Symposium

Sat. Sep 27, 2025 2:10 PM - 3:40 PM JST | Sat. Sep 27, 2025 5:10 AM - 6:40 AM UTC Session Room 4 (Large Hall B)

[Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Moderator: Selim G. Atici (Princeton University and University of Tokyo), Junko Kitanaka (The Department of Human Sciences at Keio University in Tokyo)

[SY-68]

Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Jessica Carlsson[1], Charlotte Sonne[1], Naoko Miyaji[2], Selim G. Atici[3,4], Laurence Kirmayer[5] (1.University of Copenhagen(Denmark), 2.Hitotsubashi University(Japan), 3.Princeton University(United States of America), 4.University of Tokyo(Japan), 5.McGill University(Canada))

[SY-68-01]

Comparative Analysis of Post-Traumatic Stress Disorder and Complex Post-Traumatic Stress Disorder utilizing the International Trauma Interview Across Three Distinct Trauma-Affected populations: Veterans, Civilians, and Refugees

*Jessica Mariana Carlsson Lohmann[1,3,4], Hinuga Sandahl[1,3,4], Sofie Folke[2], Erik Vindbjerg[1], Maja Bruhn[1,4] (1.Competence Centre for Transcultural Psychiatry, Mental Health Centre Ballerup(Denmark), 2.Department of Military Psychology, Danish Veterans Centre, Copenhagen, Denmark(Denmark), 3.Centre for Culture and the Mind, University of Copenhagen(Denmark), 4.Faculty of Health and Medical Science, University of Copenhagen(Denmark))

[SY-68-02]

Integrating research in the treatment of trauma-related disorders in a transcultural context

*Charlotte Sonne (Competence center for Transcultural Psychiatry (CTP), Denmark(Denmark))

[SY-68-03]

Trauma Island: Listening to Silenced Voices

*Naoko Miyaji (Hitotsubashi University(Japan))

Symposium

Sat. Sep 27, 2025 2:10 PM - 3:40 PM JST | Sat. Sep 27, 2025 5:10 AM - 6:40 AM UTC Session Room 4 (Large Hall B)

[Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Moderator: Selim G. Atici (Princeton University and University of Tokyo), Junko Kitanaka (The Department of Human Sciences at Keio University in Tokyo)

[SY-68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Jessica Carlsson[1], Charlotte Sonne[1], Naoko Miyaji[2], Selim G. Atici[3,4], Laurence Kirmayer[5]
(1.University of Copenhagen(Denmark), 2.Hitotsubashi University(Japan), 3.Princeton University(United States of America), 4.University of Tokyo(Japan), 5.McGill University(Canada))

This panel brings together clinical psychiatrists and social scientists in dialogue on emerging practices for understanding and treating trauma in its cultural, migratory, and gendered dimensions. The complexities of providing trauma care within diverse settings —particularly for refugees and asylum seekers—highlight the need for culturally competent clinical interventions and research on treatment effectiveness. However, models of trauma and clinical pathways often struggle to keep pace with new insights arising from cross-cultural contexts and rapidly shifting migratory realities. A key focus of the panel is how medical practitioners and mental health professionals address the gaps between existing cultural frameworks of trauma and the institutional protocols that shape conditions of care. By drawing on clinical and experiential data, we aim to showcase how diverse actors adapt and reinterpret standard trauma models, thereby revealing specific iterations and contested nature of cultural competency.
Panelists are invited to discuss their clinical accounts and share perspectives on how definitions of trauma are formed, recognized, and sometimes reconfigured through interactions that bridge legal, medical, and cross-cultural domains. Knowledge generated in practice can both advance and complicate understandings of trauma and its manifestations in co-morbidities. We explore how emergent cultural and geographic mobilities intersect with different health systems to reshape trauma experiences, with potential challenges and transformations to clinical practice.

Symposium

Sat. Sep 27, 2025 2:10 PM - 3:40 PM JST | Sat. Sep 27, 2025 5:10 AM - 6:40 AM UTC Session Room 4 (Large Hall B)

[Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Moderator: Selim G. Atici (Princeton University and University of Tokyo), Junko Kitanaka (The Department of Human Sciences at Keio University in Tokyo)

[SY-68-01] Comparative Analysis of Post-Traumatic Stress Disorder and Complex Post-Traumatic Stress Disorder utilizing the International Trauma Interview Across Three Distinct Trauma-Affected populations: Veterans, Civilians, and Refugees

*Jessica Mariana Carlsson Lohmann[1,3,4], Hinuga Sandahl[1,3,4], Sofie Folke[2], Erik Vindbjerg[1], Maja Bruhn[1,4] (1.Competence Centre for Transcultural Psychiatry, Mental Health Centre Ballerup(Denmark), 2.Department of Military Psychology, Danish Veterans Centre, Copenhagen, Denmark(Denmark), 3.Centre for Culture and the Mind, University of Copenhagen(Denmark), 4.Faculty of Health and Medical Science, University of Copenhagen(Denmark))

Keywords：PTSD、Culture、refugee、veteran

The prevalence and severity of Post-Traumatic Stress Disorder (PTSD) and Complex Post-Traumatic Stress Disorder (CPTSD) vary across distinct trauma-affected populations. This study compared veterans (N=123), civilians (N=49), and refugees (N=33) regarding the prevalence and severity of ICD-11 PTSD and CPTSD, assessed using the International Trauma Interview (ITI), alongside trauma history and well-being (WHO-5). Preliminary findings indicate that 65% of veterans meet CPTSD criteria, compared to 69% of civilians and 52% of refugees, while 14%, 25%, and 27% meet PTSD criteria, respectively. Civilians with CPTSD scored significantly lower on 'Disturbances in self-organization' symptoms compared to veterans with CPTSD (p=0.0198) and refugees with CPTSD (p=0.0472), but higher on PTSD symptoms compared to veterans (p=0.0228). When comparing overall well-being, refugees had the lowest score, although this difference was not statistically significant (p=0.0873). Furthermore, notable demographic differences were observed, with the veteran population predominantly male, the civilian population primarily female, and the refugee population exhibiting a mixed sex composition. Primary trauma types for veterans and refugees were combat-related, whereas civilians most frequently reported sexual assault. This comparative analysis seeks to elucidate and discuss the complex impacts of trauma across these populations. The presentation will discuss how to offer culturally competent clinical interventions across trauma-affected populations.

Symposium

Sat. Sep 27, 2025 2:10 PM - 3:40 PM JST | Sat. Sep 27, 2025 5:10 AM - 6:40 AM UTC Session Room 4 (Large Hall B)

[Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Moderator: Selim G. Atici (Princeton University and University of Tokyo), Junko Kitanaka (The Department of Human Sciences at Keio University in Tokyo)

[SY-68-02] Integrating research in the treatment of trauma-related disorders in a transcultural context

*Charlotte Sonne (Competence center for Transcultural Psychiatry (CTP), Denmark(Denmark))

Keywords：Transcultural psychiatry、Refugee、Research

Although more treatment outcome studies for trauma-affected refugees have been published in recent years, many remain limited in design and quality. This scarcity of robust data likely reflects a combination of methodological challenges inherent in conducting research within transcultural settings, difficulties in fostering effective interdisciplinary collaboration between researchers and clinical staff, as well as a lack of resources to support larger-scale studies.

The Treatment and Research Integrated Model (TRIM), developed at the Competence Centre for Transcultural Psychiatry (CTP) in Denmark, has gained international attention for its simple yet structured approach to optimizing the use of clinical data for research purposes. The primary goal of TRIM is to engage all personnel in generating high-quality research data while minimizing additional costs and time commitments. While treatment programs at CTP are based in manuals adapted to the patient population, TRIM promotes a continuous improvement of the treatment delivered on an evidence base.

This presentation outlines the rationale behind TRIM, demonstrating the feasibility of integrating outcome research into real-world clinical practice. Although challenges persist in conducting treatment outcome studies among trauma-affected refugees, these can be addressed through careful consultation and negotiation within a setting committed to scientific rigor and interdisciplinary teamwork. Ultimately, identifying the most effective interventions will enhance treatment and improve quality of life for the many trauma-affected refugees seeking mental health support.
Different elements of the TRIM model will be discussed, with examples of implementation across various study types. The focus will be on offering practical advice and guidance for integrating research into clinical facilities working in mental health care for trauma-affected refugees, emphasizing the importance of a transcultural, interdisciplinary, and patient-centered approach.

Symposium

Sat. Sep 27, 2025 2:10 PM - 3:40 PM JST | Sat. Sep 27, 2025 5:10 AM - 6:40 AM UTC Session Room 4 (Large Hall B)

[Symposium 68] Rethinking Trauma: Cultural Models of Care Across Clinical Practice and Treatment Systems

Moderator: Selim G. Atici (Princeton University and University of Tokyo), Junko Kitanaka (The Department of Human Sciences at Keio University in Tokyo)

[SY-68-03] Trauma Island: Listening to Silenced Voices

*Naoko Miyaji (Hitotsubashi University(Japan))
Keywords：trauma、silence、secrecy、shame、Trauma Island

In this presentation, I introduce the Trauma Island Model, a metaphorical framework I developed to explore the unspoken aspects of trauma and the dynamics surrounding survivors and supporters. Trauma often remains unspoken due to the extreme pain, emotional instability, and fear of societal reactions experienced by survivors. Those most severely affected—whether physically, mentally, or socially—are often silenced entirely, unable to testify or even survive.
The Trauma Island Model uses the image of a doughnut-shaped island with a landlocked inner sea to represent this phenomenon. The inner sea symbolizes those who are silenced, stigmatized, or marginalized, while the slopes of the island represent survivors who begin to speak out and supporters who approach from the outer sea.
The model highlights power dynamics affecting survivors and supporters, including the prolonged effects of trauma (gravity), interpersonal conflicts (wind), and societal misrecognition (water level). Lowering the water level—through increased social recognition and acceptance—creates a safer space for survivors to share their experiences, fostering solidarity and collective movements, such as the "Me Too" movement. However, stigma, shame, and guilt often lead to secrecy and lies, which can perpetuate silence and transgenerational trauma.
While secrecy and lies can be pathogenic, it also has positive aspects, such as inspiring imagination, creativity, and artistic expression. Art plays a vital role in addressing trauma, offering survivors a non-verbal means to express their experiences, fight against trauma symptoms, and foster connection.
The Trauma Island Model provides an interdisciplinary framework to understand trauma, respect silence, and inspire social change, encouraging survivors to speak out and find solidarity in their healing journey.