

uncontrollable life adversities occur within the observation period. Hence, further studies will have to identify the most adequate time point to assess the effects of short term psychotherapeutic interventions. Possibly, the answer is somewhere inbetween immediate effects (measured at the end of treatment as suggested by us) and the one year delay proposed by Neuner and co workers. We agree that there can be pragmatic reasons to delay post treatment assessments, however, we feel that one year after the end of treatment may be too long, particularly within fast changing social situations with multiple stressors.

Altogether, we agree that our field should further strive for effective interventions. It remains to be seen to what degree they should focus on social contextualisation or universal models of neuropsychological brain function. In any case, we would not be able to discuss these points without the ground breaking studies of Neuner and co

workers, to whom we express our deepest respect.

## References

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# A beneficiary's voice: a concluding commentary on NET by Ismael O.

***Frank Neuner, Maggie Schauer & Thomas Elbert***

As shown in our previous paper in this debate (this issue), we have used the best scientific standards to evaluate Narrative Exposure Therapy (NET). However, in concluding this debate we realised that the one voice missing here was that of those who have benefitted from NET.

Within a variety of conflict settings, survivors have turned to us to help them overcome their suffering and pain. Yet, how can we communicate what it means to be able to put the unspeakable into words, have symptoms decreased and go on with life?

How can we quantify the effect of the trauma being reflected and integrated into one's biography, when survivors tell us: *'life does not just consist of fear, anger, shame and guilt any more'*, or: *'this is my story, finally, I have a feeling of identity!'* For this reason, we would like to conclude with the testimony of Ismael O., one of the many clients who has experienced NET, and who represents the experience of many other Sudanese refugees in an Ugandan settlement. Ismael O. participated in one of the first NET treatment trials. In the Posttraumatic Diagnostic Scale, Ismael O. scored 39 before

treatment, 19 at post test, and 9 at the follow-up. Below are his statements, made during the final session of treatment.

*'We have too many problems in Imvepi. There is no rain in this land. Many of us want to leave. There are many illnesses and not enough food. The food the UNHCR gives to us is finished in only one day. Many of us had good jobs in Sudan. We do not live there and do not live here.*

*But the worst thing is: we have lost our spirit. I have seen a child who was burned in a hut. It smelled like roasted meat. I have seen the rebels who cut the ears off those who resisted. I was running with my family, from bullets and soldiers. I have lost many members of my*

*family. I found a pregnant women who was shot in her belly. I have seen a brain that was scattered in a tent.*

*All of this is too cruel to talk [about]. We do not talk about this to each other. We have stopped talking to our children. No one wants to hear such things, but we cannot forget. It is always there. My heart keeps beating fast and I tremble. It is in our heads and between us.*

*I want to thank you for listening carefully to the story of my suffering. And for writing it down. I will keep the story as long as I live. I cannot read from paper, but one day my children will read, when they live in a free country. They should know what we have gone through.'*