Editorial Note

This second issue of Volume 7 includes an innovative proposal for conceptualizing and organizing traumatizing experiences and reactions and two reports from the field. It is a good blend of the theoretical and the practical.

A Revolutionary Proposal

Although the traumatology field can be traced back to the first medical writings in Egypt, modern conceptualization of trauma seems to be a function of the American Psychiatric Association's Manual of Mental Disorders. This is unfortunate because most trauma reactions are neither psychiatric nor disordered but rather a natural and expected reaction to extraordinary circumstances.

In his extensive review of the theory of trauma response, Ibrahim Aref Kira suggests that trauma should be viewed as a special case of stress response theory. As such he proposes two different classifications or taxonomies of psychological traumatic stimuli. Each of these taxonomies describes a distinct dimension of the traumatic event. By understanding the sources of the trauma we are able to understanding the consequences and, if needed, the methods for managing or even eliminating the unwanted traumatic stress reactions. The first taxonomy covers the areas of individual functioning. This includes five types trauma sources: (1) Attachment trauma, (2) autonomy or identity trauma, (3) interdependence trauma, (4) achievement or self-actualization trauma, and (5) survival trauma.

The second taxonomy covers areas of experiential, objective, and external criteria of being aware of the traumatic experience. One category of this taxonomy is pseudo or trauma-like events, which happens in one step transmission from one to one or more persons. The other category of this taxonomy includes real traumatic events and gets transmitted in multiple steps or cross-generationally.

Dr. Kira believes that traumas can get transmitted across generations through family relationships and collectively. Collective transmission of traumas happens in two contexts: historical and social structural. He argues that direct traumas (person-made), on the other hand, can be is divided into two types: Simple (type I) and complex (type II, and type III). While type I is a single blow, type II is a unit of repeated and connected series of blows. Type III is the additive effect of the sequence of all direct, indirect, and pseudo traumatic events on one or more of the different areas of functioning across life span.

In the latter section of the paper Dr. Kira presents his Trauma Assessment Matrix, which, visually, represents the complex taxonomy presented in his article. The challenges to the field is coming up with adequate ways of assessing and helping clients traumatized in any one of a number of ways, as illustrated by the Kira Matrix.

Reports From the Field

Among the most stressful jobs in the world is working with people who are suffering as a result of being tortured. The tortured must deal with the typical questions faced by the traumatized (What happened to me? Why me? Why am I responding like this?

What if something like this happens again? How can I stop this from happening to me or anyone again?). Yet, when another purposely terrorizes and inflicts pain on another -- no matter the justification -- the terrorized require far more attention, time, and support. This demand naturally falls upon the shoulders of those who work with them.

In Dr. Angelika Birk's report, she discusses the results of a study of twenty-five professionals who work with hundreds of torture survivors at the Treatment Center for Torture Victims in Berlin (BZFO). Although she found that burnout was very low, she found considerable evidence of PTSD-like symptoms no unlike compassion fatigue. Thus, the workers appeared to find considerable gratification from their work and believed that the BZFO Center served a critical purpose. Yet, the work had undermined their beliefs about the value and safety of other people as a result of the stories they heard from their torture clients. In addition, she found that government bureaucracy and its insensitivity to torture survivors especially distressed the workers generally.

The second report, written by Penelope Curling, discusses her experiences in Namibia on southwestern coast Africa, as a member of the PEACE (People's Education, Assistance, and Counseling for Empowerment) Center working with people traumatized primarily by "organized violence." Like the previous report from the field, Curling discusses her frustration in working with government agencies and individuals on behalf of her clients after providing a useful orientation to this new country.

Modern Namibia is experiencing an extraordinary increase in suicides, criminal violence -- especially against children and women. At the same time and in contrast to South Africa who has attempted to address the 30 years of apartheid, Namibia has neither a Truth and Reconciliation Commission nor a will to heal from the past.

Curling's courageous efforts to keep the Center going under extraordinarily difficult conciliations and her commitment to the people of Namibia illustrate the challenges of fieldwork in traumatology. Her first concern is not counseling her clients but helping them with accommodations, food, protection, and funding. Yet, she notes "the manner in which they attempt to cope with the traumatic experiences that they have undergone often results in self-destructive or self-defeating behavior, or behavior that has a negative social impact."

She notes that those who have survived the most traumatic experiences (e.g., long-term torture) find it harder to seek help. "Surviving extreme trauma takes great strength, and asking for help is often experienced by the survivor as weakness." This sense of self, so vital it surviving the torture, appears to limit recovery. At the same time, however, Curling notes that reliving the horrors of their experiences seems to them counterproductive.

Yet, for those who can face the past their counseling has helped them and enabled them to help others like them. Indeed, Curling notes that there is a critical need for trauma services, particularly among the many thousands of refugees in Namibia.

She notes the current and future efforts of the PEACE Center: training health workers and human rights community workers in trauma awareness and trauma intervention techniques and provide emotional and social support for the workers generally.

These reports remind us once again that our trauma work, the work of this Journal, and the work of you readers are vital in helping to make a difference worldwide. The Editorial Board and I urge you to report on your own experiences from the field, in addition to any research and clinical reports you many wish to publish.

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