Refugee Trauma and Dissociation: Reintegrating Lost Parts of Oneself

Refugees and asylum seekers experience betrayal trauma at a ‘meta level’, says author and social worker NAOMI HALPERN, who spoke about trauma dynamics and the therapeutic relationship boundaries at a Clinical Master Class at STARTTS. This is a summary of her address.
I will talk about the issues we come across when assisting complex-trauma clients, particularly relationship issues, which relate very strongly to attachment. As we know, relationships are the crucible for healing.

I will cover the psychobiological impacts of trauma. I am sure that you are all very familiar with this subject. Then I will be looking at attachment, not just in terms of our clients’ attachment styles, but also our own attachment patterns, which ties in with issues of transference and countertransference.

Transference and countertransference are going to occur with any client who we work with, however these dynamics are far more complex and layered in the case of clients with a history of trauma or abuse. I will look at how we, as therapists, can very quickly and inadvertently find ourselves landing on Karpman’s Triangle. I will point out some of the strategies that can get us onto the Triangle and how we can learn how to step off the Triangle as quickly as possible and get things back on an even keel.

So to start with, what is complex trauma? Complex trauma is the result of feeling threatened beyond our capacity to integrate, self-regulate and self-soothe in a given situation. So when people are overwhelmed by trauma and when trauma is persistent, which is the case for the clients we work with, it alters their capacity to self-regulate and to self-soothe.

This has many other flow-on effects in terms of how we, as therapists, can learn how to integrate and self-soothe in a given situation. It’s about how we, as therapists, can very quickly and inadvertently find ourselves landing on Karpman’s Triangle and how we can learn how to step off the Triangle as quickly as possible and get things back on track.

Complex trauma is the result of feeling threatened beyond our capacity to integrate, self-regulate and self-soothe in a given situation.

The limbic system is where trauma memory is stored. External or internal triggers can activate the limbic system as well as memories.

Our complex-trauma clients can display extreme behaviours. They can be too rigid and closed, too fixed and narrow in the way they present themselves, their perspectives and the way they navigate their world. They can also be very detached and overly closed when it comes to learning from the present. We find our complex-trauma clients are often continually trapped in the same situation over and over again, and it is as if they do not learn from experience but only respond with conditioned reactions.

On the other hand, they can also be too unstable and open to the influence of external experiences and perceptual distortions. Many times we have been surprised by our clients’ reactions to things we say, how they understood or interpreted something.

Also, clients can be overly open to the influence of the past. They can be reflexive instead of reflective. They can be very impulsive and reactive, and, of course, that can then lead to finding themselves in repeated situations that cause them harm and difficulty.

Trauma impacts on our clients in several different ways, including attachment styles. So if you have a child who has been exposed to traumatic experiences, you need to observe how he or she behaves, and see how that child, without the appropriate help and support, might respond in terms of adult attachment styles.

The Dismissive Attachment style in an adult will respond as if they do not need you. The client does not care if the therapist is on leave. According to them, everything is fine. The client is either shut down and disconnected, or shows the opposite reaction, preoccupied and anxious, the type who sticks to his or her therapist and is overwhelmed and traumatised when the therapist is away on leave, sick or has to cancel a session. Fears of abandonment and rejection will be activated.

Attachment is a key part of the picture when we work with our clients. We like to think of ourselves as kind, compassionate, benign people who are there to do the right thing and help in the best way we can. But the client-therapist engagement is an unequal power kind, compassionate, benign people who are there to do the right thing and help in the best way we can. But the client-therapist engagement is an unequal power relationship with an authority figure (the therapist) which will likely be reminiscent of a situation where
our client was abused or traumatised in the past.

We like to think we create a safe, private space for our clients to open up to us, but for the traumatised client therapy may feel secretive as it is conducted with the doors closed. They may fear that once the door is closed, the room is a different world, and anything goes wrong.

So how we construct the room is important, such as where we invite our clients to sit. When I am giving a presentation I use my hands a lot. But when I am with a client, I tend to lay on my lap and barely move them at all because I noticed that any hand movement was observed by my clients and I realised it was very stressful and traumatic for them.

The message we are conveying to our clients is: “trust me” “For you to get better you need to trust me, you need to let me in enough so we can form that crucial therapeutic relationship where the work will be done.” But it is a one-way street, isn’t it? We invite them to enter into a trusting relationship where the power is all on one side. We invite our clients to tell us everything about themselves, but we do not disclose anything about who we are or what our experiences are, quite appropriately, but nevertheless it is an unnatural relationship and reminiscent of past relationships and experiences where there was an unequal power balance.

And we tell clients that our role is to bring them to a resolution, to help them understand their experiences, to help them find meaning in their suffering. We are not always going to be able to avoid those transference issues, of the client and the vicarious trauma of the therapist. A therapeutic misadventure in the transference triangle. It is important to understand the Triangle dynamics. A therapeutic misadventure in the transference triangle. It is important to understand the Triangle dynamics.

So arriving late for therapy, going over time, non-compliance, non-empathic engagement, all these issues will impact on the relationship with the therapist too.

Then, on top of all those transference issues, we have also the issue of attachment. It is likely that you will not have only one trauma client but many. So you are dealing with these behaviours many times a day with different clients, and that is where our post-traumatic transference comes in to play.

We need to be aware of our attachment needs, vicarious trauma and history of abuse, if we have one, because all these issues impact on the relationship with the client, in addition to any culture, language, gender and ethnicity factors I mentioned earlier.

The two types of countertransference responses that we need to be mindful of is Type I: enmeshment, rescuing and boundary violation behaviour, trying to love our clients back to health and being this nice, kind, generous person who is there to give and give.

Or the Type II person being counter-phobic, aviodant, experiencing a numbed response to our clients’ stories, not having an appropriate empathic engagement with our clients. It is most important that we understand our own attachment style. It is not enough to understand our clients’ attachment style, we need to understand our own and look at how the clients’ and our own attachment style interact. Most of the case consultations I give client and therapist in some kind of an impasse. Attachment issues are often the piece that is getting all caught up.

If we are not cognisant of attachment dynamics we will find ourselves stepping on the Triangle very quickly. We might go into rescue mode and if we are in rescue mode, what does it look like? Well we might go over time or we might have excess out-of-hours contact with our clients. We might be the victim in the relationship and by that I mean accepting unreasonable behaviour from clients.

We also have to be careful that our anxiety is not getting all caught up, if we are not cognisant of attachment dynamics we will find ourselves stepping on the Triangle very quickly. We might go into rescue mode and if we are in rescue mode, what does it look like? Well we might go over time or we might have excess out-of-hours contact with our clients. We might be the victim in the relationship and by that I mean accepting unreasonable behaviour from clients.

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So I looked at her and I said, “The bottom line is, if you kill yourself I can’t keep on working with you”. Luckily I had a very good sense of humour and we repaired very quickly and moved on. But these are the kind of situations we can very easily find ourselves in and we need to find a way to navigate ourselves and our clients through these issues.

We need to look after ourselves first, because if we are not taking care of ourselves that is when we will find ourselves in vulnerable and risky situations with clients. So making sure we are being nurtured and rested; that we have good supervision; if we have got a trauma history and a client triggers our history, that we go back into therapy; that we do professional development; all these sorts of things are about taking care of ourselves first. It will not stop us from finding ourselves in situations where we get on the Triangle with a client, but it will minimise it and it will enable us to recognise it much quicker and get things back on track, rather than the situation spiralling out of control.

I mentioned at the beginning the importance of psychoeducation and stabilisation and this is the crux of the work with our clients. Many clients will not get beyond this stage. In many cases we need to accept that some will not progress beyond phase one, but it is better than where they were at before.

So focusing and getting phase one work under the client’s belt is going to get us on a more solid ground because it is when we are either pushing our clients, or they are pushing themselves that we get into those risky situations on the Triangle. We are aiming to work within the window of tolerance. We want those arrows to be a little bit peaking over the lines. So we stretch our clients a little bit beyond their comfort zone, but not so that they either shoot off into a hyperaroused state and go into fight or flight, or they shut down and go into freeze and submit.

In terms of staying off the Triangle I do not want to frighten you into thinking: “I’ve got to be so concerned about not harming my clients that I’m not going to try new things and experiment”. We need to be careful that we are not walking on eggshells and not prepared to try new things. We need to also stretch ourselves in terms of being open to different strategies, new things that might work with one client but will not necessarily work with another. As Einstein famously said, “Anyone who has never made mistakes has never tried anything new.” I do not know about you, but I have found myself making a mistake, otherwise that will inhibit you, you will not be authentic.

Finally, thank you for your commitment to assisting your clients and for making a difference to those who are suffering, because it is really hard work and it does take its toll on us. When you have worked with trauma you are changed forever. Once the veils are lifted and you know what is going on out there you cannot put that client back. And that’s why it is important we acknowledge each other in the work we do. So I would like to extend my thanks to you. "

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32 REFUGEE TRANSITIONS • ISSUE 32

REFUGEE TRAUMA AND DISSOCIATION: REINTEGRATING LOST PARTS OF ONESelf

33