is painful but we can hear something for ourselves.

Biba: I have just remembered that I had a dream about my husband and someone called Saša . . . and he was telling

me he did not need me anymore . . . and that I should live on. I haven't thought of this before. (In Croatian, Saša can be both a male and female name.)

Therapist: Do you hear that, Ana? . . . What do you say? . . . Maybe it's a rescue for her partner?! (The therapist has an association of the conversation between Ana and Biba in the previous session.)

Ana (laughs): I believe Biba feels very guilty for entering a relationship.

Biba: Sometimes I think that he is somewhere else and won't answer me because he has someone else.

Therapist: Even in your dream you have chosen a name which can be both male and female! . . . How the group hear that? . . . A while back, the husband was alone in a dream and he was begging Biba to live her life. (The therapist hints at a previous session in which the group encouraged Biba not to blame herself for her new emotional relationship.)

Ana: I think Biba should stop that! It's over.

Biba: You understand me best!

This vignette presents a development of group dynamics, a period in which the group can be observed as a whole. Mothers needed to express their dreams, which played numerous roles in the process of mourning. When Ema said that she helped her child clean his teeth, this image might represent the gradual termination of the depressive position and the attainment of reparation (Klein, 1940); that is, Ema's gradual development of the ability to let her child go ("I clean his teeth and then he goes away"). Ema's simultaneous capacity to turn to other living persons and her ever more frequent expression that it was easier now than before, confirmed her progress in the process of mourning. The way that Cecilija recalled her son Miro highlighted her difficulty in working through the process of mourning, which would correspond to the inability to leave the depressive position (Klein, 1940). In her youth, Cecilija experienced the loss of her sister without working it through, which may have formed the basis of her complicated mourning (Buzov, 1989; Goldmann-Posch, 1996; Volkan, 1984). In contrast, Fiona drew energy to re-invest in new objects from her father's dream in which her son sent a message that he was well. Similarly, Biba reported a dream in which her husband said that he did not need her anymore and that she should turn to the other relations, a suggestion supported by Ana. The session ended in an atmosphere of vitality.

It became quite common that during the sessions, someone would say something such as “And then I dreamt of him/her,” spontaneously returning back to the here and now. The fact that we were dealing with a homogeneous group of women might be the reason that such cohesion formed so quickly (Nicholas & Forrester, 1999; Yalom & Leszcz, 2005) and that all members along with the therapist creatively played with their dreams about the loss of a child, as well as with other different contents. These women, having reached basic trust with the therapist, gladly and spontaneously revealed their dreams, spending some time in a type of fairy tale and returning to reality, a phenomenon in accordance with Winnicott’s (1971) reflections that the content of play may be less important and therapeutic than playing itself. Likewise, Cantarella (2002) noted that the content of women’s dialogue may be less important than that they speak. Also, women’s groups imply interchangeability, a dynamic not present in mixed groups that enhances feelings of value and self-esteem.

As the interpersonal exchange within the group gradually developed, the capability for quality relationships with other people outside the group improved. After Vignette 3, there was an intensive exchange of contents related to loss. The group often discussed reactions to anniversaries, which required the therapist’s thorough familiarity with the important dates for particular group members (Buzov, 1989). Group members often mentioned the phenomenon of mummification (Buzov, 1989). For example, Dalija talked about keeping her dead daughter’s school bag for years, in which she found a cake with her bite. The group members discussed linking objects (Volkan, 1972), such as Cecilija keeping tea boxes that she used while nursing her diseased child. This was followed by an intensive exchange of dreams, while the group members showed increasing readiness to share other aspects of their lives as well. There was a pronounced need to communicate with other important living persons. This need is illustrated by Vignette 4.

Vignette 4, March 2008 Session

In Vignette 4, Ana indicated an intention, for the first time in the group therapy, to go for a trip and to separate herself from the grave of her beloved, where she used to spend most of her time.

Taking a trip or moving to another apartment, which Ana frequently discussed, signified a shift in her relationships with other people. Visiting relatives in a distant country was a small, but difficult, step in the mourning process.

Cecilija: I'm not well, I keep dreaming of the hospital lately . . . all those children who are gone . . . what I've been through . . .

Therapist: How far back?

Cecilija: For a couple of months now . . . Last night I dreamt of that specialist doctor who was almost like a second mother to my son during therapy, she was calling me to come to the hospital basement. She said all the doctors were there, so I should come to say hello. She will do the talking . . . I tell her that I do not have the strength . . . Then I dreamt of my son, me helping him get out of the car when we were coming for the treatment . . . You know . . . with his leg amputated . . .

(Silence)

Therapist: Perhaps the others dream too?

Ana: I often dream . . . It's always something nice and positive.

Therapist: Have you dreamt of anything new after the pillow . . . and bed cuddles? (Here the therapist is hinting at two of Ana's dreams mentioned at previous session, in which her son came into their bed and her niece gave her a pillow.)

Ana: I didn't dream of my niece again . . . I dreamt of my eldest son . . . His hand from the elbow to the hand. (She is showing it and explaining that he had the same little hand as hers and he was always shy to greet people. He would turn his head sideways and let out his hand.) . . . I dreamt of his little hand (smiles) . . . in a blue suit . . .

Therapist: As if he's waving you goodbye going to A. (a distant country)? (Earlier, at the beginning of this session, Ana mentions that she got herself a visa and she is going to visit her sisters.)

Ana: That's my biggest hardship . . . to leave them! (She means going away from the cemetery) . . . (here she cries) . . . I've been to A. when I was 13. My sisters live there, but something was missing . . . I missed my brother . . . (Ana's brother lost his daughter, Ana's niece, in the same accident.) . . . He took care of me so he's like a father and brother to me.

At the end of this session, Ana linked her actual loss with the loss of her father when she was 2 years old, whereupon her brother took the role of her father, a linkage that could be considered another small step forward in the process of mourning. In her actual loss, Ana's brother lost his own daughter, so she kept

wondering why she herself had not died instead of her niece, experiencing again the survival guilt.

In this vignette, Cecilija continued experiencing intensive emotional pain. Ana followed with an observation that her dreams were associated with positive feelings. Ana continued dreaming of her children in realistic situations; she was still in contact with her children and longing for these relations was very important to her. The therapist had an association of a trip. Ana changed her emotional tone and mentioned her difficulty in accepting any change (trip to her sisters), closing with an analysis of her relationships in childhood. In this vignette, the two members seemed not to be emotionally attuned, each of them keeping their pain to themselves. At this session, Cecilija's difficult dream of having nursed her child with malignant disease for a long time was confronted with Ana's dream. Ana's dreams were generally bright; however, Ana felt much burden upon waking up.

These were among the last dreams of deceased children spoken of in the group. This session was followed by sessions predominated by libido contents without the presentation of dreams of dead children. Until the summer holiday, there was only one more such dream described by Ema. For her, although 14 years had elapsed since his death, he remained as small as he was when he died. In the same dream, his age-matched friend appeared, now as an adult young man. This dream emphasized Ema's ability to let her lost son go while keeping pleasant memories and her capacity to invest her emotional energy into some new relationships (S. Freud, 1917); that is, to reinternalize good objects in her internal world (Klein, 1940). In this way, having entered the group as a mother overwhelmed with emotions related to her lost child, Ema became capable of directing her emotional energy to other, living objects.

Improvements in interpersonal relations are also evident from other contents and behaviors that increased in frequency with time and with group development. In this sense, the group supported sexual issues, which members often felt to be feelings to which they were not entitled because they triggered feelings of guilt, a dynamic described by Moss (2002). By working through these as well as other issues, the members revealed their gradual improvements through statements such as the following: "I need the time for myself and I also need the time for my other living dearest."

Changes in colors, dress style and grooming and the reintroduction of jewelry, fully abandoned after the loss, provide evidence for this growth. The members encouraged and praised each other for such changes. They at times discussed happy subjects, such as pets or anecdotes of remaining children.

The therapist had countertransference feelings at the start of the group. While treating Marta, the therapist thought of her own children and wondered, "Who could help me if such a loss should befall me?" The feeling of the therapist's helplessness expressed through this sentence came into perspective throughout the group process, particularly in relation to Ana. It seemed that Ana had a special status, as if the therapist herself was in doubt as to whether a person could fully grieve such a severe loss or whether Ana's only option was to live on the borderline of reality to withstand such a loss. At the same time, the therapist trusted Ana's creative and emphatic potential. It seemed that Ana was making progress, but there was a possibility that, due to countertransference reasons, the therapist was confused in setting the limits between reality, play, and dreams related to Ana who had lost all her children (and her husband).

The therapist was aware of the suffering and pain of the members and the fact that their lives had changed dramatically. She realized that the members possessed emphatic potential, and were great fighters despite their loss. The therapist often perceived the group to be teaching her new experiences.

During sessions, the subject of death was frequent and latently omnipresent. The therapist was exposed to members' anger (i.e., to her own helplessness), which has been depicted by other authors in the literature (Bernstein & Klein, 1995). One member expressed it very clearly: "My older daughter didn't have a scratch on her, yet she was dead!" This anger is also present in Vignette 2, when one member reports on the doctors who did not know what they were doing. In her work with the group, the therapist often fought depressive feelings related to a strong sense of helplessness. Occasionally severe anger would be present together with the feeling of omnipotence. For example, Ana disclosed that her family's accident had been misused in a TV show. The therapist felt the need to insist on a letter of complaint and took a long time to realize that her persistence on pursuing justice was actually causing Ana pain. The therapist herself, by working with dreams in the groups, felt sometimes as if she was in a fairy tale.

In conclusion, this group represented a unique sample according to the specific type of loss (Rando, 1985). Unnatural loss may add a traumatic character to the loss, making mourning especially a difficult. Processing of intensive feelings associated with dreams greatly helped in facilitating the process of mourning, while in parallel, stimulated the development of group dynamics. The mothers often stated that they would have had a hard time if they had not dreamt of their deceased children and that the dreams brought them relief. This finding is comparable to Moss (2002), who reported that parents stated that had they not dreamt of their dead children, they would have envied those who did. However, we emphasized contents of the dreams of dead children whereas Moss emphasized group dynamics.

Finally, we quote below verses from Ana's poem, written on the anniversary of loss, indicating that even such a difficult loss may show some progress in the mourning process.

Verses from a poem written in 2007:

*The memory of you shall not perish,
a child's laughter the wind shall carry,
your footsteps will walk with me,
through stars your eyes shall see.*

Verses from a poem written in 2008:

*Let this weary soul a rest,
let it roam the meadow and forest.
May memories be plucked in the fields of reminiscence,
gathering the strength for a new dawning.*

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