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## Examining past wounds to heal in the present

Written by Harry Zeit on October 19, 2012 for [The Medical Post](#)

A conference in Berlin inspires a doctor to reflect on the past and his role in helping patients deal with trauma

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How does hope rise from the ashes? How do we heal communities and relationships when people are connected not by choice, but by murder?

These were the questions that were asked and addressed by speakers who came from close by and far away, to share ideas and knowledge in Berlin. I sat in stillness, joining the reverent silence of others, as the third international conference of the European Society of Trauma and Dissociation came to a solemn ending.

These were not the questions that led me to Berlin on my first visit in 1982, while I was still an intern. And they were not the questions that brought me back to the city in 1984 and in 1987. I even visited East Berlin in 1984. In those years, when Berlin stood divided by a wall and surrounded by a Cold War, I was seeking something more personal. The process took place mostly at night, and mostly around exploring my own limits, and the feel of life at the edges. Berlin in the '80s certainly had edges, some of them soft and colourful, others harder.



Dr. Harry Zeit stands at one of the remaining fragments of the Berlin Wall, looking from the old East Berlin side. This part has been turned into an outdoor art gallery, with international artists creating messages of hope.

I did not return to Berlin in the immediate years after the momentous reunification that began in 1989. I had shifted my focus in life and the old pull of urban places and of the dark chapters of European history had temporarily faded.

When I returned this spring, I was interested in the history again, with a new perspective and having entered a different phase of life. I am part of a community of health-care professionals who work with trauma. I am here at a conference to share camaraderie with this courageous community. And I am here to witness how the conference will face the trauma of a dark past, a historical evil that now seems to invite awareness into its seemingly impenetrable heart.

The conference opened with a moving talk by Dr. Karl-Heinz Bomberg, a psychiatrist, who discussed the late effects of political repression in East Germany. Dr. Bomberg's love of music earned him a Stasi file he would later see. He spoke of the damage caused by imprisonment, even as the East German regime refined its methods from overwork and starvation to more subtle means of breaking spirits. He noted that collective mourning was necessary to heal collective trauma. He ended his talk with a song he had composed about peace and hope.

As the conference progressed, trauma would be seen through many different viewpoints and lenses.

I would be moved by the theme of oppression. Pauline van Zon, a young Dutch trauma therapist in her first years of practice, presented a case study of her work with an African child soldier. Her patient had seen his family murdered and had been induced, under the influence of cocaine, to repeatedly kill and maim. How does a therapist work with the "murderous self" and find words for that part of the personality that knows only blind rage? And how, after connecting with that murderous self, can the more vulnerable child beneath, so filled with pain and betrayal, be met and acknowledged?

Dr. Vedat Sar, a psychiatrist and traumatologist from Istanbul, reminded us that oppression can rise in the most subtle of ways. He described how stimulus deprivation in areas of healthy needs combined with overstimulation by irrelevant information and objectified sexuality and violence leads to dissociation and fragmentation. This drives a splitting into a psychological self and a social self that allows for the rise of fundamentalism and provides a ripe environment for control and manipulation of the population.

In the final plenary, German and Israeli trauma therapists examined the lasting effects of the Holocaust and the Second World War. They discussed the ripples of war and trauma through the generations in both their countries. The audience felt alive with curiosity and heightened senses. It was as if some important thread in the fabric of existence was being touched, and the experience of contact was being shared deeply in that room.

Dr. Reinhild Draeger-Muenke (PsyD), a German psychotherapist living in a Jewish suburb of Philadelphia, gave the final talk. Her expressed hope was "to provide encouragement for all involved to create opportunities for risking to jointly hold the unbearable—in everyday life and without defence."

This we can do. We are trauma therapists. We do this every day. For our patients and for the healing of the world.

In this world filled with trauma and full of taboo against speaking about that trauma, I walk peacefully. All around me walls are being erected and others dismantled. Modern medicine struggles to find a place for trauma, because the concept is too big, and it cannot be cured or addressed by pills or by surgery.

## **The elephant in the room**

Trauma remains the elephant in the room in modern psychiatry. Every day in medicine, like everywhere else, parts of the system are becoming more compassionate, while others become more traumatogenic and oppressive to the human spirit. We soar and suffer alongside those entrusting their health and well-being to our care.

Looking back, I recognize that my individual journey in pursuit of my own personal boundaries was appropriate to that time in my life. And the city then, torn apart by a wall that was also a death trap, was a perfect backdrop to that experience. Now, returning to a city profoundly healed, I felt the need to embrace a vision that is larger than me, and a truth that needs to be spoken.

As Dr. Michaela Huber (PsyD) wished for us all in her keynote address, I repeat to myself: May I maintain my boundaries and be of good heart as I enjoy watching my patients grow. May I never give up my anger for injustice and violence in society. May I be supported by caring colleagues. May I be steadfast.

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