

National Capacity Building Project: Technical Assistance of the Survivor of Torture Programs

## “Maximizing Clinical Care of Survivors of Torture Through the Use of the Trauma Story and Reflective Writing”

Richard F. Mollica, MD, MAR & Eugene F. Augusterfer, LCSW

Harvard Program in Refugee Trauma  
Massachusetts General Hospital  
Harvard Medical School

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### Attendee Controls

All functions are located at the bottom of your screen

- Type your questions in the Q&A, or
- Type your questions in the chat, or
- Raise your hand using the reaction button.

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## Welcome and Overview

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**Disclaimer**

We will be talking about trauma today. Trauma impacts all in different ways but it is something we have all had some experience with. The information, images, and discussions can be triggering or uncomfortable at times - make sure you monitor and take care of yourself when and if you need to.

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**Objectives**

- Acquire the skills for using the Trauma Story successfully in diagnosis and treatment.
- Be able to use the Trauma Story Method to help clients better understand and recover from their traumatic experiences.
- Understand and use reflective writing to help your clients explore their feelings related to their traumatic experiences.
- Understand how reflective writing can assist in the Trauma Story Method.

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**Presenters**

Harvard Program in Refugee Trauma | Massachusetts General Hospital | Harvard Medical School



Richard F. Mollica,  
MD, MAR



Eugene F. Augusterfer, LCSW

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Pandora's Box



Pandora by John William Waterhouse

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Mass violence creates in a society a new **historical space**. Ordinary attitudes, feelings, and behaviors are transformed. The healer and sufferer find recovery in a therapeutic solidarity. Within this historical space, justice forms the core of the survivor-therapist relationship.

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Pompeii. Photo courtesy of Giampiero Rosati

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[Srebrenica massacre victims in CanDari](#)

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### Collective Trauma

Entire populations all over the world have been traumatized. Not only individuals, but families, communities, and the entire society continues to experience violence. Even pets and wild animals have been affected. In listening to the Trauma Story, nations of courage, resiliency, and hope, need to be celebrated and supported through conversation and storytelling. Physical and emotional stress are a normal reaction to mass violence. Yet, traumatized men, women, and children need to be identified and offered culturally-effective mental healthcare.

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The Universal Nature of Traumatic Life Experiences

- Every human being experiences tragedies in their lifetime.
- This is inescapable.
- A profound pain and fear enters us when we realize that one human being has intentionally hurt another.

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Major Instruments of Violence

- Humiliation
- Empathic Failure

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“ It is an intense pleasure, physical, inexpressible to be at home, among friendly people and to have so many things to recount: but I cannot help noticing that my listeners do not follow me. In fact, they are completely indifferent: they speak confusedly of other things among themselves as if I was not there. My sister looks at me, gets up and goes away without a word... A desolating grief is now born in me.” - Primo Levi

Primo Levi, *Survival In Auschwitz and The Reawakening: Two Memoirs*, trans. Stuart Woolf (New York: Summit, 1958), 60.

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## Major Responses to Trauma

- The **"Will to Deny"**
  - Friends, family members, and society *actively* reject acknowledging the Trauma Story and the impact of trauma on the survivor.
- **"Losing the World"**
  - When visiting Philoctetes the Greek chorus immediately sings, *"I am a stranger in a strange land."*



Portrait of Philoctetes by Jean Germain Drouais

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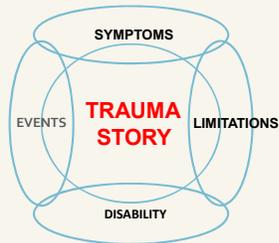
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Body, Mind, and Spirit are Imprinted by the Trauma Story



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Image Courtesy of Richard F. Mollicca

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Image Courtesy of Richard F. Mollica

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Image Courtesy of Richard F. Mollica

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Image Courtesy of Richard F. Mollica

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### Elements of the Trauma Story (TSAT\*)

- Factual accounting of events
- Cultural meaning of trauma
- Looking behind the curtain (revelations from the trauma experience)
- Listener – Storyteller relationship

\*Trauma Story Assessment and Therapy (TSAT) Notebook: Therapist Journal for Field and Clinic

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### Therapeutic Power of the Trauma Story

- Dialog and empathic listening between survivor and clinician maximizes the benefits of emotional disclosure.

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### Storytelling

- Stories tell us more than we think they are telling us
- Stories can be revolutionary, providing potential for transformation
- There can be strong resistance to a story
- Denying someone's story can be a denial of their very being

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Conversation:  
Neuroscience

**Congruence:**

- During successful verbal communication, brain response of the speaker mirrors that of the listener in those areas of higher cortical functioning such as dorsal, lateral pre-frontal cortex and striatum.

(Stephens, et al)

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Conversation:  
Neuroscience

**Self-disclosure:**

- Talking about the self to the others produces the highest levels of activation in neural regions associated with motivation and reward (nucleus accumbens and ventral response area – mesolimbic system), but introspection is also activating in these brain areas.

(Harvard Neuroscience Lab)

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Storytelling:  
Neuroscience

- Neural changes in the brain associated with language, physical sensation and memory when reading a novel occurs and can last over time (Burns, et al).
- The love of storytelling and its impact on human beings is linked to the mirror neurons.

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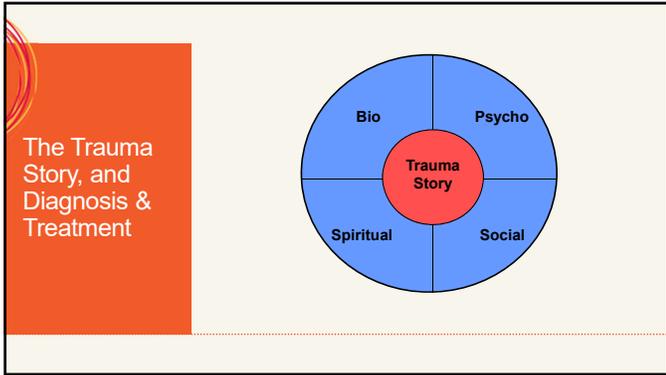
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**THE TRAUMA STORY® POCKET CARD**

The Trauma Story® is the centerpiece of healing the visible and invisible aftermath of violence and traumatic life experiences.

- CENTRALITY OF THE TRAUMA STORY:** The universal experience of tragedy, including the suffering associated with grief, stress, and unmet needs.
- COMMON MENTAL HEALTH PROBLEMS:** Depression, grief, anxiety, trauma, and traumatic stress disorder (PTSD), and numerous brain storms are often associated with traumatic life experiences.
- COMMON PHYSICAL PROBLEMS:** The body is impacted by trauma, e.g., over 20 medical diagnoses (e.g., pain, pain, inability, infection) are associated with trauma-related conditions.
- PRIMARY HEALTH CARE IS ESSENTIAL:** Routine appointments with your primary care physician, mental health, and other health professionals addressing your health.
- EARLY HEALTH INTERVENTION IS NECESSARY:** The ACE (Adverse Childhood Experiences) studies and other studies reveal that serious long-term chronic diseases associated with trauma.
- HUMANIZATION:** The major instrument of violence used to create the cause of trauma, including language of shame, guilt, dehumanization, and loss of rights.
- LEAVING THE WORLD:** Everything the survivor is taught to see, hear, and feel is "normal" and "acceptable." They become a "stranger in a strange world."
- CULTURAL, IMMIGRATION:** Many goals of this endeavor, see also above, should be to describe the person, their family, their community, and their country.
- LISTENING TO THE TRAUMA STORY IS A KEY TO HEALING:** USE THE TRAMA STORY AS A GUIDE.
  - STEP 1 - THINKING:** Do slowly. Do not try to "dig up buried" trauma. Trust and build relationships.
  - STEP 2 - "A LITTLE BIT, A LOT, OVER A LONG PERIOD OF TIME":** The trauma story can be told in brief, brief periods (e.g., 10 minutes or less each session) consistently over time.
  - STEP 3 - KEEP LISTENING:** Listen closely to the environment, as well as the person. Pay attention to the body's reaction to the environment, monitor the emotional response.
  - STEP 4 - EMOTIONAL REGULATION:** Begin storytelling session with deep breathing which calms the brain and stimulates; monitor emotional distress; cool high emotional arousal down to being a friend of the body's deep breathing.
  - STEP 5 - AVOID THE TOXIC TRAUMA STORY:** Stay away from the telling of the toxic trauma story.
  - STEP 6 - CREATE A NEW POSITIVE NARRATIVE:** The healer (counselor) can assist the survivor (client) in creating a new, positive and hopeful narrative together.
  - BUILD ON SELF-HEALING:** The survivor is the teacher; the healer is the student. Clients are capable of self-healing and self-care efforts.
  - RECOMMEND AND SUPPORT:** Advocacy, empowerment, social connections, and continuity – are major key factors for resiliency and wellness.
  - HEAL THE PHYSICAL BODY:** Promote yoga, meditation, mindfulness, deep breathing, journaling, exercise, and massage.
  - USE THE HEALING POWER OF NATURE:** Recommend connecting with nature, trees, and animals. Try to go gardening or caring for "flowers."
  - NO HEALING WITHOUT JUSTICE:** Explore what justice is possible and achievable.
  - NO HEALING WITHOUT BEAUTY:** Engage beauty at all levels of storytelling and reflection. See the beauty of the healing journey. Healing techniques include poetry, improvisation, reflective writing, singing, playing music, dance, visual arts and more.

Revised Program to Reduce Trauma  
Robert M. Maltz & Robert P. Perry  
Mental Health Center of Hope  
www.hopecenter.org  
800.333.3333

Created by Robert P. Maltz & Perry © 2013  
The Trauma Story Pocket Card (English Version) 8.0 (2023)

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Listening to the Trauma Story is a Key to Healing

**VVHS 4** OWIP IQJ = J r varz d > G r q r w w | w r - g | j x s  
exubg whdvhah | L Z d l w x q b w k w w | r h w d e d k h g l

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**Listening to the Trauma Story is a Key to Healing**



**VVHS 6 0 GHHS OI VWHQIQJ** = Olwng farvnd wr wkh frqyhurdwlrq/ dv zhodv wkh vbnqfhl Sd| dwhqwrq wr wkh erg|w undfwrq wr wkh vru|whdij > p rqlruwkh hp sdwkIF uhvsrqvhl

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**Listening to the Trauma Story is a Key to Healing**



**VVHS 8 0 DYR IG WKH WR [IF WUDXP D VWR U\** = Vd| dzd| iurp wkh whdij ri eukvdoidfw z lk kIjk hp rwrqdodurxvda

**VVHS 9 0 FUHDWH D QHZ SRVMIYH QDUUDWIYH** = Wkh khddu dwhqhu, fdq dvlw wkh vxyjru vru|whdus Iq fuhdwlj d qhz srvlw dgg krshkoz rugyhz wr jhwkhu1

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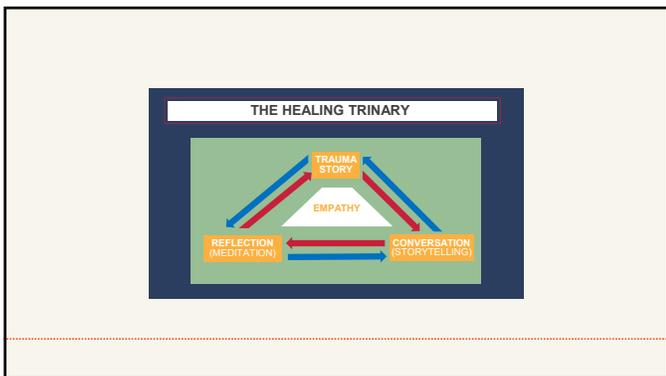
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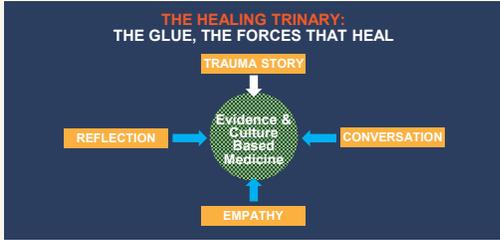
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### The Healing Ointment



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### The Bottom of Pandora's Box



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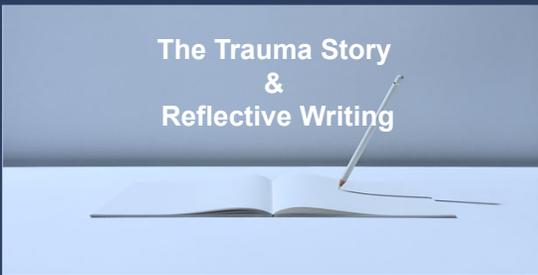
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### The Trauma Story & Reflective Writing



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**The Beauty of Listening Deeply**

**Rediscover the Joy of Patient Care**  
 US Surgeon General Vice Admiral Vivek H. Murthy, MD, MBA

- Health care worker well-being and burnout is an "issue of culture."
- "We have lost... our perspective and grounding on the things that matter, such as, kindness, compassion, and caring."
- I am sure that none of you came into your profession with the goal of doing more paperwork. These are the things that actually get in the way of patient care.
- Murthy believes that "time at the bedside" is an important factor that will help with reducing burnout, because these interactions with patients/clients will provide the sustenance that will help reduce burnout and increase provider well-being.

Source: Medscape, June 2023

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**The Beauty of Listening Deeply**

- Stanley Jackson's '*The listening healer in the history of psychological healing*' is a classic.
- Jackson states, "*the place of in-depth listening with empathy is a crucial element in healing*" and that in modern times, there is an emphasis on observing vs. listening.
- He concludes that a "*healer neglects either one at his/her peril--and at the peril of the patient*".

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**The Trauma Story Pocket Card: TIMING**

- Refer to the Trauma Story Pocket Card #9, Step 1. Timing: Go slowly; Do not try to "dig up buried treasures". Wait until trust is established.
- Sharing the Trauma Story through conversation can be very therapeutic, but some traumatized patients, because of stigma, shame, and humiliation, may choose to engage in reflective writing.

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**Reflective Writing**

- Timing matters!
- Studies have found that people who write about a traumatic event immediately after it occurs often feel worse after writing, possibly because they are not yet ready to face it.
- Pennebaker, and our experience at HPRT advise clinicians and patients to wait until the patient/client is ready to reflect on the traumatic experience.

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**Reflective Writing**

How do you know when a patient is ready for reflective writing?

**Criteria:**

- Trust has been established.
- They are not in a state of high physical, emotional, and spiritual distress.
- Never use it with acute trauma, e.g., debriefing.
- The patient has indicated to the therapist they prefer to write something down, instead of sharing verbally.

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**Reflective Writing**

- Reflective writing is an evidence-based tool to assist the therapist in eliciting the patient/client's trauma story in a safe space.
- James Pennebaker and colleagues have examined the benefits of reflective, or expressive, writing in various settings. Pennebaker points out that it is not "just venting one's feelings", but rather, "to tap writing's healing power, one must use it to reflect, better understand and learn from one's emotions".

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### Reflective Writing

- The act of thinking about an experience, as well as expressing emotions in writing is important by helping the writer organize thoughts and give meaning to a traumatic experience.
- Writing may also enable the writer to better regulate their emotions. It is also possible that writing about a traumatic event fosters an intellectual process — the act of constructing a story about a traumatic event.
- Finally, when people write privately about a traumatic event, they are more likely to talk with others about it — suggesting that writing leads indirectly to reaching out for social support that can aid healing.

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### Practice Tips for Preparing a Traumatized Patient for Reflective Writing

1. Instruct the patient to sit in a quiet, safe, and secure space. Teach them how to do a few minutes of deep breathing before starting to write.
2. Make sure the patient is ready to participate in reflective writing without developing emotional distress.
3. Tell the patient that they can stop the reflective writing at any time if it becomes too disturbing for them.
4. Have the patient write something that is extremely personal and important to them.

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### Practice Tips for Preparing a Traumatized Patient for Reflective Writing

5. The patient can choose to write for only a few minutes or longer - there is no time limit requirement.
6. Tell the patient to not worry about punctuation, spelling, and grammar. If they run out of things to say, "keep pen on the paper" and reflect.
7. The patient should be reassured that what they shared is confidential and need not be shared with their therapist or anyone else.
8. The patient may choose to share their reflective writing with their therapist for discussion.

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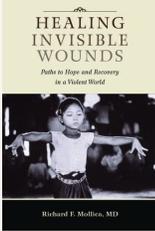
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Resources:  
Healing Invisible Wounds: Paths to Hope and Recovery in a Violent World



HEALING INVISIBLE WOUNDS  
Paths to Hope and Recovery in a Violent World  
Richard F. Mollica, MD

[Available on Amazon.com](#)

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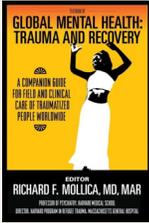
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Resources:  
Textbook of Global Mental Health: Trauma and Recovery



GLOBAL MENTAL HEALTH: TRAUMA AND RECOVERY  
A COMPANION GUIDE FOR FIELD AND CLINICAL CARE OF TRAUMATIZED PEOPLE WORLDWIDE  
EDITOR  
RICHARD F. MOLLIKA, MD, MAR  
DIRECTOR, ANKAM PROGRAM IN THE BAHAMAS, MASSACHUSETTS GENERAL HOSPITAL

[Available on Lulu.com](#)

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Resources:  
Trauma Story Assessment and Therapy (TSAT)



Trauma Story Assessment and Therapy  
Edited by Richard F. Mollica  
Therapist Journal for Field and Clinic

[Available on Lulu.com](#)

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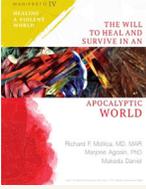
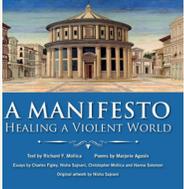
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A Manifesto:  
Healing a  
Violent World  
& Manifesto  
IV: Healing a  
Violent World



[Available on Amazon.com](#) [Available on Lulu.com](#)

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[www.hpirt-cambridge.org](http://www.hpirt-cambridge.org)

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Questions?

Have a question or something you want to discuss more in-depth? Here are some options for you:

- Type your questions in the Q&A, or
- Type your questions in the chat, or
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**Thank you for attending this NCB webinar!**

**“Maximizing Clinical Care of Survivors of Torture Through the Use of the Trauma Story and Reflective Writing”**  
August 23<sup>rd</sup>, 2023

The National Capacity Building Project is a project of the Center for Victims of Torture in partnership with Harvard Program in Refugee Trauma and the National Consortium of Torture Treatment Programs.



More resources are available at [www.healtorture.org](http://www.healtorture.org).

CVT's National Capacity Building Project received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #92270234-01-00. The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.

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