

trauma-sensitive yoga. These are all experience-based methods. Results: We work in a multi-disciplinary environment. Psychomotor therapy is mostly done in addition to the common trauma-focused therapy. Discussion: How do we integrate body oriented methods into the mainstream cognitive trauma-focused methods? In which phase can body-oriented therapy play an important role in the recovery of trauma?

Schema Therapy for Female Victims of Early Childhood (Sexual) Abuse and/or Exploitation, **Human Trafficking and Forced Migration**

Linda Verhaak and Sanne de Kleijn

Equator Foundation, Arq Psychotrauma Expert Group, the Netherlands

Background: This presentation will inform participants about a specialized treatment that was developed for victims of early childhood trauma and/or recent sexual abuse, resulting in posttraumatic stress symptoms, often accompanied by borderline personality traits or disorder. The patient population is a migrant group of refugees, asylum seekers and victims of human trafficking. Treatment is offered by an interdisciplinary team comprising a psychomotor therapist, a psychiatrist, a social worker and a clinical/mental health care psychologist. Cognitive, behavioural, emotion-focused and physical interventions are based on the Farrel and Shaw mode model, worldwide known as an evidencebased intervention for patients suffering from personality problems and/or chronic fear and mood disorders, who do not respond to other forms of treatment. Method: We offer a schema therapy day treatment programme which combines a mainly cognitive and experience-based group part and a psychomotor therapy group part, focussing on reinforcing resources and emotion regulation strategies. This programme's objective is to break through avoidant coping strategies in order to facilitate trauma treatment, enable exposure to intense early emotions, and help patients to start understanding, finding coping strategies for, and possibly fulfilling unfulfilled childhood needs. Besides this programme there is optional psychotropic treatment, social work support and individual trauma treatment (EMDR/NET/Imaginary Rescripting) at a different day of the week. A culturally sensitive attitude is essential, and interventions are transculturally adjusted. Results: In this presentation we will share clinical experiences. We are open to discuss what is to be considered best-practice in offering treatment to this population.

Disgust and Symptoms of PTSD: Implications for Treatment

Jannetta Bos

Centrum 45 & Equator Foundation, Arq Psychotrauma Expert Group, the Netherlands

Twenty years ago the British Journal of Psychiatry published an editorial entitled 'Disgust: The Forgotten Emotion in Psychiatry' (Phillips et al., 1998). This sparked increasing attention for the possible role of disgust in various types of psychopathology, including posttraumatic stress disorder (PTSD). This contribution discusses how disgust-based mechanisms might play a role in the aetiology and persistence of PTSD symptoms, and how these mechanisms might be addressed in clinical practice. The added value of taking the role of disgust-based mechanisms into account will be further illustrated by clinical case descriptions. In addition to trauma therapy, I would like to share information about a two-session intervention developed by Jung and Steil (Jung & Steil, 2013) for patients who are still experiencing disgust, although they have been treated for the traumatic experiences related to disgust. The intervention is meant for patients who experienced sexual abuse during childhood and/or adulthood. Overview of the lecture: (1) Short introduction: latest research about disgust, (2) Clinical case descriptions and (3) Description of the intervention. Time permitting, I can show the intervention in a roleplay.

References

Phillips ML, Senior C, Fahy T, David AS. Disgust-the forgotten emotion of psychiatry. Br J Psychiatry. 1998 May;172:373-5.

Jung K, Steil R. A randomized controlled trial on cognitive restructuring and imagery modification to reduce the feeling of being contaminated in adult survivors of childhood sexual abuse suffering from posttraumatic stress disorder. Psychother Psychosom. 2013;82(4):213-20. doi: 10.1159/000348450. Epub 2013 May 22.

S8.4

War, Society and Emotions: Dealing with **Traumatic Pasts in Europe**

Rolf J. Kleber^a, Dean Ajdukovic^b, Anna Menyhért^c, and Ilse Raaijmakers^c

^aUtrecht University, the Netherlands; ^bUniversity of Zagreb, Croatia; ^cThe Jewish University in Budapest, Hungary; ^dArq Center of Excellence on War, Persecution and Violence, the Netherlands

Track: Public Health

Millions of people have been affected by wars and violent conflicts in twentieth century Europe. Individuals, communities and countries live with the memories of these troubled pasts and the emotions that come with it. In some cases there is an accumulation of troubled pasts: for example, the countries that were part of the former Republic of Yugoslavia experienced two World Wars, the communist authoritarian regime and the Balkan wars in the span of one century. How are troubled pasts used to deepen perceived divisions and legitimize radicalization or inclusion? What psychological processes can contribute to mutual understanding, resilience and the acknowledgement of troubled pasts? These questions have become more urgent in the present political climate. This symposium presents a multidisciplinary perspective on the way European societies deal with troubled pasts. The presentations are followed by a discussion.

Linking Psychological Trauma and Troubled Past in Europe

Dean Ajduković

University of Zagreb, Croatia

Background: Instances of collective trauma in Europe over the past 100 years have impacted intergroup relations, collective narratives and family memories. The question is: Has the distant trauma from the troubled past been left behind? Objective: To analyse how the past collective psychological trauma is reflected in the lives of survivors and their families. Method: Comparative analysis of politically motivated organized violence served to link it to collective psychological trauma in a transgenerational perspective using the case of violent dissolution of former Yugoslavia and political oppression in some other countries. Results: Implications of wars and oppression on psychological trauma went largely unrecognized as a mental and public health issue until 1990s. Some survivors of historical trauma still lack social legitimacy to seek treatment because they were on the losing side in the conflicts. Conclusions: Experiences of oppression and wars are not only historical facts, but in many instances a living burden for survivors and their offspring which affect current lives. The links between organized violence and psychological trauma is better understood now in the populations, but the mechanisms, such as the change in the worldview, through which past trauma affects the current social contexts, need further research.

Commemorating World War II in Europe: Old War, New Rituals

Ilse Raaijmakers

Arq Center of Excellence on War, Persecution and Violence, the

Background: Europe is currently in the run-up to celebrating the 75th anniversary of liberation from Nazi Germany. But the ways in which World War II is commemorated vary widely between countries. In some countries, commemorations are ubiquitous; in others, World War II is hardly remembered in public. For some societies (e.g. the Netherlands, UK), commemorating World War II can cause cohesion and inclusion; for others (e.g. Hungary, Poland), it is a much more divisive experience (Langenbacher, Niven and Wittlinger, 2013). Objective: This paper makes an international comparison between rituals of commemorating World War II, especially of commemorating the Holocaust. Method: It is based on literature research and semi-structured interviews with experts from 10 different countries (Europe, Australia, USA and Israel) on commemorating the Holocaust in their respective homelands. Commemorative rituals are analysed by looking into their context, performance and effect. Results: This paper illustrates that countries with an accumulation of troubled pasts tend to have a more contested commemorative culture. At the same time, rituals of commemorating different troubled pasts strengthen each other (Rothberg, 2009). Conclusions: The comparison also makes clear that commemorating this troubled past is still very much evolving. New rituals are being developed to deal with traumatic legacies, often in dialogue with victims or their descendants. Some of these developments may show the way for countries and individuals that are still struggling with troubled pasts.

Transcultural and Transgenerational Trauma **Policy in Europe: Processing Peregrinating** Traumatic Legacies in the Digital Age in the Context of Intra-European East-to-West Migration

Anna Menyhért

The Jewish University in Budapest, Hungary

Background: Central-Eastern European post-communist countries with a troubled past are part of the European memory community. The need for transnational dialogue about historical traumas has been acknowledged in memory studies (Assmann, 'From Collective Violence to a Common Future: Four Models For Dealing With the Traumatic Past,' 2009). However, the impact of the increase in migration and refugee influx into Europe has not been taken into account. Objective: This paper will investigate the way unprocessed personal and national traumas 'relocate' together with migrants, having yet unrecognized social-emotional consequences for host societies. *Method*: The paper is part of a larger interdisciplinary and crosssectorial project investigating cultural trauma policy practices in European countries. It does textual