“Wounded relationships need to heal”

Trauma work as a core element of peace-building and development cooperation

Violence wounds both the body and the soul. It shatters people’s faith in others and feeds negative expectations for the future. It leads to fear responses that can take the form of nightmares, sleep disorders, and highly distressing memories. Like a scar left by violence, traumatic experiences can often live on for a long time in the nervous system and relationship patterns of those affected by it. While physical wounds are more obvious and can more easily be treated, these “invisible“ mental wounds are more difficult to identify and are frequently considered taboo. However, stable peace and long-term development prospects are only possible when people are able to overcome their fear, their generalised mistrust, and their grief. This is where trauma work comes into play.

Background

“Inner” and “external” peace interweave in a very complex way: research has provided a growing body of evidence for the link between psychological traumatisation and a lack of willingness to reconcile with an “enemy” group. Perpetrators too can develop post-traumatic difficulties, not only because of the violence they themselves have experienced in armed conflicts, but also because of the violence that they have inflicted on others. Trauma dynamics impact not only on individuals but also on communities and groups.
Trauma-sensitivity

...is not an approach to treatment, it is much more a perception and way of acting that is shaped by a profound knowledge of individual and social trauma processes. “Trauma-sensitivity” is not a protected term and is applied in different contexts of development cooperation. It can be used in a variety of different professional areas. However, guiding principles for project activities and support services, which act as a counterweight to the traumatic experience, are important: people who have been subjected to traumatising violence need to experience the (greatest possible) security and control over their lives. Activities counteracting traumatic powerlessness should also aim for psychosocial strengthening, empowerment, and the experience of self-efficacy (in other words activities that allow people to experience how they can actively make changes for the better in their own lives). Furthermore, emotional connections with others can have a stabilising effect in projects. Such connections help people to overcome feelings of loneliness and isolation and to experience solidarity and justice because their suffering is recognised.

Supplementary to these trauma-sensitive attitudes towards those affected by violence, there is also a need to take care of those who work with traumatised people and in traumatising contexts: those who come in contact with traumatic powerlessness – whether directly (e.g. human rights activists listening to accounts of violence) or indirectly (e.g. people providing medical care for those affected by violence) – experience a high level of psychological stress. This is why self-care and organisational care measures are an integral part of trauma-sensitive work so that the helplessness experienced by helpers does not lead to personal and organisational burn-out.

In July 2018, MISEREOR was supporting a total of 61 projects on trauma work in the narrower sense to the tune of approximately €14.8 million.

Of these projects, 20 were based in Africa and the Middle East, 20 in Latin America, and 19 in Asia.

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“I really like to paint with the art teachers. [...] But sometimes I feel sad when I paint with them because the pictures that we paint together all come from our own experiences, and some of them live on in us and cause us pain.
I want to paint more because it is important to tell our story through our pictures. The more we paint, the more strength becomes visible in our pictures, and that gives us new hope.”

Roi Ji (16), Je Yang Camp for internally displaced persons (Kachin State, Myanmar) on the picture “The Back on the Road”
The situation in Burundi, for example, has shown that under certain circumstances, the violence experienced by a group can in a subsequent generation serve as a justification to exact revenge on the “perpetrator group”. In such cases, political propaganda can psychologically “trigger” collective outbreaks of violence. In this way, “victims” can in some constellations turn into “perpetrators”, and “perpetrators” can become “victims” in a seemingly endless cycle of recurring violence.

Finally, traumatisation processes also have political and institutional dimensions: many politicians in post-conflict scenarios who have themselves survived violence rule with a mixture of rage and pain and make political decisions that are to a great extent shaped by trauma dynamics. The political explosiveness of trauma processes that have such a collective impact is particularly significant in those contexts where former perpetrators assume government responsibility in the wake of an armed conflict without actually analysing and dealing with their having been perpetrators and the psychological consequences of their actions.

Given the complexity of the situation described above, trauma work as an element of peace-building and development work must take into account both individual and socio-political trauma dynamics. Traumatised people also need to be safe from further violence and enjoy the security of economic prospects. The objective should therefore be to simultaneously work on both psychosocial (psychological and community-related) and societal (i.e. economic and political) processes. In other words, it is about making sure that trauma work, peace-building, and development cooperation interact with each other and create synergy.

When we position trauma work in this way, we need a socio-political concept of trauma in which the mental wounds inflicted on people by violence are not reduced to nightmares and fear responses but are situated in their social and historical context and treated using interventions that are tailored to suit this context. Peace-building work should never exploit trauma work with a view to “calming” people psychologically so that they cope better with ongoing insecurity and impunity in the wake of a conflict. Nor should reconciliation be a requirement in the sense of “you must forgive the perpetrator”, which often comes with a religious undertone. As the American trauma psychologist Judith Herman says, a premature willingness to reconcile is rather the expression of internalised violence and submission. The focus should instead be on helping people affected by violence to their human right to health and physical integrity and helping them to live their lives to the full. Thus, a willingness to reconcile is often a consequence of successful trauma work, which helps survivors of violence to learn to accept themselves and their experiences and through them, to find meaning in their lives once again.

2 Experiences

Not all people are affected in the same way by the consequences of traumatic experiences and develop mental disorders such as posttraumatic stress disorder (PTSD), depression, or anxiety disorders. However, everyone who has experienced violence is affected by it, not only as a result of the actual experience of violence itself, but also as a result of the lasting existential stress of a life lived in insecurity and poverty. About a quarter of all people affected by traumatic violence need explicit psychosocial support, often because they have experienced particularly serious traumatic events such as sexual violence or torture. Most people who are affected by war are able to stabilise themselves psychologically and socially as long as they have a secure, supportive, trauma-sensitive environment in their families and village communities and are supported by trauma-sensitive care providers such as people working in the health care sector or the management of refugee camps.

Because of the differing needs of people affected by violence, the structure and content of psychosocial work according to currently accepted international standards for psychosocial work and mental health is conceptualised as a pyramid (see page 4). The objective of all approaches is the restoration of psychosocial health. The aim in this context is to be able to integrate memories of terrible events into a life in which mental well-being and trust in oneself, in others, and in the future is possible “despite all that has happened”.

Consider a population affected by violent conflict: according to statistics published by the World Health Organisation, approximately 3 - 4 per cent of this population must be categorised as suffering from severe mental disorders, in most cases as a result of a pre-existing condition and particularly damaging, traumatic experiences. The affected persons develop psychotic disorders such as schizophrenia, severely disabling forms of depression, or anxiety disorders and need specialised interventions such as psychiatric medical treatment and trauma therapy. Local medical staff must be given appropriate training to deal with this.
About 15 - 20 per cent will have moderate disorders and suffer from symptoms of depression, anxiety disorders, or post-traumatic stress disorder. They need trauma-sensitive psychosocial support, which does not necessarily need to be provided by experts. This is where many projects that train people, e.g. in the techniques of psychosocial counselling come in.

About 75 per cent of the population are affected, but do not need explicit psychological forms of support. They can, however, be psychologically strengthened and stabilised in projects that focus on community-activating measures and the strengthening of family and village communities. These include, for example, many cultural and creative projects, peace clubs, or sports projects. What is important is that these activities are planned and implemented in a trauma-sensitive manner in the spirit of a psychological “do no harm” approach. For example, a sports project in which teams compete with each other for victory can trigger threatening feelings and memories of powerlessness in the defeated team; a theatre project that performs a real, unfiltered experience of violence on stage can trigger re-traumatisation in both actors and audience members. Projects for traumatised people must be examined to determine the extent to which they either promote psychosocial healing and community or overwhelm affected people psychologically and generate fear.

**MISEREOR** and its partner organisations work at all levels of the pyramid, even though the main focus of the projects is on strengthening the family and community level of the pyramid. Here are a few examples:

**In Myanmar,** renewed fighting broke out in 2011 between the armed forces of Myanmar (Tatmadaw) and the KIA (Kachin Independence Army) in the state of Kachin. Many thousands of people were forced to flee. An art project that has been supported by MISEREOR since 2014 gives children and young people at more than 20 schools in camps for internally displaced people the opportunity to express their experiences by creating artistic objects. The children experience the feeling of being accepted and connected in a community with other children who have had similar experiences (the trauma-sensitive principle of creating community and solidarity). They express their pain in a creative way and actively shape change when painting – a reality that goes beyond the awful things they experienced in the past (the principle of empowerment/self-efficacy). At the same time, the artistic work allows them to choose what they want to express without being overwhelmed by memories (the principle of security/control). The suffering of the past is connected to a vision of the future. The children get help integrating painful memories into their personal life story and that of their group. This is an indispensable building block for a future peaceful society in Myanmar.
Trauma work as a core element of peace-building and development cooperation

From 2004 to 2008, MISEREOR supported the development of a joint brochure entitled “So that our wounded hearts may heal” by organisations working in the fields of peace-building, human rights, and psychosocial support in Rwanda and Burundi. The aim of the brochure was to raise awareness of the psychological consequences of violence and to use simple examples to illustrate how “wounded hearts” could be supported within their communities. The Burundian group consciously selected the story of a perpetrator. His “healing” comprised not only his being accepted into the community but also, as the pictures illustrate, his atonement for the destruction he admitted causing.

The Rwandan project group, on the other hand, decided for political reasons not to tell the story of a traumatised perpetrator, but included two blank pages in the brochure and wrote in the foreword that these two blank pages were for all the “stories about wounded hearts that could not yet be spoken about”.

MISEREOR also supports organisations and facilities that provide support to people in the top level of the pyramid, including the psychotherapeutic and psychiatric work by the Jiyan Foundation in Northern Iraq, which works with survivors of the violence perpetrated by the Saddam Hussein regime and ISIS terrorism. A main focus of the foundation’s work is the provision of therapeutic support for women who became victims of sexual violence by ISIS and have experienced gender-based violence within their families.

Drawing from: “Pour que nos coeurs blessés guérissent”
Une brochure sur les blessures de la violence au Burundi et l’approche communautaire de leur guérison
(“So that our wounded hearts may heal” – a brochure on the wounds caused by violence in Burundi and the community approach to healing these wounds).

Burundi 2006
Artist: Grace Bithum
Challenges and recommendations

Trauma work can make a contribution to peace-building and development projects. It offers a deeper insight and focuses on relationship wounds. However, in order to realise this potential, trauma work needs a methodological and technical orientation that is appropriate to the complexity of many violent contexts. Classical approaches to trauma work emphasise security as a basic prerequisite. However, this precondition cannot always be met: many conflict scenarios are chronic and endemic, and violence all over the world is not only perpetrated by political and state actors, but often also by criminal groups and “civilian” perpetrators in the context of a situation characterised by widespread impunity and a general lack of security.

This complexity of chronic and continuous traumatisation and an unstable life situation must be adequately taken into account when providing psychosocial support. This is why great scepticism is warranted when it comes to short-term therapies for traumatised people, which are highly attractive to donors because they are comparably economical. Such therapies reduce traumatisation to single traumatic experiences of individuals in the past and reduce the consequences of violence to psychological symptoms, thereby depoliticising the suffering of people.

This is why it is essential that trauma work in persistently traumatising conflict scenarios has to continuously strengthen a person’s ability to come to terms with the past and to enter into relationships in situations characterised by ongoing existential threats, for example through the above-mentioned sport and creative projects and the provision of psychosocial support for particularly vulnerable target groups. Trauma work that forms part of peace-building and development cooperation requires long-term support and the courage to break out of narrow project time frames.

In addition to classical grassroots work, which in many projects involves primarily women and children, it also requires rare albeit vital approaches that involve people in positions of political responsibility in post-war situations. In this context, there is still plenty of room for the development of creative approaches and, above all, for good strategies of reasoning. After all, psychosocial work is often associated with self-attributions such as “weak” or “disorder”, which makes it not very attractive for politicians in positions of responsibility in post-conflict situations. They also run the risk of being perceived as “weak” by the public, which could result in an erosion of trust in their political competence.

Trauma work with individual perpetrators or groups of perpetrators is also extremely rare in the field of psychosocial trauma projects. Working with perpetrators often generates irritation and conflicts of loyalty in organisations that support the “victims” of violence and often quite rightly raise the question of justice. Nevertheless, if long-term societal security is to be ensured – in the sense of both protecting “victims” against ongoing violence and protecting “perpetrators” against acts of revenge – psychosocial support for all sides, including perpetrators, is important. Trauma work with perpetrators is, however, no substitute for measures of judicial processes or mechanisms of transitional justice, which exist in many post-conflict societies. Trauma work with perpetrators means applying an empathetic approach that sees them as people and not just as perpetrators, thereby allowing them the opportunity to become completely aware of their responsibility and, at best, to foster in them the authentic desire for forgiveness and atonement. In this way, trauma work does not contradict the necessity of political justice. Paradoxically, on a deeper relationship level, it makes such political justice possible in the first place: it is only when perpetrators can have inner access to their past actions that there can be authentic remorse and an attitude that takes the safety of the “victims” into account, all of which makes the end of a spiral of violence possible.

SOURCES