

*Book/article review*

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## Book/article reviews

**John P. Wilson & Boris Brozdek (Eds.)**  
**Broken Spirits. *The treatment of traumatized asylum seekers, refugees, war and torture victims.*** New York: Brunner-Routledge, 2004.

The mission of this book is, according to the editors, to collect, organize, update knowledge in the field that has proliferated worldwide, and present it in a compact form for education, research, and health care delivery systems. 'Proliferated worldwide' refers to the estimated (United Nations) 40 million refugees and displaced persons in the world. As we have again witnessed with the recent seaquake in Asia, the uprooting of vast numbers of people can be a result of natural disasters. However, in most cases the hazards of these millions are the consequence of man-made violence. It is this fact, the cruelties of man to man, that gives their suffering an even deeper, more painful edge. This voluminous (some 700 pages) book deals with the complex field of care for trauma victims. It gives the reader an overview of many insights and techniques developed over time. Many of these have proven their worth in practice. It also informs the reader about the influence of loss, ethnic or cultural persecution, trauma, torture, dislocation and (sexual) violence on the individual's health and well being. In addition, the impact of violence on communities at large is not overlooked. No less important, the book provides several tools for the care and assistance of refugees. The 25 chapters are divided over seven parts, each dealing with the main issues that play a role in the care for target populations.

The first part of the book focuses on theoretical, conceptual, and socio-cultural issues. The opening chapter (1) gives the reader an

overview of prevalent forms of torture and political violence, as well as the health hazards of torture victims. It provides a valuable summary of several scientific studies concerning health hazards.

Since most caregivers receive their training and work in their own, mostly western culture, chapter 2 provides important information on the significance of the cultural and religious context in which trauma occurs. This context is not only important to understand how people react to, or perceive trauma, but also to the process of recovery. The chapter describes the influence of various cultural aspects and helps the caregiver to avoid biases or easy interpretations, thus enlarging their understanding of the inner world of the refugees. This understanding is pivotal to mutual communication in any kind of intervention. The chapter has practical value as well. For instance, it elaborates on those working practices with interpreters that can worry many, still inexperienced, caregivers.

The last chapter (5) of part I deals with the assessment, (differential) diagnostics and comorbid conditions of post traumatic stress reactions, including PTSD (post traumatic stress disorder). The author particularly stresses the importance of valid, i.e. culturally sensitive, diagnostic instruments and methods. However, there is also a warning not to overemphasize the differences at the cost of the many universal reactions to traumatic stress. Another fine distinction in this chapter is the reflection on external event(s) as a cause of post traumatic morbidity and the possible contribution of internal etiological factors that may trigger, predispose, and maintain the symptoms.

The first chapter (6) of Part II focuses on the impact of psychic trauma on the individuals' *self*.

The fragmentation of the self (broken spirit) is here understood as the core of traumatic injuries. In this sense, every trauma is a trauma to the self. The chapter begins with a clarification of what constitutes the structure of the self and how it can be shattered by external events. The vicissitudes of the broken self and the potential of healing the self are elaborated. This chapter, carrying the same title as the book, can be considered as the theoretical heart of the book. It is full of schematic figures, both descriptive and explanatory, which aid understanding of this highly complicated and illuminating subject.

Chapter 7 deals with public mental health issues, also within the context of culture. Many countries and regions lack sufficient, trained, mental health experts. Resources and structures to alleviate the suffering of large parts of the population are usually extremely rare. What further complicates mental health care projects in such countries are; language, religious beliefs, local assumptions on mental health and sickness, and how it should be treated. This chapter also gives an insight into the nature and roles of various kinds of traditional healers.

In conjunction with the previous chapter, the author discusses the concept of culture and the self to illustrate how culture serves to shape and influence the individual's internal self-processes. It is argued that mental health interventions should take account of culturally moulded self-processes to adequately diagnose and treat trauma survivors. The chapter further pleads for the development of new models and paradigms that combine western (including neuroscientific) insights with anthropological awareness.

Part III contains six chapters that all provide guidelines to practitioners in the treatment of refugees, asylum seekers, war, and torture victims. Each chapters has it's own focal point.

Chapter 8 elaborates on the importance of the creation of a safe therapeutic environment and relation. Safety, in this respect,

refers to physical and psychological safety, a sense of trust in the therapeutic relationship, and continuity and stability in such a relationship. This may of course be valid for all patients, but more than most, safety and trust have been shattered in this traumatized population because of their traumatization. The chapter describes the various circumstances that may threaten the security, conditions, and techniques available to therapists to establish and maintain a sufficiently safe environment and thus relationship with their clients.

Chapter 9 deals with the war in former Yugoslavia. The authors describe three inter-related facets of the refugee experience: the uprooting and dislocation, the reception of refugees in other countries, community-based programs, and individual treatment. They describe community-based programs as supportive in nature and focused on the strengthening of coping skills. Various ways to do this are outlined in the chapter.

Chapter 10 provides the reader with quite detailed guidelines for individual and group therapy. The authors differentiate between 'covering' and 'uncovering' treatments. The latter kind of treatment aims at the working through of traumatic memories by a gradual and guided reliving of the event(s). It is good practice to phase the uncovering treatment. In the first phase, the establishment of safety and trust are central. Based on these conditions, the second phase allows for the expression and reliving of the traumatic injuries. The next phase has mainly therapeutic goals such as cognitive-behavioural PTSD treatment. In the fourth phase, issues of identity and adaptation can be addressed. During the last phase, the treatment will be terminated with ample attention given to the prevention of relapses. The 'covering' treatments seek a bettering of symptoms without going into the meaning of external events as the cause of the symptoms. Although successes can be estab-

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lished in some kinds of victims, research suggests that uncovering methods are better suited for trauma patients in the end.

Chapter 11 presents a discussion on the role of empathy in treatments. The author further suggests that there are specific forms of trauma related transference and counter transference reactions. These reactions may well act as a tool or catalyst for a successful treatment. However, insufficiently understood or controlled reactions may obstruct, or even destroy, the therapeutic relationship.

Chapter 12 deals with the importance of supervision and the prevention of secondary traumatization for the therapists themselves. Not only are the pathways of secondary traumatization explained, various techniques and conditions to prevent it are described.

The last chapter (13) of part III offers a discussion on the role of interpreters and language differences during the treatment.

The practical value of this book proves itself in the many chapters on the varying aspects and methods of treatment of the target population, whether in groups or individually. In part IV some quite untraditional therapeutic interventions are described. Four chapters clarify and illustrate non-verbal and experiential therapies with trauma survivors. One chapter (14) deals with psychomotor therapy. Physical exercise and sports can have profound therapeutic value. Observing people engaged in such activities may also have diagnostic value for the skilled eye, since the (e)motions displayed are an epiphenomenal expression of intrapsychic dynamics. This kind of therapy has value in itself, but it can also be seen in conjunction with, or preparation for, the more traditional verbal treatments.

This also goes for the techniques described in the other chapters of part IV. Body psychotherapy (chapter 15) can unlock emotions and covered memories. The therapy aims at the (re)establishing of a healthy con-

nection to one's body and emotional states. Art-therapy (chapter 16), whether by painting, drawing, or sculpting, allows patients to express their feelings and their memories. It may also help to uncover emotions or repressed memories. Music therapy (chapter 17) shares the same goals as other forms of non-verbal therapies. Next to the expression of internal idiosyncrasies and feelings, the therapies also reduce and rechannel anxieties and stress. Modern neuroscientific studies have shown that traumatic events are processed differently in the human brain. This may explain why traumatized people may find it very hard or even impossible to verbalize their horrors. Especially for these patients, the experiential therapies can be very worthwhile. Just as the more conventional methods described in part III, non-verbal therapies need to develop along various phases. The therapeutic processes must be guided and controlled.

Part V contains various chapters on the treatment of specific populations, such as women, adolescents, children, and their families who are refugees or asylum seekers. The part opens with a contribution about therapy with children, their parents, and siblings (chapter 18). It is stated that trauma and stress in the parents can have a cascading effect on the children and vice versa. Furthermore, the family is often stressed by the fleeing, demands, and uncertainty of asylum seeking, and the adaptation to new circumstances. It is the goal of the therapist to establish a sort of equilibrium in these families and keep them intact without becoming overwhelmed by all the old, as well as new stresses. The authors state that the therapist should address all daily problems, deal with the trauma, and stress with a family as a unit. Therapeutic goals should be mutually established. In addition, as in all therapies, ample attention should be paid to a safe and trusting working alliance.

The chapter concerning adolescents (19) begins by stressing that the process of forced migration, exile, asylum seeking, and adaptation to new circumstances is extraordinarily difficult for youth. The tensions may well interfere with the normal developmental tasks of adolescence. It provides fertile soil for the development of anxieties and depression. Post traumatic symptoms may well be present, but in some youth, they may be masked by substance abuse and aggressive or acting-out behaviour. Very often, these adolescents fled without their families. It is, therefore, important to create or ensure a support system for them and to facilitate their socialization. Other goals include symptom reduction and the support of normal developmental growth.

Although wars and organized violence are often considered a 'man-thing', women are often the victims. In many cultures, women are treated as second-class people. They often lack the possibilities to protect themselves and other women. Rape and sexual exploitation are more common than we may have wished to acknowledge. The authors of the concluding chapter (20) of part V explain that female refugees may display a wide range of post traumatic reactions, one of which is PTSD. Verbal therapies are often difficult for them, because of the intensity of their sufferings and humiliation. The 'silence' of many raped and abused women and girls is caused more often by fear, shame, and a sense of vulnerability, than by repression. Phased therapies, creating a safe relationship and non-verbal therapies may be helpful to these women.

Part VI (chapters 21-23) focuses on the physical injuries and consequences of the many hardships refugees have survived. It is not only the physical trauma of warfare, but also of torture, rape, and the lack of shelter, food, and clothing. Because these physical injuries are intertwined with psychological trauma, the treatment requires special medical and

psychiatric care. This part of the book strives to answer questions such as: What types of medication is appropriate for refugees suffering from psychiatric disorders because of their experiences? Are there special considerations for surgical proceedings to victims of torture and trauma? What are the psychosocial rehabilitation needs of refugees?

Part VII of the book contains two chapters concerning legal, moral, and political issues in the process of treatment. In chapter 24, the authors describe the process of what happens to asylum seekers once they have arrived in a host country until the moment they gain or lose their status. It is a road full of hurdles, frustration, bureaucratic riddles, fear, and confusion. Of course, these circumstances have an impact on the symptoms and general well being of a client and play a role in therapy.

The final chapter (25) deals with the way so-called 'host' countries welcome refugees. The authors conclude that international human rights are frequently violated, psychological and medical assistance is sometimes far from adequate, and that asylum seekers are frequently subjected to adverse conditions in detention centres. The situation for asylum seekers worsened as a result of the terrorist attacks of September 11, 2001. It resulted in irrational xenophobic reactions in large parts of the population.

Nothing currently suggests that the overwhelming figure of 40 million refugees and displaced people will diminish in the foreseeable future. A considerable part of these millions is likely to suffer the consequences of past and current traumatization. Only a fraction of them has found, or seek refuge in so-called western countries, where the opportunities for relief and security are not as scarce as in the rest of the world. The main themes in this book address the conditions and treatment of people who found refuge in the western world, where there are better facilities for

treatment and assistance than in the larger part of the world. Therefore, this book is especially valuable to those who work in the field of care and assistance for refugees. A few chapters are extremely valuable for those who work with populations in affected regions and countries. However, the other chapters contain important insights in the condition of refugees, cultural peculiarities and treatments that can be adapted and tested in those areas where the vast majority of displaced people and refugees seek shelter. The book presents the reader the actual state

of the art in both theory and practice of care for refugees and other victims of trauma. In addition, it invites for further study and thought, and the development of proper and effective therapeutic or community interventions. It is worth a thorough read.

*Reviewed by Petra Aarts, researcher and consultant in the field of traumatic stress and member of the International editorial advisory board of Intervention*

### اضطراب الصدمات النفسية ، والاكتئاب ، والتطبع الثقافي

#### أثار صراع الحدود بين إثيوبيا وارتريا على الأطفال في ارتريا ، و دور العوامل الوجدانية

يصف هذا المقال دراسة أجريت على تأثير الحرب على أطفال ارتريا في معسكر للمشردين محلياً في منطقة جاش باركا. ويعتمد المقال على تقييم الاحتياجات والذى تم إجراؤه في نطاق مشروع نفسى-اجتماعى قامت به المنظمة الهولندية غير الحكومية لأطفال الحروب. وكانت أسئلة البحث الرئيسية هي طبيعة الخبرات الصدمية عند هؤلاء الأطفال، ومدى انتشار المشكلات النفسية الاجتماعية بينهم ، واحتجتهم للتدخل العلاجى. وقد اشتمل المنهج على تحليل الدراسات السابق إجراؤها في ارتريا ، والمقابلات المفتوحة، ومناقشات المجموعات البحثية، والتي شملت الأشخاص مصادر المعلومات، وكذلك ملاحظة الأطفال المتأثرين بالحرب. وتوحى النتائج بأن بعض العوامل القوية كان لها دورها في حماية الأطفال، وبالتالي فى منع حدوث ردود فعل صدمية شديدة.

**الكلمات الرئيسية:** الأطفال، ارتريا ، تقييم الاحتياجات، العوامل الوجدانية، الصدمة.

فى هذه الدراسة الاستطلاعية قمنا بدراسة ما إذا كانت اضطرابات الصدمة النفسية أو الاكتئاب النفسى يعوقان التكيف النفسى- الاجتماعى للاجئين. وقد قمنا باختبار مجموعة من 63 لاجئ من يوجوسلافيا السابقة ممن شاركوا فى برنامج جمعى للعائلات التى تمر بالتحولات الثقافية. وقد تم اختبارهم قبل وبعد إتمام البرنامج للتعرف على وجود اضطراب الصدمات النفسية والاكتئاب النفسى والتوافق النفسى - الاجتماعى. وقد انسحب نصفهم قبل إتمام البرنامج، وهى نتيجة لم تكن نتوقها بناءً على حالتهم الطب - نفسية. وقد حقق الأشخاص الذين لا يعانون من الاضطرابات النفسية مكاسب فى التكيف النفسى خلال مسار البرنامج. أما الأشخاص الذين يعانون من الاضطراب التالى للصددمات النفسية أو الاكتئاب النفسى فلم يحققوا ذلك. ولم يغير إكمال البرنامج من معدلات الاضطراب النفسى. وقد بين التحليل الإحصائى المتعدد المتغيرات أن الاكتئاب هو العامل الذى يفسر بقوة النتائج السيئة. فالإكتئاب النفسى حيثما وجد يحتاج إلى العلاج قبل التحاق اللاجئين ببرامج من هذا الطراز.

**الكلمات الرئيسية:** الاكتئاب، اضطراب الضغوط التالى للصددمات النفسية ، برامج إعادة توطين اللاجئين.

## Summaries in Arabic

### التوعية بالصددمات ، والاستشفاء ، والإرشاد النفسي-الجمعي في المدارس الثانوية

بعد عشر سنوات من الإبادة  
العنصرية في رواندا والتي أودت بحياة  
نحو مليون شخص، مازالت الصدمات  
النفسية منتشرة على نطاق واسع، خاصة  
بين المراهقين. ويعوق ذلك عمليات  
المصالحة. وكنتيجة لذلك، تحدث أزمات  
كبيرة في كثير من الأحيان، في المدارس  
الثانوية. وفي هذا المقال ، يتم وصف  
التدخل في المدارس الثانوية، الذي يهدف  
إلى زيادة الوعي بالصددمات النفسية  
والاستشفاء منها. ويبدو أن هذا التدخل  
يحقق النجاح في منع أزمة الصدمة: ففي  
المدارس الأربعة التي تمت فيها التجربة،  
لم تحدث أي أزمة خطيرة. كما ساعد  
أيضاً على الإسراع بالمصالحة بين  
الطلاب المنتمين لجماعات عنصرية  
مختلفة، حيث أصبحوا قادرين على إحياء  
الذكرى والمشاركة في التعازي مع  
الشعور بالكرامة.

**الكلمات الرئيسية:** الإرشاد النفسي ،  
التربية النفسية، المصالحة، زيادة  
الحساسية، التدريب، نوادي الشباب لعلاج  
الصددمات.

### التنظيم البنائي في الكلمة والصورة: ربط العلاج القصصي والعلاج بالفنون في مجموعات الناجين

يصف المؤلفان برنامجاً من  
برامج العلاج بالرعاية النهارية لضحايا  
الحرب يأخذ في اعتباره الحاجة للتنظيم  
البنائي لدى المرضى وفي نفس الوقت  
يجعل من الممكن لهم إعادة التفكير في  
الصددمات. ويتكون البرنامج من رواية  
القصص والعلاج بالفنون.

**الكلمات الرئيسية:** الصدمات النفسية ،  
رواية القصص ، العلاج النفسي الجمعي  
برواية القصص ، العلاج بالفنون ،  
الإدلاء بالشهادة ، ضحايا الحرب.

### الآثار النفسية للحرب وللتحرش الجنسي بالبقيات المراهقات في شمال أوغندا

يقدم هذا المقال تقييماً لخبرات  
الحرب، ولأعراض اضطراب الضغوط  
التالية للصددمات النفسية ، وللإبادة  
الجسدي الجنسي للبنات السيق اختطافهن  
في شمال أوغندا. وقد استخدم منهج  
التقارير الذاتية على عينة تمثل قطاعاً  
عرضياً، حيث تم تطبيق الاستخبارات  
على 123 فتاة، وتم تحليل البيانات  
المستمدة من السجلات الطبية. وتبين  
تعرض الفتيات لأحداث الحرب الفظيعة ،  
كما شاركن في الأعمال الإجرامية،  
وتعرضن للاعتداءات الجسمية و الجنسية  
وللإصابة بالأمراض. و نتيجة لذلك  
أصبحت الكثيرات منهن أمهات وهن  
لازلن أطفالاً، كما كان عدد قليل منهن  
حوامل أثناء إجراء هذه الدراسة. وقد تم  
اقتراح برنامج للعلاج النفسي-الاجتماعي،  
يشمل التدريب على مهارات العمل  
لتمكينهن من العيش ، وكذلك تعليمهن  
مهارات التغلب على آثار التحرش  
الجنسي وخبرات الحرب.

**الكلمات الرئيسية:** الأثر النفسي ، الحرب  
، التحرش الجنسي ، الأمراض التناسلية ،  
البنات ، الضغوط النفسية التالية للصددمات  
، شمال أوغندا.

### أداة تقييم المشاركة الاجتماعية في برامج العلاج النفسي-الاجتماعي: دليل الاستخدام

يصف هذا المقال أداة لملاحظة  
وتقييم البرامج المصممة لتحسين الصحة  
النفسية الاجتماعية للأطفال. ويلعب  
المجتمع المحلي دوراً هاماً عند استخدام  
هذه الأداة ويشرح هذا المقال المبررات  
النظرية لاستخدام هذه الأداة، وتطبيقها  
العملي، مع تقديم دراسة حالة على سبيل  
التوضيح.

**الكلمات الرئيسية:** تقييم، ميكانيزمات  
التوافق بالمجتمع المحلي، متطلبات النمو  
، الملاحظة.