Research

Fractured lives, broken biographies

by Hubert Filser

Survivor of a massacre: This 16-year-old was among those who survived Anders Breivik's killing spree on the Norwegian island of Utoya, which claimed 69 lives.
Source: Wang Qingquin/Xinhua Press/Corbis

Deeply distressing experiences such as torture, abuse or armed conflict can result in long-lasting psychological damage. Psychologist Willi Butollo has developed a successful strategy for the treatment of such post-traumatic stress disorder.

What is like to be the driver of the oncoming train when someone suddenly jumps off the platform onto the track right in front of the engine? To hear the shots as a young man murders 17 people within a matter of minutes in the next room? To be nearby when a suicide bomber in Kabul activates the detonator, and the air is abruptly filled with smoke and shrapnel and the smell of charred flesh? To catch the subtle change in Daddy's voice and realize that he will be in your bedroom in a moment to do those painful and shameful things he has done to his little girl so often before?

Extreme situations like these are very difficult to fathom. The general public is shocked by the subsequent reports, but how much worse must it be for those who have lived through such horrors? The traumatic images remain with the victims, often for the rest of their lives, like a dull echo that refuses to fade. The Munich trauma therapist Willi Butollo has had more experience than most with individuals who have been psychologically scarred by violence. He has treated victims of torture and sexual abuse, and cared for relatives of victims of the shootings in the Gutenberg School in Erfurt and for members of the German contingent in Afghanistan. "The experience of extreme violence calls into question not only a person's self-image, but also his perception of his fellow humans and the world as a whole," says Butollo. He has been working with traumatized patients since the mid-1980s, and is regarded as a pioneer of trauma research in Germany. As Director of the Unit for Clinical Psychology and Psychotherapy at LMU, Butollo has developed his own method for the treatment of psychological trauma – so-called integrative trauma therapy, which incorporates elements of behavioral and Gestalt therapy.

Every victim is haunted by a specific image that encapsulates the terrible event.

Butollo's first traumatized patient was the driver of a train on the Munich underground which collided with a man who suddenly threw himself directly into its path. In those days, trauma therapy was in its infancy. After having been kept under sedation in hospital for two days, the driver was sent home, and had to report for duty again the following week. "Naturally enough, all the typical symptoms broke out," Butollo recalls. "He had difficulty in sleeping, was restless and irritable, and unable to shake off the memory of the incident. But he would never have consulted me of his own accord. His wife sent him to us because she could no longer cope with his moods." In long sessions, Butollo tried to make it clear to his patient that he was blameless, that the leap itself was an aggressive act, "like a suicidal bomb attack." Only when he accepted this could the patient deal with his feelings of guilt.

Psychological trauma creates a rift in the victim's world. It can be caused by any horrific experience – war, terrorist attacks, rape, kidnapping, torture or natural disasters such as the recent earthquakes and tsunamis in Indonesia and Japan. The memory of what happened haunts the victim, in the form of recurrent visual, auditory or olfactory recollections. The victims are effectively cut adrift from their previous lives. The syndrome can be precipitated by what one therapist has defined as "exceptionally intensive and threatening events, which are outside the range of usual human experience." This definition is an important criterion for the diagnosis of post-traumatic stress disorder (PTSD). "The trigger can be a single especially unnerving event or an abiding anxiety, as in the case of repeated sexual abuse or in a war situation," says Butollo. The younger the victim, the more shattering is the effect.

The brain attempts to classify such exceptional events as normal, but fails because they are too extreme to be accommodated as everyday experiences. "Our information processing system refuses to integrate the traumatic event," Butollo explains, because this would threaten the coherence of one's image of oneself and the world one inhabits. But the record of the event remains, so the brain attempts to reinterpret it by doubting or denying that the trauma actually occurred. Victims also do everything possible to avoid situations that might remind them of the event or pose a new threat. The horror may be lurking anywhere, the slightest hint of danger can reactivate the old anxiety. And every victim is haunted by a specific image that encapsulates the terrible event. "It is an almost static, icon-like picture," says Butollo. "It is as if a fragment of the experience has been indelibly incised in the memory."

On the look-out for improvised explosive devices: Members of the *Bundeswehr* on night patrol in Kunduz, Afghanistan.

Source: Gambarini/dpa

For trauma victims, impressions of their lives prior to the event become progressively less vivid – with grave consequences for their social relationships, as Butollo notes. Typically, their careers suffer, they lose their self-esteem, become withdrawn, and develop the feeling that others are ranged against them. "The internalized sources of one's sense of security no longer function," as Butollo puts it. Sufferers feel there is nothing they can rely on, and begin to lose their purchase on life. Practical problems mount up. In many cases, years of humiliating struggle are required to convince health insurers of the reality of PTSD as a clinical entity. One single frightening event can throw one's whole life off course.

Trauma-associated autism

The catastrophic loss of the sense of security is something that Butollo has encountered in his many working visits to the world's trouble spots, such as Pakistan, Sudan or Bosnia. And he has personally experienced what it is like to be in fear for one's life. During the Balkan wars, he often worked with professional colleagues while training local psychotherapists in isolated enclaves in Bosnia. He remembers one experience in particular. At the end of a training course, a UN chauffeur arrived to take him and three other therapists back to Mostar. "He was already very shaken when he arrived," Butollo recalls. "He had run into heavy mortar fire on the way," and he, and his passengers, now had to run the gauntlet again on the same 4-km stretch of road north of Mostar. Like the others, Butollo was acutely aware of the danger. "Each individual reacts differently in such a situation. I went quiet, one of my Croatian colleagues chattered incessantly to distract herself, another softly whistled a tune, while the third held her handbag in front of her face. "I don't want to look them in the eye when they shoot me," she said.

Afterwards, Butollo himself experienced the reactions that such nerve-wracking incidents induce, and how they cause one to shy away from the people around one. "When we were finally in safety, I felt incredibly elated. I even thought that the trip was the best thing that had ever happened to me," he says. "But I had no desire to share this reaction. I felt that it had nothing to do with anyone else." He refers to this as trauma-associated autism, and it is a very typical reaction – the strong feeling that no one else can understand what one has been through. It leads traumatized individuals to believe that there is no point in confiding in anyone else. Many victims of trauma, in particular soldiers who have served in Afghanistan, or veterans of the Second World War, are unwilling and unable to talk about their experiences. But this also means that they will never come to terms with them and will never find peace.

His hair-raising journey in Bosnia was also important for Butollo's work. It gave him a better understanding of why it is so difficult to make one's way back into normal life. The self is disjointed. Trauma victims find themselves immersed in their daily routines, but they are repeatedly confronted with recollections of the trauma itself. These flashbacks may

recur constantly, inducing nightmares, intensifying anxiety, undermining one's whole psyche. Traumatized individuals therefore invest a great deal of effort in avoiding everything that might trigger such flashbacks. But the constant effort to repress the memory only makes it more insistent. Finally it becomes the center around which one's life revolves.

Soldiers, for instance, have a conscious desire to return to the combat zone, to re-experience the tensions of war. Their thoughts are constantly occupied with what they felt and saw there, and the normal world simply cannot compete. But recovering a vivid sense of tension is not a useful therapy. A soldier who has survived an assault on his patrol needs time to reflect on, and come to terms with, the experience, if possible in a familiar environment. "That doesn't have to be his home village in Bavaria, it can be a secure section of a military barracks. These soldiers need to feel that they are not in any danger."

But soldiers don't always get the time to readjust, they still have duties to perform. In the context of PTSD, this represents a risk factor. In Afghanistan, soldiers who have been exposed to exceptionally severe stress are often treated in groups. "For many of them this is a good approach, but others just want to be left in peace and allowed to carry out simple routine duties," says Butollo. "Every case is different."

Butollo recounts the case of an experienced *Bundeswehr* officer who had previously served on UN missions in crisis areas around the world and had coped well with extreme situations. In Afghanistan on one occasion, his unit was unable to return to its base after a mission, and had to share quarters with American troops. Their hosts showed little sympathy for their allies' anxieties and treated them in a condescending fashion. "This reaction, and the fact that he was in unfamiliar surroundings, was enough to sweep the ground from under him," says Butollo, and the officer had to be repatriated. This case demonstrates that it doesn't always take an exceptionally trying experience to trigger trauma.

Getting to the kernel of the trauma in direct dialog with the patient

Butollo has often reacted with skepticism to data on the incidence of PTSD released by the German Ministry of Defense, regarding the figures given as being consistently too low. The Afghanistan veterans he has treated have all come to him on the initiative of their families. The *Bundeswehr* has always insisted on solving the problem internally. But there are now signs of a change of heart. In February 2012, the *Bundeswehr* officially made contact with the professional associations that represent psychotherapists, asking for their support. "This is an important step, even if it comes rather late," Butollo says. Meanwhile the troops themselves have become more aware of the phenomenon of trauma. Especially in the case of units who are at greater risk of being exposed to traumatic events, it is important to prepare and inform them in time, so that they have a better chance of coping with the pressures that their duties will involve. "In moments of crisis, we can help them to reach a safe haven," says Butollo.

The longer one is confronted with feelings of insecurity and uncertainty, the greater the degree of trauma that ensues. People who have been systematically tortured have often endured a state of utter helplessness for weeks. They are at the mercy of their captors, and can be mistreated again at any time – an insupportable situation. "At some stage in this unending round of humiliations, people are driven to breaking point," says Butollo. "That, of course, is the torturer's goal." On the other hand, this example shows why a secure refuge, rest and trust are so central to the treatment of traumatized individuals, and why every stress situation makes their condition worse. "First of all, we have to stabilize the patient," says Butollo. "In many cases, they do not seek help themselves; we get to see them only when their relatives can no longer cope." Indeed, very often the patients themselves fail to perceive the connection between their psychological state and the distressing experience that provoked it. Butollo first tries to give them the feeling that they are safe, and helps them to learn patterns of behavior that they can activate if they begin to feel uneasy or agitated. It is a very lengthy process.

The next step is for the patient to learn to confront the traumatic event, to resist and defy the aggressor. Victims of violence have to imaginatively relive the horror in a therapeutic setting and, in so doing, modify it in such way that it can be integrated into their lives. Butollo helps them to face up to the frightful image, so that it loses its power to terrify. "Together we then try to alter aspects of the image, the light, the size of the figures, the colors." In this way, the patient can recover a feeling of being in control of the scene, and overcome his fear of the iconic image that had come to dominate his life. "As the therapist, I too must be able to recognize the image, but I can't allow myself to be touched by the patient's terror," says Butollo. The most difficult cases are those in which the patient is haunted not by a visual image but by penetrating odors, of burnt or decaying bodies for instance. "It is almost impossible to get through to these patients."

Curing a psychological trauma is a very difficult task. Many therapeutic approaches only treat the symptoms – depression, irritability, insomnia. "Unfortunately, current research on trauma is strongly focused on such short-term results," says Butollo. "We in Munich are proud of the fact that we use a different approach, and a new, as yet unpublished, study shows how well it works. We try to get to the kernel of the trauma in direct dialog with the patient." The overall success rate is 70%. "And that is a good score," says Butollo.

On average, a successful course of treatment takes three years. During this time, the victims must also bid farewell to the hope that things will ever be like they once were – before the abuse began, before the shooting, before the tour of duty in Afghanistan. "Patients want to recover their old selves, but we can't promise that," says Butollo. The patients can, however, learn to accept the trauma and integrate it into their lives. "We can show them that integrating the trauma will not obliterate their earlier lives," says Butollo. They recover a coherent biography, they can again perceive their lives as an undivided whole – the rift has been closed. "When that happens, we have essentially respliced the thread of a life."

Translation: Paul Hardy

Prof. Dr. Willi Butollo is Professor of Psychology and Director of the Unit for Clinical Psychology and Psychotherapy at LMU. Born in 1944, Butollo studied at Vienna University, and in 1972 he completed his *Habilitation* at the University of Graz. He then worked at London University before moving to Munich in 1973. Butollo went on to found both the Institute for Psychotherapy and Supervision (IPS) in 1981 and the Munich Institute for Trauma Therapy (MIT) in 1998.

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