Counter-transference experiences in working with traumatised refugees

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Case History

Ms B
Outline

- Refugee experience
- Complex trauma
- Psychoanalytic understanding
- Countertransference experiences
- Impact on the worker
General points

- Not all refugees are traumatised
- Resilience and capacities
- Cultural and language issues
- Political and personal
Refugee phases of experience

1. Anticipation
2. Devastating events
3. Survival
4. Adjustment
Refugees

- Often multiple traumas → complex trauma presentation
- Trauma often ongoing — and ? repetitive
- Resilience
- Multiple losses
- Identity issues / new home
- Cultural and Language issues
Refugees

- Transformation of Identity – Salman Akthar
- Link with attachment and then need for a secure base to explore
- Contrast between immigration versus asylum seeking
Spectrum of trauma

- Transitory trauma reactions
- PTSD
- Developmental trauma
- Complex trauma
Transitory traumatic reactions

- Post 9/11 Galea et al 2003
  - One month 7.5%
  - Four months 1.6%
  - Six months 0.6%
PTSD

- Actual or threatened death or serious injury, or threat to self or others
- Intense fear, helplessness or horror (DSM)
- 50% exposed at least one in lifetime
- 8% survivors will develop PTSD
- Symptoms around 3 months, occasionally years later
- Present at least one month (DSM)
PTSD

- Re-experiencing phenomena
- Avoidance
- Increased arousal
- Negative alterations in cognition and mood
Co-morbidity

- Co-morbidity rates often over 80%
- 44% with PTSD meet criteria for 3 or more other diagnoses in lifetime
- Most commonly depression, anxiety and substance misuse / dependence
- Suicide risk 6 times general pop’n
DEVELOPMENTAL TRAUMA

- Childhood abuse — physical, sexual and emotional
- discrete traumatic episodes
- Childhood PTSD and vulnerability to adult disorder
- Link with adult PTSD, anxiety, depression, personality disorders especially borderline — association not causation.
- Cumulative trauma
Complex trauma

Judith Herman 1992 Trauma and Recovery

Chronic repetitive trauma → PTSD symptoms and:

- Dissociation
- Somatisation
- Re-victimization
- Affect dysregulation
- Disruptions in identity
Trauma themes

- 1. the centrality of meaning
- 2. the importance of words
- 3. the repetition compulsion
- 4. loss and mourning
Trauma

- Freud – piercing of the protective shield
- Flooding of the mind – internal and external stimulation
Melanie Klein

- The internal world
- Paranoid schizoid position
- Persecution, disintegration, annihilation anxieties
- Defences of splitting, projection and projective identification
Stages of trauma

First Stage
- Chaos, helplessness, horror
- Primitive anxiety
- Loss of symbolic functioning

Second stage
- Organization and meaning through binding
- Past and present linked
Trauma stage two

- Binding of the traumatic event with the relationship linked to the re-awakened primitive anxieties
- The meaning of the event becomes inextricably linked with the past
Freud

Those who cannot remember the past are destined to repeat it.
Repetition compulsion

THE EVENT

EARLY RELATIONSHIPS

TRANSFERENCE
The traumatic event alters the capacity to “imagine” something quite vividly whilst simultaneously knowing the event is not taking place in external reality. When fears of annihilation and omnipotent wishes for the destruction of others have been actualized, then thought imagination and phantasy can no longer be experienced confidently as distinct from the external reality. The thought itself becomes the agent of the event and the memory is the event itself.
Memory

- Hippocampus, cortical structures – declarative, verbal memory
- Amygdala – powerhouse of emotions, fight/flight, implicit memory
Forms of not knowing (Laub and Auerhahn 1993)

- Not knowing
- Fugue states
- Fragments
- Transference phenomena
- Overpowering narratives
- Life themes
- Witnessed narratives
- Metaphors
Case History

Mr A
Mourning in Trauma

- Real losses
- Survivor guilt
- Psychic changes
- Facing the extent of human destructiveness
- Facing the psychic reality of mortality
Identification

- Identification with the aggressor
- Identification with dead / damaged object
- Persistent victim state
- Grievance states
- Perverse organizations
Containment

Wilfred Bion – mothers and babies
Anxieties taken in by mother and modified through thought to make bearable.
Repetition gives experience of someone who can think about and respond to what is otherwise unbearable.
Link with therapeutic work
Refugees

- Levy – Containment and Validation
- Fox – loss of home = loss of good object = loss of containment
- Papadopolous – nostalgic yearning
Case History

Ms C
Phases of treatment

Stabilization
Trauma focused treatment
Re-integration
Or
Safety
Remembrance and mourning
reconnection
Treatment

1. Establishing a therapeutic alliance
2. Remembering and mourning
3. (Re)-connection with the present
Treatment

- Adaptation of psychoanalytic principles – an applied method
- The issue of home
- Transference / counter-transference
- Flexibility in approach, setting, modality
Treatment

- External and internal realities
- Cultural issues / working with difference including containment of interpreter
- Attention to and recognition of resilience
- Containment of the therapist