

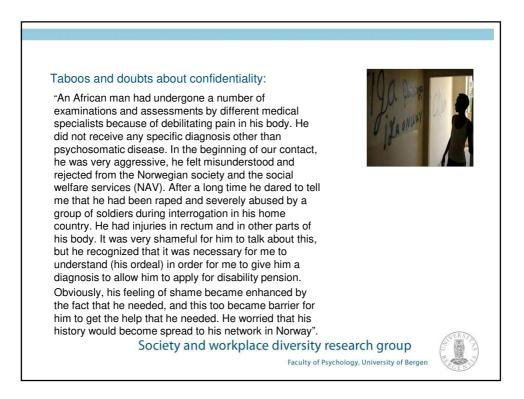
The «talking cure», trauma and avoidance

"A woman from an Eastern European country suffered from post-traumatic stress disorder with nightmares, flashbacks, occasional dissociation and conversation symptoms (at times paralyzed in arms and legs and loss of memory without established neurological basis). She asked for help and presented her symptoms, but she refused to talk about her trauma. She worried that she would become worse if she did that. Her symptoms became more intense when I touched upon subjects associated with the traumatic experiences. Even if I tried in many ways to explain why I wanted her to talk about the trauma, she felt unable to discuss anything about her past during our sessions."

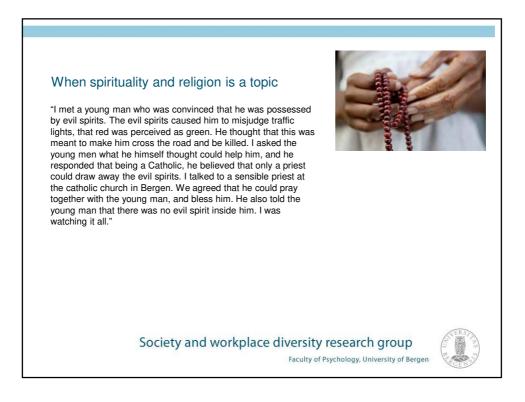


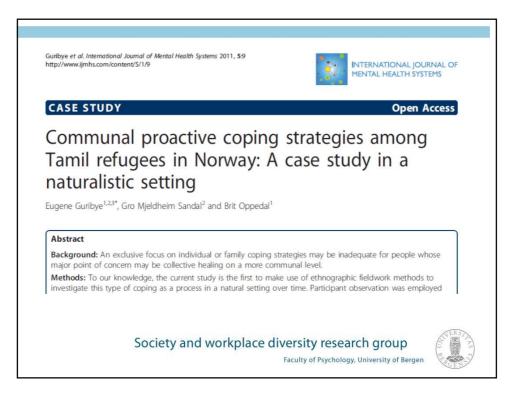
Society and workplace diversity research group

Faculty of Psychology, University of Bergen













- Mental health care services need to be presented in culturally sensitive ways in order to increase access to, use, and benefits of, mental health care services
 - community based
- Resources and gatekeepers for access to health services
 - Family and social network
 - Religious leaders and other authorities
 - Other people in the ethnic community
- Current needs:
 - Mental health care providers with ethnic minority background
 - Cultural competence integrated in educational programs at universities and specialist training programs
 - Important to integrate ethnic minority perspectives

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