Treating delayed expression of wartrauma

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Martijn Stöfsel, MSc, is a clinicial psychologist and psychotherapist. He works in a private practice and at the SinaiCentre in the Netherlands. The SinaiCentre is a Jewish mental hospital, specialized in the treatment of severe wartrauma. The SinaiCentre started as an institution where only Jewish people were treated. After the Second World war, the SinaiCentre got specialized in the treatment of war trauma for Jewish and non-Jewish clients with wartrauma. Even decades after the Second World war victims with war trauma came to the Centre for help.Currently, the SinaiCentre treats traumatized people like refugees, people from the so called second generation (children from victims of war) and Dutch veterans (who have been traumatized at United Nations-missions). Martijn Stöfsel is specialized in the treatment of complex trauma. Together with a colleague he has written a book on the treatment of complex trauma. This book will be published in the spring of 2014 in an English translation: T. Moorenand M. Stöfsel, Treating and diagnosing Complex Trauma.
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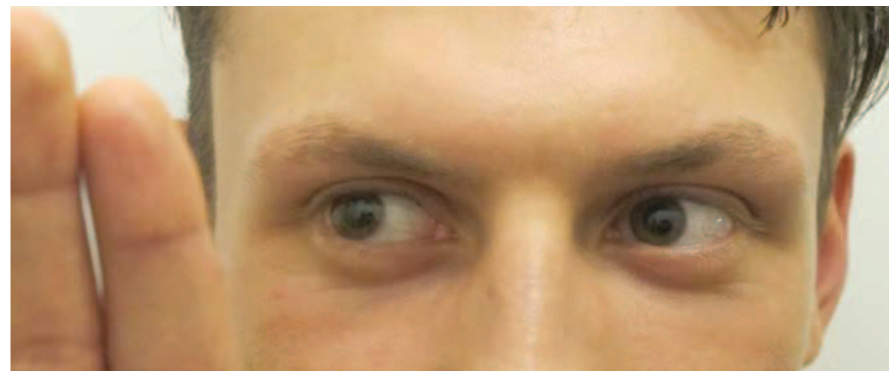


CASE 1

A soldier was involved in all kinds of combat-actions during the war in the early ninety's in former Yugoslavia. He has seen how his comrades, beside him, were being killed.He had been under severe fire, facing death. Only half his unit survived the war. After the war he returned to his village, to his wife and children. He took up his old life, but after a year he got more and more nightmares. After some time these traumatic images disturbed him also during daytime. He got used to suppress those images with alcohol. His alcohol consumption increased: he got addicted to alcohol and he behaved more and more aggressive towards his wife and children. Finally he also lost his job.

In this hopeless situation he decided to seak help and started treatment with a psychologist. He learned that the function of his alcohol addiction was to suppress the traumatic images. Those traumatic images were treated with EMDR. To his amazement he could –after some time-stand those images without tension. He staopped the abuse of alcohol and felt fit again. Slowly he regained his life.

CASE 2

A woman lived with her husband and children in a small town. In the war at the beginning of the ninety's their part of the town became battle-front-area. Her husband was shot. After that incident the family fled in the basement of their house. The woman tried to clean and dress the wounds of her husband as good as possible. Despite her efforts he died. Finally they could escape from the basement during a cease-fire. They fled toa safe region. During their flight they saw a lot of destruction and dead bodies.

With the help of relatives and friends their house was rebuilt, after the war. She tried to take up her life. The people around her noticed that she had changed: she became tired, withdrawn, she cried a lot and could not take care of her children. Relatives advised her to seek help. She went to a psychiatric institution. She got medication against the depression and EMDR to reproccesthe traumatic experiences. The depression diminished gradually and she learned to live with the tragic events in her life. After treatment she could pick up her role as a mother in a better way. She became 'sadder butwiser'.

Introduction

In this article the psychological consequences of experiencing traumatic events will be described. Explanation will be given about the suppressing of traumatic experiences as a result of lengthyor multiple traumatization. Decades after the end of a war people can still be in need for help for their unprocessed traumatic warexperiences, because of their suppressing mechanisms. Two scientifically proven methods to treat traumatic experience will be described; imagery exposure and EMDR.

Wartrauma

People who have been exposed to shocking experiences can develop a Post Traumatic Stress Disorder (PTSD) or other trauma related disorders. Symptoms of trauma related disorders like PTSD are: recurrent recollections, flashbacks, nightmares, hyper arousal, being overly alert, sleeping difficulties, irritability, lack of concentration, becoming easily startled, being constantly on the lookout for signs of danger, avoiding reminders of the event, feeling emotionally numb, feeling depressed, withdrawn from family and social life. We also see aggressive problems, severe abuse of alcohol or drugs to suppress the trauma symptoms, especially the flashbacks.Those symptoms can arise relational problems or financial problems.

During every war lots of soldiers and civilians get traumatized. From scientific research we know that about 10 to 30 percent of them will develop sooner or later a trauma related disorder. From the Second World war in the Netherlands we learned that in the first years after the war there is relatively little attention for the psychological needs of traumatized war victims. In the Netherlands only after decades came structural help, social recognition and financial compensation. It may be expected that this lack of attention will be the same in the Balkan countries after the war at the early nineties.

Delayed expression of wartrauma

Generally it takes a long time before traumatized war victims seek help for their trauma's. Why would that be ?

During a shocking experience people are confronted with death, severe injury, torture, threats, lengthy detention, etc. In this kind of situations people can get overwhelmed with feelings such as fear, powerlessness, sadness, anger and aggression. To give expression to those feelings would make somebody vulnerable and would diminish his chance of physical surviving.To give protection against this vulnerability people develop in such a fearful and threating situation a mental surviving modus. In this mental surviving modus people focus completely on their physical surviving. By doing so,they dissociate from the associating psychologicalfeelings. When –later on- the situation is safe enough they will allow those feelings of fear and threat to express. In a war the situation of threat can go on for years. People can live in this surviving modus for years. By doing so, they have learned very well to suppress and dissociate their traumatic feelings. The longer this threat causing situation lasts, the stronger this suppressing mechanism will be developed.

After every war there is chaos in every aspect of the society.People will then focus on rebuilding literally and figuratively the structures of the society and the future. Therefore, in society there will be little attention for the psychological needs of victims of war trauma. To traumatized war victims this focus on rebuilding and the future is a thankful strengthening of their psychological suppressing-mechanism.

We learned from our experiences in the Netherlands that refugees and veterans from former Yugoslavia can suffer from substantial trauma problems. We expect this will be also the case with many inhabitants of Serbia,Bosnia Herzegovina and Croatia. We know that a lot of traumatized people suffer in silence and feel embarrassed to tell other people about their problems or to seek help. Those people often try to suppress their trauma symptoms with for instance hard working, neglecting of emotions, alcohol, drugs or aggression. In many cases this will cause problems in normal life. Often the relation with the origin of the problems, trauma related symptoms, is not clear for the people around somebody.

We also know that a substantial amount of people suffering from war

trauma will successfully avoid end suppress their trauma related emotions until their death. Another group of people with a successful coping style of avoiding and suppressing will get into problems when they are faced with other actual problems, for instance relation problems or losing their job. Those actual problems can be toobig for their ability to avoid and suppress and can therefore cause psychologically decompensation. Aging is also a factor that will slowly decrease the ability of avoiding and suppressing. It can be expected that , as happened in other countries after wars, that in the coming years in the Balkan region, there will be an influx of people who will be in psychological or psychiatric needs, because of traumatic war experiences.

Single and complex trauma

What kind of treatment do people with severe trauma-problems need?

To answer this question we have to make a distinction between single and complex trauma problems. Single trauma is caused by a single traumatic event, like: one traffic accident, one robbery or one-time rape. Single trauma can be treated very well with the methods I will mention later on. Complex trauma is caused by multiple traumatic events and/or prolongued exposure to a traumatic event, like: being captured for a long time in bad conditions. Traumatic problems caused by war situations will most of the time be multiple or lasting for a longer time and therefore be considered as complex trauma.

In the case of single trauma we speak of a cluster of symptoms called Post Traumatic StressDisorder (PTSD). In the case of multiple or a long lasting traumatic event there are more complex combinations of symptoms called complex trauma.You can also say it is PTSD-plus! In the case of complex trauma we see the ‘normal’trauma symptoms from PTSD, for instance flashbacks, nightmares, hyper arousal, alertness and numbing. But we also see depressions, aggressive problems, addiction problems, dysregulation and disfunctioning.

Treatment of complex trauma

The treatment of complex trauma is more complicated and takes a lot more time than the treatment of single trauma. In the treatment of complex trauma we distinguish three phases. The first phase is the phase of stabilization. In this phase the focus is on learning to deal with the trauma symptoms, by means of structuring, grounding-exercises, relaxation, treatment of comorbid problems, etcetera, until there is enough psychological stabilization, to stand the stressful reprocessing in phase 2. Phase 2 is more or less similar with the treatment of single trauma , but will take a lot more time, because there are usually many more traumatic events to process. When phase 2 is successfully completed one can go to phase three: the integration phase. In this phase, people are stimulated and supported to make choices and develop skills to regain their life.

Imagery exposure and EMDR

There are two scientifically proven methods to process traumatic events: imagery exposure and EMDR. Those methods have in common that the client relives unprocessed traumatic information in a safe and structured therapeutic environment. By being exposed to the unprocessed traumatic event the associative processing will restart. The result of this associative processing process is that the traumatic event will get a different, less stressful, meaning in here and now and because of that the tension in here and now will decrease and disappear.

Imagery exposure therapy is well known and broadly used by cognitive behavior therapist. The essence of this method is that the client tells the traumatic event several times in concrete details to the therapist with all the painful details,feelings and thoughts that are coming up.This method is very effective, but takes a lot of time and is quite a burden for the client and sometimes also for the therapist

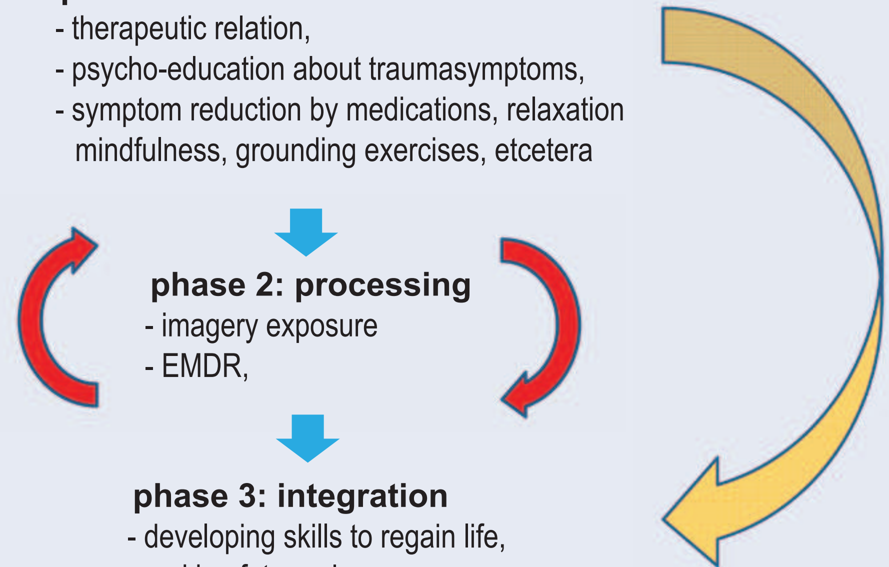
The other method is called EMDR. EMDR means Eye Movement and Desensitization and Reprocessing. EMDR is developed in the USA at the end of last century. After a slow start with some opposition because people couldn’t believe his method would work, EMDR is now implemented all around the world. There has been a lot of scientific research which shows that EMDR is a very effective and helpful method. EMDR and imagery exposure have the same kind of effectiveness. Most practicing therapists find EMDR less intensive and less oppressive for clients. The essence of EMDR is that the client has to focus on the most sensitive part of the traumatic event. While doing so he is asked to concentrate also on the bilateral stimulation by the fingers of the therapist (or aninstrumental moving alternative), which are moving at a distance from about 30 cm horizontally in front of the clients face. The effort of the eyes to follow the movement of the fingers means that there is less attention left for the traumatic event. This means that the clients hall have a new experience watching the traumatic event with less intense emotions. The associative processing will than restart. The processing of one traumatic event with EMDR takes two to five sessions. Complex trauma means that there are more traumatic events. So treatment of complex trauma in phase 2 can take a lot of time!

From our experiences with the treatment of severe war trauma with people from all around the world we have learned that EMDR is a very effective treatment for them.

We will advise people who are suffering from war trauma (or other trauma) to seek professional help from a psychologist or a psychiatrist who has had an appropriate training in EMDR or imagery exposure. Such a treatment is not easy, but it will give a lot of relief for the rest of your life and for the people around you!

three phase model for treating (complex) trauma

(Stofsel & Mooren, 2010)



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T. Mooren and M. Stöfsel, Treating and diagnosing Complex Trauma, 2014, Routledge, London.