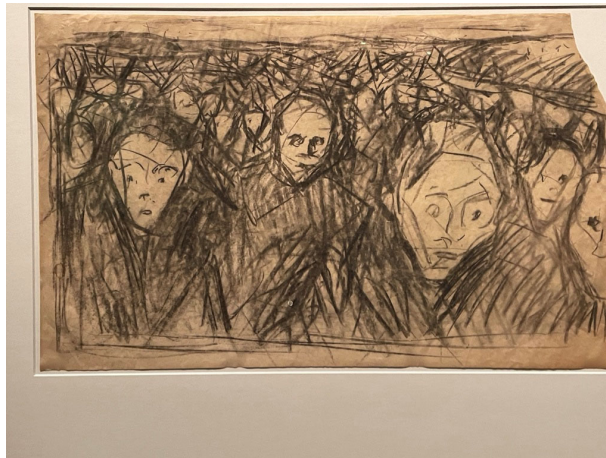


Psychosocial care and psychoanalytic therapy for extremely traumatized people

Sverre Varvin
Professor emeritus
OsloMet – Oslo Metropolitan Universet
Training analyst
Norwegian psychoanalytic Society

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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"**

(Dori Laub cited in Goodman and Meyer, 2012, p 7).

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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

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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

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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.**

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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. Traumatization 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-morbidity)

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Who are they?

e. Psychosocial problems

- Poverty
- Broken families
- Somatic illness
- Immigration
- Refugees: exile

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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, +++

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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

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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

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)

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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

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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

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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

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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

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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

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Treatment

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The need for individualised and coordinated treatment

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

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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

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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)

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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**

Varvin: Psychotherapy with the traumatised patient

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.

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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

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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

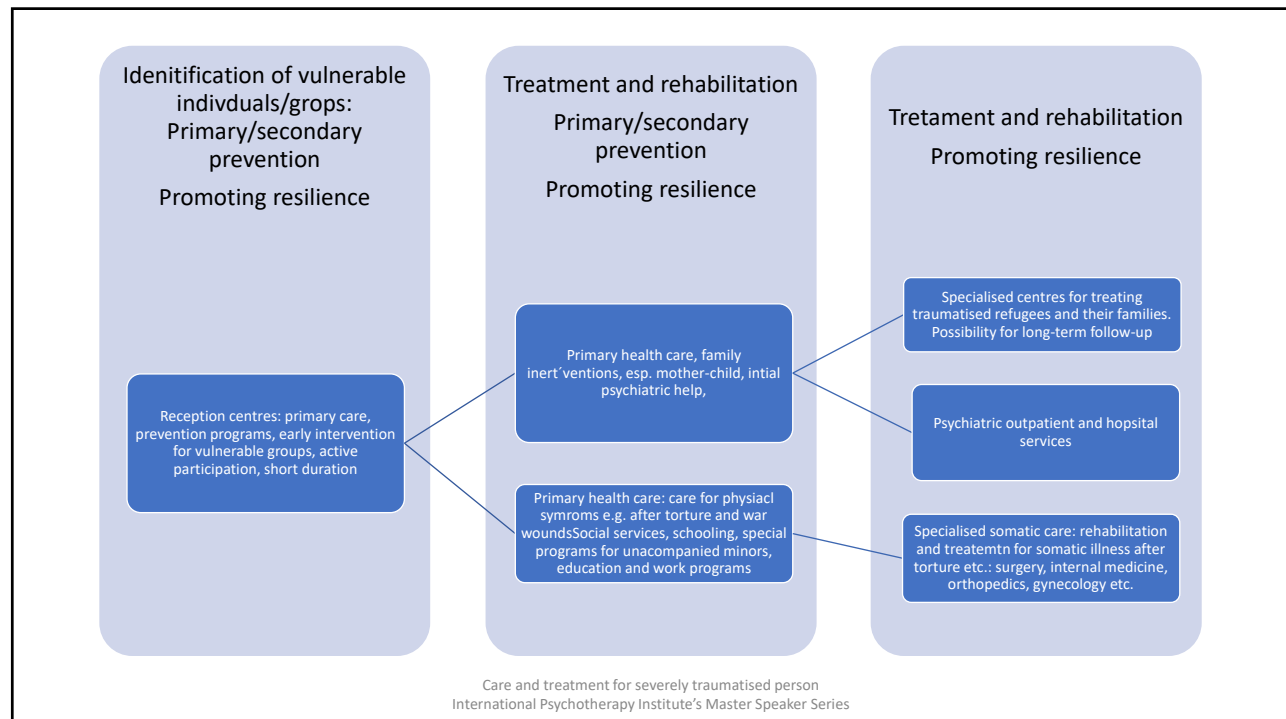
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Francoise

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

- Johansen, J.D., & Varvin, S. (2019). I tell my mother that ... sometimes he didn't love us— Young adults' experiences of childhood in refugee families: A qualitative approach. *Childhood*, 26(2), 221-235.
- Johansen, J.D., & Varvin, S. (2020). Negotiating identity at the intersection of family legacy and present time life conditions: A qualitative exploration of central issues connected to identity and belonging in the lives of children of refugees. *Journal of Adolescence*, 80, 1-9.
- Jovic, V., Varvin, S., Rosenbaum, B., Fischmann, T., Opačić, G., & Hau, S. (2018). Sleep Studies in Serbian Victims of Torture: Analysis of Traumatic Dreams. In E. Vermetten, A. Germain, & Neylan T.C. (Eds.), *Sleep and Combat-Related Post Traumatic Stress Disorder* (pp. 395-410). New York: Springer.
- Keilson, H. (1980). Sequential traumatization of children. *Danish Medical Bulletin*, 27(5), 235-237.
- Keilson, H., & Sarpathie, R. (1979). *Sequentieller Traumatisierung bei Kindern*. Stuttgart: Ferdinand Enke.
- Læg Reid, E. (2018). *Surviving genocide: Sexual enslavement of Yazidis as a weapon. The significance of identity and religion for survival: where is humanity?*, Univeristy of Oslo, Oslo.
- Laub, D. (1998). The empty circle: children of survivors and the limits of reconstruction. *J Am.Psychoanal.Assoc.*, 46(2), 507-529.
- Laub, D. (2005). Traumatic Shutdown of Narrative and Symbolization: A Death Instinct Derivative? *Contemporary Psychoanalysis*, 41(2), 307-326.
- Opaas, M., Hartmann, E., Wentzel-Larsen, T., & Varvin, S. (2015). Relationship of Pretreatment Rorschach Factors to Symptoms, Quality of Life, and Real-Life Functioning in a Three-Year Follow-Up of Traumatized Refugee Patients. *J of Pers Ass.* doi:<http://dx.doi.org/10.1080/00223891.2015.1089247>
- Opaas, M., & Varvin, S. (2015). Relationships of childhood adverse experiences with mental health and quality of life at treatment start for adult refugees traumatized by pre-flight experiences of war and human rights violations. *J of Nerv and Ment Dis*, 203(9), 684-695. doi:<http://dx.doi.org/10.1097/NMD.0000000000000330>
- Opaas, M., Wentzel Larsen, T., & Varvin, S. (2020). The 10-year course of mental health, quality of life, and exile life functioning in traumatized refugees from treatment start. *PLoS One*, 15(2). doi:e0244730. <https://doi.org/10.1371/journal.pone.0244730>

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Litterature

-
- Riza, E., Karnaki, P., Gil-Salméron, A., Zota, K., Ho, M., Petropoulou, M., . . . Linos, A. (2020). Determinants of Refugee and Migrant Health Status in 10 European Countries: The Mig-HealthCare Project. *International Journal of Environmental Resarch and Public Health*, 17, 1-13. doi:10.3390/ijerph17176353
- Rosenbaum, B., Jovic, V., & Varvin, S. (2020). Understanding the refugee-traumatized persons. Semiotic and psychoanalytic perspectives. *psychosozial*, 43(3).
- Rosenbaum, B., & Varvin, S. (2007). The influence of extreme traumatization on body, mind and social relations. *Int J of Psychoanal*, 88, 1527-1542.
- Sagbakken, M., Bregård, I., & Varvin, S. (2020). The Past, the Present, and the Future: A Qualitative Study Exploring How Refugees' Experience of Time Influences Their Mental Health and Well-Being. *frontiers in Sociology*. doi:10.3389/fsoc.2020.00046
- Schottenbauer, MA, Glass, CR, Arnkoff, DB, & Gray, SH. (2008). Contributions of psychodynamic approaches to treatment of PTSD and trauma: a review of the empirical treatment and psychopathology literature. *Psychiatry*, 71(1), 13-34.
- Schottenbauer, MA., Glass, CR., Arnkoff, DB., Tendick, V., & Gray, SH. (2008). Nonresponse and Dropout Rates in Outcome Studies on PTSD: Review and Methodological Considerations. *Psychiatry*, 71(2), 134-168.

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Litterature

-
- Varvin, S. (2003). *Mental Survival Strategies after extreme Traumatization*. Copenhagen: Multivers.
- Varvin, S. (2017). Our Relations to Refugees: Between Compassion and Dehumanization. *The American Journal of Psychoanalysis*, 77(4), 1-19.
- Varvin, S. (2019). Psychoanalysis and the situation of refugees: a human rights perspective. In P. Montagna & A. Harris (Eds.), *Psychoanalysis, Law, and Society* (pp. 9-26). London and New York: Routledge.
- Varvin, S. (2020). Gender, family, and intergenerational transmission of traumatization. *Psychoanalysis and Psychotherapy in China*, 3(3).
- Varvin, S. (2021a). Les ombres de la traumatization. Les processus de déshumanisation au niveau individuel (troisième édition). In G. Leo (Ed.), *Psychoanalyse, lieux de mémoire et traumatismes collectifs* (pp. 275-314). Lecce, Italy: Frenis Zero.
- Varvin, S. (2021b). *Psychoanalysis in Social and Cultural Settings: Upheavals and Resilience*. New York, London: Routledge.
- Varvin, S. (2021c). Specialist services. In D. Bughra (Ed.), *Oxford textbook of Migrant Psychiatry*. Oxford: Oxford University Press.
- Varvin, S., & Lægreid, E. (2020). Traumatized women—organized violence. *Psychoanalysis and Psychotherapy in China*, 3(1). doi:DOI 10.33212/ppc.v3n1.2020.92
- Varvin, Sverre. (2015). Psychoanalysis with the traumatized patient: Helping to survive extreme experiences and complicated loss. *International Forum of Psychoanalysis*. doi:<http://dx.doi.org/http://dx.doi.org/10.1080/0803706X.2014.1001785>

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