

National Capacity Building Project: Technical Assistance of the
Survivor of Torture Programs

“Maximizing Clinical Care of Survivors of Torture Through the Use of the Trauma Story and Reflective Writing”

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Massachusetts General Hospital
Harvard Medical School



The
CENTER for
VICTIMS of
TORTURE



Harvard
Program
in Refugee
Trauma



NATIONAL
CONSORTIUM
OF TORTURE
TREATMENT
PROGRAMS

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- Type your questions in the chat, or
- Raise your hand using the reaction button.

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Chat



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Q&A

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Welcome and Overview





Disclaimer

We will be talking about trauma today. Trauma impacts all in different ways but it is something we have all had some experience with. The information, images, and discussions can be triggering or uncomfortable at times.- make sure you monitor and take care of yourself when and if you need to.



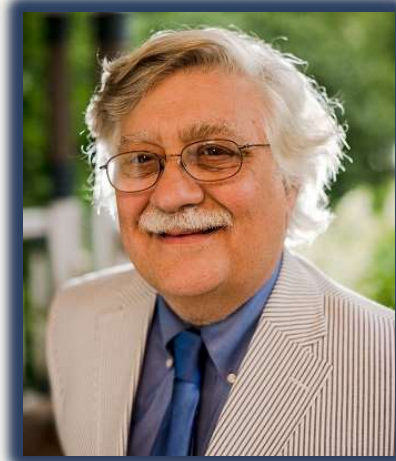
Objectives

- Acquire the skills for using the Trauma Story successfully in diagnosis and treatment.
 - Be able to use the Trauma Story Method to help clients better understand and recover from their traumatic experiences.
 - Understand and use reflective writing to help your clients explore their feelings related to their traumatic experiences.
 - Understand how reflective writing can assist in the Trauma Story Method.
-



Presenters

Harvard Program in Refugee Trauma | Massachusetts
General Hospital | Harvard Medical School



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Pandora's Box



Pandora by John William Waterhouse



Mass violence creates in a society a new **historical space**. Ordinary attitudes, feelings, and behaviors are transformed. The healer and sufferer find recovery in a therapeutic solidarity. Within this historical space, justice forms the core of the survivor-therapist relationship.



Pompeii. Photo courtesy of Giampiero Rosati



[Srebrenica massacre victims in Čančari](#)



Collective Trauma

Entire populations all over the world have been traumatized. Not only individuals, but families, communities, and the entire society continues to experience violence. Even pets and wild animals have been affected. In listening to the Trauma Story, nations of courage, resiliency, and hope, need to be celebrated and supported through conversation and storytelling. Physical and emotional stress are a normal reaction to mass violence. Yet, traumatized men, women, and children need to be identified and offered culturally-effective mental healthcare.



The Universal Nature of Traumatic Life Experiences

- Every human being experiences tragedies in their lifetime.
 - This is inescapable.
 - A profound pain and fear enters us when we realize that one human being has intentionally hurt another.
-



Major Instruments of Violence

- Humiliation
 - Empathic Failure
-

“ 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.” - Primo Levi

Primo Levi, *Survival in Auschwitz and The Reawakening: Two Memoirs*, trans. Stuart Woolf (New York: Summit, 1958), 60.

Major Responses to Trauma

- **The “Will to Deny”**
 - Friends, family members, and society *actively* reject acknowledging the Trauma Story and the impact of trauma on the survivor.
- **“Losing the World”**
 - When visiting Philoctetes the Greek chorus immediately sings, *“I am a stranger in a strange land.”*



Portrait of Philoctetes by Jean Germain Drouais

Body, Mind,
and Spirit are
Imprinted by
the Trauma
Story

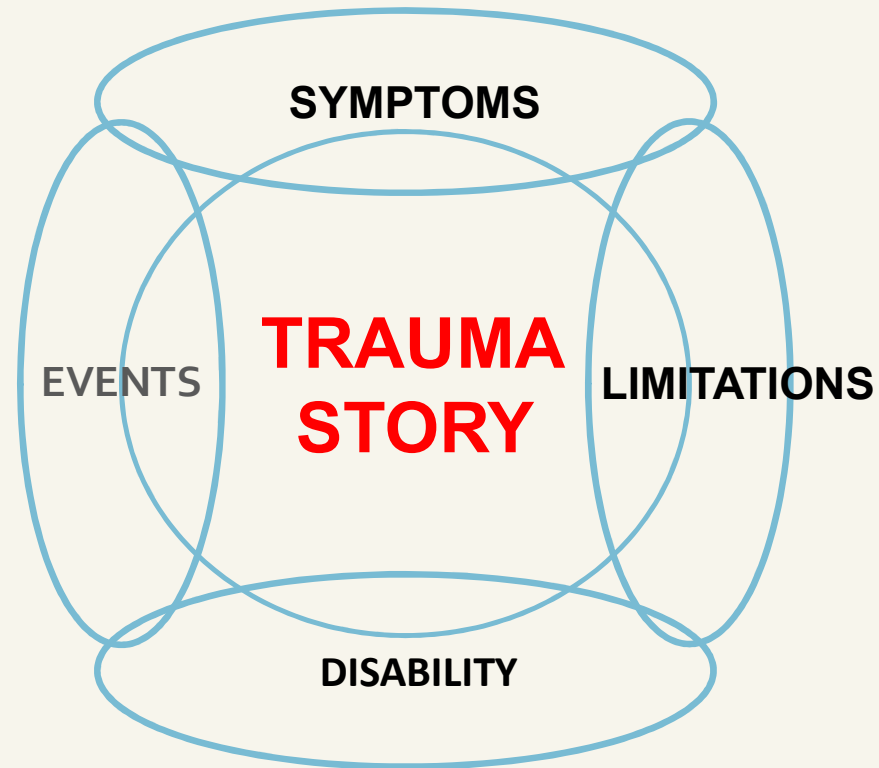




Image Courtesy of
Richard F. Mollica




Image Courtesy of
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Elements of the Trauma Story (TSAT*)

- Factual accounting of events
- Cultural meaning of trauma
- Looking behind the curtain (revelations from the trauma experience)
- Listener – Storyteller relationship

**Trauma Story Assessment and Therapy (TSAT) Notebook: Therapist Journal for Field and Clinic*



Therapeutic Power of the Trauma Story

- Dialog and empathic listening between survivor and clinician maximizes the benefits of emotional disclosure.
-



Storytelling

- Stories tell us more than we think they are telling us
 - Stories can be revolutionary, providing potential for transformation
 - There can be strong resistance to a story
 - Denying someone's story can be a denial of their very being
-



Conversation: Neuroscience

Congruence:

- During successful verbal communication, brain response of the speaker mirrors that of the listener in those areas of higher cortical functioning such as dorsal, lateral pre-frontal cortex and striatum.

(Stephens, et al)



Conversation: Neuroscience

Self-disclosure:

- Talking about the self to the others produces the highest levels of activation in neural regions associated with motivation and reward (nucleus accumbens and ventral response area – mesolimbic system), but introspection is also activating in these brain areas.

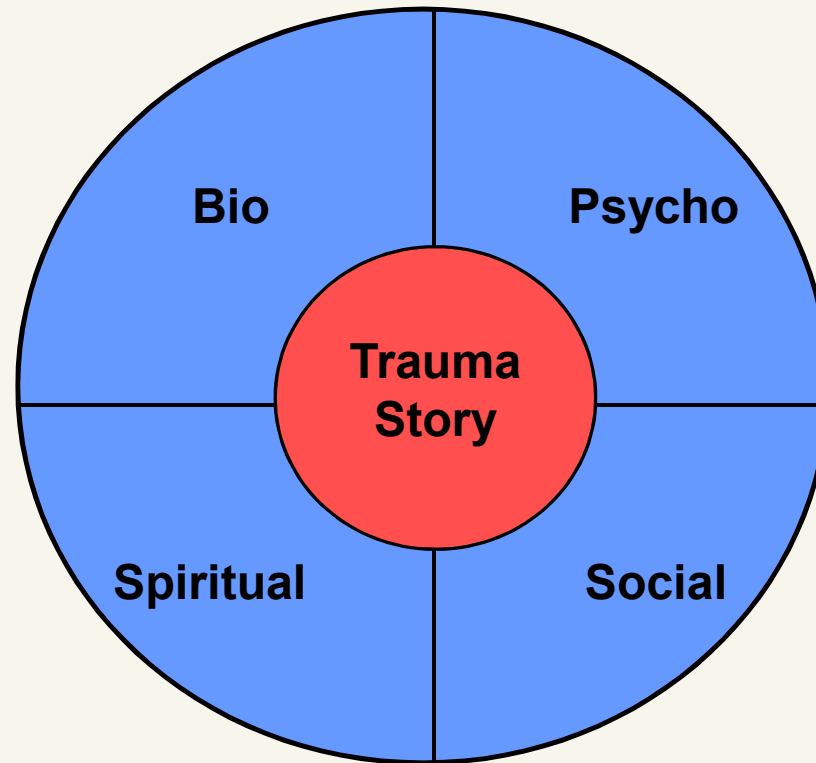
(Harvard Neuroscience Lab)



Storytelling: Neuroscience

- Neural changes in the brain associated with language, physical sensation and memory when reading a novel occurs and can last over time (Burns, et al).
 - The love of storytelling and its impact on human beings is linked to the mirror neurons.
-

The Trauma Story, and Diagnosis & Treatment



THE TRAUMA STORY® POCKET CARD

The Trauma Story® is the centerpiece of healing the visible and invisible wounds of violence and traumatic life experiences.

1. **CENTRALITY OF THE TRAUMA STORY®:** The universal experience of tragedy, including the suffering associated with grief, illness, and violent events.
2. **COMMON MENTAL HEALTH PROBLEMS:** Depression, grief, anxiety, insomnia, post-traumatic stress disorder (PTSD), and traumatic brain injuries are often associated with traumatic life experiences.
3. **COMMON PHYSICAL PROBLEMS:** "The body is impacted by history", e.g., over 25 medical diagnoses (e.g., pelvic pain, infertility, infection) are associated with sexual violence and abuse.
4. **PRIMARY HEALTH CARE IS ESSENTIAL:** Routine appointments with your primary care doctor(s) can help identify and treat health problems stemming from trauma.
5. **EARLY HEALTH PROMOTION IS NECESSARY:** The ACE (Adverse Childhood Events) studies and HPRT studies reveal the serious long-term chronic diseases associated with trauma.
6. **HUMILIATION:** The major instrument of violence used to create the state of humiliation, including feelings of shame, guilt, betrayal, uncleanness, and loss of dignity.
7. **"LOSING THE WORLD":** Everything the survivor is taught to be morally correct is "turned upside down". They become a "stranger in a strange world".
8. **CULTURAL ANNIHILATION:** Major goal of mass violence, war, and ethnic conflict is to eliminate the person, their family, their community, and their society.
9. **LISTENING TO THE TRAUMA STORY IS A KEY TO HEALING: USE THE NEXT STEPS AS A GUIDE...**
 - a. **STEP 1 - TIMING:** Go slowly; Do not try to "dig up buried treasure". Wait until trust is established.
 - b. **STEP 2 - "A LITTLE BIT, A LOT, OVER A LONG PERIOD OF TIME":** The trauma story can be told in brief, small pieces (e.g.,

10 minutes or less each session) consistently over time.

- c. **STEP 3 - DEEP LISTENING:** Listen closely to the conversation, as well as the silence. Pay attention to the body's reaction to the storytelling; monitor the empathic response.
 - d. **STEP 4 - EMPATHIC REGULATION:** Begin storytelling session with deep breathing which calms the listener and storyteller; monitor empathic distress; cool high emotional arousal down by taking a break or do more deep breathing.
 - e. **STEP 5 - AVOID THE TOXIC TRAUMA STORY:** Stay away from the telling of brutal facts with high emotional arousal.
 - f. **STEP 6 - CREATE A NEW POSITIVE NARRATIVE:** The healer (listener) can assist the survivor (storyteller) in creating a new positive and hopeful worldview together.
10. **BUILD ON SELF-HEALING:** The survivor is the teacher; the healer is the student. Create and build on self-healing and self-care efforts.
 11. **RECOMMEND AND SUPPORT:** Altruism, work/school, social connectedness, and spirituality – are major key factors for resiliency and wellness.
 12. **HEAL THE PHYSICAL BODY:** Promote yoga, meditation, mindfulness, deep breathing, walking, exercise, and massage.
 13. **USE THE HEALING POWER OF NATURE:** Recommend connecting with nature, plants, and animals; Take up gardening or caring for houseplants.
 14. **NO HEALING WITHOUT JUSTICE:** Explore what justice is possible and obtainable.
 15. **NO HEALING WITHOUT BEAUTY:** Engage beauty at all levels of storytelling and reflection; See the beauty in the healing journey; Healing activities include poetry, haiku-writing, reflective writing, singing, making music, dance, visual arts and more.


Harvard Program in Refugee Trauma

Harvard Medical School
Massachusetts General Hospital
www.hpvt-cambridge.org
www.hpvtselfcare.org



Created by: Richard F. Mollica & Fanny Y. Cai

The Trauma Story Pocket Card: English Version 1.0 (2023)




Listening to the Trauma Story is a Key to Healing



STEP 1 - TIMING: Go slowly; Do not try to “dig up buried treasure”. Wait until trust is established.

STEP 2 - “A LITTLE BIT, A LOT, OVER A LONG PERIOD OF TIME”: The *Trauma Story* can be told in brief, small pieces (e.g., 10 minutes or less each session) consistently over time.




Listening to the Trauma Story is a Key to Healing



STEP 3 - DEEP LISTENING: Listen closely to the conversation, as well as the silence. Pay attention to the body's reaction to the storytelling; monitor the empathic response.

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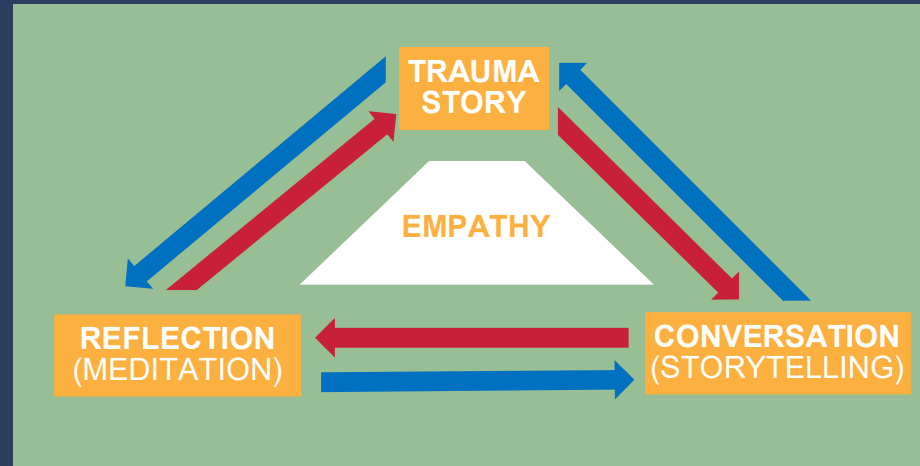
Listening to the Trauma Story is a Key to Healing



STEP 5 - AVOID THE TOXIC TRAUMA STORY: Stay away from the telling of brutal facts with high emotional arousal.

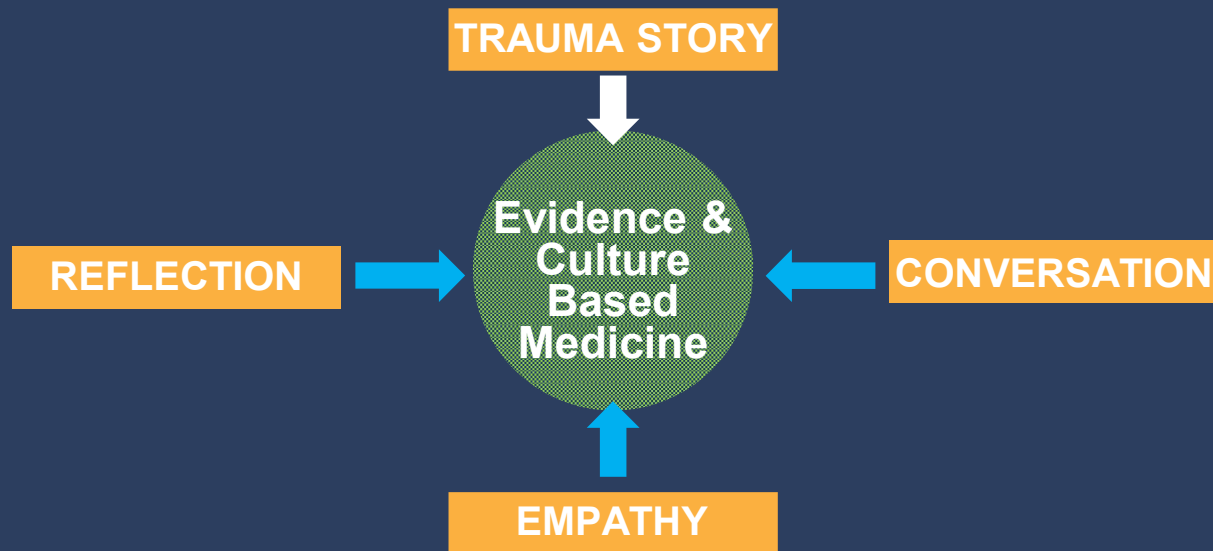
STEP 6 - CREATE A NEW POSITIVE NARRATIVE: The healer (listener) can assist the survivor (storyteller) in creating a new positive and hopeful worldview together.

THE HEALING TRINARY



The Healing Ointment

THE HEALING TRINARY:
THE GLUE, THE FORCES THAT HEAL



The Bottom of Pandora's Box



The Trauma Story & Reflective Writing





The Beauty of Listening Deeply

Rediscover the Joy of Patient Care

US Surgeon General Vice Admiral Vivek H. Murthy, MD, MBA


- Health care worker well-being and burnout is an "issue of culture."
- "We have lost... our perspective and grounding on the things that matter, such as, kindness, compassion, and caring."
- I am sure that none of you came into your profession with the goal of doing more paperwork. These are the things that actually get in the way of patient care.
- Murthy believes that "time at the bedside" is an important factor that will help with reducing burnout, because these interactions with patients/clients will provide the sustenance that will help reduce burnout and increase provider well-being.

Source: Medscape, June 2023



The Beauty of Listening Deeply

- Stanley Jackson's '*The listening healer in the history of psychological healing*' is a classic.
 - Jackson states, "*the place of in-depth listening with empathy is a crucial element in healing*" and that in modern times, there is an emphasis on observing vs. listening.
 - He concludes that a "*healer neglects either one at his/her peril--and at the peril of the patient*".
-



The Trauma Story Pocket Card: TIMING

- Refer to the Trauma Story Pocket Card #9, Step 1. Timing: Go slowly; Do not try to "dig up buried treasures". Wait until trust is established.
 - Sharing the Trauma Story through conversation can be very therapeutic, but some traumatized patients, because of stigma, shame, and humiliation, may choose to engage in reflective writing.
-



Reflective Writing

- Timing matters!
 - Studies have found that people who write about a traumatic event immediately after it occurs often feel worse after writing, possibly because they are not yet ready to face it.
 - Pennebaker, and our experience at HPRT advise clinicians and patients to wait until the patient/client is ready to reflect on the traumatic experience.
-



Reflective Writing

How do you know when a patient is ready for reflective writing?

Criteria:

- Trust has been established.
 - They are not in a state of high physical, emotional, and spiritual distress.
 - Never use it with acute trauma, e.g., debriefing.
 - The patient has indicated to the therapist they prefer to write something down, instead of sharing verbally.
-




Reflective Writing

- Reflective writing is an evidence-based tool to assist the therapist in eliciting the patient/client's trauma story in a safe space.
 - James Pennebaker and colleagues have examined the benefits of reflective, or expressive, writing in various settings. Pennebaker points out that it is not “just venting one's feelings”, but rather, “to tap writing's healing power, one must use it to reflect, better understand and learn from one's emotions”.
-




Reflective Writing

- The act of thinking about an experience, as well as expressing emotions in writing is important by helping the writer organize thoughts and give meaning to a traumatic experience.
 - Writing may also enable the writer to better regulate their emotions. It is also possible that writing about a traumatic event fosters an intellectual process — the act of constructing a story about a traumatic event.
 - Finally, when people write privately about a traumatic event, they are more likely to talk with others about it — suggesting that writing leads indirectly to reaching out for social support that can aid healing.
-




Practice Tips for Preparing a Traumatized Patient for Reflective Writing

1. Instruct the patient to sit in a quiet, safe, and secure space. Teach them how to do a few minutes of deep breathing before starting to write.
 2. Make sure the patient is ready to participate in reflective writing without developing emotional distress.
 3. Tell the patient that they can stop the reflective writing at any time if it becomes too disturbing for them.
 4. Have the patient write something that is extremely personal and important to them.
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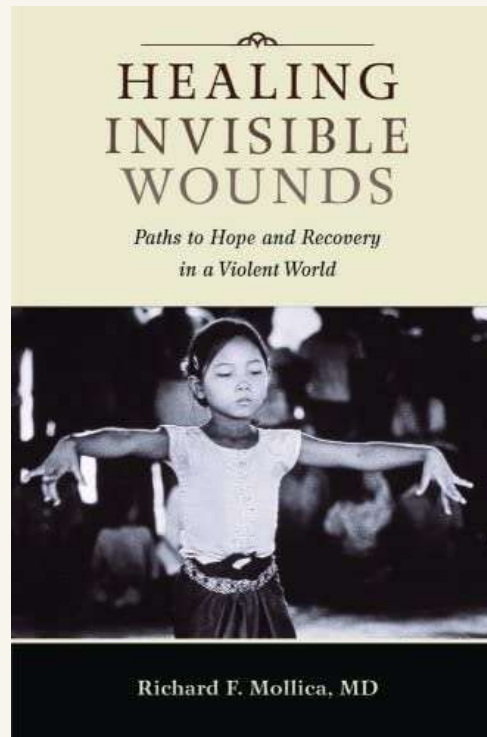


Practice Tips for Preparing a Traumatized Patient for Reflective Writing


5. The patient can choose to write for only a few minutes or longer - there is no time limit requirement.
 6. Tell the patient to not worry about punctuation, spelling, and grammar. If they run out of things to say, “keep pen on the paper” and reflect.
 7. The patient should be reassured that what they shared is confidential and need not be shared with their therapist or anyone else.
 8. The patient may choose to share their reflective writing with their therapist for discussion.
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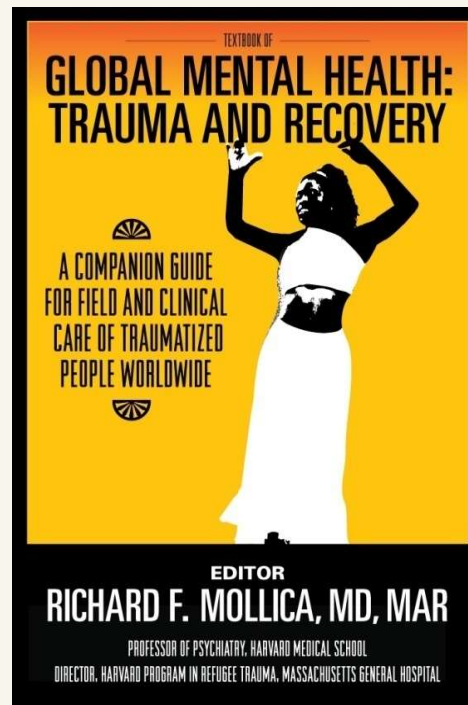
Resources:
Healing
Invisible
Wounds:
Paths to
Hope and
Recovery in a
Violent World




[Available on Amazon.com](https://www.amazon.com)



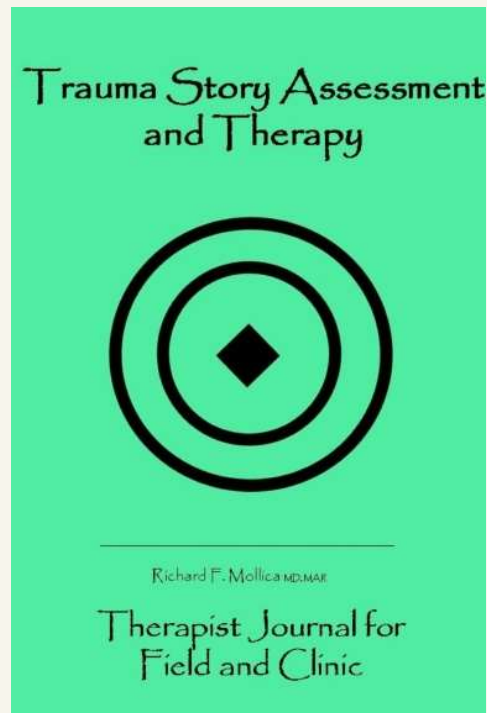
Resources:
Textbook of
Global Mental Health:
Trauma and
Recovery




[Available on Lulu.com](https://www.lulu.com/it/18/9781607090741)



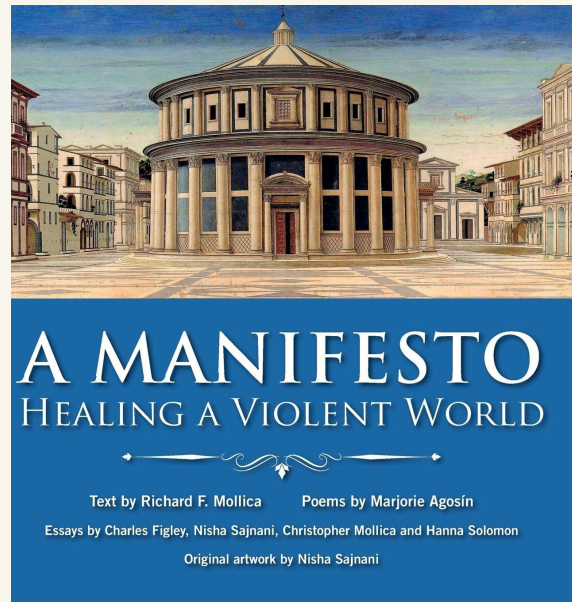
Resources:
Trauma Story
Assessment
and Therapy
(TSAT)



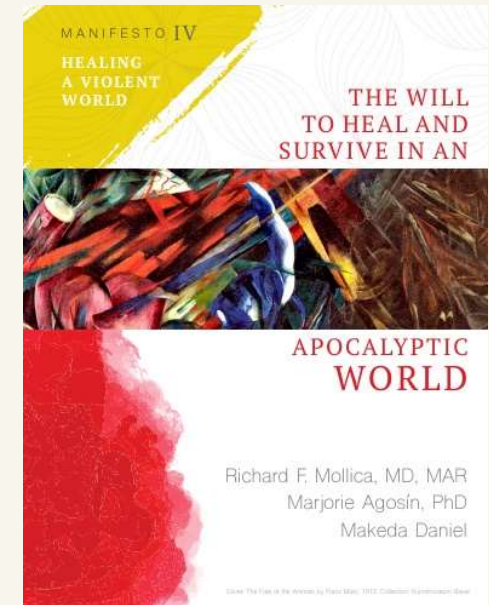
[Available on Lulu.com](https://www.lulu.com/it/author/richard-f-mollica)



A Manifesto: Healing a Violent World & Manifesto IV: Healing a Violent World



[Available on Amazon.com](https://www.amazon.com)



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www.hpirt-cambridge.org





Questions?

Have a question or something you want to discuss more in-depth? Here are some options for you:

- Type your questions in the Q&A, or
 - Type your questions in the chat, or
 - Raise your hand using the reaction button.
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Thank you
for attending
this NCB
webinar!

“Maximizing Clinical Care of Survivors of Torture Through the Use of the Trauma Story and Reflective Writing”

August 23rd, 2023

The National Capacity Building Project is a project of the Center for Victims of Torture in partnership with Harvard Program in Refugee Trauma and the National Consortium of Torture Treatment Programs.



More resources are available at www.healtorture.org.

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