# COALITION FOR WORK WITH PSYCHOTRAUMA AND PEACE
# KOALICIJA ZA RAD SA PSIHOTRAUMOM I MIR

## GUIDE FOR STUDENTS FOR THE SEMINAR GIVEN BY CHARLES DAVID TAUBER, M.D. CEO OF THE COALITION FOR WORK WITH PSYCHOTRAUMA AND PEACE (CWWPP) AT THE UNIVERSITY OF OSIJEK ON 7 MAY 2019

### INTRODUCTION TO AND PURPOSE OF THIS GUIDE

The purpose of this guide is to give students an idea of what we will talk about together and how we will do that and to give some ideas for further exploration of these topics once the seminar is over. There is a large amount of information on the Internet about the topics that we will discuss. There is far too much material to cover in the period that we have for the seminar. Thus, it would be good if you were to read this guide before the seminar starts and to follow up with the material afterwards. As I indicate at the end of this document, there are possibilities to continue our discussions in future weeks and months on an informal basis onsite and online, those discussions connected with the CWWPP but not with the University. There also are possibilities for students to volunteer with us, again not connected with the University.

The point of the work of the CWWPP is increasing the capacity to deal with the high levels of unresolved psychological trauma in this region and elsewhere in the world. We concentrate on the victims of war and on migrants.

Thus, in this seminar, we will discuss our basic philosophies and approaches to doing that.

It is not the idea that I speak the entire time. Rather, I would like this session to be interactive. I want to know what you want to know and what you think about various issues. That's the way that we all learn together.

Even though I'm writing this guide in English, feel free to communicate with me in Croatian. I write more quickly in English, and we have much to do, hence the English version of this guide. If someone feels like translating it, feel free, with our thanks.

Please feel free to contact us at cwwppsummer@gmail.com with any questions and comments that you may have.

Please also see our website, www.cwwpp.org.


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**THE CWWPP**

The CWWPP is a non-governmental non-profit organization that is registered in The Netherlands which also has a Croatian local entity. We are accredited by the UN Economic and Social Council (ECOSOC). Charles Tauber is a member of the Global Psychosocial Network of Psychologists for Social Responsibility.

Our primary mandate is to empower people to deal with psychological trauma and its physical and societal consequences. Thus, while we give some individual and group work and psychological supervision onsite and online, our main work is to educate people in their own environments to assist one another. We thus train what we call "barefoot therapists" or "peer supporters". We do this using the methodology that we have named *Pragmatic Empowerment Training (PET)*, which is described in more detail below.

We have been in this region, that is, Croatia, Serbia, and Bosnia-Herzegovina, since June 1995.

Until now, we have worked with civilian and military war victims, with asylum seekers and refugees, also known as migrants, and with virtually every demographic group in the region. We have worked with people in villages. We have had quite a number of people who have been the victims of domestic violence, as well as a fair number who have been the victims of sexual abuse as children and who now are adults. We also have trained members of non-governmental organizations, teachers, social workers, and the staff and residents of an institution working with the de-institutionalization of people with psychological difficulties. Further, we have worked with the relatives of people with psychiatric diagnoses.

We have worked onsite in Osijek-Baranya and Vukovar Sirmium Counties. We work online with Split and Dubrovnik online. We have had international groups online with participants from Canada, the UK, South Africa, Kenya, in Uganda with victims of acid violence, and elsewhere. We also have worked directly with people in Serbia and in Bosnia-Herzegovina. We constantly are receiving requests for further work.

We currently are working with migrants and people assisting them in Serbia and Bosnia-Herzegovina. The volunteers are largely untrained and psychologically unsupervised. They very rapidly become secondarily traumatized and suffer from burnout, this also when they return home. Further, they stay for relatively short periods of time, decreasing their effectiveness. Further, we are working on starting groups in the Democratic Republic of Congo, South Africa, and Uganda, and are interested in working in other places.

Additionally, we are translating the content of PET (see below) into self-paced online courses. The first course is now available in English on our website (https://www.cwwpp.org/course-1-the-caregiver-client-relationship.html). If anyone can translate it into Croatian, French, Pashtu, Farsi, Dari, Urdu, Arabic, or other languages, please contact us.

- Our current staff consists of
- Charles David Tauber, M.D., CEO, is a physician who comes from a migrant family and who has been working with asylum seekers and refugees and other traumatized people since 1988.
- Sandra Marić, Deputy CEO, is a sociologist who studied in Zagreb. She has been with us since 2006.

More information about the CWWPP is available on our website (www.cwwpp.org).

## SCHOOLS OF PSYCHOLOGY AND APPROACHES THAT WE USE

### Some Basic Issues

In articles in *The Lancet* edition of September 2007, the content of which was reaffirmed in October 2018, it was noted that, in the world, more than 90% of people requiring mental health care aren't getting it. Our standpoint is that it is impossible to train a sufficient number of psychologists and psychiatrists to deal with these numbers, especially in areas that have experienced violence and/or which are in current situations of violence and/or severe natural disasters. This also is true of work with minority groups and of areas with low amounts of resources.

It also is our belief that the high levels of drugs given in many regions, including this one, are not the most effective means of treatment. Rather, they alleviate some symptoms while not dealing with the root issues.

Still another issue is the lack of acceptance of psychological treatment and stigmatization of it by beneficiaries, particularly in traditional societies such as this one.

Thus, we believe in a shifting of tasks, that is, that new groups of people need to be created to assist people with mental health issues. This is why we decided to train "peer supporters", also known as "barefoot therapists". We will discuss some details below.

Basically, we use the work of two schools of psychology, namely Humanistic Psychology and Existential Psychology in our work.

### Humanistic Psychology

It would be far too great a task for this talk to go into the details of humanistic psychology. We advise you to look on the Internet for more information. The basic approach here is that of a holistic view of the human psyche. There are several basic principles:

- Human beings are greater than the sum of their parts. They cannot be reduced to components.
- Human beings have their existence in a uniquely human context.
- Human beings are aware and are aware of being aware.
- Awareness always includes the awareness of the relationship to others.
- Human beings have the ability to make choices and thus have responsibility.
- Human beings are intentional, that is, they have goals, they are aware that they cause future events, and seek meaning, value, and creativity.

As you probably are aware, two of the large figures in this school are Abraham Maslow and Carl Rogers. One of Maslow's largest contributions was the *hierarchy of needs*. This is as follows:

- Physiology
- Safety
- Love and Belonging
- Esteem
- Self-actualization, that is, the ability for critical self-growth, creativity, and having meaning in life.
- There is another level that points to the ability to assist others with self-actualization.

One of Rogers' major contributions was client-centered therapy and client-centered education. In both of these, it is the client or the participant in education who takes responsibility for the process. The therapist or the educator is a facilitator.

Existential Psychology

Again, it would be far beyond the scope of this seminar to go into the details of existential psychology. The general approach is that human beings have to deal with a number of existential givens in life:

- freedom and associated responsibility;
- death;
- isolation;
- the meaninglessness of life.

According to this school of psychology, these form the basis for psychological disturbances.

The role of the therapist in this is to assist the client to find mechanisms for dealing with these givens. These mechanisms are individual.

As with humanistic psychology, there is the assumption that all people have the ability of self-awareness, that a person has a unique individual identity that comes out through relationships with others, and that people must re-create themselves, as the meaning of life is changing continuously.

This involves deep exploration by the client and an attempt to find meaning.

In our experience, this school of psychology is particularly useful in work with the victims of trauma. All traumatized people have faced these issues.

The Psychology of Migration

Particularly in this region, we can address migration from a number of perspectives. One is the migration that took place during the wars of the 1990s. In this context, we also must look at the psychology of the return process. Another is the current emigration from this region to Western Europe. A third is the migration to Croatia and Western Europe from the Middle East, Central Asia, and Africa.

There are a number of aspects that are common to all of these. The first is the motivation for migration. There are very few people, particularly older people, who migrate for the adventure or for the fun of it. The greatest motivations are war, political, religious, or ethnic discrimination, or other man-made traumatic situations. People thus have been tortured, forced into situations where they have had to become soldiers against their will, have had their houses and other property destroyed, seen relatives and friends killed and injured in front of them and, in short, have had to flee to save their lives. Frequently, they have been imprisoned under harsh conditions. In many cases, they have lost everything. Furthermore, they frequently have had long and difficult journeys. Along the way,

they frequently have been exploited by smugglers, governmental officials, police, and others. Thus, the levels of psychological, physical, and sexual traumatization very frequently are extremely high.

Another motivation is natural disasters. Currently, there are climate change disasters that also are encouraging migration.

Another motivation for migration is poverty and the wish for a better life. This was and is true of many people from this region as well as of people from various parts of the world.

Migration for these reasons is nothing new. It has been going on throughout human history.

The cultures that people are going into usually are quite different from their home cultures. Thus, food, religion, ways of communicating, ways of relating to people, etc., etc., etc. are very different.

The amount of psychological support given to such people usually is minimal, if it is present at all.

All of this creates problems in functioning within the new society. Thus, even if they learn the language, the psychological and physical issues resulting from the psychological traumatization make it difficult to find work, make familial and other relationships difficult, and frequently create divisions within the person – a part of the person that is present in the new society and another part that is part of the old one. These frequently are difficult to resolve. One result of this is that people from a specific culture tend to stay together in neighborhoods and in facilities such as cafés, clubs, churches etc. and fail to integrate fully into the new society. Another issue in this regard is that their education and qualifications frequently are not accepted in the new society. Furthermore, the traumas of the parents and the relatives are transmitted to future generations, even those born into the new societies. These issues of integration thus can last for many generations. Many times, people who have migrated, and their descendants, do not feel at home anywhere. An additional part of this is that many migrants idealize the pre-traumatic situation and want to "go home". They frequently die with these desires.

Still another part of the psychology of migration is the trauma of returning to a previous home region after having lived somewhere else for a shorter or longer period. That occurs frequently in this region. The place returned to is very unlike the way it was when people left. Homes and other facilities have been destroyed and/or have changed considerably. New people have moved in. The economy and, in fact, the entire culture may have changed. Thus, an additional traumatization occurs, partly caused by the disillusionment. Frequently, people re-emigrate away from the region. The rates of such re-emigration are quite high. Further, those returning see that, at least for them, justice has not been served. They see people who have committed crimes against them living close to them. This applies to all ethnic groups.

As has been mentioned, there is little if any psychological support for the traumas of migration, either underway or in the final receiving society.

One further phenomenon may be important for you. This is when people migrate for work or other reasons and live in many places. They thus feel at home nowhere. This is known as the "condition migrante" and seen very frequently in workers for international organizations, be these humanitarian or commercial. Such people feel that they are not understood anywhere and tend to isolate themselves.

## Levels of Work

We distinguish the following levels of traumatization and work with it:

- individual
- family
- group (former soldiers, women, youth, etc.)
- local area (a street, for example)
- location
- region
- nation
- super-region
- global (climate change, for example)

We feel that it is necessary to work on each of these levels separately and in parallel.

**ISSUES PRESENT IN THIS REGION**

Unfortunately, in this section, I only will have time to list and give a very brief description of these issues, which are extremely relevant for people working in this region. We can discuss these issues in more detail later and/or you can contact me personally and/or you can look them up on the Internet.

- Former soldiers.
- The issues around the psychological status of former soldiers have not been dealt with adequately, in our view. Most are receiving drug treatment, which is controlled at very infrequent intervals. Few are receiving little if any talk therapy. Also, highly detrimentally, they are strongly politicized. Even the Ministry of Veterans Affairs of Croatia admits that their lifespans have been shortened. We notice that there is a great deal of somatization, that is, the transformation of psychological distress, especially that which cannot be expressed in psychological terms, being converted into somatic complaints such as circulatory illnesses, endocrine illnesses, illnesses of the digestive system, and cancer.
- Civilian victims of war. Such people, which includes a substantial proportion of the people of this region, are being dealt with even less than former soldiers. The issues are similar.
- Co-existence and reconciliation, and conflict transformation.
- Despite the long-term efforts of a number of non-governmental organizations, very little has been done to bring people together. In our view, and in the view of a number of conflict transformation specialists, including Prof. Adam Curle, John Burton, John Paul Lederach, and others, work on psychological trauma is crucial to such work.
- An additional factor in this regard is the high level of ethnic mixing in this region. In the almost 25 years that I have lived here, I very seldom have met a person who does not have a relative of another ethnicity.
- The psychological and physical consequences of what people have been through during the war and after.
- There is a great deal to say about this, and it would take several seminars to do so. In general, we look at individual reactions to these traumas. Although there are patterns, some of which are represented in the DSM and the ICD, there are wide variations in these. As has been mentioned, we look on these as *reactions* rather than *pathology*. Rather, we feel that it would be pathological *not* to have such reactions. We feel that a very careful and complete history and examination is required before proceeding with therapy.
- People in this region have experienced a wide variety of traumatic events including large amounts of displacement, torture, and loss.

- The psychological consequences are highly individual and can include depression, anger, anxiety, and reactive psychosis.
- The physical consequences can include virtually every system of the body. We thus ask all our clients to have a systematic physical examination with a full history.
- Trans-generational transmission of trauma.
- This is an issue for your generation as students. However, in the entire Western Balkan region and, for that matter, in all of Europe and elsewhere, such transmission is not a question of only one generation. Rather, there is evidence that it is present for hundreds and even thousands of years. Certainly, World War II trauma is present here. There is a fair amount of research on it. Among others, see people like Vamik Volkan and Dina Wardi and Israeli researchers. Vamik Volkan commented that trauma in individual victims may cause new social and political processes at a broader social level and may result in altered behavior being transmitted from one generation to another. Neglecting the effects of trauma in one generation may lead to future generations carrying the suffering of previous ones, which Volkan terms transgenerational transmission. There also now is evidence of epigenetic transmission of trauma.
- This kind of trans-generational transmission not only has to do with war traumatization but also with such issues as sexual, psychological, and physical abuse and other types of traumatic issues. In our view, therefore, a family history is extremely important in any psychological work.
- Capacity.
- As has been mentioned already, we see that there is a highly inadequate number of trained people who are capable of giving psychological assistance in this region. The problem is becoming even more serious, as the level of emigration of professionals from this region is high.
- Stigmatization of psychological treatment and sensitization to it.
- In this region, going to a “shrink” is highly stigmatized, far more so than physical illness. The paradox is the proportion of the population affected by psychological issues. Accordingly, we attempt to reduce stigmatization on the one hand and to sensitize people to the sense and efficacy of psychological treatment on the other. Thus, we speak of psychological *reactions* rather than about *illness* or *disorder*. We thus see reactions to traumatizing events as “normal” and a lack of reaction as abnormal. This is useful.
- Issues of the manner in which psychology and psychiatry are practiced in this region.
- Drugs vs. Talk Therapy.
- As has been indicated elsewhere in this paper, people are largely being treated with drugs, frequently in combination and frequently at relatively high doses. We do not agree with this and feel that “talk therapy” is much more appropriate in most cases, particularly for the issues that people here are dealing with. Part of that has to do with the issues of capacity that already have been mentioned. Part of it also has to do with the general philosophy of biological psychiatry and psychology that is a world-wide phenomenon.
- The differentiation between academics and the field.
- We have found that there is a large difference between what is taught academically and what actually happens in the field. This is not unique to this region. We have found that students aren’t prepared for the actual issues that they will encounter and the dilemmas that they will face. There thus is a huge gap between people sitting in a psychiatrist’s or psychologist’s office and what they actually are experiencing, and how they see that and how the

professional sees that. We are very much field-oriented and believe that the actuality rather than the theory is the most important aspect. This is not to say that theory isn't important. However, theory must be informed by practice.

**OUR METHODOLOGY**

Pragmatic Empowerment Training (PET)

PET was developed at first in the late 1980s and early 1990s when Charles Tauber was working with asylum seekers and refugees and those assisting them in The Netherlands. A group of physicians and others were working in a joint working group of Amnesty International and the International Physicians for the Prevention of Nuclear War and with other groups to support the claims of people seeking asylum. When volunteers and staff members of asylum seekers' centers and non-governmental organizations working in the community who were not getting education or psychological supervision heard of what we were doing, they asked for our assistance. We thus adapted the education and supervision to their needs. When we came to this region in 1995, we continued the adaptation of the method, and it continues to evolve with further experience.

PET is based on Carl Rogers' methodology of participatory education, or the *person centered approach*. The person-centered approach implies that, in the positive and safe climate of empathy and trust, the person is able to build personal power, self-acceptance, self-awareness, and self-trust, and that person can be trusted to move toward psychological health without the another being imposed from the outside. Thus, group members largely determine what they learn. They use their own experience in the learning process. Thus, sessions consist more of discussion and practice than of lecturing. Therefore, an important part of the method is that the content is specific to each group and thus caters to its members' specific needs and desires. The role of the trainer is thus changed to one of a facilitator.

Sessions are held for one to two hours per week onsite and/or online. The number of sessions is not limited. At the end of the training, participants receive a certificate of participation. Additionally, the nature of the discussions allows for supervision as well as direct education. Thus, participants can gain insight into their practical cases from the experience of others. The program is adapted to the needs and desires of the participants in each specific group. It includes a general introduction to work with people, self-care, inter-personal and group communication, an introduction to psychology and counseling, this concentrating on the specific situations of the participants, non-violent conflict transformation, civil society, human rights, and integration of vulnerable groups into society. In general, no charge is made for the program. We issue certificates of participation and completion, these stating what the program has included and the number of hours of participation.

This methodology overcomes a number of barriers and has a number of advantages. The sessions usually include a form of group therapy which then is not seen as such, thus, in most cases, decreasing stigmatization of such therapy. The PET group also can deal with specific cases, thus providing a form of psychological supervision. Further, it overcomes some cultural barriers. Because people are working with one another, the cultural barriers are considerably lower than they would be in conventional education. Also, people feel more comfortable working with their peers than with experts, who frequently do not understand or relate to their specific situations.

The curriculum includes a general introduction to work with people, interpersonal and group communication, an introduction to psychology and counseling, non-violent conflict transformation,

civil society, and human rights. Where appropriate, it also includes a section on (re-) integration into the receiving societies. Further items in the curriculum, and the detail with which they are dealt, are determined by the participants.

Thus, each group is highly specific.

As we consider PET as a part of our mandate, we do not charge for it.

PET group members receive a certificate of participation from us.

It is very difficult to quantify the results of PET. Thus, we only can use anecdotal evidence to justify the technique. What people who have been through the program tell us is that it provides them with the tools to provide care that otherwise would not be provided to people who otherwise would not seek it in places in which such care otherwise would not be available. They also tell us that they prefer to work with their peers rather than with the so-called professionals. In this sense, it opens up a variety of additional opportunities for potential beneficiaries.

We have used PET in variety of situations with a large number of beneficiary groups. We have found that calling the groups “educational” rather than “therapy” groups frequently, but not always, overcomes this stigmatization. Our clients will refuse therapy, as they complain about their existential problems. We frequently have heard, “if I have a job, or papers, or a house…I wouldn’t have a problem”. Another issue here is taking the work out of the pathological sphere, that is speaking about “natural” “post-traumatic stress reactions” rather than about post-traumatic stress “disorder” or “syndrome”. This is critical in recruiting and working with beneficiaries, in our experience.

One situation in which PET has been useful is with volunteers and staff members working in difficult situations with vulnerable people such as asylum seekers and refugees. These situations are present in the West and in violent and post-violent situations. Unfortunately, most organizations that use volunteers and even those who employ humanitarian staff, that is, inter-governmental and large non-governmental organizations, do not provide psychological training or psychological supervision. Thus, there are high levels of burnout and because of the low quality and amount of service, even damage to beneficiaries.

We see PET as being useful in situations where the provision of psychological assistance is difficult because of a lack of trained personnel and where resources are extremely limited. This applies to disaster situations, including wars and natural disasters. We also see PET being used with vulnerable groups, particularly those which are suspicious of “establishment” experts. Examples are minority groups, groups of migrants in the process of integration, etc.

<u>The Art and Science of Listening and the Client-Therapist Relationship</u>

We find that simply keeping quiet and listening and forming a good therapeutic relationship with the client to be the most important aspect of therapy. A very large proportion of our clients tell us that no one takes them seriously, that no one listens to them. There are thus times when we will sit for almost an entire session saying very few words. In our view, the function of psychological therapy is to provide a safe space and a specific time when and where the client can work out his/her own issues, and thus we are facilitators rather than intervenors. This again follows the philosophy of Rogers and the humanistic psychologists. In our view, this is the key to therapy. Using this method, we see improvement in virtually all of our clients.

## SOME ADDITIONAL POSSIBILITIES FOR STUDY AND VOLUNTEERING

What is presented in this section of this document is not endorsed by the University of Osijek or any other organization other than the CWWPP.

We welcome students who would like to have further discussions and/or seminars. We can hold these in person and/or online. The CWWPP can issue certificates of participation. Again, to be clear, these are purely voluntary and are not endorsed by the University. You will have to negotiate any possible credit with the appropriate department.

We also welcome students who wish to become volunteers with the CWWPP in various locations and with various groups and in various functions. One possibility is that you could form your own group that we would supervise. Another is that you could give assistance onsite and/or online to migrants and/or to volunteers working with them. This also might be on an international basis. The CWWPP has no funds to pay people for such work at this moment. Also, again, these volunteer opportunities are not endorsed by the University.

Please contact us at cwwppsummer@gmail.com for more information.

## EPILOGUE

There are a number of conclusions to be drawn from our work.

First, there needs to be a large increase in capacity in dealing with the traumas of direct war victims, asylum seekers, and their descendants at various levels. This cannot be done completely using professionals, and thus new groups must be created.

Drugs cannot form the foundation of treatment.

Reactions to trauma, while they can be similar, are individual.

In light of all of this, probably the best way of treating trauma is using concepts from humanistic and existential psychology.

We welcome your reactions and discussions, and further contact with you.