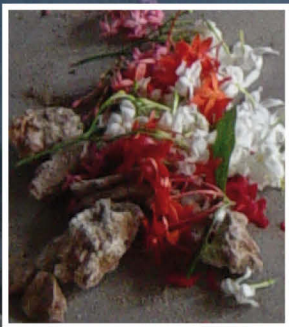


Maggie Schauer · Frank Neuner · Thomas Elbert

Narrative Exposure Therapy



*A Short-Term Treatment for
Traumatic Stress Disorders*

2nd revised and expanded edition

HOGREFE



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Cover Picture

The cover picture was taken by the therapist Dr. Claudia Catani (vivo) during a therapy session with a traumatized Sri Lankan child. The lifeline is a creative medium used in narrative exposure therapy (NET and KIDNET) that displays the chronological order of good (flowers) and bad or traumatic events (stones) in a survivor's biography (see Figure 12, "Lifeline of a Sudanese refugee woman," in Section 3.2.3).

Table of Contents

1 Introduction: Voices of Victims	1
2 Theoretical Background	7
2.1 Traumatic Stress	7
2.1.1 Traumatic Events	7
2.1.2 Stress and the Defense Cascade	7
2.1.3 Violence: The Major Source of Traumatic Stress	10
2.1.4 The Concept of PTSD	12
2.1.5 Psychosocial Problems and Comorbid Disorders in Adults and Children	15
2.1.6 Complex PTSD	20
2.2 PTSD and Memory	20
2.2.1 The Nature of Traumatic Memory	20
2.2.2 Sensory-Perceptual Representation	22
2.2.3 Autobiographical Contextual Memory	24
2.2.4 Neurobiological Basis of Memory and PTSD	27
2.3 Processing of Affective Experiences	29
2.3.1 Normal Emotional Processing	29
2.3.2 Implications for Treatment	31
2.3.3 Speechlessness of Trauma: Sociopolitical Implications	32
2.4 Narrative Exposure Therapy (NET): The Theoretical Mode	33
2.4.1 Rationale of NET	33
2.4.2 Elements of NET	34
3 The Therapeutic Approach of Narrative Exposure Therapy (NET)	37
3.1 The Basic Procedure of NET	37
3.2 The NET Process Step by Step	38
3.2.1 Organization of Sessions	38
3.2.2 First Session: Diagnosis and Psychoeducation	39
3.2.3 Second Session: The Lifeline	43
3.2.4 Third Session: Starting the Narration	46
3.2.5 The Following Sessions	55
3.2.6 The Last Session	56
3.2.7 Posttreatment Diagnostic Sessions	57
3.2.8 KIDNET: Narrative Exposure Therapy with Children	58
3.3 Challenging Moments in the Therapeutic Process: NET In-Depth	61
3.3.1 The Patient Attempting to Avoid	61
3.3.2 The Patient Spaces Out: Dissociation	62
3.3.3 Social Emotions: Shame, Social Pain, and Guilt	64
3.3.4 The Patient Is Withholding Information	69
3.3.5 There Seems to Be No Habituation	69
3.3.6 Therapist Avoidance	70
3.3.7 Memory and Reality	71
3.3.8 The Therapist–Patient Relationship: Rules of NET and Standard Ethical Principles	72

4 Appendix	75
Appendix A: Informed Consent Form	76
Appendix B: vivo Event Checklist for War, Detention, and Torture Experiences	77
Appendix C: Modified Adverse Childhood Experience (MACE) Scale (Version 0.9)	80
Appendix D: Examples of Narrations of Life Experiences Resulting from NET	91
Appendix E: vivo and Contact Addresses of the Authors	103
 References	 104

1 Introduction: Voices of Victims

Traumatized people become “stuck” in the horror they endured. Traumatic memories dominate the life of many survivors, who continue to live in fear and feel tormented, even when the threat is long gone. Their body and mind feel and act as if an ongoing threat endangers their survival. At the core of psychological trauma is the confusion of past and present. The intrusive memories of the traumatic events can create a world that seems more real than the actual reality. Survivors with traumatic stress disorders have never arrived in the present – have never reached the here and now. The result is the alienation of a wounded soul from life in the present and the future.

When severe pain and harm are purposefully inflicted by one human being on another, a breach of humanity has occurred. Even natural disasters and life-threatening accidents are sometimes viewed not as occasional occurrences that may happen to anyone but as deliberate and intentional acts of violence, and are therefore taken by the survivor to be a very personal attack.

Trauma destroys the human kernel that resides in moments or acts that occur within a social context: communication, speech, autobiographical remembrance, dignity, peace, and freedom. Trauma isolates the survivor, alienates life, and indeed freezes the flow of one’s personal biography. In this introduction, we will listen to the voices of survivors of violent acts, of childhood abuse and neglect, and of torture, terror, and suffering:

A dream full of horror has not stopped visiting me, at sometimes frequent, sometimes longer, intervals: I am sitting in a peaceful relaxed environment, apparently without tension or affliction; yet I feel a deep and subtle anguish, the definite sensation of an impending threat. And, in fact, as the dream proceeds, slowly and brutally, each time in a different way, everything collapses and disintegrates around me, the scenery, the walls, the people, while the anguish becomes more intense and more precise. Now everything has changed into chaos; I am alone in the centre of a grey and turbid nothing, and now I know what this thing means, and I also know that I have always known it; I am in the Lager once more, and nothing is true outside the Lager. All the rest was a brief pause, a deception of the senses, a dream.... I have fallen into a rather serious depression. I ask you as a

“proper doctor,” what should I do? I feel the need for help but I do not know what sort.

Primo Levi, Auschwitz survivor, in a letter to his friend and doctor David Mendel, February 7, 1987 (“David Mendel”, 2007; Gambetta, 1999; Levi, 1963)

Collective trauma remembrance must never be wiped out (‘forgive, but don’t forget’!), the horror can never be made undone and the autobiographic past can never be erased by psychotherapy, but the survivors’ suffering can be reduced a great deal. Treatments that indeed lead to a reorganization of the fear network are of central importance: they can induce a long-term structural change in a patient’s memory and not only an inhibition of the fear network, with the constant threat of reactivation of the implicit fear network through trauma-associated triggers. The integration of traumatic events is especially important since trauma memories of a suffering individual can get reactivated throughout the lifespan. Stressors, similarities to the old event, that activate parts of the fear network that has been built by previous traumata lead to reactivation and as a consequence reactivation can lead to a relapse even after years without symptoms. As legend has it, Primo Levi told to Raabi Elio Toaff in a telephone conversation: “I can’t go on with this life. My mother is ill with cancer and every time I look at her face I remember the faces of those men stretched on the benches at Auschwitz” (Gambetta, 1999).

Trauma subsists through the abnormal coding of memories. Conscious recollection of the past has become impossible, while barely noticeable traces sneak through attentional gates and evoke memories of the traumatic events so vivid and real that fear and horror have become routine. An “as-if” reenactment of the past becomes a piece of the present, a composite too terrible to utter aloud. Speechlessness from the terror results.

When I think of this time, fear is rising. In the past, we had to suppress it because of the permanent danger, but today I feel strange, because I only remember fragments. Why is that so? I feel as if a part of me is still hiding. I am staring into the darkness and only now and then something flashes up and lays open, a memory of my previous life.

Ervin Staub, child survivor of the Holocaust, in Stein (1993)

Continuous or complex trauma survivors have had to live through frequent interpersonal abuse often from early childhood on. It may take decades in these victims until the first distinct sensory intrusive memories surface, although they have had to endure a long life full of symptoms of “unknown” origin, of untold misery:

One day I looked in the mirror. On my arms and legs there was hardly any place where I had not cut or burned myself.... I was 30 years old. This time I was hospitalized for 14 weeks. It was my 57th stay as an inpatient in a psychiatric ward. I had suffered from eating disorders, bodily pains and drug abuse since 16 years by then. During the 2nd week, I suddenly experienced my first flashback of sexual abuse through my grandfather. I saw him raping me. After this stay, I had panic attacks and nightmares. More and more memories appeared. I realized that my father had done the same thing to me. I felt immense disgust. I slit my wrists; another attempt to die. After that, I stayed again for 5 months on a locked ward. Terrible fractions of memory of a time when I was sold to men in child-prostitution were haunting me. I wished I had succeeded to starve myself to death....

D. I., patient with borderline personality disorder, excerpt from a diagnostic interview at University of Konstanz’ outpatient clinic, Center for Psychiatry Reichenau, Germany, 2010

The horror of the past – alive in the moment – can also take over the body and the mind. Listen to the voice of one woman describing those moments when the memories engulfed her being:

When I remember this body, so close to me, so ugly, so intimate, it is still as if there is a dark, bad, black thing entering me at the height of my stomach. It is a thing with arms, like an animal, like a snake, a winding being that enters me and turns around in me and twists. Uh, it makes me shiver. I know it wants to spread, it aims for my whole body, it wants to completely take over me. It wants me to lose control. It has a bad, dark intention.... There is such despair in me, such utter loss of control, such helplessness. I must hide, I am going far, far away in my mind, I cannot bear this.... I feel like I want to explode, I feel like a bomb inside. Yet I have never told anybody. Who will understand the memory of a small girl now that I am nearly 50 years old? People will think I am crazy ...

Excerpt from a vivo-documented NET testimony, during therapy with a 49-year-old female survivor of childhood sexual abuse, 2003

Loneliness and social isolation are recurring themes among survivors. Unable to talk about the horrors of the past, unable to even comprehend “this other side, this crazy side” in oneself, the feelings become a part of, and seem to control, the behavior of this new and altered person. As one woman describes her experiences:

Even now many years later the pictures of this day keep coming back to my mind. I look at normal people, like a teacher or a friend, and suddenly the face of the perpetrator appears. Then I get angry and aggressive and try to hurt the person. I throw things and get violent. Sometimes I find myself sitting in strange places, like on top of the roof crying and I have no idea how I got there. It is as if there are two personalities living inside me. One is smart and kind and normal, the other one is crazy and violent. I try so hard to control this other side of me. But I fail. Sometimes I feel tears running down my cheek and I wonder why ... I have never told anybody what had happened to me during that day and even my father does not know what goes on in my mind and body when I get out of control. This is why I always feel a distance to everybody around me. People don’t understand why I act strange sometimes, and I cannot tell them.... When I saw children playing and being happy I had to cry because I thought I could never do something like that again.

Excerpt from a vivo-documented NET testimony, during therapy with a 13-year-old Somali child survivor, 2003

From an outsider’s perspective, it might seem that *narration* and *trauma* are radically opposed and mutually exclusive, as the people suffering these crimes are in too much pain, incapacitated by their enigmatic memory code, to share their stories. However, these two concepts are intimately connected. The atrocities cannot remain buried forever, and eventually the victim will be compelled to speak. It is this dichotomy that creates the foothold for this approach and this work.

After the war, for ten years I didn’t speak, I was not a witness, for ten years ... and I was waiting for ten years, really.... I was afraid of language. Oh, I knew for ten years I would do something: I had to tell the story. One day, I visited an old Jew.... He sat down in his chair, and I in mine, and he began weeping. I have rarely seen an old man weep like that. I didn’t know what to do. We stayed there like that, he weeping and I closed in my own pain. And