Editorial Note

This first issue of Volume 7, once again, is the anniversary of the Oklahoma City bombing in 1995 and the conception of the Green Cross Projects. At that time mental health professionals in the City were deluged from visitors worldwide who wished to help in some way. With the leadership of Dr. Laura Boyd, at the time a State Representative to their Legislature, it was determined that what they needed was not services but training. By August the first series of courses were offered that led to being a Registered Traumatologist with the Green Cross Projects. That Program evolved into the Traumatology Institute's Traumatologists Certification Program that is offered not only at Florida State University in Tallahassee, but in Tampa, Miami, throughout the US, Canada, and beyond. Professor Boyd went on to be nominated as Governor of the State of Oklahoma and continued to represent citizens of her state in numerous elected and appointed positions. The Journal's first issue, as is this issue, is dedicated to publishing and distributing new information about how to understand and help the traumatized, particularly through new, experimental, and innovative methods. This is issue is no exception. Issue 1 of Volume 7 is a balance among research, theory, and practice articles, in that order.

New Findings About Personality of the Traumatized

The first article, Personality Profiles of Trauma Survivors, by Dean Lauterbach, builds upon the well-known fact that PTSD rarely is diagnosed with co-morbidity, particularly other anxiety disorders, depression and substance abuse. Lauterbach reasoned that personality disorders might also be co-morbid with PTSD, compared with those without the diagnosis. His hunch was correct. A profile analysis revealed that persons with PTSD differed from those without PTSD on profile elevation and shape. The PTSD positive group had higher profiles overall and were significantly higher in levels of borderline, narcissistic, paranoid, passive-aggressive, self-defeating, and schizotypal personality compared to the PTSD negative group. Moreover, the former group scored significantly higher on Cluster A and B personality disorders but did not differ on level of cluster C disorders. When controlling for the PTSD diagnosis the high frequency group's scores were significantly higher on levels of antisocial, borderline, and narcissistic personality. The findings, of course, have important theoretical and treatment implications since personality appears to be a rather stable construct. More research is desperately needed to help practitioners sort out cause and effect and help in treatment diagnosis and planning.

The Dietrich Essay

Busy practitioners are often not able to easily sort them out to match which approach is best suited for them and particularly for their client at any particular stage of treatment. This is the point of the second article in this Issue, an essay by Anne Dietrich. As a way of helping in this sorting process she addresses the most fundamental challenges facing those who wish to help the traumatized. First, she addresses the issues associated with methods of exposure of the client to their traumatic experiences. Die-hard practitioner of cognitive-behavioral therapy argue that exposure is the single most important active ingredient and at the same time admonishes practitioners for using any form of relaxation. Although the client may feel more comfortable, CBT practitioners fear that too much

relaxation would distract from and limit the power of exposure effects. Dietrich makes a convincing argument that practitioners should be discouraged from using prolonged exposure with fragile clients. She urges more gradual exposure procedures. Like watering a very dry plant, gardeners water the plan slowly to avoid run off. Exposure, she argues, is only a means to an end and the end is integration of the dissociated trauma memories and cognitions. Thus, it is proposed that effective trauma treatment involves assisting clients to overcome their fear of trauma stimuli/memories using relaxation and safety induction methods while integrating their experiences into their existing cognitive schemas or structures. "That is, new information is integrated into memory, which might enable the individuals to modulate their distress more effectively through the use of contextual information that is discrepant from the original trauma."

Dietrich notes that practitioners often overlook clients not directly exposed to traumatic events and appear to not meet the A Criterion in DSM-IV PTSD diagnosis. She argues that the same treatment approaches should apply if no other diagnosis is appropriate. Often overlooked risk factors are the lack of social supports, traumatic family histories, traumatic childhood experiences, personality variables, and preexisting mental disorders. Dietrich also discusses the diathesis-stress theory that posits that trauma outcome is a function of an interaction between pre-dispositional risk factors (including, but not limited to, genetics) and environmental factors and not a function on either one or the other. This seems like a safe bet. Two other sections are especially interesting. In the section, Issues of Classification, Dietrich suggests that diagnosis depends upon the particular risk factors involved in a given case, regardless of the severity or type of stressful event. She argues for a Multiphasic approach: A treatment plan that involves treating the client in “brief treatment blocks” may be most suitable for stabilization and treatment of the complex symptoms. Working with fragile clients requires considerable patience, safety and stabilization prior to confronting traumatic memories. In the section, Treatment Targets, she contrasts treating simply PTSD with treating more complex and chronic PTSD. Here too, she suggests that treatment will depend upon the nature of the event, the presence and severity of the particular risk factors in a given situation, and the particular form that the resultant symptoms take. Clearly, some of the risk factors (e.g., genetics, family history of disorder, gender, intelligence, biological alterations, and temperament) are not amenable to treatment, or are less amenable to treatment than others. Treatment outcome may thus depend, in part, on the presence of these risk factors.

Report From the Field

The final article in this Issue, a contribution to the Reports From the Field Section, focuses on humiliation in the traumatized. The essay, Humiliation - Trauma That Has Been Overlooked: An Analysis Based on Fieldwork in Germany, Rwanda / Burundi, and Somalia, by Evelin Gerda Lindner a physician and professor from the University of Oslo's Institute of Psychology, documents and illustrates what is noted in the title. The paper is organized in three parts that are preceded by a section on the current state-of-the-art. The first part addresses the historic transition from societies bound by other nations to a common honor code to human-rights societies. In the second part of the essay she defines and justifies why humiliation should be considers as a form of trauma. The final section of the essay illustrates the traumatic aspects of humiliation internationally and challenges the field of traumatology to do something about this. She notes that the traumatized may

avoid humiliation when surviving acts of God. She asserts, however, that trauma humiliation is the "core agent of trauma" even though traumatology scholars and practitioners have largely overlooked it. The paper highlights the macro-historical backdrop for this neglect and suggests that the shift to focusing on human rights violations is the major change agent. Another key element is the emergence of and increasing recognition and respect for the social sciences. Social scientists are more able to document and promote policy changes required to recognize and prevent humiliation among the traumatized. The traumatized may feel that humiliation will be brief but discovers, in part due to either the threat of repeated trauma or constantly reliving the experience. This long-term experience is often associated long-standing feelings of entrapment and depression, embarrassment or shame that, in their extreme form may be so traumatic that they trigger processes such as dissociation. Linder fully addresses the issues of humiliation and by doing so may cause some degree of discomfort on the part of humanitarian workers who often, in error, apply more Western views and methods in helping the traumatized. In so doing, these workers appear rather naive to the enormous effects of humiliation and loss of face on the part of the traumatized that can make things even worse. Not to be left without remedy, she has some specific suggestions for improving the current situation while, at the same time, admonishes any consideration of returning to the distant past prior to an appreciation and celebration of human rights.

Charles R. Figley, Ph.D., Editor

Tallahassee, Florida (USA)