

Peter C Alderman Masterclass I Orvieto, Italy, 21-27 September 2003

The first Peter C Alderman masterclass on healing the wounds of mass violence was convened in Orvieto, Italy in September 2003. Conceived as a training and dialogue, the meeting had two principal aims:

- to present a model of mental health care for victims of trauma which is focused on primary care, based on research and practice and supported through readily accessible teaching materials, and
- to provide a forum for discussion and dialogue among practitioners working in different contexts in different countries.

The meeting was organised and presented by the Harvard Program in Refugee Trauma, and funded by the Peter C Alderman Foundation. The Foundation was established by his family in memory of Peter Alderman, who died in the September 11, 2001 attack on the World Trade Center in New York. Further support was provided by the Istituto di Studi Superiori Assunzione in Rome, the University of Naples Federico II, Eli Lilly and the US Fulbright Program. As his mother put it, Peter 'kept such good company'.

Participants included academic physicians and researchers, psychiatrists, psychologists and other practitioners working in both specialist facilities and primary care in Bosnia, Chile, Macedonia, Rwanda, Spain, Uganda, the UK and the US:

Jeffrey Alderman, *University of Oklahoma College of Medicine, Tulsa, USA*
Liz Alderman, *Peter C Alderman Foundation, Bedford, NY, USA*
Stephen Alderman, *Peter C Alderman Foundation, Bedford, NY, USA*
Stojan Bajraktarov, *Skopje Mental Hospital, Macedonia*
Richard Freeman, *University of Edinburgh, Scotland*
Montserrat Lafuente Gil, *Misioneras y Misioneros Identes, Santiago, Chile*
Mevludin Hasanovic, *University Clinical Center, Tuzla, Bosnia*
Samira Herenda, *Izu Dom Zdravlja Tuzla, Bosnia*
Simon Kanyandekwe, *Service de Consultations Psychosociales, Kigali, Rwanda*
Aida Kapetanovic, *HPRT, Sarajevo, Bosnia*
Yvonne Kayitesonga, *National Mental Health Coordinator, Kigali*
Eugene Kinyanda, *African Psycare Research Organization, Kampala, Uganda*
James Lavelle, *HPRT, Cambridge, Massachusetts, USA*
Richard Mollica, *HPRT, Cambridge, Massachusetts, USA*
Giovanni Muscettola, *University Medical School Federico II, Naples, Italy*
Sheila Ndyabangi, *Ministry of Health, Kampala, Uganda*
Antonio Novotni, *Clinical Center, Skopje, Macedonia*
Franco Paparo, *University of Rome, Italy*
Sara Pasqualino, *ARSAP, Rome, Italy*
Mar Alvarez Segura, *Gregorio Maranon Hospital, Madrid, Spain*
Cristina Gonzalez Velasco, *Technical University, Madrid*

This paper constitutes a brief report of the meeting. Expert presentations were followed by group discussion. Two sessions were devoted to case presentations by participants. Material in italics below is quoted verbatim from participants, and taken from fieldnotes.

Richard Mollica (HPRT, Cambridge) began the meeting by describing the global impact of mass violence, using photographs, drawings and cartoons, tables and other graphics of research findings. These served to establish the contours of the issue for mental health and for public

health, in medical and personal terms, and as a matter of social justice. He paid particular attention to the trauma story.

An historic shift is occurring that focuses on the mental health and well-being of the general population in conflict and post-conflict societies. This shift includes the utilization of the de facto indigenous healing system of primary care physicians, mental health workers, clergy members, family and community elders.

Everyone who has witnessed or experienced mass violence or a trauma has a story about their experiences. Telling this story helps people heal themselves and leads to affiliative behaviors which sustain and strengthen mental and physical health in the face of continued threats of mass violence.

He presented HPRT's 'tool-kit', a collection of readily accessible reading material designed for primary care practitioners and based in a wide range of the Program's research and practice. It includes a screening tool and a check-list of eleven points on a laminated card.

James Lavelle (HPRT, Cambridge) talked about diagnosis, using Cambodian terms to point to traditional categories of emotional distress and problematising their relationship to the western scientific categories used by doctors (DSM-IV). He stressed the importance of doctor and patient sharing each other's world views. The complex issue of somatisation was explored in discussion.

Aida Kapetanovic (HPRT, Bosnia) presented epidemiological and other research findings from Bosnia-Herzegovina, essentially posing the problem of diagnosis at the level of populations. She referred to standard public health indicators, as well as to HPRT studies of the prevalence of mental illness in primary care. She discussed provider needs and presented the results of an evaluation of HPRT's training programme.

At some level the patient and doctor have to have a friendship. You can define that in your own way, but I think it's important.

The word is very powerful as a medicine. I didn't understand this until I started to work through my own trauma.

An evening lecture on Etruscan civilisation was followed by a visit to the tombs at Tarquinia the following afternoon.

They were interested in things that came from far away. They took names for their instruments from other languages, which we still do today.

Giovanni Muscetolla (University of Naples) began with a scientific critique of post-traumatic stress disorder, 'the hysteria of the third millenium', arguing that the very elevated prevalence of PTSD and its complex comorbidity with depressive, substance abuse and dissociative disorders is partly due to a diagnostic artifact. In his view, the complex form of PTSD is better defined as a severe depressive disorder than an anxiety disorder. A second, extended part of his presentation dealt with the basic pharmacology of psychotropic drugs. Pharmacotherapy can facilitate but doesn't substitute for psychotherapy. The group debated whether psychosis can be attributed to a single traumatic episode, exploring differences between European and north American views.

We are going to do some training on this... at least with this kind of information you can give realistic advice to people making decisions about buying drugs.

Franco Paparo (University of Rome) worked through the eleven points of the check-list, focusing a discussion on the issue of empathy. The doctor-patient relationship is a relationship between persons, and recognising this is critical even to apparently technical issues such as prescribing. Paparo stressed, in turn, the importance of a confidant to which the practitioner him- or herself might turn.

Some of the most intense discussion and dialogue took place in response to case presentations made by participants. Each participant presented a case modelled after that of Mrs K, produced by James Lavelle. Discussion served to clarify and elaborate the detail of each case, to debate diagnosis, intervention and prognosis, as well as to reflect more widely on the nature and course of mental illness in different contexts.

You were listening to me in such a way that I started listening to myself.

Richard Mollica presented the first Fritz Redlich Award to Franco Paparo, Professor of Psychoanalysis at the University of Rome. Professor Paparo remembered reading Redlich's *Social Class and Mental Illness* in the 1950s in an Italian translation, and then, much later, taking him for lunch in Trastevere. *To be in the same piece of wood as Fritz Redlich is for me a great honour.* Richard Mollica talked about the typical Redlich book. *Take a simple thesis and spend 25 years researching it. Sometimes it takes a whole generation to make the obvious obvious.*

Richard Freeman (University of Edinburgh) talked about translation. Different forms of translation had been discussed, and indeed had taken place in the course of the meeting. The patient experience is translated into a diagnosis, or into research findings. Somatisation, similarly, refers to the means by which patients' bodies translate what they have witnessed or experienced into physical complaint. In turn, the meeting had only been possible because participants had translated between several different languages, between Italian, French, Spanish, English and all the other languages spoken by its various participants; between English and its American and Ugandan forms; between words and numbers; between the trauma story and the different languages of the consultation, of the case presentation and of pharmacology. Translation was much like empathy, in that it depended not on perfect reproduction of what was said or experienced, but on a degree of interpretation and adaptation.

Adaptation of the model of care then became the subject of discussion in working groups organised by region (Africa, southern central Europe, Spain and Latin America). What was at issue was how the model encapsulated by the HPRT tool-kit might be disseminated, and in what form. A concluding discussion addressed the different forms of continuing support which masterclass participants might provide for each other.

Yesterday I was thinking I was in a hopeless situation. I got a lot of encouragement from you.

You [participants] are masters. That's why it's a Masterclass.

*Richard Freeman
Professor of Sociology
University of Edinburgh, Scotland
October 2003*