Psychosocial care and psychoanalytic therapy for extremely traumatized people

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Care and treatment for severely traumatised person
International Psychotherapy Institute’s Master Speaker Series

Edvard Munch Crowd of people, 1915

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• "From the survivor perspective (the core), is fraught with terror and with loss and sadness, and this may be a little bit insurmountable, but mostly it is surmounted. But there will be always a circle, an empty circle somewhere"


Traumatisation: a world-wide serious health problem

Traumatisation is result of violence in different forms and different contexts:
- Family, social upheaval, wars, during flight, natural catastrophes etc

Serious consequences for:
- Mental health
- Physical health – higher frequency of bodily illnesses
- Early death
- Consequences for family, community, society
Women targeted: Gender based violence as ideology

- Violence against women - particularly intimate partner violence and sexual violence - are major public health problems and violations of women’s human rights: (35%, WHO)
- Globally, as many as 38% of murders of women are committed by a male intimate partner.
- Rape to humiliate and subordinate men: women raped and molested in front of family

From ancient times: rape and other forms of sexual violence part of warfare:

**World war II:**
- **The rape of Nanking**
  a) women and girls forced into sexual slavery by the Imperial Japanese Army
  b) Mass rapes of German women by Russian soldiers

**Balkan wars:**
- Bosnia-Herzegovina: systematic rapes of Muslim women by paramilitary Serbian soldiers
- Yesidi women/children taken as sex-slaves by IS
- Refugee women/girls: rape, trafficking and prostitution

Consequences

- Violence negatively affect women’s physical, mental, sexual and reproductive health, and may increase vulnerability to HIV
- Situations of conflict, post conflict and displacement may exacerbate existing violence, such as by intimate partners, and present additional forms of violence against women
- **fatal outcomes:** homicide or suicide.
- unintended pregnancies, abortions, gynaecological problems, sexually transmitted infections (e.g. HIV). Intimate partner violence in pregnancy: miscarriage, stillbirth, pre-term delivery and low birth weight babies.
- depression, post-traumatic stress and other anxiety disorders, sleep difficulties, eating disorders, and suicide attempts.
- headaches, back pain, abdominal pain, fibromyalgia, gastrointestinal disorders, limited mobility and poor overall health.
Who are they?

Traumatised patients are a heterogeneous group:

a. Different symptoms and personality characteristics

b. Many different diagnoses: PTSD, Eating disorders, Personality disorders, dissociative disorders, depression, anxiety disorders etc.

c. Traumatisation happens at different developmental stages – consequences for symptoms and problems

d. Some have experienced simple traumatization (e.g. car accident) – some complex, repeated and prolonged traumatising experiences (e.g. torture): often with several psychiatric diagnoses (Co-morbidty)

e. Psychosocial problems
   - Poverty
   - Broken families
   - Somatic illness
   - Immigration
   - Refugees: exile
Most refugees do not get care or treatment

- In their homecountry: war zones
- During flight: almost no psychosocial help (Varvin et al, in press)
- Upon arrival:
  “..access to health care services for refugees and other migrants have been found fragmented or unavailable in European countries, due to linguistic, cultural or administrative barriers” (Riza et al., 2020).

Extremely traumatised refugees: 10,5 years average before treatment (Opaas & Varvin, 2015)

History: WWI, WWII, +++

The traumatised person

- What do we meet in the clinical situation:
  We meet the person’s defence and attempts to master extremely difficult experiences
  We meet the effects of attack on inner object relations
Do we have an alienating discourse on "trauma"?

"Trauma" becomes constructed as an artificial construction, a "place in the mind of the traumatised person where alien and intolerable elements may be placed, or may be projected: "the ticking bomb"

The "trauma" in the mind of the patient become similar to a thing-like object

The uncanny experience evoked in the countertransference in therapy/analysis may be given a name and also externalised into the "trauma"

In this way "theory" may be used in the service of defence

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**Traumatization: concerns loss**

- Loss of close ones, of personal belongings, home, culture, home-country

**Internal experiences of loss:**
- Loss of basic safety
- Loss of bodily function
- Damage or destruction of the bond to inner supporting/empathic objects
- Loss of the love of the super-ego
- Annihilation anxiety: loss of self
Relational Scenario

The traumatic scenario involved inner object-relational scenarios and affected early established scenarios e.g. relations to violent father, rejecting/distant mother.

This refers to nachträglichkeit:

- A conflictual emotional state may influence earlier relations, and may reactivate earlier traumas or make earlier relational experiences become traumatic, a “re-signification of the infantile experience”

Research

- Childhood traumatisation was more important than war and torture experiences for outcome (Opaas & Varvin, 2015)

Meaning

- Traumatic experiences are deficient symbolised
- Meaning is ascribed after the fact:
  - e.g. “I was bad”, “it was my fault”
- Strategies for the future:
  - “something bad has happened - something bad can happen again”
  - “can I trust anyone”
  - “I must be aware, I must protect myself”

Survivor guilt
Transgenerational transmission

Happens through mother’s and father’s way of being with the child

The atmosphere in the home

- Secrets
- Parent’s identification with aggressor when helpless
- Parents’ lack of ability to contain children's’ anxieties

Possible result:

- Parentified behavior
- Extreme concern over the safety and well-being of the primary caregiver
- Persistent negative sense of self

Dehumanisation

- Dehumanization is a psychological process of denying human characteristics to other people
- Its result is a perception of others as less human or non-human
- Can lead to an action which can endanger existence, safety or rights of certain individuals

Dehumanisation:

- Structural violence
- Violence against women and children
- Torture
- Refugees

*silent support*
Shame - Guilt

- Pervasive in traumatised persons - often overlooked

- Survivor guilt and unresolved mourning
  The man who tried to pay his «debt»

- Shame
  The woman who hallucinated

Traumatisation affects the individual's relations to others: a three dimension model

- Bodily dimension: lack of symbolisation of bodily - affective states
  ---- attachment systems disturbed
- Group dimension: disturbance of identity as a member of a family, group, community and nation; disturbance of the group's function
- Cultural dimension: Disturbance in the individual's relations with the culture at large: religion, cultural narratives such as folktales,
  Disturbance in the meaning making process

Society:
- in traumatized societies, societies in crisis  polarization and extremism may follow: structural violence and fundamentalism
- Culture's regulating function is disturbed
The need for individualised and coordinated treatment

- Traumatised patients have complex conditions with multi-layered aetiology and often difficult social situations.
- Families are affected, and there is a high frequency of transgenerational problems: this has often resulted in insufficient early care taking for the patient and sometimes childhood traumatisation.
- Traumatised patients do not fit into one diagnosis (e.g., PTSD) or one type of treatment (e.g., CBT).
Aims of treatment and rehabilitation

- Personality functions: e.g. Self esteem
- Relational functions: self-object relations
- Specific symptomatology: e.g. posttraumatic: avoidance, re-experiencing. Anxiety, depression, somatisation, psychotic symptoms etc.
- Family relations: children, parents, extended family
- Social problems
- Somatic problems

What is change for the traumatized patient?

- Coming to terms with what happened
- Work with relation between now and then: e.g. how anxieties from traumatization is felt as present now
- Work with personality changes
- Work with difficulties in relation to others
- Work with feeling of alienation
- Work with guilt and shame

- Gain self-respect

  But there will be always a circle, an empty circle somewhere"

  (Dori Laub)
**Psychodynamic therapies**

*Psychodynamic approaches address crucial areas of PTSD and the sequelae of trauma that are not targeted by currently empirically supported treatments:*

- improved self-esteem
- increased ability to resolve reactions to trauma through improved reflective functioning
- the internalization of more secure working models of relationships
- improved social functioning
- psychodynamic psychotherapy tends to result in continued improvement after treatment ends

Schottenbauer, Glass, Arnkoff, Gray
*Psychiatry. 2008 Spring;71(1):13-34*

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**A model for psychoanalytic psychotherapy with traumatised patients**

- Setting: 1-2 session a week
- Length: 40-50 sessions: need to be evaluated individually
- Family support: economic support, can they be taken care of?

- Often team work necessary
- Somatic illness
- NB: torture: skin, teeth, bones, internal organs ++

Varvin: Psychotherapy with the traumatised patient
The therapeutic setting

• A safe place where psychic material may be projected: a projective space
• Safety:
  - regular times, but often need to be flexible
  - stability
  - therapeutic attitude: containing vs exploring

Enactment

1: Patients actualises a traumatizing scenario

2: The analyst is drawn into this scenario and acts unconsciously in a way that he/she becomes similar to the perpetrator: role responsiveness

3. Enactment involves actualisation of an underlying not verbalised/symbolised scenario.
Enactment

4: This actualisation may be seen as necessary for it to be symbolised (this implies working through and is a long-time effort).

5: The actualisation represents a mini version of the original traumatisation: can enhance the process or be a repetition.

Anna

• Arrested and tortured in connection with peaceful protests
• Depression, re-experiencing, nightmares, bodily pains
• Live in exile

Main theme in therapy

"Not being respected, of being subjected to other peoples’ inconsiderate and insensitive acts and attitudes directed against her, leaving her helpless and with a feeling that something must be wrong with her”

Therapeutic process will be presented in lecture
Francoise

Woman in her late thirties, came to Norway as a refugee 9 years prior to treatment. She was in psychoanalytic psychotherapy face-to-face, 2-3 times a week, for one and half year.

- Arrested when pregnant in the last trimester. She was maltreated physically (including beatings on her pregnant womb) and psychically (threats, seclusion etc.) and suffered from malnutrition and lack of proper medical care when she became ill. Her husband was arrested at the same time and was tortured to death some months later. Gave birth and an escape was arranged for her
- Therapeutic process will be presented in lecture

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Litterature


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