



President's Column

Marylène Cloitre, PhD
President

Dear Colleagues,

It is now September and early registration to the 2011 ISTSS Annual Conference is available until the 22nd of the month. Register now to take advantage of substantial savings. This year's meeting theme is "Social Bonds and Trauma Though the Life Span." There are no more important social bonds than the ones among ISTSS members. The conference is a great opportunity to see old friends, rejuvenate professional relationships and develop new ideas and potential collaborations. So, please join in. The conference will be held November 3-5, 2011 at the Baltimore Marriott Waterfront hotel in Baltimore, Maryland, USA.

Take a look at the [preliminary program](#) on the ISTSS website to review the exciting presentations and various social activities that will be available. Each day of the conference will feature a [keynote address](#); Thursday morning, author and filmmaker Alex Kotlowitz will present with CeaseFire Violence Interrupter Eddie Bocanegra. Kotlowitz is a producer of the highly regarded and award winning new documentary film *The Interrupters* directed by *Hoop Dream* director Steve James. The film, which follows three young people who participate in a community approach to ending violence, will be shown at the conference.

Judith L. Herman, MD, will deliver a keynote address on Friday which will explore gender-based violence across the globe and the social context of

IN THIS ISSUE:

President's Column	1
ISTSS 2011 Annual Meeting – Register Now!	2
Book Corner	3
2011-2012 ISTSS Election Results	4
Trauma and World Literature	5
Indirect Exposure to the September 11 th Attacks and Post-Traumatic Stress	6
Oslo and Utøya: Trauma as a Screaming Wakeup Call	8
Virtual Reality as a Beneficial Tool for Experimental Research into PTSD	10
News Briefs	12
Upcoming Events	13

shame, isolation and secrecy in which it is allowed to thrive and grow. Saturday's keynote speaker will be Stephen Suomi, PhD. He will report on the behavioral and biological consequences of adverse early social experience, including generational effects in Rhesus monkeys. Dr. Suomi has been a leader in identifying that most of these effects are reversible following targeted environmental interventions and now presents consideration of whether the patterns of gene expression in these monkeys are also reversible.

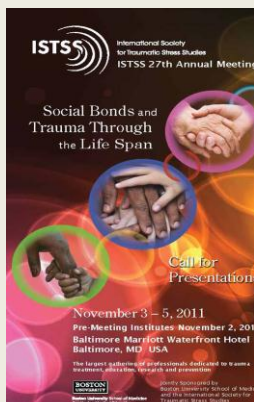
In addition to these exciting keynote presentations, there will be high quality [pre-meeting institutes](#) as well as scientific sessions, clinical dialogues, workshops and [master clinician presentations](#) on diverse topics by presenters from around the world. Co-chairs Christie Jackson, PhD, and Bradley Stolbach, PhD, have worked hard to organize an exciting conference with presentations offering both substance and innovation, which will be worth your while. I look forward to meeting current members, new members and those I hope will soon become members.



REGISTER NOW for the ISTSS 27th Annual Meeting!

November 3–5, 2011

Baltimore, Maryland, USA



The 27th Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) is just around the corner. The meeting will be held at the Baltimore Marriott Waterfront Hotel from November 3-5, 2011 with Pre-Meeting Institutes on November 2. [Register now!](#)

The ISTSS Annual Meeting is the year's largest gathering of professionals dedicated to trauma treatment, education, research and prevention.

This year's meeting theme is "Social Bonds and Trauma Through the Life Span" and includes more than 100 presentations, symposia, workshops, case studies, panels and posters over three days.

2011 Annual Meeting Highlights:

[Four Keynote Sessions](#)

[Eight Featured Presentations](#)

[Three Master Clinician Sessions](#)

[12 Pre-Meeting Institutes](#)

Questions? Contact [ISTSS](#).

Early Registration Deadline

September 22, 2011

Marriott Waterfront Hotel Registration Deadline

October 3, 2011

Online Registration Deadline

October 12, 2011

The ISTSS 27th Annual Meeting is supported in part by education grants from the following:

Platinum Supporter: NIMH

This event is supported by National Institutes of Health Grant Number R13MH078814 from the National Institute of Mental Health. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute of Mental Health or the National Institutes of Health.

Silver Supporter: Wiley-Blackwell

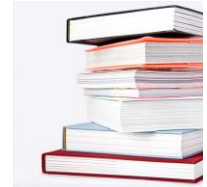
Bronze Supporter: Sheppard Pratt Health System

The Trauma Disorders Program at [Sheppard Pratt](#), part of the nationally and internationally renowned Sheppard Pratt Health System, provides inpatient treatment for all stages of psychological trauma recovery. Integrating an intensive multi-disciplinary approach through individual therapy, milieu, and process-oriented, experiential and psycho-educational group therapies, our expertly trained treatment team provides a structured, supportive environment to facilitate stabilization and step-down to other levels of care, both in our continuum and in home communities.



Book Corner

Parastou Hassouri, JD
Cairo, Egypt



Review of: Niaz, U. (2011). *Wars, Insurgencies, and Terrorist Attacks: A Psychosocial Perspective from the Muslim World*. New York: Oxford University Press.

In the preface to her book “Wars, Insurgencies, and Terrorist Attacks: A Psychosocial Perspective from the Muslim World,” Unaiza Niaz, herself a psychiatrist and professor of psychiatry, tells us that her purpose in writing this book is to fill a gap – that very little academic research pertaining to psycho-trauma in the Muslim world following 9/11 and the ensuing global war on terror is available.

That she wants to discuss trauma in the Muslim world is the crux of this book, as following the 9/11 attacks, concern about terrorism, safety and the future has become a paramount concern for the so-called “Western world,” (whether this is genuinely so or whether politicians are manipulating the discourse is a separate issue). However, what Niaz seeks to show is that, in fact, the brunt of the global war on terror has been born by Muslims, as some live in countries that have become the staging ground for this so-called war, and others have been living with violence due to conflicts that pre-date 9/11, but are important to understand as contributing to growing militancy in these countries.

Niaz’s book is certainly ambitious. She sweeps broadly across several countries and conflicts, summarizing the history of the conflicts and its mental health impact on the population. However, the price paid for this broad sweep is that no one conflict is explored in depth, nor are the mental health aspects explored thoroughly. Readers living in these countries or familiar with the politics and history of the region may not find much new in Niaz’s book, but for readers unfamiliar with the context, it is a valuable introduction.

Niaz devotes the first three chapters of her book to a background discussion of terrorism, its history, and its causes. Her goal in this section seems to be to make the reader understand that terrorism, though now associated in the mind of many “Western” readers with the Muslim world, has nothing to do with Islam, and in fact predates the religion all together. She goes as far back as the Romans, identifying the Zealots of Judea as one of the earliest groups to engage in acts that could today be identified as terrorist acts.

The other point Niaz wishes to make in this introductory section is that terrorism, and how it is defined, is subjective. Indeed, there is no universally accepted definition of terrorism, even as some international instruments have attempted to define it. This is partly because, as the saying goes, “one man’s freedom fighter is another man’s terrorist,” and as Niaz points out, national determination struggles waged by groups like the Irish Republican Army or the African National Congress can, and have been seen, as terrorist acts. So, the definition of terrorism, in a way, will depend on who is doing the defining.

Niaz then turns to the etiology (the causes) of terrorism, and discusses the various theories that have been put forth to explain why someone may become a terrorist. These theories – whether drawing from psychoanalytic theory, social learning theory, or biological theories – are just that, theories.

Niaz highlights the work of some psychologists who have tried to identify risk factors or other common experiences that may help paint the psychological profile of a terrorist, but ultimately, she finds that these theories are inconclusive. For instance, although disadvantaged environments are commonly thought to be more likely to produce terrorists, not all terrorists come from impoverished backgrounds – Osama bin

Book Corner continued from page 3

Laden was a prime example of this. Again, Niaz is driving point the home that despite what one may hear discussed by so-called experts that appear on Western television programs, there is nothing specific to Islam or to conditions in Muslim countries that would necessarily drive someone to become a terrorist. For Niaz, it is also important that the reader understand the historical and political context of this global war on terror. She concedes that many of the terrorist attacks, wars, and insurgencies that dominate the news headlines today occur in Muslim countries. But she wants to ensure that readers who may not be familiar with the political history of the Muslim world know that some of the issues plaguing the region today have their roots in post-colonial dynamics and the aftermath of World War I and II. To this end, she has a chapter in which she attempts to discuss many of the conflicts in the region from the past few decades – from the Israeli-Palestinian conflict to the conflict in Kashmir. Due to constraints of time and space, this discussion is necessarily brief and at times simplified.

After laying this ground work, Niaz devotes the rest of her book to the impact of the war on terror in the Muslim world. She wants especially the Western reader to know that despite the preoccupation with terrorism and safety in the West, it is the people in the Muslim world who have borne the brunt as countries like Pakistan have become the staging ground for a battle between the armies of the U.S. and insurgents, with innocent civilians paying the highest price.

Throughout the book, she has guest contributions from other psychiatrists and psychologists from Muslim countries dealing with conflict: Algeria, Lebanon and Palestine. And there are sections based on the author's own experiences working with internally displaced persons in Pakistan. A chapter on trauma in vulnerable groups is devoted to women and children, exploring the issues they face in times of conflict.

Niaz devotes a short chapter to trauma-related conditions and treatment, the emerging field of disaster psychology and the various interventions that are made in such contexts. For Niaz, there is a role that mental health professionals can and must play to mitigate the impact of conflict.

The last chapter, called the "Triangle of Human Rights Violations," authored by a guest contributor, makes the point that the war on terror itself has led to human rights violations, citing Guantanamo and Abu Ghraib, which resonated widely across the Muslim world. These incidents, in addition to many others, for instance the civilian casualties that result from drone attacks, feed into terrorism – starkly demonstrating that violence begets more violence.

Niaz's work does an important job in establishing the need to look at psycho-social trauma in the countries where the "war on terror" is actually being waged. It also explains the context of that trauma for those populations, for whom the "war on terror" is just another phase of what for many are long and entrenched conflicts. Her book can serve as a useful introduction for those entering the field and a guide for further research.

Congratulations to the 2011–2012 Newly-Elected ISTSS Leadership

ISTSS President-Elect:

Karestan C. Koenen, PhD

ISTSS Board Members:

Kathleen Chard, PhD

Grete A. Dyb, MD, PhD

Dean Kilpatrick, PhD

Ruth A. Lanius, MD, PhD

Daniel L. Mosca, MD

Eric Vermetten, MD, PhD

Congratulations to the new president-elect and board members.

Thanks to all those who were nominated and ISTSS members who participated in the election.

Trauma and World Literature:

They Also Serve...When a Service Member is Wounded, A Family is Wounded

Harold Kudler, MD

Durham VA Medical Center

In the poem, "On His Blindness" (1655), John Milton (1608-1674), considers whether his loss of sight and subsequent inability to fully employ his God-given abilities will diminish him in the eyes of God. He concludes instead that God is most satisfied with those who best bear their burdens: "They also serve who only stand and wait" (line 14).

That 17th century epigram may also be applied to the families of service members and veterans. Military family members may not deploy to the combat area but they none-the-less serve by standing and waiting. And sometimes that waiting doesn't end with the deployment. This is strikingly illustrated by Charles Coleman in his 1980 novel, *Sergeant Back Again*. Coleman's novel of the Vietnam War, inspired by his own service in that war, has recently been released in a 30th anniversary edition embedded within a new anthology of critical and clinical commentary. For full disclosure, I want to point out that I contributed a psychiatric perspective within that commentary.

At the conclusion of *Sergeant Back Again*, the protagonist, Army medic Andy Collins, notices "a young woman sitting on a bench with an old man in the restricted-No-Visitors-Allowed-area" (p.284). The man turns out to be Collins' former commanding officer in Vietnam, now shriveled and demented, "wasted" by the burdens of war. The young woman is his daughter, Ginger.

As Collins contemplates "the crazed expression on the face of his commanding officer" (p.286), he says:

"None of us will ever really come home again, Ginger. There is no coming back home when your beliefs are destroyed, your soul shattered. We are war orphans, as a friend of mine once said."

"So am I, Andy."

Collins looked inquisitively at Ginger.

"I'm a war orphan too," she repeated. "I've lost a father. I mean, this is not the man I've known for 20 some years."

Collins was about to say that you can be an orphan to yourself. But as the meaning of Ginger's statement beckoned his empathy, it occurred to him that there was a bond between the veterans and their families that went way beyond the battlefield. He realized then that the possibility of making some sense of the non-sense was not the futile plea of a madman. (pp. 286-7)

Veterans of all wars and all their families serve in ways not always recognized by the public at large. The United State Department of Defense and Department of Veterans Affairs are making innovative strides in serving the nation's war fighters within the context of their families. While these efforts have been prompted by recent wars, they also "lift boats" for all generations.

Charles Coleman has recently founded the [PTSD Press](#) to promote greater awareness of the causes, conditions, effects and treatment for survivors of traumatic events and publish relevant, compelling and thought-provoking insights into traumatic events and environments by portraying and documenting individuals in crisis and their outcomes.

Citation

Milton, John, (1655) On His Blindness in Quiller-Couch, Arthur Thomas, Sir. The Oxford Book of English Verse. Oxford: Clarendon, 1919, [c1901]; Bartleby.com, 1999. www.bartleby.com/101/. [Accessed July 31, 2011].

Coleman, Charles A. (2010) Sergeant Back Again-The Anthology of Critical and Clinical Commentary. Volume 1. PTSD Press, Chapel Hill, NC.

Indirect Exposure to the September 11th Attacks and Post-Traumatic Symptoms

Michael Brodsky, MD

Bridges to Recovery and UCLA Department of Psychiatry

The 10th anniversary of September 11 has arrived, and it is difficult to overstate the pervasive effects of that day's catastrophic events on American society and the American psyche.

For the victims of September 11, and their friends and loved ones, the road to physical and emotional recovery has been long and arduous. The *New York Times* (2011) reported earlier this month that 10,000 first responders and civilians are currently receiving psychological treatment related to September 11. Some surviving victims and rescuers may never fully recover. Our thoughts and sympathies naturally extend to those who seek healing from the terrible physical and psychic wounds they sustained.

The vast majority of Americans were not personally jeopardized by the attacks of September 11. Yet, research suggests that many Americans with no direct involvement in the attacks subsequently developed signs and symptoms of post-traumatic stress disorder (PTSD) including insomnia, avoidance, and an increased startle response (Ahern, Galea, Resnick, and Vlahov, 2004; Kinzie, Boehnlein, Riley, & Sparr, 2002; Schlenger et al., 2002).

Schlenger and colleagues (2002) reported that one to two months after the attacks, more than 11 percent of American adults were experiencing clinically significant psychological distress (this figure was within the expectable range for a community sample). Nearly half of the adults surveyed reported that at least one child in their household had fearful or anxious symptoms, most commonly difficulty sleeping, were more easily upset, and fearful of parental separation. Since most of those surveyed were not directly threatened by the terrorist acts, why did so many exhibit clinically significant distress two months later?

Two lines of research may help account for this phenomenon. The first concerns the pervasive and powerful effects of television, in particular of graphic video images from news coverage. Schlenger and colleagues (2002) found a significant association

between the number of hours spent watching television coverage of the attacks, and the prevalence of probable PTSD. A second significant association was reported between a qualitative measure of the graphic content of the coverage and the presence of probable PTSD symptoms. In another study, New Yorkers with the highest exposure to television coverage of September 11 were 1.66 times more likely to have probable PTSD than those with the lowest exposure, after controlling for peri-event panic and other mediating variables (Ahern, Galea, Resnick, and Vlahov, 2004). Bernstein and colleagues (2007) found that adults who watched 12 or more hours of coverage of the one-year anniversary of September 11 were 3.4 times more likely to be diagnosed with PTSD than adults with less television exposure.

A second line of research suggests that persons with specific pre-trauma characteristics, traits or life experiences may be more vulnerable to develop PTSD following disasters. Chemtob and colleagues (2008) reported that young children who were in preschool near the World Trade Center on September 11 were more likely to exhibit long-term behavioral difficulties if they had a lifetime history of previous trauma. Wilson, Lengua, Meltzoff & Smith (2010) found complex interactions between child temperamental variables and maternal parenting style; in a population sample geographically distant from the attacks, maternal acceptance was associated with lower risk of post-traumatic symptoms for children with low levels of negative emotionality, but not high levels of negative emotionality. In addition, children with high levels of effortful control were at an overall lower risk of exhibiting symptoms of post-traumatic stress.

Findings such as these inform clinical understanding of the ways that major disasters can lead to the emergence of post-traumatic symptoms in individuals with no direct exposure or connection to the threat of harm. Television viewing of violent events is not included in the

Indirect Exposure to 9/11 continued from page 6

DSM-IV-TR criterion for exposure (American Psychiatric Association, 2000). Recently, Rosen and Lilienfeld (2008) provided an extensive review of the empirical basis of the diagnostic criteria for PTSD, including the Criterion A requirement of an exposure to a specific traumatic event (American Psychiatric Association, 2000). The authors considered the prospect that this criterion for PTSD may exclude patients for whom post-traumatic symptoms are present without the sorts of traumatic exposures already delineated in DSM-IV. In light of the above findings, it will be interesting to follow the continuing work of the DSM-V Task Force as they consider revisions and further refinements to the diagnostic manual.

Michael Brodsky MD is the medical director of Bridges to Recovery in Pacific Palisades, California, a private, residential behavioral health program for adults with psychiatric disorders, and a member of the teaching faculty of the UCLA Department of Psychiatry.

References

- Ahern, J., Galea, S., Resnick, H., & Vlahov, D. (2004). Television images and probable post-traumatic stress disorder after September 11: the role of background characteristics, event exposures, and perievent panic. *Journal of Nervous and Mental Disease*, 192, 217-26.
- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-Text Revision*. Washington, D.C.: American Psychiatric Association.
- Bernstein, K.T., Ahern, J., Tracy, M., Boscarino, J.A., Vlahov, D., & Galea, S. (2007). Television watching and the risk of incident probable post-traumatic stress disorder: a prospective evaluation. *Journal of Nervous and Mental Disease* 195(1), 141-147.
- Chemtob, C.M., Nomura, Y., & Abramovitz, R.A. (2008). Impact of conjoined exposure to the World Trade Center attacks and to other traumatic events on the behavioral problems of preschool children. *Archives of Pediatrics and Adolescent Medicine*, 162, 126-33.
- Hartocollis, A. (2011). 10 Years and a Diagnosis Later, 9/11 Demons Haunt Thousands. *The New York Times*, Volume CLX, August 10, 2011, page A1.
- Kinzie, J.M., Boehnlein, J.K.k, Riley, C., & Sparr, L. (2002). The effects of September 11 on traumatized refugees: Reactivation of post-traumatic stress disorder. *Journal of Nervous and Mental Disease*, 190, 437-441. DOI: 10.1097/00005053-200207000-00003.
- Rosen, G.M., & Lilienfeld, S.O. (2008). Post-traumatic stress disorder: an empirical evaluation of core assumptions. *Clinical Psychology Review*, 28, 837-868.
- Schlenger, W.E., Caddell, J.M., Ebert, L., Jordan, B.K., Rourke, K.M., Wilson D.,... Kulka R.A. (2002). Psychological reactions to terrorist attacks: findings from the National Study of Americans' Reactions to September 11. *Journal of the American Medical Association*, 288, 581-588. DOI: 10.1001/jama.288.5.581.
- Wilson, A.C., Lengua, L.J., Meltzoff, A.N., & Smith, K.A. (2010). Parenting and temperament prior to September 11, 2001, and parenting specific to 9/11 as predictors of children's post-traumatic stress symptoms following 9/11. *Journal of Clinical Child and Adolescent Psychology*, 39, 445-459.



Contribute to *StressPoints* Trauma and World Literature Feature

Passages from literature can capture truths about trauma and its survivors. ISTSS members are invited to share a favorite passage or quote from literature that might not be well known, but which offers insight about the psychological effects of trauma or path of healing. Send submissions to Howard Lipke and Harold Kudler at HLipke@aol.com.

Oslo and Utøya: Trauma as a Screaming Wake-up Call

R. J. Ørner, PhD

Faculty of Health, Life and Social Sciences, University of Lincoln, United Kingdom



Edward Munch was a Norwegian expressionist painter whose depiction of "The Scream" is a world icon. Its status is no coincidence. The painting resonates with us all as mirrors our own life experiences. Without words or thoughts it reflects feelings familiar to us all. Since Friday, July 22, 2011 "The Scream" (i.e. Fear) expresses an immediate narrative shock, disbelief and grief felt throughout Norway and beyond its borders too. Norway now lives through its recent horrors as well as those that occurred before. Associations to the Twin Towers, Oklahoma City and other atrocities worldwide merge with our local perspectives. On this occasion a moderated response of reflection and restraint has prevailed. Impulsive revenge has found no easy place in the psychological landscape.

Unprepared for a confrontation with terrors and brutality at our own doorstep, words alone could not do justice to evoked feelings. This nation turned to its leaders and trauma specialists for purposeful guidance and information. They showed commendable aptitude for sustaining some sense of order in chaos, thus creating circumstances in which hope and resolve could be resurrected. A population lost for words and dignified in their quiet grief found comfort in rituals. First rites were private, personal and contemplative. Many lay down flowers and lighted candles in powerful gestures of defiance of horror. By Monday, the public mood was to assert its mass resolve to put on display a new and strengthened sense of shared community, mutual care and determination to shape a future in which also the most marginalised sections of the population are embraced in a spirit of mutual respect, dignity and tolerance.

We, the citizens of Norway, are still in the early aftermath of trauma. We see the centre of our government bombed to destructive mortal effect. More than 70 young activists are dead, murdered in cold blood for no other reason than political views they held dear. We have come to a realisation that these traumas are, amongst many things, a resounding wake-up call. It is as if Munch's painting has found a specific voice. It screams at us, "How could this happen? In Norway of all places!"

This wake-up call is a profoundly difficult one. To seek answers confronts us with national realities that are distressing and troublesome. It would appear that the idyllic Norway has created for itself dark undertones to which we choose to be blind. We have been forced to see more and we wake from our sleep to face a nightmare. Munch's canvas screams, "The sleep of reason produces monsters." If we fudge the process of finding answers and acting upon this insight, the consequences for our futures are dire. This is true in Norway as much as anywhere else in the world.

Surely, "The Scream" also prompts considerations beyond those of the sleep of reason in Norway. A country much given to complacently congratulating itself for its commendable social achievements and material wealth has not wanted to acknowledge the ugly Janice face of its successes. Norway has for decades not wanted to know about its recent history of extreme right wing violence, its resurrected Neo-Nazi groupings or an aggressively intolerant nationalism advocated in some sections of its population. Our legacy of not wanting to know is an object lesson in adverse repercussions of disregarding history however painful, inconvenient and troublesome are its truths. Turning away has now caused a pernicious outcome that could have been avoided. We are complicit in our denial of memory, that most crucial psychological capability that helps make sense of our lived experience. More awake we have a chance to harness our memories to create circumstances less favourable for history to return and repeat itself, again and again.

Oslo and Utøya continued from page 8

Assailants who perpetrate acts such as these and those who share their views evince a monstrous logic with matching actions and justifications that fails to show tolerance for views held by others and disregard all life except their own. Due process of law will engender vigorous clinical and legal debates about the defendant's state of mind, degree of culpability and diagnostic status. Beyond the courtroom, expert opinion must inform public opinion as it addresses questions, the answers to which must be relevant to our future day-to-day lives. Putting this crisis down to actions of a madman acting alone is ill advised as it would be a denial of our wake-up call.

Norwegian psychologists and psychiatrists are respected in this country and internationally. The professions are rooted in traditions of diversity, tolerance and vigorous debate. During this crisis our colleagues have kept a low public profile in keeping with up to date guidelines on early intervention after trauma. Psychological first aid with discreet support for survivors, their families and to some extent the whole nation has rolled out well. No doubt, plans to provide for future needs and methodical evaluation of outcomes are in place.

All the same, social scientists stand compromised by what happened. Some critical self-reflection is in order. Our current crises suggest that vigorous professional debates pursued in public domains unintentionally blinded us to much more alarming undercurrents in Norwegian society. Henrik Ibsen's plays capture our prevailing situation. He pointed to the realities that lie beyond the façades behind which we hide. Norway has become a national stage on which 'The Wild Duck' is repeated to excruciating effects. We all see ourselves in it. Our wealth has come at a cost. Inevitably, it engenders moral dilemmas that have largely been overlooked, our materialism distracts from humanism and care for one another, our national sense of cohesive norwegianness coexists with exclusion and intolerance of outsider groups. Our consumerism at home engenders injustice, poverty and death abroad. We might have done better had we not taken our eyes off these inconvenient national and global realities.

The wake-up call of trauma is not only for Norway and its citizens. It is for the whole world. Having been so brutally woken up to our local circumstances, it would be a tragedy if a period of critical self-reflection were to stop at our national borders. Silence is not golden as our national crises play out within wider international and global arenas. Violence is endemic and has been for a long while. After Oslo and Utøya, our silence as global citizens stands revealed as blameworthy. Although without intent or planning we too have blood on our hands to a degree that previously we did not wish to see or could not acknowledge. The whole world lives under a cloud that casts dark shadows over Norway and many other places. I find this accusation a painful personal point to concede but honesty may still generate lasting positive legacies for Norway's trauma. Woken up we now know that silence lets reason hibernate so circumstances are created for religious, social, nationalist and racial fundamentalism to flourish. Being silent, we are complicit.



***Do you know of ISTSS members who
have been recognized for significant achievements?***

Please send announcements to Editor
Anne DePrince, adeprinc@du.edu, for the
Members on the Move feature.

Virtual Reality as a Beneficial Tool for Experimental Research into Post-Traumatic Stress Disorder

Freya Rumball and Anke Karl

University of Exeter

Virtual reality (VR) has proved itself as a useful tool for allowing environmental manipulations far beyond those possible in the everyday world. Simulations are effectively used in training programmes of pilots, astronauts and military personnel pre-deployment. Virtual films are becoming common place with interactive simulations at major theme parks and IMAX 3D technology widely used in cinema theatres, allowing the viewer an increasingly immersive and realistic viewing experience. With virtual reality technology becoming increasingly accessible and common place, it seems useful to evaluate the benefits of such technology as a potentially valuable tool for experimental research purposes in the field of post-traumatic stress disorder (PTSD).

It is known that imagery plays a special part in the development and persistence of PTSD symptoms (Holmes and Bourne, 2008), with emotionally charged traumatic events causing an increased propensity for visual processing, which can result in automatically triggered vivid intrusions and flashbacks. Processing of traumatic visual images is an important area for further experimental investigation and a target for clinical treatment. Unlike the trauma film paradigm traditionally used for the investigation of maladaptive visual processing in analogue PTSD research, virtual reality worlds allow the presentation of an immersive traumatic environment, experienced from a first person perspective and are easily manipulated for different experimental needs.

As experimental researchers we have been using the 'Iraq world' virtual reality software designed by Hoffman et al. (2008) in our own research for the past two years. Within the academic community we have received mixed opinions about the potential utility of virtual reality for use in experimental studies. Whilst the majority of individuals can clearly see the advantages of having access to an experimental tool which allows the manipulation of an immersive environment beyond the constraints of the real world, a minority

have questioned the ability of such an avatar world to impact upon individuals' emotions to a measureable degree. Many participants of experimental research will be used to playing computer animated games with a traumatic nature; individuals who play violent computer games seem easily able to detach themselves from the traumatic nature of these gaming environments and little or no long term psychological carry over is experienced in their everyday lives (Ferguson, 2007). As such can virtual reality worlds induce a measurable emotional impact and allow the investigation of short term individual differences in emotional, physiological and cognitive reactivity before, during and after VR trauma exposure? Our own experimental research as well as treatment based studies of our collaborators (Difede & Hoffman, 2002) and other researchers in the field has clearly illustrated the answer to this question is most definitely YES.

Avoidance of trauma reminders is a core symptom in PTSD and as such some patients are unwilling to engage in imaginal therapy or unable to adequately engage emotions and senses necessary for adequate changes to be made to their maladaptive memory formations. In such cases VR exposure therapy (VRE) customised to the individual's trauma experience and current level of distress is a valuable treatment tool. VRE has been used to treat PTSD with promising outcomes in road accident survivors (Beck et al., 2007), survivors of World Trade Centre attack (Difede & Hoffman, 2002; Difede et al., 2007) and soldiers both post deployment (Rizzo et al., 2009; Wood et al., 2007) and in the front line (McLay et al., 2010); outcomes in elderly war veterans have been more mixed (Rothbaum et al., 2001; Gamito et al., 2010).

Successful application of VRE in patients with PTSD illustrates that within clinical samples VR induces substantial emotional responses and allows for adequate feelings of immersion and presence in order to change maladaptive trauma

Virtual Reality continued from page 10

related memory traces. Can VR be used to investigate PTSD risk factors in a non-clinical sample? It has been suggested that the level of presence felt within the VR world may be reduced in individuals not currently suffering from PTSD and they may experience the VR as a game, rather than an immersive representation of a real life scenario (Spira et al., 2010). However, our own research (Rumball et al., 2011) has shown VR as successful in inducing specific emotional states in non-clinical subjects, with individuals with at risk personality types showing differential processing of VR trauma related stimuli compared to neutral stimuli following VR trauma exposure.

It has been found that as the level of presence felt within the VR world increases, the level of emotional state induced by the VR exponentially increases (Riva et al., 2007). This finding highlights the importance of immersion and presence within the VR in inducing measurable emotional responses, especially in non-clinical samples. As well as differences in the image quality of the VR world, there are different levels of personal interaction (i.e. table mounted goggles in which the image does not move in accordance with the subjects own movements versus head mounted goggles for which the subject can explore the VR world interactively by moving their head to span the environment and decide upon their own movement within the virtual world) and additional equipment which can stimulate the senses in accordance with the current VR scenario presented (i.e. odour boxes can release smells appropriate for the environment, and platforms and controllers can be programmed to shake when explosives are detonated or shots are fired). Analogue studies of PTSD mechanisms and risk factors may benefit from increased graphical quality, head mounted goggles and stimulation of additional senses, all of which will aid in increasing feelings of immersion and presence within the VR world and so increase the emotional impact of the VR.

VR exposure therapy (VRE) has been successful in substantially reducing PTSD and depression symptoms where in vivo exposure was not possible or traditional imaginal exposure therapy has failed due to patients' inability to recall or

recount the painful traumatic memories at the core of the disorder. The continued use of VR in experimental studies will aid in developing a deeper understanding of the cognitive and biological correlates of successful exposure therapy and can elucidate individual differences in emotional, cognitive and physiological reactivity which may impart risk for PTSD development following trauma exposure.

References

- Beck, J.G., Palyo, S.A., Winer, E.H., Schwagler, B.E., & Ang, A.J. (2007). Virtual reality exposure therapy for PTSD symptoms after a road accident: an uncontrolled case series. *Behaviour Therapy*, 38, 39-48.
- Difede, J., Cukor, J., Jayasinghe, N., Patt, I., Jedel, S., Spielman, L., Giosan, C., & Hoffman, H.G. (2007). Virtual reality exposure therapy for the treatment of post-traumatic stress disorder following September 11, 2001. *Journal of Clinical Psychiatry*, 68, 11, 1639-1647.
- Difede, J., & Hoffman, H. (2002). Virtual reality exposure therapy for world trade centre post-traumatic stress disorder: A case report. *CyberPsychology & Behaviour*, 5, 6, 529-535.
- Ferguson, C.J. (2007). The good the bad and the ugly: A meta-analytic review of positive and negative effects of violent video games. *Psychiatric Quarterly*, 78, 4, 309-316.
- Gamito, P., Oliveira, J., Rosa, P., Morais, D., Duarte, N., Oliveira, S., & Saraiva, T. (2010). PTSD elderly war veterans: A clinical controlled pilot study. *CyberPsychology & Behaviour*, 13, 1, 43-48.
- Hoffman, H., Miyahira, S., Hollander, A., & Rose, H. (2008). *Iraq World Software*. University of Washington.
- Holmes, E.A., & Bourne, C. (2008). Inducing and modulating intrusive emotional memories: A review of the trauma film paradigm. *Acta Psychologica*, 127, 3, 553-566.
- Riva, G., Mantovani, F., Capideville, C.S., Preziosa, A., Morganti, F., Villani, D., Gaggioli, A., Botella, C., & Alcaniz, M. (2007). Affective interactions using virtual reality: The link between presence and emotions. *CyberPsychology & Behaviour*, 10, 1, 45-56.
- Rizzo, A.A., Difede, J., Rothbaum, B.O., Johnston, S., McLay, R.N., Reger, G., Gahm, G., Parsons, T., Graap, K., & Pair, J. (2009). VR PTSD exposure therapy results with active duty OIF/OEF combatants. *Studies in Health Technology & Informatics*, 142, 277-282.

Virtual Reality continued from page 11

Rothbaum, B.O., Hodges, L.F., Ready, D., Graap, K., & Renato, D. (2001). Virtual reality exposure therapy for Vietnam veterans with post-traumatic stress disorder. *Journal of Clinical Psychiatry*, 62, 617-622.

Rumball, F.R., Lavric, A., Malta, L.S., Hoffman, H., & Karl, A. (2011). Electroencephalographic correlates of the acoustic startle response following virtual reality stress exposure [Abstract]. *Psychophysiology*, 48 (suppl), 113-114.

Spira, J.L., Johnston, S., McLay, R., Popovic, S., Russoniello, C., & Wood, D. (2010). Expert Panel: Future directions of technological

advances in prevention, assessment, and treatment for military deployment mental health. *CyberPsychology & Behaviour*, 13, 1, 109-117.

Wood, D.P., Murphy, J., Center, K., McLay, R., Reeves, D., Pyne, J., Shilling, R., & Wiederhold, B.K. (2007). Combat-related post-traumatic stress disorder: a case report using virtual reality exposure therapy with physiological monitoring. *CyberPsychology & Behaviour*, 10, 309-315.



News Briefs

Advanced notice - David Caul Graduate Research Grant 2011

The [International Society for the Study of Trauma and Dissociation](#) (ISSTD) is pleased to provide advanced notice of the David Caul Graduate Research Grant. This grant is designed to support research that is primarily concerned with **dissociation** or closely related topics. Graduate students and undergraduate honors students are eligible to apply for grants up to \$1,500. Please note that grants for projects less than \$1,500 are also encouraged.

Application materials will be available through the [grant Web page](#) until **September 30, 2011**.

Enquiries can be directed to: Dr. Courtenay Cavanaugh (cocavana@camden.rutgers.edu), Dr. Eric Vermetten (e.vermetten@umcutrecht.nl) or Dr. Martin Dorahy (martin.dorahy@canterbury.ac.nz).

***Psychological Injury and Law* Call for Papers on “Psychological and Traumatic Injury, Rehabilitation, and Law”**

The journal *Psychological Injury and Law* is inviting papers for a special issue titled “Psychological and Traumatic Injury, Rehabilitation, and Law.” Authors are encouraged to contribute articles that focus on post-injury treatment and rehabilitation of post-traumatic stress disorder, traumatic brain injury, and/or chronic pain and their associated problems including depression, anxiety, substance abuse and relational/familial difficulties.

Psychological Injury and Law is a multidisciplinary forum for the dissemination of research articles and scholarly exchanges about issues pertaining to the interface of psychology and law in the area of trauma, injury, and their psychological impact. The journal aims to build the evidentiary research base of the field, and to critically examine its concepts and practice. It is published by Springer (Gerald Young, Ph.D., Editor-in-Chief) and a product of the [Association for Scientific Advancement in Psychological Injury and Law](#).

Submissions for the special issue should focus on treatment, rehabilitation, and prognosis and may contain new empirical findings, theoretical discussions, literature reviews or case studies. Papers should be written for a general audience and include some discussion of legal implications such as issues surrounding disability and compensation. The editorial board is available for consultation regarding the latter. All submissions will be peer-reviewed and accepted papers are expected to appear in a 2012 issue. Manuscripts should be in APA (6th edition) format and not exceed 30 double-spaced pages in length including references, tables and figures.

Submissions for the special issue will be accepted through **December 15, 2011**. Authors should notify the guest editor for this issue, Mark W. Miller, PhD, at mark.miller5@va.gov, of their intention to submit prior to **October 15, 2011**. Questions about submissions and completed manuscripts should be directed to Dr. Miller.

Traumatic StressPoints
Leadership

Editor

Anne P. DePrince, PhD
adeprinc@du.edu

Contributing Editors

Lynnette Averill, MS
 Kathryn Becker-Blease, PhD
 Thomas Ehring, PhD
 Diane Elmore, PhD, MPH
 Brian J. Hall, MA
 Harold Kudler, MD
 Dean Lauterbach, PhD
 Howard Lipke, PhD
 Julia Müller, PhD
 Meg Spratt, PhD
 Bronwyn Jones Wolfgang,
 PhD

ISTSS President

Marylène Cloitre, PhD

ISTSS Staff:

Executive Director

Rick Koepke, MSW

Administrative Director

Krista Baran

Traumatic StressPoints,

Managing Editor

Lindsay Arends
larends@istss.org

Upcoming Events

October 20 - 22, 2011

“Brain, Mind & Body: Trauma, Neurobiology and the Healing Relationship”

Conference sponsored by the Marion Woodman Foundation and the University of Western Ontario, Department of Psychiatry
 London, Ontario, Canada

November 3 - 5, 2011

“Social Bonds and Trauma Through the Lifespan”

ISTSS 27th Annual Meeting with Pre-Meeting Institutes Nov. 2
 Baltimore Marriott Waterfront
 Baltimore, Maryland, USA

March 28 - 31, 2012

“Being a Healing Presence in a Hurting World”

Association for Death Education and Counseling (ADEC)
 34th Annual Meeting
 Atlanta, Georgia, USA

April 12 - 15, 2012

“Integrating Mind-Body Connections: Advancing Science, Informing Practice for Anxiety and Related Disorders”

Anxiety Disorders Association of America (ADAA)
 32nd Annual Conference
 Arlington, Virginia, USA

November 1 - 3, 2012

“Beyond Boundaries: Innovations to Expand Services and Tailor Traumatic Stress Treatments”

ISTSS 28th Annual Meeting with Pre-Meeting Institutes
 October 31
 JW Marriott Los Angeles at L.A. LIVE
 Los Angeles, California, USA

Visit the [ISTSS website](http://www.istss.org) for more upcoming events, continuing education opportunities and ISTSS news!