The Trauma Story and an Empathic and Therapeutic Conversation with the Survivor

Richard F. Mollica; MD, MAR
Professor of Psychiatry, Harvard Medical School
Director, Harvard Program in Refugee Trauma

September 8, 2010
“It is an intense pleasure, physical, inexpressible to be at home, among friendly people and to have so many things to recount: but I cannot help noticing that my listeners do not follow me. In fact, they are completely indifferent: they speak confusedly of other things among themselves as if I was not there. My sister looks at me, gets up and goes away without a word.... A desolating grief is now born in me”

“We all live in some degree of terror of bad things happening to us. When you’re confronted by someone else’s horror, there is a sense it is close to home”

Barbara M. Sourkes, MD, Stanford University.
The “Will to Deny”

- Denial of the trauma
- Cannot believe the trauma story
- Fear
- If bad things are happening to you and I stay away, I’ll be safe.
- Survivor guilt
The “Will to Deny”

- Too painful to listen
- Do not know what to say
- Do not know what to do
- Opening up Pandora’s Box
- No time to deal with the upset
- Perpetrator/Collaborator
- Politically dangerous
- Human rights off limits
Definition of narrative

- A narrative is a story created and observed in writing, speech, poetry, prose, visual arts, song, film, video games, theater, or dance, and which often describes a sequence of events.
- Narrative can refer to psychological processes in self-identity, memory, and meaning-making.
- Stories are ubiquitous in human culture and are consistently used to educate and entertain.
Narrative Expressive Therapy (NET): Using a lifeline (rope or string) and visual imagery (drawings, photos, flowers, stones) a patient constructs a narrative of his or her whole life from early childhood to present date while focusing on the detailed report of both traumatic and happy experiences. NET is grounded in neurocognitive theories of PTSD and CBT. When used with children and youth, is called KidNET (Neuner et al 2008; Onyut et al 2005; Petersen et al 2005).

Focused Expressive Writing (FEW): A structured intervention of 3 or 4 brief (15 to 20 minute) sessions during which the client or patient writes about a traumatic experience quickly and without editing. The approach may include a verbal sharing component with a therapist or other listener (Smyth, Hockmeyer and Tulloch 2008; Esterling et al 1999).
Therapeutic approaches using narrative (2)

- **Testimonial Therapy:** A structured intervention of 3 or more one-hour sessions in which the client starts by speaking of the historical and political events related to trauma and perhaps later of more personally painful events. The last session may focus on lessons learned (teaching role) and the future. The account is written down and presented to the client (Neuner et al 2008).
Therapeutic approaches using narrative (3)

- **Trauma story Assessment and Therapy (TSAT):** A semi-structured interview that assesses the trauma story’s four major elements. The interview is written down and presented to the client/patient for discussion. It can be used to support self-healing and aid in clinical diagnosis. (Mollica 2006.)
What is the evidence?

- Charon (2006) argues that narrative practice engages cognition, emotions, and the physical body, can heal the patient, and nourish the doctor at the same time.
- Frank (2004) suggests that stories “analyze the listener” by allowing us to notice what attracts us to stories, and what we resist about them. Stories can guide us in thinking seriously about what values we seek to preserve in our lives and work.
- Mollica (2006) calls for getting beyond the facts to the whole story, which can provide evidence of resilience and wisdom. Trauma stories reveal brutality but also positive transformation or growth. Patients can teach and motivate clinicians through their stories.
What is the evidence?

- Neuner et al (2008) used KidNET with six young people and found they exhibited a clinically significant reduction in PTSD symptoms. The KidNET intervention was more effective than supportive counseling and psychoeducation alone.

- Onyut et al (2005) did a small study using KidNET with child refugees from conflict situations and found that the PTSD symptom scores of each patient decreased between pre-test and follow-up period.

- Smyth & Helm (2003) did a small study of Focused Expressive Writing and found improvements in reported physical health, psychological well-being, role-functioning, and biophysical measures across cultures, language, and socio-economic status, but no evidence of improvements in self-care behaviors.
What is the evidence?

- Esterling et al (1999) found therapeutic writing to be associated with increased insight, self-reflection, optimism, and sense of control; less time missed from work; and improved cellular immune function.

- A meta analysis by Mogk et al (2006) of 30 RCTs using an expressive writing intervention found significant positive effects on health behavior variables (sick days, drug use, alcohol use, sleeping & eating habits, and sports); and insignificant effects on PTSD symptoms (arousal, intrusion, and emotion).

- An RCT with 25 U.S. veterans by Smyth et al (2008) found case-based evidence of value with PTSD but no changes in PTSD symptoms; significant improvements in mood and post-traumatic growth; and reductions in neuroendocrine (cortisol) responses to trauma-related conditions.
What is the evidence?

- Smyth (1998) found that emotional disclosure in thirteen trials was associated with improvement in ill health but no improvement in healthy behaviors.
- Meads and Nouwen (2005) in sixty-one trials found for emotional disclosure no clear improvement in physical health when compared to controls no harm was demonstrated.
TSAT: Elements of the Trauma Story

- Factual accounting of events
- Cultural meaning of trauma
- Looking behind the curtain
  - (revelations from the trauma experience)
- Listener – Storyteller relationship
A Cambodian Oral History
Q. Grandma, how did the Khmer Rouge hurt the people?

A. They took the mothers and the children and whoever they wanted away in Ox carts and killed them. I was afraid of them. The way the people died was… sometimes two or three persons were dead, piled on top of one another, you know. Some people were ordered to dig their own graves. All the time I was frightened. I was scared and kept it to myself. One time when I was sick, they said: “Grandma, if you are seriously ill, we will put a skull at your feet.” I had a fever which was getting worse when I heard this. You see, I’m afraid of ghosts.
Q. What brought you the greatest suffering while under the Khmer Rouge?

A. My husband was an old man and he did not last very long. He died six months after our family entered a Khmer Rouge work camp. My brothers and sisters all died and I do not know how. I never saw them again. Finally, when the Vietnam army liberated our camp, I was happy my son and I had survived the 4 years of starvation and slave labor. He was a wonderful young teenager. I loved him so much. He was all I had left. Then one day a Vietnam soldier said my son had to join them in fighting the Khmer Rouge on the Thai border. They forced my son to leave with them. I have never heard from him again. He is disappeared. I still believe I will find him.
Q. Grandma, what do you do to relieve your suffering?

A. Right now, I cannot control my feelings completely, but I have to be this old to do this. When I went to the refugee camp, I was not able to tell myself not to miss my family. I thought about other people who had a family around them and I cried. The mere sight of a mother and her children being together made me cry. And this made me demented and forgetful.

Q. What did you do to try to pick up the pieces?

A. Right now I am trying to pick up the pieces and get a hold of myself. I thought to myself that when I think about my family and miss them, I become weaker and weaker. I think when I have no strength, no energy, and when I miss my husband and son, how about me? I am living by myself. I am like a “chook” (small aquatic plant) in the middle of the river or sea. My life is empty. Every move I make, sitting, sleeping, walking, and standing, I feel as if I am alone. I am lonely, this is how I feel. I still feel like I am a chook in the middle of a river.
Q. Grandma, you told me you think your suffering was the result of your . Is this true?

A. Excuse me, I think I my mind that perhaps in the previous life or in this life, I don’t really know, I may have tampered with the bird’s young. The Cambodians believe that we have *karmas* if we tampered with the bird’s young and we will be separated from our own loved ones. We have *karmas* when we made the birds lose their feathers, or when we took the young and played with them. I would say that maybe I did this in the previous life or in this life and that is why I am separated from my husband and my children. This is what I told people.
This is the reason I try my best to do good deeds so I don’t have karmas. Because in this life, when I was young, I played with Tradiev Dey’s young in their burrows (a kind of large swallow which lives in holed in the ground). I put my hand inside their burrow and I took out its young and played with it. When I had enough, I put it back in. I don’t know how many days I played with it, or even how many months before I stopped doing it.
At the time I was young, and I was still running around and played and was still wearing a pair of shorts, without any blouse and my upper part was bare. I ran around and went to play with the bird’s young. I went to play along the rice fields’ dikes. This is the reason why I said I might have the karmas with the animals young or they were from the previous life and I have no way of knowing it. They were the quails’ young.
Q. Spiritually, what do you do to relieve your suffering?

A. I do not worry too much because I adhere to Buddha’s principles. I concentrate on my breathing in and out (my strength); I base my reasoning on my breath. When I am breathing I cannot worry. (…)

I only want to have enough to live on, give to charity, and to sustain life. I am telling you the truth.

When my heart wants something my mind still worries a lot. As soon as my heart stops wanting something, I will stop doing something. I am telling you the truth. If you do not believe me, try to think in these terms, and then you will really believe me.
Q. Grandma, you said you love the doctor and consider him your parent. Why is this so?

A. I trust him and I love all the people, not just one person. I also love that one too (the doctor). When he came like this, I love him. I am telling the truth. I am not lying because I adhere to the Buddha’s principles, I don’t dare lie. Wherever I am going to, people love me. The doctor took care of me and provided me with tender loving care and gave me some medicine to take. Previously, my knees hurt, but now I am able to walk a little bit. At first I was lethargic, and after taking to many pills, I am better now.
Using the Narrative Approach for Staff in a Group Setting

- A successful empathic therapeutic conversation with clients and patients has clear benefits to the staff in the one on one scenario as high emotional issues are reduced client/patients improve their own self-healing response.
The narrative approach also provides major benefits to staff in peer supervision groups that have been practiced in general medicine for over 50 years. These groups called BALINT GROUPS can be applied in all clinical and social service settings.
Major Benefits for Staff of BALINT GROUPS

Employing narrative approaches in a Balint group setting will lead to:
• Reduced feelings of stress and burnout among clinicians/staff
• Increased job satisfaction; lowered rates of absenteeism; greater retention rates
• Reduced sense of isolation; greater camaraderie and support among clinical team
• Improved mood and emotional regulation
• Better communication and relationships outside the work setting
• Reaffirmation of values and sense of purpose
• Improved cognitive functioning
• Improved nonverbal and verbal communication skills
• Better client outcomes
To Order the Journaling Diary

Mark Cassini, National Training Specialist
Florida Center for Survivors of Torture; Gulf Coast Jewish Family Services
101 Westward Drive, 2nd Floor
Miami Springs, FL 33166
Fax: 305-805-5068
Email: mcassini@gcjfs.org