


A photograph of a hand with a gold bracelet pointing to a string of colorful beads (red, blue, orange, yellow) on a stone floor. The beads are arranged in a line, and the hand is pointing to the red bead at the top.

Maggie Schauer
Frank Neuner
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Narrative Exposure Therapy (NET)

For Survivors of
Traumatic Stress

3rd edition

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The new edition of the original Narrative Exposure Therapy manual is full of new and valuable information on how to use this effective, short-term, culturally inclusive intervention with survivors of multiple and complex trauma

Extensive evidence shows that six to twelve sessions of Narrative Exposure Therapy (NET) can be sufficient to provide considerable relief from events such as organized violence, torture, war, rape, and childhood abuse. The new manual is even more clearly structured and easy to follow, and includes new figures that help illustrate and guide the reader through the steps of NET. The theoretical sections offer a solid basis for carrying out the therapeutic intervention. The reader is then shown the NET approach step by step, with robust and straightforward practical advice and tools, including how to deal with challenging situations, e.g., how to go deeper when faced with the challenging dynamics of remembering trauma, and how to manage dissociation, avoidance, strong emotions, lost memories, or the sudden emergence of unexpected recollections from the past. NET therapy conversations and resulting narrations from trauma scenes demonstrate the level of Narrative Exposure details required. Finally, the importance of reading back the testimony to the individual is explained.

A new section on the variations of NET details how to offer KIDNET for children and young people, FORNET for victims of trauma who are perpetrators of violence, NETfacts for communities, and ElderNET for older adults as well as online NET (eNET). Experienced therapists also get an idea of how NET is typically trained and how to facilitate NET exercises. Downloadable resources for use in clinical practice include handouts, examples of narrations, and a checklist for adverse life events.

This book is an invaluable resource for clinical psychologists, psychotherapists, psychiatrists, counselors, crisis workers, social workers, health workers, and physicians.



The materials for this book can be downloaded from the Hogrefe website after registration.

"NET stands out among the many other trauma-focused psychotherapies by providing a unique approach to memory processing that embeds this crucial therapeutic work in the survivor's autobiographical lifeline, connecting and re-integrating fragmented memories, and also extending the healing process to the entire community."

Julian D. Ford, PhD, ABPP, Director of the Center for the Treatment of Developmental Trauma Disorders at the University of Connecticut Health School of Medicine; Past President of the International Society for Traumatic Stress Studies; Editor of the *Journal of Trauma and Dissociation*

"In my opinion, there can be no text on trauma and narrative more authoritative than this one. The authors have expertly crafted a manual that provides the perfect marriage of theoretical foundation, scientific evidence, practical step-by-step guidance, and authentic case study discussion, simplifying the heavy lifting of working with traumatised individuals, groups, and communities in different violence-ridden contexts."

Soraya Seedat, MD, PhD, Distinguished Professor of Psychiatry, Faculty of Medicine and Health Science, Stellenbosch University, Cape Town, South Africa

"The authors are to be commended on this excellent update of the NET handbook. The detailed explanation of NET's theoretical basis and step-by-step guidance on the delivery of NET and its adaptations for specific populations will be invaluable to therapists."

Jonathan I. Bisson, DM FRCPsych, Clinical Professor in Psychiatry, Cardiff University, UK; Director of Traumatic Stress Wales

"This manual combines rigorously researched evidence-based methodologies with an unwavering commitment to safeguarding the rights and dignity of those affected by violence, making it an indispensable tool for those working with traumatized individuals and communities."

Angela Nickerson, Professor and Director of the Refugee Trauma and Recovery Program, School of Psychology, UNSW Sydney, Australia

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1 Introduction: Voices of Victims

Experiencing or witnessing a threat to one's life and integrity is considered a traumatic event because it has a lasting impact on the survivor's body and mind. Survivors are often overwhelmed by traumatic memories with frequent exposure to traumatizing experiences, resulting in pervasive fear and distress long after the danger has passed. Individuals who have experienced psychological trauma may feel as though their body and mind are under constant threat, leading to confusion between past and present dangers. Intrusive memories of traumatic events can create a distorted perception of reality, making it difficult for survivors to feel safe in the present moment. This detachment from the present and future can result in feelings of alienation and a disconnection from one's body and soul.

Natural disasters and life-threatening accidents are events that can happen to anyone. Therefore, scientists have long believed that survivors do not perceive disasters as a personal attack. However, humans tend to interpret even natural coincidences as personal, trying to link them to some reason or cause as a form of punishment for their actions.

Intentionally inflicting severe pain and harm violates humanity. Trauma destroys the essence of human interaction within a social setting, including communication, speech, autobiographical memory, dignity, peace, and freedom. It also isolates survivors and halts the natural flow of their personal narrative. In this introduction, we want the voices of those who have survived violent acts and childhood abuse and neglect, as well as torture, terror, and suffering, to be heard. Primo Levi, an Italian Jew born in Turin in 1919, who was deported to the concentration camp Auschwitz in 1943, wrote one of the most significant documents about the horrors of the concentration camp. In *If This Is A Man*, he demonstrated that the dehumanization and degradation of the victims that precedes physical murder is even more terrible than the murder itself.

A dream full of horror has not stopped visiting me, at sometimes frequent, sometimes longer, intervals: I am sitting in a peaceful relaxed environment, apparently without tension or affliction; yet I feel a deep and subtle anguish, the definite sensation of an impending threat. And, in fact, as the dream proceeds, slowly and brutally, each

time in a different way, everything collapses and disintegrates around me, the scenery, the walls, the people, while the anguish becomes more intense and more precise. Now everything has changed into chaos; I am alone in the center of a grey and turbid nothing, and now I know what this thing means, and I also know that I have always known it; I am in the Lager once more, and nothing is true outside the Lager. All the rest was a brief pause, a deception of the senses, a dream.... I have fallen into a rather serious depression. I ask you as a "proper doctor," what should I do? I feel the need for help but I do not know what sort.

Primo Levi (February 7, 1963, p. 25; Auschwitz survivor in a letter to his friend and doctor David Mendel.)

Primo Levi had experienced even more trauma. As a child, he suffered from frequent chest infections. His father, Cesare, was often away working abroad in Hungary, leaving Primo and his mother alone. Primo was described as thin and shy, and he was severely bullied at school for many years, which he believed was due to his perceived "ugliness" (Thomson, 2019). Undoubtedly, the time spent in concentration camps was a traumatic and inhumane experience of unnameable proportions for victims and witnesses. However, it is important to recognize that other factors, such as experiences of marginalization, lack of attachment figures, physical illness, and more, occurring in contexts of persecution and human rights violations, contribute to the deterioration of mental health amidst organized violence and wars. Levi's death in 1987 came as a terrible shock to his friends and admirers around the world – his death certificate cites "suicide." Natalia Ginzburg, a Jewish writer, wrote, "Of those years [in Auschwitz] he must have had terrible memories: a wound he always carried with great fortitude, but which must have been nonetheless atrocious. I think it was the memory of those years which lead him towards his death." (quote in Gambetta, 1999).

The memory of trauma should never be erased. Many survivors believe that denying their experiences is more harmful than the trauma itself. In his account of life as a Moroccan political prisoner, inspired by his own 18 months detainment in an army camp in the late 1960s, Ben Jelloun puts this sentiment into words:

1. はじめに:被害者の声 自分の命や身体の安全が脅かされる経験や目撃は、トラウマ的な出来事とみなされます。なぜなら、それが生存者の身体と心に長期的な影響を与えるからです。生存者はしばしばトラウマ的な記憶に圧倒され、頻繁にその経験を思い出すことで、危険が過ぎ去った後も持続的な恐怖や苦痛を感じます。心理的なトラウマを経験した人々は、自分の身体や心が常に脅威にさらされているように感じ、過去の危険と現在の安全を混同することがあります。トラウマ的な出来事の侵入的な記憶は現実感を歪め、生存者が現在の瞬間に安全を感じることを困難にします。このような現在や未来からの切り離しは、疎外感や身体と魂からの断絶感を引き起こす可能性があります。

自然災害や生命を脅かす事故は誰にでも起こり得る出来事です。そのため、科学者たちは長い間、生存者が災害を個人的な攻撃とは認識しないと考えてきました。しかし、人間は自然の偶然でさえも個人的なものとして解釈し、それを自分の行動に対する罰として結びつけようとする傾向があります。

意図的に深刻な痛みや害を与えることは人間性を侵害します。トラウマは、社会的環境における人間関係の本質を破壊し、コミュニケーション、言葉、自伝的記憶、尊厳、平和、自由を損ないます。それはまた、生存者を孤立させ、個人の物語の自然な流れを止めてしまいます。この序章では、暴力行為や幼少期の虐待やネグレクト、拷問、恐怖、苦しみを生き延びた人々の声を届けたいと思います。

1919年にトリノで生まれ、1943年にアウシュヴィッツ収容所に送られたイタリアのユダヤ人であるブリーモ・レーヴィは、収容所の恐怖について最も重要な記録の一つを残しました。彼の著書『これが人間か』では、犠牲者の非人間化と屈辱が身体的な殺害に先立つものであり、それ自体が殺害以上に恐ろしいものであることを示しています。

「恐怖に満ちた夢が私を訪れるのをやめたことはありません。時には頻繁に、時には長い間隔を置いて。私は平穏でリラックスした環境に座っており、明らかに緊張や苦痛はありません。それでも深い微妙な苦悩、差し迫った脅威の明確な感覚を感じます。そして、夢が進むにつれて、ゆっくりと残酷に、毎回異なる方法で、周囲の風景、壁、人々がすべて崩壊し、分解していきます。その間、苦悩はますます強烈で正確になります。今やすべてが混沌に変わり、私は灰色で濁った無の中心に一人です。そして、私はこのことが何を意味するのかを知っています。そして、私はこれを常に知っていたことも知っています。私は再びラーゲル(収容所)にいるのです。そして、ラーゲルの外では何も真実ではありません。他のすべては一時的な休息、感覚の欺瞞、

夢でした.....私はかなり深刻な鬱状態に陥っています。私は「適切な医者」としてあなたに尋ねますが、私は何をすべきでしょうか？助けが必要だと感じていますが、どのような助けが必要なのか分かりません。」 プリーモ・レーヴィ(1963 年 2 月 7 日、p.25; アウシュヴィッツ生存者が友人で医師のデイビッド・メンデルに宛てた手紙)

プリーモ・レーヴィはさらに多くのトラウマを経験しました。幼少期には頻繁な胸部感染症に苦しみました。父親のチェザーレはハンガリーで働くことが多く、プリーモと母親は二人きりで過ごすことが多かったのです。プリーモは痩せていて内気な性格で、学校では何年もひどくいじめられ、それが彼の「醜さ」と見なされていたことが原因だと信じていました。間違いなく、収容所での時間は犠牲者や目撃者にとって言葉にできないほどの非人間的でトラウマ的な経験でした。しかし、迫害や人権侵害の文脈で起こる周縁化の経験、愛着人物の欠如、身体的な病気などの他の要因も、組織的な暴力や戦争の中で精神的健康の悪化に寄与することを認識することが重要です。

1987 年のレーヴィの死は、世界中の友人やファンにとって大きな衝撃でした。彼の死亡証明書には「自殺」と記されています。ユダヤ人作家のナタリア・ギンズバーグは、「アウシュヴィッツでのあの年月の記憶は彼にとって恐ろしいものであったに違いありません。それは彼が常に大きな忍耐力を持って耐えていた傷でしたが、それでもなおひどく苦しいものであったはずです。私は、その年月の記憶が彼を死へと向かわせたのだと思います。」と述べています。(ガンベッタ、1999 年の引用)