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

Richard F. Mollica, MD, MAR & Eugene F. Augusterfer, LCSW

Harvard Program in Refugee Trauma
Massachusetts General Hospital
Harvard Medical School

Welcome and Overview

Attendee Controls

All functions are located at the bottom of your screen

• Type your questions in the Q&A, or
• Type your questions in the chat, or
• Raise your hand using the reaction button.
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

Richard F. Mollica, MD, MHR
Eugene F. Augusterfer, LCSW
Harvard Program in Refugee Trauma | Massachusetts General Hospital | Harvard Medical School
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.
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

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.”

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

SYMPTOMS

EVENTS

TRAUMA STORY

LIMITATIONS

DISABILITY

Image Courtesy of Richard F. Molllica
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)

**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

Listening to the Trauma Story is a Key to Healing

The Trauma Story should encompass the following areas:
- Bio
- Psycho
- Social
- Spiritual
Listening to the Trauma Story is a Key to Healing

Listening to the Trauma Story is a Key to Healing

THE HEALING TRINARY

- CONVERSATION (STORYTELLING)
- REFLECTION (MEDITATION)
- EMPATHY

THE HEALING TRINARY

- REFLECTION (MEDITATION)
- CONVERSATION (STORYTELLING)
- EMPATHY
The Healing Ointment

The Trauma Story

Reflection

Conversational Medicine

Empathy

The Bottom of Pandora's Box

Hope

The Trauma Story & Reflective Writing
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.
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.
Available on Amazon.com

Resources:
Healing Invisible Wounds: Paths to Hope and Recovery in a Violent World

Available on Lulu.com

Resources:
Textbook of Global Mental Health: Trauma and Recovery

Available on Lulu.com

Resources:
Trauma Story Assessment and Therapy (TSAT)
A Manifesto: Healing a Violent World & Manifesto IV: Healing a Violent World

Available on Amazon.com  Available on Lulu.com

www.hprt-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.
“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

CVT’s National Capacity Building Project received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90ZT0214-01-00. The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.

Thank you for attending this NCB webinar!