Narrative Exposure Therapy (NET):
Culturally Sensitive Trauma Treatment for Khmer Rouge Survivors

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Introduction

In Cambodia, pragmatic, community-based and culturally sensitive trauma treatment approaches are needed in order to assist survivors of mass atrocity and civil war. Narrative Exposure Therapy is a short-term trauma treatment approach deriving from Cognitive Behavior Therapy and Testimony Therapy. The Transcultural Psychosocial Organization Cambodia (henceforth ‘TPO’) has been developing a cultural adapted version of Narrative Exposure Therapy by integrating Buddhist and traditional practices. In 2010, a treatment study was conducted aiming at evaluating the efficacy of the original Narrative Exposure Therapy version and the newly developed culturally adapted approach in post conflict Cambodia. 75 Khmer Rouge survivors, who presented with posttraumatic stress symptoms, were offered and accepted participation in the treatment study. Both approaches demonstrate a significant reduction in posttraumatic stress symptoms and depression scores, but TPO’s cultural adapted approach proved to be more effective as evidenced in a steeper decline in Post Traumatic Stress Disorder (PTSD) symptoms relative to the original Narrative Exposure Therapy counterpart. The results indicate that the integration of religious and cultural practices and rituals is an important element in the process of meaning making and coping with loss and trauma in Cambodia's spirit-based culture.

Background

Modern Cambodian history has seen some of the worst horrors of the 20th century. After becoming embroiled in the international conflict in Indochina Cambodians experienced appalling atrocities committed by the Khmer Rouge genocidal regime from 1975 to 1979. The Khmer Rouge communist leaders turned Cambodia into a killing field where nearly 2 millions Cambodians, fully one quarter of the population, were killed or died by execution, starvation, exhaustion from forced labor, malnutrition and torture.⁴ Hundreds of thousands fled across the border into neighboring Thailand. The Khmer Rouge (henceforth ‘KR’) imposed radical social transformations to Cambodians traditional society and dismantled people from their spirit-based culture contributing to mental health disorders as people were not allowed to address monks as resource persons and as families, the main social units in Cambodia that offer emotional support, were viciously attacked and supplanted by collectives. Many Cambodians refer to the period of Democratic Kampuchea as “the regime of three years, eight months and twenty days”, as if every single moment of that period has been permanently seared into their memories.

Brutal and arbitrary executions carried out by KR cadres against perceive subversive elements or during purges of their own ranks between 1976 and 1978 are considered to have constituted genocide. The Khmer Rouge government arrested, tortured

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and eventually executed anyone suspected of belonging to several categories of supposed “enemies”, e.g. anyone with connections to the former or with foreign governments, intellectuals (in practice this included almost everyone who could read and write), ethnic Vietnamese, Chinese, minorities in the eastern highlands, Cambodian Christians, Muslims and Buddhist monks. Beside the well-known torture center S-21 in Phnom Penh, where app. 14,000 persons lost their lives, security centers were widespread across the rest of the country. The Documentation Center of Cambodia lists up at least 195 documented torture and death centers.

In recent years, reconstruction efforts have progressed and some political stability has returned. However, despite significant assistance from bilateral and multilateral donors, the devastation wrought by the KR regime continues to haunt the country and paralyze its development efforts. The population of Cambodia is 14.8 million (UN, 2005) and gross national income per capita is US$380 (World Bank, 2006). Measured by both income and broader human development indicators, Cambodia is among the poorest countries in the world, e.g. it ranks 121 of 162 countries in the world on the human development index, lower than Myanmar, Indonesia and Vietnam.

The high level of exposure to war trauma affected Cambodia’s population on multiple levels. A recent population-based study by Sonis demonstrates that 14% of Cambodians over 18 years suffer from Post Traumatic Stress Disorder (PTSD), whereas de Jong estimates that two out of five Cambodians suffer from mild to severe mental and psychological problems.

On 30 March 2009, the Extraordinary Chambers in the Courts of Cambodia (henceforth ‘ECCC’) commenced its first trial in the case against Kaing Guek Eav, alias Duch. The ECCC, also known as the Khmer Rouge Tribunal, is a hybrid international tribunal established in 2006 to try senior leaders of the KR and those who were most responsible for “the crimes and serious violations of Cambodian penal law, international humanitarian law and custom, and international conventions recognized by Cambodia, that were committed during the period from 17 April 1975 to 6 January 1979.”

In contrast to other international tribunals, the ECCC offer a unique and unprecedented mechanism for victims to participate directly in the proceedings as Civil Parties. The Civil Party mechanism gives key beneficiaries of ECCC proceedings – the victims – direct access to justice and the opportunity to present their personal experiences, views and concerns. In Case 001 90 KR victims have been accepted as civil parties. Their example has given rise to an enormous interest by KR victims to apply as Civil Parties for the upcoming Case 002. More than 3.800 KR victims have been recognized as Civil Parties in Case 002.

But what effect will the trials have on survivors? Some have suggested that countrywide mechanisms for dealing with legacies of widespread violence, such as tribunals, may help reduce mental health symptoms and associated impairment. However, others have suggested that trials may actually increase PTSD prevalence and severity by ‘re-traumatizing’ survivors. As stated by Stover, “…one can hardly expect victims and witnesses to come to a state of ‘psychological healing’ after recounting a

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5 http://www.dccam.org/Database/Geographic/Index.htm
7 de Jong, J. (2002). Trauma, War and Violence. Springer
9 Sonis, J. et al. (2009)
highly traumatic experience in a public setting that in and of itself might be threatening.” In his recent population-based study Sonis points out that although Cambodians have positive attitudes towards the trials, most were concerned that the trials would bring back painful memories. Stammel found, that KR victims, who applied as Civil Parties, experienced more traumatic events than other KR victims and have higher rates of PTSD symptoms. Consequently, she points out that psychological assistance is urgently needed, especially for those, who are participating actively in the tribunal's proceedings.

TPO is currently the only actor providing psychological services to Civil Parties at the ECCC. Searching for pragmatic, effective and culturally sensitive trauma treatment methods for KR survivors TPO developed a culturally sensitive trauma treatment approach. The paper will present the approach and discuss results of a treatment study with KR trauma survivors.

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i) Rationale for the treatment study:

In recent years research on therapy of PTSD has made a considerable progress. Cognitive behavioral exposure techniques have proven to be the most successful interventions in treating PTSD. However, exposure techniques applied to clients suffering from traumatic stress in industrialized countries cannot be easily transferred to victims of mass atrocity and war. Current research emphasis is now more than ever being placed on developing appropriate interventions that address the needs of survivors experiencing a range of symptoms after trauma exposure. Given the pervasiveness of war and conflict-related trauma, especially in resource poor countries, interventions tailored to suit the circumstances of the overwhelming number of such survivors are especially in demand. However, treatment outcome studies in this field are still few.

In Cambodia only few KR victims are able to attend counseling sessions on a regular base, necessary for the application of conventional therapies. Most conventional psychological therapies require weekly or fortnightly attendance by the client, with a minimum length of 6 months for the therapy process. This is rarely possible in rural settings, where people only attend health care facilities that are in close proximity to their homes and do not have financial resources to travel to the capital. Given large numbers of people and limited monetary resources any psychotherapy that will take place must be brief and pragmatic. In addition, the method must be adaptable to the Cambodian cultural environment and easy for local personnel to learn. It is therefore important to identify short-term, community-based, culturally sensitive, psychosocial interventions, which can easily be implemented by mental health workers, community workers or human rights activists and do not require large staff numbers.

ii) Methodology

TPO uses a trauma treatment approach that was specifically developed for the treatment of posttraumatic stress resulting from organized violence: Narrative Exposure

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11 Sonis, J. et al. (2009)
Treatment (NET).\textsuperscript{14} NET is a standardized and manualized version of the ‘Testimony Therapy’ approach first described by Lira and Weinstein (published under the pseudonyms Cienfuegos and Monelli, 1983) in Chile and since been tested in different socio-cultural settings.\textsuperscript{15} NET is a short-term treatment approach to trauma that integrates therapeutic components deriving from Cognitive Behavior Therapy and Testimony Therapy. The focus of the therapy procedure is twofold: As with exposure therapy, one goal is to reduce the symptoms of PTSD by confronting the patient with the traumatic memories. However, recent theories of PTSD and emotional processing also suggest that the distortion of the explicit autobiographic memory about traumatic events leads to a fragmented narrative of traumatic memories, which results in the maintenance of PTSD symptoms.\textsuperscript{16} Thus, the reconstruction of autobiographic memory and a consistent narrative should be used in conjunction with exposure therapy. NET places a focus on both methods, that is, the habituation of emotional responding to reminders of the traumatic event and the construction of a detailed narrative of the event and its consequences.

Based on its organizational mission - to combine western and local approaches to trauma healing - TPO has been adapting the testimonial method by integrating traditional and religious practices in cooperation with local pagodas and Buddhist monks. The integration of traditional and religious practices - chanting of monks, blessing and purification rituals, the use of protective strings - reflects the significance of traditional coping mechanisms in Cambodia's spirit based culture. The worldview of individuals is shaped by the classical Theravada Buddhist doctrine and its understanding of Karma as much as the belief in the supra-natural world. These beliefs influence people's responses to misfortune, poverty, psychosocial misery and mental disorder\textsuperscript{17} and have implications for trauma theory and interventions.

In TPO’s culturally adapted NET approach, KR victims are invited to talk about their traumatic experiences. In cooperation with a therapist they restore their painful memories and convert them into a written document: a testimony. The testimony is read aloud and delivered to the survivors by monks from a local pagoda in a Buddhist delivery ceremony in presence of other survivors, relatives and/or community members. The therapeutical effect of this practice is multi-layered: The public delivery of the testimonies in presence of Buddhist monks, other survivors and community members promotes acknowledging of suffering and the de-stigmatization of victims and thereby allows survivors to restore their dignity. It further allows survivors to ease the suffering of the spirits of ancestors and to pay honor to deceased relatives. According to Buddhist beliefs, the spirits of deceased persons have difficulties in transmigration from one lifetime to the next, if funeral rites cannot be accomplished. As most KR survivors do not know how and where their family members came to death, the subsequent conduction of ceremonies and offering of goods is a way to satisfy the demands of the spirits, so they can exert their positive influence on the left-behind survivors.

75 Khmer Rouge survivors, who presented with high scores of posttraumatic stress disorder (PTSD) symptoms according to the Post Traumatic Stress Disorder Checklist (PCL-C), were offered and accepted participation in the treatment study. Participants were randomly assigned to either the original NET approach or TPO’s


\textsuperscript{15} For further details on NET and publications see: http://www.vivofoundation.net/


adapted NET version. Symptoms of PTSD (PCL-C) and depression (Hopkins Symptom Checklist-25; HSCL-25) were assessed prior to treatment and after a 3 and 6 month follow-up. Additional measures were applied to examine unresolved grief and continuing bonds to deceased relatives. A number of qualitative measures were used to explore victims’ perception of the testimony as well as the elements of the Buddhist ceremonies.

**Results**

Both approaches produced a significant reduction in the posttraumatic symptoms and depression scores. However, TPO’s cultural adapted NET version proved to be more effective as evidenced in a steeper decline in PTSD symptoms relative to the original NET counterpart (final quantitative results will be presented). The findings also demonstrate that producing and receiving a testimony that documents traumatic experiences is an essential element in promoting rehabilitation for victims of severe human rights violations. The qualitative results further indicate that coping with political violence is centrally linked to cultural and societal constructions of meaning. The Western individualistic, bio-medical approach to trauma as represented by the concept of PTSD is ill suited to describe suffering in Cambodia’s spirit-based culture. The continuing bonds to the ancestors help survivors to deal with and make sense of personal losses: “The importance of relations with the ancestors helps explain the suffering of people who were never able to organize for the necessary rituals at the death of family members. The notion of 'making merit' and the effect it may have on the next life, as well the certainty that no deeds will remain without consequences, are important notions in understanding psychological problems as well as potential solutions.”

Offering goods to the monks is perceived as producing merits, which are sent along to the dead in order to ease their suffering and to make their future existence as good as possible. As the dead are still connected to the living, the quality of these relationships and dynamics is essential in understanding and influencing survivors’ mental well-being. Combining trauma exposure techniques with the promotion of social acknowledgment and the integration of religious and traditional practices seems to be a promising approach to address the multiple aspects of traumatization caused by political violence in Cambodia.

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