inSocialWork Podcast Series

Episode 50 - Dr. Judith Herman: Justice from the Victim's Perspective

[00:00:08] Welcome to LIVING PROOF A podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Adjoa Robinson and I'd like to take a moment to tell you about a new feature of living proof. In addition to listening subscribing to and sharing podcasts you can now rate and write a review of each episode of Living Proof rate or write a review of a podcast just go to our Web site at W W W dot social work dot buffalo dot edu forward slash podcast and click on the. Create your own review button. We look forward to hearing from you. Welcome. And hello from Buffalo. The home of the internationally acclaimed Buffalo Philharmonic Orchestra. I'm your host Peter Sobota. Researchers clinicians policy advocates and legal professionals all who generally consider the issues facing those impacted by trauma diligently advance the fields response to those affected. Today's guest Dr. Judith Herman asks when it comes to justice at least what are the victims most interested in. In this episode Dr. Herman describes her interest in trauma and recovery by describing an historical evolution of her work spurred early activism and involvement in the civil rights and women's movement. Based on her experience in her psychiatric residency she reviews the experiences that formed her initial understanding of violence and oppression toward women how her patients responded when she listened to them and comments on the prevailing treatment paradigm of those days.

[00:01:56] Dr. Herman discusses the development of her thinking about trauma recovery and describes what she has and continues to learn about what victims perceive as justice. Their idea of healing forgiveness and the important relationship between individuals and their communities. Dr. Herman concludes with commentary related to how trauma will be considered in the developing edition of the DSM 5 and her current reflections on the changes she sees in the trauma field. Dr. Judith Herman is clinical professor of psychiatry at Harvard Medical School and director of training for the victims violence program at Cambridge Hospital in Massachusetts. Dr. Herman is a leading author clinician expert in trauma and abuse. She is the author of numerous articles and books including the classic trauma recovery and father and daughter incest. Dr. Lisa Butler is an associate professor at the school of social work and she interviewed Dr. Herman by telephone. Hello my name is Dr. Lisa Butler and I'm an associate professor in the school of social work at the University of Buffalo. It is my distinct pleasure and honor today to be speaking with Dr. Judith Herman. Dr. Herman is a clinical professor of psychiatry at Harvard Medical School and the director of training for the victims of violence program at Cambridge Hospital in Massachusetts. Dr. Herman is a leading and very influential expert on trauma and abuse. She cofounded the victims of violence program at Cambridge Hospital 25 years ago. And she's also the author of numerous articles and award winning books including trauma and recovery. Originally published in 1991 by Basic Books with the second edition published in 97 and also father daughter incest that was published by Harvard University Press in 1981 with a new edition in 2000.

[00:03:45] Dr. Herman thank you so much for agreeing to participate in our podcast series. Well thank you for having me. It is my distinct pleasure and honor to be speaking with you. Thank you. So today I'd like to speak with you about your current work but also some reflections on the field of trauma and your views on the evolution of your own professional work and activism. So let's start with that last topic. It seems to me that people who work in trauma have often had librarians that they see as influential in ceding their interest in the field. Do you think this is true for you too. Oh absolutely. I think I came to this work from the civil rights movement and the women's movement and I had the good fortune I guess to be participating in a consciousness raising group at the same time as I was doing my psychiatric residency training. And so I was able to listen to my patients

stories I think differently because of the way people were sharing their stories. In the women's group and the way that we were able to understand our various experiences in light of kind of social analysis of dominance and subordination. And so when my first two patients in patients were women who'd made suicide attempts in adult life that seemed to be very immediately related to their histories of abuse in childhood and as well as domestic violence as adults. It just all came together. And one thing led to another and been working in the field ever since.

[00:05:32] I think we kind of celebrated our 25th anniversary of the Victims of Violence program partly by doing a V-day day reading that was open to the public and many of our staff and trainees participated in this reading as well as activists from other parts of the community and it was a wonderful celebration. It sounds like I guess I'm intrigued by your comment about your training. I'm wondering you know how it might have diverted your course. I mean what do you think it added to what you were seeing and how you're thinking. What I was hearing from my supervisor I mean one woman took an overdose because that was the only way she could think of to escape from a domestic violence situation. There was no shelters. Then we would just love that point of beginning to understand the prevalence of violence against women. None of that research had been done. Nobody is certain there was no concept of post-traumatic stress disorder. That was something that was being developed mainly by the Vietnam vets who had come back and said we are home. But Vietnam is still with us still in the US and we live it everyday. So here was a woman who was fleeing an abusive man. Interestingly enough I mean the the the inpatient unit really served as a shelter for her because when the perpetrator the abuser made the mistake of coming on the unit he not only threatened her and me that he had the he was foolish enough to threaten the chief of the unit who was a man and he got the police were there in no time I'll tell you. We'll have a little bit of dramatization of male power and authority and how it has that hierarchy works.

[00:07:23] So here was a woman who had endured years of abuse as it turned out because she felt she was what she deserved. She'd been abused as a child and her shame and humiliation and sense of degradation that came from that experience of early childhood abuse is what allowed her to submit to repeated victimization. And what made her so desperate that she wanted to end her life. And talking about and having someone bear witness to her and validate her in a respectful way that didn't shame and degrade her was a whole new experience for her she started to get better. Also seeing someone set limits with this man who had been torturing her was a wonderful experience for her. I wonder if that experience was at odds with experience that it had with other professionals at the time. Oh I don't even know if she's ever sought any professional help before. I mean this had gone on for years and I don't think she'd gotten any help. She had grown children as you see that experience still facing me I. But the connection between the child abuse and the current situation which seems so apparent to me was not something that would have been shall I say emphasized in the field. There was no awareness really none. The only the you know the dominant paradigm in those days was still psychoanalysis. And that paradigm women were prone to fantasize about these things really. It was a whole other mindset then. So it just sounds like it had a tremendous impact on your views your evolving views at the time. And then after I finished my residency I joined with a group of women.

[00:09:21] We had this fantasy that we were going to create alternative institutions and do things differently and we formed a mental health collective. And we attached ourselves to a women's free clinic. And so I continued to see many many survivors of violence against women of gender based violence. And we began to understand both its prevalence and its role in the subordination of women. Do you feel your views have changed over time or evolved in some way from those initial perspectives. Evolved certainly changed not a lot. I think most of what I wrote in the 80s and 90s has held up remarkably well and about both trauma and recovery. Theres been tremendous outpouring of research since then. But I dont think the new research has changed the basic understanding that we have of what depression does to people. I mean we do think of this work as

part of a kind of democracy movement if you will a part of human rights activism. Certainly part of feminist activism because I mean what we've discovered is that violence is violence whether it's the hidden gender based violence that's endemic in patriarchal societies throughout the world or whether it's the epidemic violence of warfare and that has similar effects on people worldwide. What seems to help also is some kind of social support and acknowledgement for survivors and that basic outlines hasn't changed a lot. I mean where I've gone with it more recently has there are several directions but one has to do with really thinking about not only psychological healing for individual in terms of what the mental health professions can offer but also the kind of healing that needs to happen between individuals and their communities.

[00:11:36] And so I've been working on a new book that I'm tentatively calling justice from the victim's perspective and I've been interviewing people about what justice would look like if victims were ever consulted about their views which they tend to be. Do you have findings so far that you're prepared to share. Yeah I think you know it's a preliminary kind of thing because I've just interviewed 22 people and they're all survivors of sexual or domestic violence and adults are they all women for childhood know there are some men too. But what seemed to be surprising I think is that the main thing that I'm hearing from the survivors is that they're not that concerned about the perpetrator. The focus of the justice system as we have it now is a kind of warfare between the prosecutor and the defendant and the victim is relevant only as a as a witness and really marginalized in the process. And it's all about punishment. If the defendant is convicted meting out punishment that is appropriate to the crime. And what I found with the victim says that there's just not that interested in punishment. What they're interested in is community acknowledgement. Both of the facts of what happened to them and of the harm that was done community denunciation of the crime and affirmation of the victim a kind of a vindication if you will rather than a vindictive stance even though the words are similar but vindication seemed to mean for survivors was a kind of a healing of the relationship between the community and the victim the victim who had been isolated and shamed and dishonored by the crime wants to have her on their restored his honor is restored.

[00:13:53] And apologies and restitution. Yes. What about acknowledgement by the perpetrator of the harm being or she did. That would be nice. A lot of people that you know but that would be kind of extra. A lot of people ask people about apologies and whether they wanted to hear the apology and what they mainly said was that a real apology would be the most wonderful thing they could imagine. Apology that was based on genuine remorse and genuine understanding of the harm done and a wish to make things right. That would be great. People who are capable of these crimes in the first place they didn't really think were too likely to come to that place and what they really did not want to hear were the politicians style apologies. Well if anybody was harmed of course is she still whining about it now. You know that kind of well I suppose that that if anybody was harmed that kind of policy they didn't have any use for. And they were not. They were also not all that interested in forgiveness. You know they didn't want revenge. But they also want forgiveness. They thought that many people thought that the push for forgiveness on the part of survivors was letting society off too easy. It was as one formerly battered woman who had become a woman named Anne-Marie Hunter who was formerly a battered woman and is now a minister who directs an organization called Safe Havens interfaith partner against domestic violence said that she just thought the expectation of forgiveness was an additional injustice imposed upon victims for the comfort and convenience of others.

[00:15:48] She hated the word closure. She said it's a lot more difficult for society to take on the task of actually confronting perpetrators when the crimes are so endemic and partially condoned within a society. So she said you know rather than moving the victims to forgiveness we need to be thinking about moving offenders to understand contrition and change behavior and that's much much harder. Do these victims sound very wise in their perspectives on justice. But and I wonder did you find any evidence that it relates to the time since these events were happening because it

sounds like a sort of mature view. It could well be. It could well be and as I say this was a convenient sample of people who I just found through victim advocates or people who heard me speak or someone who knew somebody who knew somebody it was not at all a random sample or a representative of anything. Though I tried to make it have some diversity in terms of ethnic background and so forth. So yes this may have to do with people who I wanted to speak to people who had been through the criminal justice process or civil justice process or who had made an attempt to resolve these matters with the perpetrators more privately. So yes in the main these were people not fresh from from the hurt. These were people who had really struggled to come to terms with it and yes had a lot of wisdom to share. I want to share one other quote which just reflects the wisdom that you were speaking about and some things up so nicely for me she said. Forgiveness is giving up all hope of a better past.

[00:17:55] And that sends the sort of zen sense of letting go of of anger and grief then that was somebody something that every everybody wanted. So yes it might be a very different story if I interviewed people who were right in the midst of things you know in a crisis situation or shortly after. And also I think it would be different if I mainly interviewed family members of survivors. I interviewed one couple where she had been raped by a former boyfriend who basically was just angry that she broke up with him and lured her to his apartment on the pretext they think of returning some of her things and raped her. And both of both members of the couple were certainly struggling with revenge fantasies but he really wanted to kill the guy whereas she felt her feelings were much more conflicted with him. He just sort of felt sorry that he hadn't killed it's already as he said he didn't even call the person. I've heard that from another incest survivor for example said you know if if I ever found out he did that to my children I would want to kill him. But it was just me just me. Then I would just want him exposed I would want people to see him for who he is and that would that felt like enough punishment. Now it's complicated. What can I tell you. That's absolutely fascinating. And it sounds like the study is going to be the basis in part of a new book you think. I hope it's been sitting on the shelf for a while.

[00:19:49] I find it kind of in my dotage I'm finding it much harder to write and teach and take care of business at same time and I can puzzle about how I've managed to do that early in life. But yes sooner or later I hope. Wonderful. We'll look forward to seeing it certainly. On another topic that I actually I'm very interested to hear your views on the diagnostic and statistical manual is currently being arrived at a DSM 5 very controversial DSM 5. Yes. And I just I guess I wanted to if you don't mind sharing your views on some of these proposed changes and omissions and other things I don't want to speak more generally about the DSM 5 process and whether it is no. Either the most open and transparent process they've ever had or according to the psychiatrists who headed up both the DSM 3 and DSM 4 productions they are. They have been very critical of this process. I don't speak as I speak as a semi insider. I am not on the GST committee working subgroup of the anxiety disorders work group but I am angry. I was vetted as a contributing expert and to that end I had to find out I had to disclose all my financial interests and they did screen that anybody who had any financial interests over a certain cut off I think ten thousand dollars or something like that. Financial interests being drug support drug money or yeah drug companies or investment in some product that they would then be sort of pitching the product that I'm invested in is more of intellectual property I suppose.

[00:21:47] And I'm really hoping that within the DSM 5 now you will get recognition of a broader spectrum of of traumatic disorders. And what we have now. I think the definition of PTSD that we came up with for the first DSM 3 and many of them for is quite narrowly focused I think on single impact trauma mainly focused on adults. What happens to people with disasters auto accidents or combat short exposures of combat. I'm not sure when you get the kind of prolonged exposure that our current soldiers are enduring with repeated tours of duty and cancel leaves in between and all that sort of thing you begin to see the kind of complex post-traumatic disorder that I've written

about and but particularly when you have prolonged and repeated trauma and exposure early in life childhood adolescence you begin to see impact on identity formation on relationships with others on a foreshortened sense of future that and those are the symptoms that really bring people in to treatment along with a very tenacious kind of depression that doesn't respond very well to conventional certainly psychopharmacology but it's the interpersonal difficulties and identity contamination the sense of dishonor that really haunts people and brings them finally to seek treatment. And I think we need to understand much more fully how to address those issues rather than simply thinking of post-traumatic stress as as a form of anxiety disorder. I mean I think it is that but it's also much more than that when you have this prolonged and repeated trauma that you see also with torture survivors or people who've been in concentration camps that kind of thing. So that's what that was what I was asked to speak to the committee about.

[00:24:18] I wrote up a position paper for them about complex PTSD and why I thought that should be recognized as an entity within the trauma spectrum and the the jury is out. Yes have you had any reassurances that they're going to include that. Well the only reassurance I've had is that the issue is still under consideration and does seem as though my input has been received and so far it's kind of communications I receive. Thereafter our we have received your input. Thank you very much. We'll call you when we need you. So that's where it is. And you know there's also been I think a lot of interest not only in this country but worldwide in this issue. And so I'm hopeful. You know when you get into the inner politics of it it gets very confusing. But I'm hopeful that it will prevail on its merits. I hope so too. I guess my fantasy was that there would be a sort of trauma spectrum category and that all sorts of disorders that are now almost randomly distributed and could be gathered together under that category. But I'm not seeing any evidence of that so far. Well you know people there they are kind of turf and they don't want things we arranged too much because it might invade their turf. It's I mean I know it sounds really silly but it gets like that sometimes.

[00:25:55] I think that was the reason that the complex PTSD or disorders of extreme stress concept was not recognized in DSM 4 because I was on the PTSD committee for her DSM 4 and we did field trials that I thought gave us lots of documentation lots of evidence for the construct of validity of constructs and we published some of those findings. But I think you see if it's not a clean anxiety disorder and this has overlap with cold personality disorder or what's called dissociative disorder so motivation disorder. Those have different silos and there are a lot of people within the profession who who feel uncomfortable with that they're looking for diagnostic entities that are clean. And this is not a clean court yet. It doesn't come. It comes out of very dirty experience and it isn't a clean category. I wonder if it's also the fact that these these various areas don't want to lose a diagnosis from their area to a new nose logical category. That's kind of what I mean if it turns out that the majority maybe Eighty five percent or so but not all patients with say borderline personality disorder have a childhood trauma history of these history. Well does that justify rethinking the concept of borderline personality disorder. I certainly think so. On the other hand there will be people who say well what about the 15 percent who don't have a family history and that's a valid argument. I'm interested in your views on sort of the future of diagnosis around trauma. Do you think that sort of specializing into more subtyping including simple versus complex and perhaps other variants is the way it'll invariably go. I wouldn't venture to predict. I do think so. The other thing that's hopeful is that there is a mandate to conform to the American Psychiatric manual. More to the International Classification of Diseases to sort of be more part of a kind of international effort.

[00:28:22] And in the ICD 10 there is a category that comparable really to what I've been talking about as complex PTSD in terms of personality change after extreme trauma and some that's kind of what I've been talking about. So I think that will be a reason to kind of push in that direction. And since the world continues to generate cars on almost unimaginable scale and since violence against women seems to be right up there we now have a special rapporteur. You know in the United

Nations on Violence Against Women happened 15 years ago that was decimated probably in Beijing. And so we now have wonderful international voices of women saying making report saying violence against women is probably the most common human rights violation in the world. And so I think there's a consciousness raising that's going on worldwide. It's not just western phenomenon now. And and I put my faith in that. Well as a log in there's a worldwide women's movement one has reason to hope. I agree. In addition to that what other important developments have you seen since the publication of your trauma and recovery in 2000. What do you think are the most important things of change in our field. The exciting things that have been happening in the field. In one sense are more of biologic things that all the brain research that basically ends up saying you know what. There's an actual neuro physiologic basis for the clinical entities that we clinical symptoms that we see and we can't even take pictures of that. So people get very excited about that. I agree that it's exciting but in the end it doesn't.

[00:30:22] I don't think any of that exactly tells us things we didn't already know. As clinicians I know that sounds like clinical hubris and I guess it is. Of course there's going to be a neural pathway for what we see and seeing it more precisely does it help us think more precisely. But in the end knowing that there's a Migdal of that is sort of like the smoke detector for threat and fear. And that when it goes off your frontal lobes kind of tend to shut down in terms of you do an immediate threat assessment and you get ready for a fight or fight but you don't really kind of think about well on the one hand but on the other hand you know that's that's all leisure activity for when you're safe. So yes we've once we see those pathways in action it helps us be a little more precise about our clinical thinking. So yes that's an exciting development but I guess what I find more exciting is the perfecting of different treatment models that show there can be generalized that can be manual lies that can be researched properly so that you have valid outcome data.

[00:31:48] I have to say most of the interesting work in that regard is happening in Europe not here because the models that are being supported by and I am a cheer are very short term very simplistic cognitive behavioral models whereas the Europeans for example who have published amazing treatment outcome data for borderline personality disorder with a manual psychodynamic treatment that can be taught and that is all and that meets people where they are and honors the importance of the relationship as central to the healing and the importance of group treatment as well as individual treatments which echoes what you were saying about in some ways about the issue of justice from a victim's perspective the need for the sort of social context for healing. And you have so much data now that says one of the most powerful predictors of recovery is social support because often people recover without ever getting any kind of formal mental health treatment. But in that regard I do want to mention that we have a book forthcoming this year later this year from a group of us about the victims of violence program. It's called a Trauma Recovery Group A practitioners guide. It's a guide to a model for a group treatment for people who are you know who have complex trauma who are in the middle stage of recovery the trauma focused stage there's people who've gotten reasonably stable safety and self care is reasonably well established and who are ready to do trauma focused work in the act. And we've created the model where we feel people can can bear witness to one another and can be healers to one another as well as being healed. And that is also an enormous aid to recovery to feel that you have something to give to other survivors. It is a it's a gift. And I was going say a blessing. But I think people who have led these groups are incredibly excited about it. And the thing I'm most excited about is that I'm not the first off of McCaleb Mendelsohn who was one of my former psychology post-doctoral fellows and then became a research coordinator for the veterans Violence Program and has now has her own private practice as well. She's the first author.

[00:34:54] And Emily said So am I. Who developed the model initially kind of the old what shall we say the old warrior. And then we have three other collaborators from the program and the book will be out. I think just in time for the Chimerix just meeting this November we hope. Oh that's

wonderful. Is Harvard Press whether it's Guilford's girlfriend. OK. They have they have a quite remarkable line of publications in the field. Actually there's been a very sophisticated and I think successful publisher in the field and they've published a number of works that I think have been very valuable. Frank Putnam's work. Marilyn coaches work among others. So we are happy to have them as a publisher. Well I'm delighted to hear that a new publication coming out. Well I'm just noticing the clock and I guess I shan't keep you any longer. But do you have any final thoughts or reflections that you'd like to share. I think that speaking as an old warrior the transformations have been remarkable and they do give me reason to be hopeful. I think as long as we do have a kind of feminist presence now in the field that we didn't have 25 years ago or certainly 35 years ago you had a great deal to do with starting that with your book Trauma recovering service stablished that as the setting and the backdrop for this film I always thought of it as being part of a movement that can be kind of facile and trite to say that at times but it was very real to me. And so the sense that that become part of the culture.

[00:36:47] I remain hopeful. Well thank you so much for spending the time of those to discuss your tremendous body of work. Thank you for having me. So it was my distinct pleasure. Thank you. You've been listening to Dr. Judith Herman discuss just this from the perspective of trauma victims. I'm living proof. The podcast series at the University of Buffalo School Social Work. Hi I'm Nancy Smyth Professor and dean at the University of Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu. At UB we are living proof that social works makes a difference in people's lives.