NARRATIVE EXPOSURE

Frank NEUNER, Univ. Bielefeld, Postfach 100131, 33501 ph: +49 52110 644932
Maggie SCHAUER, T ELBERT, Psychology Department, University of Konstanz, Fach D25, D-78476

Definition: A form of exposure for clients with PTSD which encourages them to tell their detailed life history chronologically to someone who writes it down, reads it back to them, helps them integrate fragmented traumatic memories into a coherent narrative, and gives that to them at the end as written testimony. Describing personal experiences in detail facilitates imaginal exposure to traumatic memories. Developed for refugees from diverse backgrounds who live in unsafe conditions, narrative exposure serves not only therapeutic but also social and political purposes by recording human rights violations.

Elements: Narrative exposure targets fragments of traumatic memories (sensory, physiological, cognitive, emotional) and aids their integration. It includes:
- Education about PTSD symptoms and need to face the traumas (exposure)
- Helping the client narrate and relive the traumas in detail with accompanying sensations and feelings (imaginal exposure)
- Reframing the victim’s role into a survivor’s role by contributing to the fight against human rights violations with their own testimony.

Related procedures: Prolonged exposure, life reminiscence therapy, testimony therapy, guided fantasy, behaviour rehearsal.

Application: Individual sessions with a client and a helper in psychology/medical clinics or huts/tents in refugee settlements. Helpers may be psychologists, psychiatrists, or briefly trained local therapists (e.g. refugees) without psychological or medical education.


References:

Case Illustration
During the Rwandan civil war Eric fled from his village to Uganda and stayed in a refugee settlement for ten years. He had recurring intrusive images and nightmares of past events. At age 24, in the camp he met a Rwandan therapist via an aid organization. The therapist encouraged Eric to overcome avoidance and talk at length about his traumatic past. During six 90-minute sessions the therapist wrote down Eric’s
description in Kinyarwanda. It included Eric’s life from birth and childhood in the peaceful period prior to the war to the current situation. His telling of the death of his family was hard to follow as it was often fragmented by intrusive memories of hiding in the grass, his mother crying, seeing her and four siblings being shot by armed rebels, noises of bullets, deformed bloody bodies. The therapist helped Eric to face these feelings (imaginal exposure) and sensations (heart beating fast, feeling his legs running), put them into words, and integrate them into the narrative. After giving detailed descriptions Eric felt some relief. The therapist reread the written narrative to Eric, asking him to listen carefully and to add to and correct it as needed. Thereafter the therapist helped him explore later traumas in the same way and continue thus until he reached the present. In session 6 the therapist reread Eric’s full narrative to him and presented him with a handwritten copy of the testimony. Eric still felt strong grief and loss around his family’s death, but with significant relief as he could talk about and share these events for the first time in his life. At 6-month follow-up his symptoms were so reduced that PTSD criteria were no longer met. Though Eric could not read, he kept his written testimony in his hut as he wished to show it to his children once they were grown.