Maynooth University Edward M Kennedy Institute

COLLECTIVE TRAUMA IN CONFLICT SCENARIOS:

A SCOPING STUDY

Collective trauma in conflict scenarios, its impact and relevance for conflict intervention
practitioners and communities affected by it

Edited by: Patty Abozaglo

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"People will continue to kill and humiliate "others" in the name of large group identity (it may be contaminated with ideology or religion). Human nature does not change. Due to incredible advances in technology, we are entering into a new civilisation. It does not include further examination of the human nature, however. New technology first is used (at least most of the time) to kill people (enemies). It will continue to exist. I am hopeful that sometime in the future more psychologically informed methods will be used to deal peacefully with some international conflicts."

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"Large groups do not have one brain to think or two eyes to cry. When thousands or millions of members of a large group share a defence mechanism such as projection or a psychological journey such as mourning, what we see are societal, cultural and political processes."

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"So hope for
A great sea change
On the far side of revenge.
Believe that a further shore
Is reachable from here.
Believe in miracles
And cures and healing wells."

Seamus Heaney in the Book of Condolences of the Omagh Bombing, 15 August 1998.

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ACKNOWLEDGEMENTS

FOREWORD

When Patty Abozaglo told me, she was conducting a scoping study on collective trauma in conflict scenarios, I was pleased, and since reading it, am truly delighted. A study of this kind is seriously overdue and the results have implications for how we build peace making interventions and further, much needed, research. This study tells us that without adequately addressing collective trauma, any peace processes embarked upon may be delayed or indeed completely derailed.

When the Israeli Ambassador to the Vatican, "Motty" Mordecai Lewy, came to talk to a meeting I was at in Rome in 2012, he remarked that the top down approach of the Oslo peace accord had not been successful because it did not go deep enough to sufficiently engage civil society in its implementation. Coming at the end of his long diplomatic career, he believed that "meeting the other" at civil society level was essential if you want to solve a protracted conflict as opposed to just managing it. He believed this was the missing bit – calling it the "bottom down approach". He was not aware that he had made a verbal *faux pas*, a sort of Freudian slip, until we pointed it out to him. He had meant to say a 'bottom up approach' of middle range Track II and grassroots Track III initiatives. Yet the phrase 'bottom down' stuck in my mind. It was more Freudian than at first glance!

That *faux pas* got me thinking of where the healing of personal and collective trauma fits into the architecture and phases of a peace process. In what way does the unresolved trauma of victims/survivors and the loss of dignity by communal groups arising from political violence block reconciliation efforts to transform inter-communal relationships? We know from our experience of the Northern Ireland Troubles that no one should underestimate the impact of thirty years of political violence on a civil society and the extent to which each community has been traumatised by the other.

My work in the last two decades in that environment highlighted that working with those on the ground is absolutely essential before any peace initiatives can gain traction. As a result, it has led me to revise the standard peacebuilding pyramid model of three tracks, with which we have become familiar through the work of Montville and Lederach, by adding a fourth layer of trapped emotional memory, deep rooted fears and historical grievances.

When Alec Boraine visited Belfast in 1999, having served as vice-President of the South African TRC, he remembered what Senator George Mitchell had said to him about Northern Ireland: namely that "both sides, Loyalist and Republican, see themselves as victims under siege and have long memories (2000: 410)." Those two inter-communal conditions of a besieged mindset and emotional memory constitute the bottom-down zone that linger on in the gut and in the underground of the body politic in a sort of time collapse. Emotional time is different to ordinary time because it feels like the conflict crisis event happened only yesterday.

Abozaglo's long track-record in international development in conflict settings, her experience as a human rights lawyer, mediator and lecturer in mediation and conflict intervention, jointly with her practice of Capacitar International Wellness Programme and Laban Dance and body movement, shines through in the quality of this research. In it, she clearly demonstrates that the trauma of past events, both personal and collective, affects society as a whole. It explains why, if the trauma is left unprocessed by political leaders in an intercommunal way, then it casts a long shadow and can be carried like a virus through a toxic historical narrative into the next generation. In Turkey, the trauma of the Armenian Genocide is now being passed on into the fifth generation because of continued denial and collective silence. In Spain, the second and third generations of the bloody Spanish Civil War want to discover the truth of what really happened. In Colombia, some families of the disappeared want to meet up with the AUC paramilitaries and the FARC guerrillas to ask them questions about where the remains of their loved ones are buried. Sons and daughters carry that torch of anxiety and even the grandchildren feel obligated to recover the truth about what happened. The danger is that those sons and daughters can resort to revenge and violence as a way of dealing with their personal and collective pain.

We must ask why the underbelly of the conflict and the impact of collective trauma in societies have been under researched to date.

The first factor is denial. The rational mind of academics, the defensive posture of politicians and the silence inducing trauma of entire communities and countries support a reluctance to open up such a scary Pandora's Box. It belongs to the world of therapy and psychology! Of course, we must accept that many people fear this underworld because of our lack of capacity to work with unprocessed deep hurt and unresolved trauma. Yet if we want to transform inter-communal conflict, we have to find ways of working at this deeper emotional level through creating safe spaces where art, dance, body movement, storytelling and dialogue create safe spaces for social healing. Dan Bar-On has shown us how to do it when he brought a small group together of adult children of Holocaust survivors to engage with the adult children whose fathers served in the Gestapo of the Third Reich. At the cognitive level, this research cites how Vamik Volkan's work has enabled us to understand the meaning of each other's chosen traumas and glories based on inter-communal fear and historical grievance.

The second factor, as pointed out in this scoping study, is that psychologists have medicalised the whole phenomenon of trauma by naming it as a disorder. The term 'Post Traumatic Stress Disorder (PTSD)' was created in the 1980's, and constituted an objective breakthrough in no longer treating shellshock and 'post-Vietnam syndrome' as a disease, battle fatigue or a neurosis. However, calling it a disorder to the layman's ear suggests there is some kind of chemical deficiency in the brain or a personality flaw in a person's character. This is unhelpful and it would be much better if we could call trauma, as Peter Levine (2010) suggests, an emotional wound and a stress injury that can be healed through art therapies, counselling, storytelling and group work. We therefore no longer should be calling it PTSD but PTSI to reframe disorder into an injury.

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The third factor is the fear of re-victimising the survivor. That certainly happens when survivors are brought through a legal and adversarial process in inquests and investigations when they are subjected to cross-examination for days. The legal system needs to shift into restorative approaches for working with past abuse and historic socio-political violence. Politicians need to have the courage to provide legal remedies for the recovery of truth through a reconciliation process that respects a victim-centred approach that goes at the pace of each survivor. The Glencree case study included in this research acknowledges the benefits and challenges posed by storytelling as a methodology to deal with this issue.

Patty Abozaglo, and the Edward M. Kennedy Institute for Conflict Intervention at Maynooth University are to be complimented for assimilating this Scoping Study consisting of four sections. Section One is a literature review on collective trauma in conflict scenarios. Section Two presents seven case studies on approaches to deal with it. This is followed by an analysis of collective trauma in conflict scenarios, and the study ends with a number of conclusions and recommendations to Academia and to Development and peacebuilding organisations and all conflict intervention practitioners.

There is a lot of gold here for practitioners to get a better handle on how to work with and transform the human infliction of trauma along with identifying opportunities for future research. Dealing with collective trauma is a slow and demanding process yet more rewarding in terms of positive healthy pro-social relationships than 'victims and perpetrators' staying in embitterment, anger and hatred.

Geoffrey Corry
October 2017

EXECUTIVE SUMMARY

Peacebuilding in communities, in post-conflict zones, has many challenges, not the least of which is the issue of post-conflict trauma. Trauma is an issue, which is little understood and even less seldom acknowledged. Peacebuilders and development workers do not always realise its importance, and as a result, put the issue of dealing with trauma off until the peace process can be more embedded. The problem with this is that collective level trauma has the capacity to derail the peace process, if left unaddressed. Anger, fear, desire for revenge are all emotions that can all lead to the continuation of violence and threaten a peace process.

The purpose of research study

To that effect, this study is to be a comprehensive experimental scoping study examining the area of collective trauma in conflict scenarios. The aim is three-fold:

1) to bring together current experiences and reflections on collective trauma.
2) to create awareness among peacebuilders, development practitioners, institutions and organisations of collective trauma.
3) to create opportunities for further discussion around collective trauma and in the process to foster further learning, networking and policy-making.

Conflict has the ability to create trauma at the individual and at the collective level. When individuals begin to break down, so too do the social ties which hold them together. The question then is how to address trauma when the community, which should support the individual, is itself traumatised.

Collective trauma presents a unique challenge to peacebuilders and development workers. It is important to acknowledge and pay attention to it since if left unaddressed, trauma has the potential to pose a barrier in the reconciliation process. Restoring the social fabric of communities appears to be essential to this effect.

Building resilience is key to enhancing the capacity of individuals and communities to cope with trauma. Resilience can also help in restoring the social fabric of a community. Following Lederach & Lederach (2010) resilience refers to qualities necessary to survive extreme circumstances and to maintain or return to a sense of being or purpose. It includes capacities such as adaptability, resourcefulness and the ability to face and navigate risky situations; forge solidarity; sustain hope and purpose; adapt and negotiate challenges; respond in such a way as to provide a way for communities to survive.

In this study, current research in the area of individual trauma and collective trauma in conflict scenarios is analysed. Key trends, gaps, and opportunities for future research are identified. The hope is to demonstrate the relevance of collective trauma in peacebuilding scenarios and, in the long term, to bring influence to bear on policy and decision-making processes addressing collective trauma so that informed decisions can be made regarding to the impact of collective trauma in communities and societies affected by such trauma. As Volkan (2011) asserts, collective trauma is critical in the reproduction of conflict: groups are always willing to kill for the sake of group identity, and more study needs to be done to find "psychologically informed methods" to prevent this.

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Further, as Volkan contends, it is not just that an individual's trauma affects the collective, but that the collective has an internal mechanism all of its own, with its own expression in societal, cultural and political processes, which means that the study of collective trauma IN ITSELF is vital for the resolution of conflict

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While this study's primary focus is the issue of collective trauma, the study will also make findings in relation to trauma at the individual level and in relation to secondary trauma also known as "compassion fatigue" that affects those in the carers' professions when dealing with traumatised individuals and communities.

The literature examined herein demonstrates an understanding of the physical and emotional body at the individual level, but there is a severe lack of sources looking at the effects of trauma at the collective level.
This study identifies components to construct a framework on collective trauma. For example, Krieg (2009) did look at collective trauma and proposed five essential elements in responding to it: 1) promoting a sense of safety 2) Promoting calm 3) Promoting a sense of self-efficacy and collective efficacy 4) Promoting connectedness 5) Promoting hope.

Each of these five essential elements addresses different areas of collective needs following conflict. Promoting safety and calm helps to address distress, anger and anxiety. Promoting a sense of self and collective efficacy addresses weakness, incapacity, and the breakdown of the social backbone or community structures. Promoting connectedness helps to combat division, isolation, and "enclave mentality." Finally, by promoting hope it is possible to defend against despair, hatred, and revenge.

This study identifies components to construct a framework towards a better understanding of collective trauma in conflict settings. It highlights the importance of empathic engagement and the continuum of care (Jolly, 2017). In conflict, it is essential to recognise that all levels of society have been impacted by trauma and, as a result, it is not enough to address trauma only at one level. Responses must take into account the potential effects on all other areas (social, political); maintaining cultural grounding and grassroots support.

Methodology

This study used a combination of primary and secondary sources, including seven case studies providing first-hand information from peacemakers, scholars, counsellors, trauma healing practitioners, artists and art

therapists. Secondary sources include a range of sources from books, peacebuilding journals, psychology articles, neuroscience and trauma research.

This study builds up from the experience of the Peace and Wellness Project led by Abozaglo in 2013-2014 and documented in 2016. As part of this project, over 20 workshops with more than 300 participants were conducted in Colombia and Peru, using Capacitar and Laban Dance approaches. Additionally, there were multiple lectures, conferences, symposiums and presentations attended and an unstructured interview carried out with the founder of Capacitar, Dr. Patricia Cane.

Findings overview

Trauma at the individual level

Defined as a psychological 'wound' and a traumatic event as a major stressor, which suddenly overwhelms a person, threatens his or her life or a personal integrity, trauma leaves no escape, and triggers accompanying horror that overwhelms the individual's ability to understand and cope with the situation (APA, 1994; Herman, 1992; Joseph, Williams & Yule, 1997, cited in Balke, 2002: 9). Examples of traumatic events include: natural disasters, including earthquakes, tidal waves, hurricanes, and those resulting from actions of men and women such as war, terrorism, and domestic violence.

At the individual level, this can manifest in the form of post-traumatic stress disorder (PTSD), which is acknowledged in the psychological community as a being defined by a host of physical and psychological symptoms following a traumatic experience. Biologically, PTSD causes a number of effects to the brain and nervous symptoms as a result of the body's preparation for coming under attack, known as the "fight-or-flight" response. If an individual remains in this heightened state of arousal, it could lead to increased physical illness and other negative side effects associated with PTSD.

Symptoms include:

Physical	Emotional/ Psychological	Social
Hyperarousal	Flashbacks	Problems in daily life – trouble functioning at job, school or social situations
Panic Attacks	Avoidance	Problems in relationships; conflict
Chronic Pain	Depression	Stigmatisation
Headaches	Suicidal Thoughts	Mistrust
Stomach Pain	Substance Abuse	
Diarrhoea	Panic Attacks	
Tightness/ burning in Chest		
Muscle cramps		
Lower back pain		

However, not everyone exposed to trauma will become traumatised or develop PTSD as a result of the trauma. It is, therefore, important to acknowledge the limitations of applying PTSD to all those affected by conflict. Besides, there are those who would argue that the category "PTSD" lacks political dimensions and, indeed,

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intends to depoliticise (Bistoen, 2016), which effectively limits its effectiveness in analyses of trauma. Additionally, a number of types of trauma have been defined:

- Primary: the individual is directly impacted
- Secondary/ vicarious: those who are working with or caring for those people who are traumatised (e.g. journalists, counsellors, human rights defenders, etc.)
- Historic: Intergenerational and transgenerational (the children of the original victims are affected by the trauma that impact their parents and their generation)
- Complex: Traumatic event repeated several times
- Continuous Trauma (CTSD) – When the trauma continuously repeats

Trauma at the collective level

The main focus of this section of our study is to identify how:

1) trauma is expressed at the collective level in the community and society as a whole
2) individual trauma relates to trauma on the collective level; and
3) the approaches used, address trauma on both the individual and collective levels.

Collective trauma is defined by Paez, Basabe, Ubillos and Gonzalez-Castro (2007) as, "*an experience of extreme stress that is shared by a group of people within a common geographic area or who have a shared social or cultural identity*" (Cited in Cordero, 2014: 1).

In 1976, Eric Erickson, a psychologist, became the first to acknowledge and describe the impact of collective trauma. He suggests that collective trauma damages the social ties between individuals within the affected community. Community members have difficulty caring for one another, lose meaningful connections with the self, and have a sense that the community itself no longer exists as a source of nurturance.

This can be linked to some of the symptoms of PTSD – particularly feelings of mistrust, difficulty in daily life, and relationship problems, as well as depression and avoidance – which may impact the individual's ability to interact with others in their community at a social level. At the same time, the social fabric of the community, which would traditionally offer support to individuals, is itself damaged and unable to offer that support in their recovery.

Trauma at the collective level often manifests as the break-up of community structures, feelings of isolation, mistrust, fear, intolerance, and other forms of violence such as domestic or gender based violence.

Women play a key role in the recovery of trauma, as the heads of households and the rearers of children. However, women remain vulnerable during and after conflict to domestic violence and gender-based violence, such as systematic rape, forced impregnation, sex trafficking, and forced prostitution. It is important to look at the specific issues faced by women during wartime as this impacts them personally, and as it impacts future generations through their memories and their children and grandchildren. Women are a link to either help with reconciliation, or, alternatively, to perpetuate traumatic emotions, if they do not deal well with trauma. Hence, the issue of how women reproduce trauma resulting from conflict, or overcome it, is critical to a study of conflict resolution.

A good example of how trauma manifests and relates to gender roles is the case of women in the Esquimaux community after experiencing colonisation. Yellow Horse Brave Heart (1999) affirms that "many Native men adopted the oppressor's ways of operating: power through control, intimidation, manipulation, lack of respect for equality and nurturance of women, abandonment of family and responsibility, and a lack of honesty. For Native women, the traditional role of educator, healer, nurturer, head of the home, and sustainers of the family and Nation was gone. Faced with being victims of abuse and abandonment, women turned to substance abuse, suicide and hopelessness. Thus, this sense of loss has been transmitted down through the generations, affecting many generations of Indian people with a deep sense of pain, anger and powerlessness. These destructive feelings manifest themselves as violence toward their loved ones, substance abuse, suicide, and an inability to communicate feelings and experience" (Yellow Horse Brave Heart, 1999: 4, quoted in Wesley-Esquimaux & Smolewski, 2004: 54-5).

By failing to fully address issues of trauma, development and peacebuilding, efforts can be put at risk of not being successfully reached or implemented. Men and women may continue to face sources of trauma and dysfunctionality in the form of increases in violence and criminal activity. Trauma may also be passed on to the next generation if it is not fully dealt with and may manifest as more violence, revenge seeking, and anger.

Approaches to dealing with trauma
Collective trauma is a complex and relatively unexplored area within conflict intervention studies. Nonetheless, there has been a wide range of techniques found to work with individuals and communities impacted by trauma. These include:

Cognitive therapy, counselling: Individual focused and a traditional approach to dealing with trauma. Tends to medicalise the trauma, may not always be culturally grounded or appropriate, time consuming, expensive and does not address trauma on a collective level.

Energy psychology/ Energy medicine: Uses a number of energy techniques which combine mindfulness, breathing, and techniques such as acupressure, tapping and other somatic based techniques. It can be more culturally appropriate at time and can be used along with individual therapy. Lacks general consensus among the psychological and scientific communities regarding its effectiveness.

Art therapy: Widely recognised as a powerful means of healing, art therapy allows individuals to express their trauma in the form of art. This can be very meditative for those not yet ready to talk about their experiences.

Dance: It is possible that dance can help alleviate trauma held in the body by bringing awareness to the individual's body through movement. This can help make the participant feel more balanced, energised and relaxed. The idea being that people who feel better actually get better.

Mapping the Place of the Wound: Combines approaches of geography, history and the fine arts and emphasizes the importance of place and memory in relation to trauma. Often communities and societies will create memorials in places of trauma to those who have been lost. They are used to remember but also remind everyone that the trauma should not be repeated.

Story telling: Considered a restorative approach which enables individuals to be able to work through the trauma experienced by sharing, retelling, and reflecting on their story. Non-verbal body work may be used

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first to release trauma, followed by reflective listening and finally sharing stories with other survivors.

Becoming aware of one's own trauma and trauma at the collective level can be difficult for those effected by traumatic events. Feelings of numbness, hopelessness, and powerlessness can leave individuals unable to recognize their own symptoms as a reaction to trauma. Approaches such as Capacitar, Laban Dance and Arts therapy, help to focus on the body and bring awareness of trauma to the body. Other approaches such as story telling help individuals who are ready to talk about what happened to name the emotional impact, speak about it and be released from the past.

Now, an overarching theme becomes apparent after examining the above, which is that approaches for dealing with individual trauma need to be culturally grounded in order to have the most effective impact on the community they seek to help. For instance, in a society which has a long history of dance as part of their culture, people may respond best to approaches which use dance as a means of trauma healing.

It is also important to note that none of these approaches are exclusive. They are able to be used in combination with one another, often with more effective results than when used individually. For instance, the use of Capacitar and energy psychology practices do not prevent the use of psychotherapy as well. In some situations, they may be used complementary to each other with positive results. Capacitar was also used with Laban Dance in Columbia and Peru with more effective results than either approach on their own.

Also, consideration of the importance of the continuum of care must be taken into account. Trust in people and institutional structures must be restored as a means of building sustainable peace. Further, top down initiatives will not succeed without the support of grassroots individuals, communities, and social movements. These grassroots movements are essential as the individual level impacts the community level.

Finally, as Volkan prescribes, "psychologically informed methods" (Volkan, 2011) must also be developed in the future if one is to deal head on with the issue of collective trauma at the level of community identity.

Acknowledging and dealing with compassion fatigue

The potential secondary or vicarious trauma to those working with these traumatized societies must also be taken into account. Caring professionals including social workers, psychologists, human rights workers, development workers dedicate their lives and work so hard to help those impacted by violence, natural disasters, or other traumatic events. They do not always realise the toll it takes to their own physical and mental health. These consequences may then put workers at risk of developing what is referred to as secondary trauma or compassion fatigue.

Case studies

The concept of "root shock" (Fulillove, 2005) introduced by Karen E. Till contributes to frame the seven case studies taking into account the individual and collective dimensions. "Root shock" is defined as the 'traumatic stress reaction to the destruction of all or part of one's emotional ecosystem' (p. 6). This author further explains that one's emotional ecosystem is what provides an individual's daily sense of security, stability and confidence.

Seven case studies are compiled by various practitioners and researchers in the area of peacebuilding and trauma research for the purpose of looking at and addressing issues of collective and individual trauma post-

conflict. The case studies focus on potential opportunities for approaches to successfully deal with victims of collective traumatic situations. These include forms of movement, such as Capacitar (Jennifer Feagley) and combined Capacitar & Laban Dance (Lynda Sullivan), as well as other arts-based approaches such as art therapy (Lisa Fliegel), and poetry, music (Théogène Tottó) and, finally story-telling (Glencree Centre for Peace and Reconciliation L.I.V.E –Let's Involve the Victim Experience).

The case study of Mediators Beyond Borders International (MBBI), Mary Jo Hardwood identifies a key gap in the training of individuals working in post-conflict regions. Many of those who are tasked with working with the survivors and victims of conflict are not adequately skilled in recognising and addressing the impacts of trauma during the reconciliation processes. In order to address this need, MBBI have developed a programme referred to as: Trauma-Informed Peacebuilding and Development Assistance (TIPDA). This programme seeks to provide mediation training and practice skills necessary for development workers and peacebuilders in the field. This case study, also addresses key challenges to dealing with trauma. There is a lack of consistency in methodology, training, and oversight among those who deliver trauma related services. There is also a challenge related to caring for community leaders, as they are the ones who often help others in their community going through the healing process.

As Glenn Mason points out in his case study, while there is ample information regarding traumatised individuals, there also needs to be more focus given to the mental health of care-workers. There is a gap in the understanding and acknowledgement of compassion fatigue among peace makers, and mental health and development workers.

Théogène Tottó Niwenshuti, a survivor of the Rwandan genocide, tells his personal journey towards recovery using art and poetry as a means of healing. Using these practices, he was able to help more victims of the genocide as well as the children of both victims, perpetrators and suspected perpetrators to heal as well as reconcile and make peace.

The case study of Glencree reveals that while storytelling can present an opportunity for healing, it is not without challenges. Not everyone is always ready to verbalize their trauma. Even when individuals are ready and willing to talk about the trauma they have suffered, not everyone in their community will be ready to do so. As a result, they may face pressure not move on or not talk with "the other side", i.e. those with whom they are in conflict, or face rejection from their side if they do. There may still be feelings of fear, mistrust, anger, and emotional/psychological triggers which mediators and peacebuilders will need to deal with before reconciliation is possible.

These case studies help to examine the gaps, challenges and opportunities in understanding and in dealing with collective trauma.

Conclusions
This Scoping Study confirms the existence of extensive research on the relevance of addressing the issue of trauma in conflict scenarios at individual and collective levels.

While the study of individual trauma has been covered by various disciplines such as psychology, and counselling psychotherapy, peace and social psychology, history, geography, anthropology, Arts and sociology, more work remains to be done in the area of collective trauma, as huge swathes of humanity are confronted at communal level with daily and historical, inter-generational trauma.

A literature review and case studies confirm the fact that the body and mind carry the memories and impact of trauma and that individual healing is key for generating healing processes at the collective level. While studies show the imminent impact of trauma at individual level - the focus is placed on the impact of trauma affecting individuals' physical and mental health. Some evidence was found about the breakdown of the social fabric that occurs in the context of violent conflict. Women play a key role in conflict and post conflict scenarios. In particular, emphasis is made on the need to address trauma in women affected by violent conflict including sexual and gender based violence. Abozaglo and Sullivan's cases studies confirm this as, communities have demonstrated to have some capacity to hold those affected by conflict, and sustain meaningful and effective healing processes when willing and ready.

The concept of Continuous Stress Disorder helps to resolve the debate regarding defining trauma as individual PTSD manifestations. Medicalising trauma does not help to make visible the real impact of trauma at social and collective levels. Focusing on approaches that deal with the individual physical and emotional manifestations of trauma; namely psychological/cognitive approaches such as counselling and therapy reveal limitations when used on their own without checking if they are culturally appropriate, but it is the political, societal and cultural nature of the trauma itself, as well as its recovery, that is most important. Combined approaches including: Psychotherapy, counselling, arts, energy psychology methods and other energy medicine have proved to be successful, effective, and suitable for groups of various cultures worldwide. Most recently community psychology, liberation psychology and eco-psychology enforce the use of interdisciplinary approaches to address the topic of this study.

There is consensus about the cultural nature of trauma and how most effective approaches to deal with it at individual and collective levels consider culture as a high priority. However, the challenges encountered include the use of methodologies which are not culturally grounded and that could potentially cause re-traumatisation. In other cases, methodologies may need to be carefully tested in terms of their suitability in particular cultural settings. Well-guided preparation to introduce participants before immersing in any healing process is essential for the success of methodologies used and to enable participants to be ready, to be present to take part and/or share their experiences, ensuring that the process does not recreate re-traumatisation.

Gaps are found in implementing effective measures in the peacebuilding and development fields and in having sufficient support structures within organisations and institutions (human and financial) to support staff and target groups affected by violent and traumatic events. Creating best conditions for professionals working in areas of violent conflict is required to prevent them being affected or exposed to secondary trauma – also called 'vicarious trauma' or 'compassion fatigue'.

The concept or "root-shock" confirms the impact of violence in the individual and collective lives of people at systemic level. All case studies show how social dynamics in communities and societies are affected by violent conflict, creating polarisation and divisions based on fear, mistrust, feelings of revenge and hatred among others. However, more investigation is needed to understand in more depth how social and community dynamics are affected by trauma in the collective sphere, and the direct consequences of not addressing this issue. The MBBI case study, in particular, confirms this issue. Therefore, restoring social fabric is a primary task in order to address the wounds and legacy of violent conflict, revert patterns of violence and prevent violent responses to conflict from prevailing. Further studies would be useful to determine how trauma affects

communities within their own culture and how the various approaches identified can help to make restorative processes most effective at collective/ communal levels.

Unaddressed collective trauma poses serious risks to lasting and sustainable peace, threatening conflict intervention and peacebuilding strategies, including prevailing patterns of violence, transmitting them to future generations and/or developing new ones such as increasing domestic violence, youth gangs' criminal activity and other forms of violence.

Case studies demonstrate the powerful role of Arts and culture in creating conducive environments for trauma recovery and social healing at individual and group/collective levels, fostering core values of trust, solidarity and respect, expression and active listening, inclusion, connectedness and participation. Dance and body movement, as well as rituals, singing and poetry can be very effective in preparing the ground for vocal expression and storytelling. Further research could help to have a clearer understanding of how the approaches identified in this study can create trauma recovery at the social level in specific cultural settings, and how methodologies addressing trauma at the individual level relate to social healing.

Most importantly, however, broadening out the concept of collective trauma to include social and political variables such as culture, gender equality, power dynamics and discrimination is key to making visible the actual root causes of conflict often linked to poverty, power imbalances, gender inequality, and discriminations, as well as finding the most effective approaches to deal with it and prevent transgenerational transmission. Further research on this issue could help to understand collective trauma and its impact on social dynamics in different cultural settings.

This scoping study confirms the relevance of addressing secondary trauma or compassion fatigue in conflict intervention practitioners including all professionals working in the development, peacebuilding and peacemaking professions. Relevant research, debates, a variety of approaches and resources suggest recognising the symptoms and dealing with them promptly.

All approaches presented to deal with collective trauma confirm the importance of thorough needs assessment within communities, towards **creating genuine and culturally grounded trust building platforms** for those affected to be able to dialogue, be and share within communities affected by collective trauma.

Recommendations

To Academia:

Creating awareness and knowledge on Collective Trauma through delivering Trauma Sensitive Mediation and Peacebuilding Programmes. This includes the development of theoretical understanding and a culture and practice of self-care among practitioners, in order to address and prevent the negative impact of secondary, vicarious trauma or "compassion fatigue". These include all involved in the medical professions: medical doctors and nurses; development practitioners; social workers, journalists, teachers, human rights defenders, social leaders, peacemakers and peacebuilders working in conflict scenarios. Foster study groups and networks to promote reflection, exchange and sharing of knowledge and experiences to deepen awareness and understanding on this issue.

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Further applied research is recommended in order to deepen knowledge and fill in existing gaps and challenges encountered:

1) Increase the understanding of conflict intervention practitioners on how trauma affects community/social structures at community/societal levels; and what ways, strategies or methodologies work better for each culture and why.
2) Continue studying the application and impact of Art forms in social transformation and trauma healing in communities;
3) Identify what approaches work best, with an impact on the physical and emotional body, as well as positively affecting the communal, social/institutional dynamics.
4) Map out and document the changes that the approaches used are generating at social and community level.
5) Monitor manifestations of transgenerational trauma and suggest adequate actions to address these.

To Development and Peacebuilding Organisations and All Conflict Intervention Practitioners:

All efforts in development, peacemaking and peacebuilding – as well as peacekeeping and humanitarian assistance – should address **the emotional needs of populations affected by violent conflict, in particular women and children** by supporting culturally grounded initiatives that strengthen and open up civil society space. Promoting the creation of platforms for dialogue and trust building initiatives using culturally grounded and interdisciplinary approaches including rituals, spaces and places for sharing, being together, and being able to express grief. Counselling and psychotherapy should ONLY be used after serious assessment on their accuracy, cultural suitability and acceptance by the community where this will take place; and combined with other creative approaches with the consent of participants.

Address compassion fatigue and taking preventative measures through mainstreaming self-care and wellness practices among their Staff and all stakeholders operating in areas of violent conflict.

To Government Education and Health Institutions, Decision Makers and Influencing Bodies:

Measures to tackle the root causes of conflict and its impact including development, humanitarian and peacebuilding efforts should factor in the emotional needs of individual and communities at grassroots level as part of the fulfilment of human rights, in particular the rights of women (UN Res 1325/ 1820) and children.

Ongoing Institutional commitment and support is needed to address the impact of trauma at individual and collective levels using combined approaches. Policies and legislation are required to address this issue not only at individual level but also at social level.

Monitor manifestations of transgenerational trauma at collective level and look for the best and most effective methodologies to do so incorporating culturally grounded approaches that combine body, mind and spirit practices that are held within community spaces.

I. INTRODUCTION

Trauma, a psychological phenomenon, affects us all and inevitably has an impact on our lives. In conflict scenarios, trauma affects not only individuals separately but entire communities, leaving a challenging legacy to communities and societies or countries. More and more evidence is showing that in order to make peace processes more durable and sustainable, not addressing this issue can jeopardise the prospect of success of the peace/peacebuilding process. This evidence comes from Northern Ireland and Colombia, among others. In other cases, such as Peru, the mining industry is creating conflict as people are violently evicted from their land so that minerals can be extracted from that land. These conflicts are having a traumatic impact on communities where the mining companies operate. (See the section on Peru, by Lynda Sullivan.)

Some evidence has also been found from the work developed by Mediators Beyond Borders International in South Sudan, Liberia which is included as a case study, on how development processes cannot make progress when communities are deeply affected by trauma within a context of long protracted conflict.

The provision of psychosocial support to members of communities affected by violent conflict has posed challenges and constraints, as these do not always have the desired results, and they are costly. In addition to this, cultural traditions and customs need to be taken on board, as these approaches are not always well received in certain communities. Therefore, a question worth exploring is what other alternative approaches are available in order to support development processes and peacebuilding efforts and make them successful and impactful.

Peacebuilding and development practitioners, and organisations working in these fields are not always aware of the importance of dealing with collective, communal trauma, or do not know exactly how and when is the right time to tackle this highly sensitive issue in an effective manner and in the long term. As a result, this issue is sometimes overlooked and left to be dealt when peace processes are more settled. It is important not only to acknowledge this situation, but to look for effective strategies to address collective trauma in conflict and post conflict scenarios, and/or during peace-making stages. It is worth exploring approaches to deal with it in a creative and collaborative manner by opening up alternatives and psychosocial-focused work. More recent psychosocial and protection approaches have tried to address this issue using cognitive therapies (e.g. counselling). The assumption is that trauma in conflict situations needs to be studied and adequately resourced or supported, when implementing programmes to guarantee the success of any peace and development efforts in the long run.

It is considered important to collect first-hand information and fully understand how individuals and entire communities can recover from loss, grief, devastation at material and human levels created by conflict. In other words, how, in post conflict scenarios, can this be fully acknowledged and addressed? What is needed to properly address this issue?

In the area of peacebuilding, there is scope to develop this area as there are examples of how this issue has been addressed but there is still space for improvement and further development.

With this study, the Edward M. Kennedy Institute, conceived as a hub for training, learning and for external engagement for all interested in conflict intervention in Ireland and abroad; would like to create further learning and exchange on the importance of acknowledging the issue of collective trauma in conflict

intervention strategies. The aim of this study is to bring to the fore current discussions and approaches used, to make visible the relevance of the topic and make a contribution to influencing policy and decision- making processes in order to address this very important topic in current and future conflict intervention strategies.

It will identify key trends, gaps and opportunities to develop and highlight the topic of trauma and its relevance in conflict intervention. It will provide focus for future restorative work of scholars and development practitioners, peacemakers, including decision makers so that informed decisions are made to address the impact of collective trauma in communities and entire societies affected by violent conflict.

This Scoping Study includes a literature review. It provides a conceptual basis for a clearer understanding of the subject matter of this study: collective trauma in conflict scenarios, its impact and relevance for conflict intervention practitioners and communities affected by it when working in peacemaking, peacebuilding and development efforts in conflict and post conflict scenarios. It aims at providing a definition of collective trauma. It will explain how collective trauma manifests, and what impact it has at the social level. It will also reflect on the relevance in addressing it as integrated parts of peacemaking/peacebuilding and development efforts. It is also expected that it will help in identifying key debates, commonalities and divergences as well as gaps in the literature on the topic. It will aim at responding to the following questions: firstly, if trauma can have an effect in one individual at physical and emotional levels, after a once off event, what happens when a traumatic event affects a group of people, a community or a whole nation on an ongoing basis for years or decades or centuries? How can a society recover from collective traumatic events in the context of conflict? Which are the consequences of not addressing this issue? How can conflict intervention effectively address this issue as part of sustainable peacebuilding efforts? Finally, which are the most effective and sustainable approaches to do so?

This study gathers first-hand information from peacemakers, scholars, counsellors, trauma healing practitioners, artists and art therapists in seven case studies. It includes insights of various stakeholders such as: organisations and individuals with long track records and experience working in the field of conflict intervention in Ireland and worldwide. It also includes a section to analyse the data found and finishes with some conclusions and recommendations.

II.   LITERATURE REVIEW

2.1   Understanding Trauma

The word trauma comes from the Greek word for wound, and was originally used to explain physical injury before being used in psychology by the end of the 19th century (Breuer and Freud, 1895, cited in Balke, 2002: 9). Defined as a psychological 'wound' and a traumatic event as a major stressor, which suddenly overwhelms a person, threatens his or her life or personal integrity, trauma leaves no escape, and triggers accompanying horror that overwhelms the individual's ability to understand and cope with the situation (APA, 1994; Herman, 1992; Joseph, Williams & Yule, 1997, cited in Balke, 2002: 9). Examples of traumatic events include: natural disasters, including earthquakes, tidal waves, hurricanes, and those resulting from actions of men and women such as war, terrorism, and domestic violence.

Psychological studies have addressed the issue of trauma and its impact as Post Traumatic Stress Disorder (PTSD). However, most recently, efforts have been made to situate research within the social and political fora. This is the case of Balke (2002) when he affirms, "*Political violence, namely wars and violent conflict have negative impact in people's mental health*" (p. 5). (See also Bistoen.)

Trauma is also defined as "the destruction of the individual and/or collective structures" via a traumatic situation, which in turn is defined as "an event or several events of extreme violence that occur within a social context" (Becker, 2004: 3, quoted in Clancy & Hamber: 9). According to Cane, trauma is "cultural" in its manifestations and approaches to deal with it need to be culturally grounded. (Abozaglo, pers. comm., June 2017).

Trauma is perceived as a consequence as well as a cause of conflict. Novakovic (2017) takes Mitchell's (1981:71 cited in Novakovic, 2017) definition of trauma as "an inter-related cluster of emotions, attitudes, prejudices and perceptual distortions that accompany most forms of conflict, and lead to its continuation and exacerbation."

According to Levine (1997: 225, cited in Novakovic, 2017), "Trauma is among the most important root causes for the form modern warfare has taken. The perpetuation, escalation and violence of war can be attributed in part to post traumatic stress." The legacy of trauma is expressed "as fear, separation, prejudice and hostility. This legacy is seen as fundamentally no different from that experienced by individuals - except in its scale" (Levine, 1997: 225).

These definitions help to place the concept of trauma within a context of violence establishing a relationship between its impact on body and mind at individual level and the collective level as they take place in a particular social context.

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2.1.1 Trauma and Post-traumatic Stress Disorder (PTSD)

At individual level, trauma biology research (Center for Substance Abuse Treatment, U.S., 2014) confirms the fact that when facing individual trauma there is a "cascade of biological changes and stress responses, which are associated to PTSD, and other mental illnesses" in the short, medium and long term. These responses include changes in the brain and hormones affecting the limbic system functioning and changes in the cortisol level produced by hypothalamic–pituitary–adrenal axis activity. Marich (n.d.) suggests that the Vagus nerve – a bundle of sympathetic and parasympathetic nerves that run the entire length of the brain stem and regulate functions in the body – could retain and store trauma physically in the body. In times of danger, the sympathetic nervous system takes over in a reaction known as the "fight-or-flight" response. However, when the sympathetic nervous system is activated over a prolonged period, such as when an individual is continually exposed to trauma, or continues to relive the trauma through their memories, the individual may begin to suffer physical illnesses or other complications. Trauma becomes stored in the limbic system, while verbal communication and logic are located in the neocortex. Both Herman (1992) and van der Kolk (2011), note that in PTSD patients, the areas of the brain responsible for language shut down in response to the traumatic experience, and have been shown in studies to shut down during flashbacks to the traumatic event and moments of emotional distress as well. The inability of the language centres of the brain to function during these times represents a challenge for survivors to be able to put their stories into words. Instead, these memories remain trapped in the body being relived rather than remembered verbally (Van der Kolk in Tippett, 2011).

These changes in the structure of the brain manifest in three main symptoms (Pease, 2015): **Re-experiencing the trauma**, such as flashbacks, nightmares, intrusive thoughts, etc. According to Balke (2002) the "most striking feature of PTSD is the persistent and vivid repetition of a traumatic event" (p.15). **Avoidance:** trying to avoid thoughts, feelings, situations, or people who might remind you of the trauma. **Hyperarousal:** always being on alert, trouble sleeping, irritability, difficulty concentrating, exaggerated startle response.

Other associated symptoms of PTSD such as **Panic attacks:** a feeling of intense fear, which can be accompanied by shortness of breath, dizziness, sweating, nausea, and a racing heart. **Physical symptoms:** chronic pain, headaches, stomach pain, diarrhoea, tightness or burning in the chest, muscle cramps, or low back pain. **Feelings of mistrust:** losing trust in others and thinking the world is a dangerous place. **Problems in daily living:** having problems functioning in your job, at school, or in social situations. **Substance abuse:** using drugs or alcohol to cope with the emotional pain. **Relationship problems:** having problems with intimacy or feeling detached from your family and friends. **Depression:** persistent sad, anxious, or empty mood; loss of interest in once-enjoyed activities; feelings of guilt and shame; or hopelessness about the future. Other symptoms of depression may also develop. **Suicidal thoughts:** thoughts about taking one's own life. According to Zelizer (2008), **stigmatisation** is also a dynamic that may emerge, when the person experiencing consequences of trauma blames herself/himself for not fighting back and experiences a decrease in

self-esteem and increased guilt and humiliation. Victims may have different experiences from perpetrators. The larger community often blames the victim for his/her situation or does not wish to acknowledge the pain and suffering at collective nor individual level. Another possible scenario is when perpetrators often try to use their power to silence or question the credibility of those they injure.

Physical	Emotional/ Psychological	Social
Hyperarousal	Flashbacks	Problems in daily life
Panic Attacks	Avoidance	Problems in relationships; conflict
Chronic Pain	Depression	Stigmatisation
Headaches Stomach Pain Diarrhoea Tightness/ burning in Chest Muscle cramps Lower back pain	Suicidal Thoughts Substance Abuse Panic Attacks	Mistrust

Despite human beings having the same physiological configuration, Balke (2002) found empirical research that shows that in a context of war, some people develop PTSD but others do not (p. 11). Cordero's (2014) research with Latino immigrants in the US demonstrates and confirms Balke's views. In other cases, those suffering severe trauma may have not experience PTSD (Zelizer, 2008: 83). Dissociation, the mental detachment from one's own body, according to Herman (1992), appears to play a role in the development of PTSD in some individuals who have experienced trauma. Studies have found that those who "…enter a dissociative state at the time of the traumatic event are among [the] most likely to develop long-lasting PTSD" (Herman, 1992: Afterword). Therefore, trauma does not affect everybody in the same way. Krieg (2009) confirms this view as she states, "the inappropriateness of a PTSD diagnosis for collective experience is becoming increasingly apparent" (p. S30) because it presents risks of "being misappropriated into psychiatric realm of PSTD." Her view indicates that "communities seek strength-based rather than symptom-based descriptions of their experience. The concept of collective trauma helps to acknowledge the importance of describing traumatic experience in terms of impact, connectedness, collectivity and relationships."(p. S30). It allows to realise that traumatised communities are more than a group of traumatised individuals and see beyond the pathology of trauma (e.g. feelings and individual behaviours or symptoms). For those affected by it in the long term, "trauma does not recede; instead they tend to intensify and negatively affect their ability to cope with life (Zelizer, 2008: 83).

Studies in the area of Peace Psychology acknowledge the complexity of PTSD and the "*limitations of existing conceptualizations of traumatic stress, such as post traumatic stress disorder (PTSD) and complex post traumatic stress disorder (complex PTSD), which assume that trauma exposure— whether a single event or a repeated series of incidents—has occurred in the past*" (Kaminer, Eagle, Stevens, & Higson-Smith, 2013). By removing the term post and adding the word, "continuous" enables practitioners to recognise the needs of victims of political violence within a context of ongoing state repression. The term 'continuous traumatic Stress' was originated in the 1980s by a group of mental health professionals working in apartheid-era South Africa.

2.2 Types of trauma:

- o   Primary: Individuals directly affected by it.
- o   Secondary: affects those caring for those affected by it. Also called Vicarious Trauma. E.g. carers, journalists, professionals in the caring professions, human rights defenders, among others.
- o   Complex Trauma: traumatic event keeps repeating several times.
- o   Historic Trauma: Intergenerational & Transgenerational
- o   Continuous Trauma - CTSD as opposed to Post-traumatic - when trauma manifestations remain over a period of time.

Krieg (2009), based on Erickson's studies points out that with more recent protracted conflicts such as Yugoslavia and Sri Lanka, the concept of trauma has evolved in an attempt to describe the various and complex aspects of the traumatic experience. These include mass trauma, inter-generational trauma, social trauma, cultural trauma, and complex trauma as seen below (p. S30):

Population	Individual
Collective trauma (e.g. war-zones (civilians, including children), colonization, genocide). Mass trauma (natural disasters e.g. tsunami, earthquakes, floods, bushfires	Once off PTSD due to exposure to rape, time limited exposure to war (veterans) and Ongoing complex traumatic disorder, intergenerational trauma, often defined in adulthood as borderline personality disorder, particularly if exposure begins in childhood (e.g. ongoing child abuse, sexual abuse, ongoing experience of family violence).

2.3 Trauma in Conflict Scenarios: A Cause and Consequence of Conflict

Novakovic (2017) based on research on the conflict in Bosnia and Herzegovina affirms that: "*hard experiences of conflict, war and trauma have inevitable and negative impact on social, economic and political life of individuals and communities, with long term effects on their function and development, creating number of dysfunctional individuals and traumatized societies, and trauma transfer on generations. Trauma is in newer [research] seen not only as the legacy but also as the cause of conflict, building a raising spiral*" and that there is a "*need for trauma healing… Experiences [from] communities, which survived horrible of war and genocide show difficulties in their reconciliation, recovery and progress, and their interrelation with the high level of trauma.*"

Balke (2002) complements this line of thought and affirms that conflict prevention would only be effective if addressing the anger and stopping passive victimisation of those affected by traumatic events in a violent conflict context. When anger is unresolved there is a possibility that aggression may start again and fuel conflict.

Women and children are particularly hit by the impact of violent conflict (Balke, 2002; Manjoo & McRaith, 2011). Manjoo and McRaith (2011) highlight the fact that lately there have appeared wide-ranging evidence of violence against women in times of armed conflict. Systematic rape and other forms of GBV are increasingly used as weapons of war in armed conflicts in different regions of the world (Irish Consortium on Gender-Based Violence, 2016). The use of rape to reinforce policies of ethnic cleansing and the establishment of camps explicitly intended for sexual torture and the forcible impregnation of women are tragic developments, which mark a definite escalation of violence against women in situations of armed conflicts" (Manjoo & McRaith, 2011). In post-conflict societies, gender-based violence (GBV) practices also prevail as "rape and other forms of sexual violence have been cited as major factors in undermining post-conflict peace processes. As examples, practices of increasing trafficking, forced prostitution, domestic violence, and rape following a major conflict "as well as a rise in incidents of domestic violence" (p. 12-3).

Women being the caretakers of families and children also are responsible for maintaining the social fabric (McKay, 1998). Also consideration needs to be taken to the fact that men are the ones that fight and may not come back to their families as they die in combat. Therefore, the issue of trauma in collective scenarios needs to be thoroughly analysed taking into consideration the role of women in communities affected by conflict especially if they are directly affected by it, being that rape is a common practice.

Thus, there is a recognised need to address collective trauma in conflict and post conflict scenarios. In the Irish context, Wezesha (2017) highlights the need to address this situation within the large number of migrant population living in Ireland, in particular women who have lost their self- esteem and self-worth after experiencing rape, loss of families, and properties. Novakovic (2017) endorses the need to address trauma in order to break up patterns of conflict and to construct relationships for durable peace given that "*the link between conflict and trauma points directly to [the] need for trauma transformation in order to [break] the conflict spiral.*" There is a recognition of the need for and relevance of trauma transformation in peacebuilding as "*a necessary part of rebuilding relations on which is based the whole community. Relational issues create the environment for peacebuilding, political, economic and social development of the society, with impact on each aspect of the process. This confirms the role, and necessity of trauma transformation in peacebuilding. Dealing with trauma is actually dealing with the past – necessary to achieve reconciliation of society for the purpose of its progress towards just and long- term peace. Sustainable peacebuilding is impossible without addressing and transforming trauma*" (Novakovic, 2017). A choice should be made to attain this and to construct a better future.

2.4   Collective Trauma: Definitions & Origin

Collective trauma, defined by Cordero (2014) is "an experience of extreme stress that is shared by a group of people within a common geographic area or who have a shared social or cultural identity"

(Paez, Basabe, Ubillos, & Gonzalez-Castro, 2007, cited in Cordero, 2014: 1). To this on might add a shared political identity.

Collective trauma "*may have a stronger adverse impact on social support, social sharing, social participation, and behaviors reinforcing social cohesion*" (p. 118). She demonstrates that "*an important type of collective trauma is exposure to violence emerging from political upheaval, revolution, and/or rebellion that frequently involves people becoming refugees.*" Garrigues (2013) also defines collective or historical trauma as a phenomenon that "*happens to large groups of people — attempted genocide, war, disease, a terrorist attack.*"

The origins of collective trauma can be traced back to the 70's. The concept was first acknowledged within psychiatric literature in 1976 by Erickson when describing the impact of a man-made flooding disaster on the small mining communities of Creek buffalo in the U.S. where 125 people died. He defined collective trauma as a "*blow to the tissues of social life that damages the bonds linking people together*" (Erickson, 1976: 302, quoted in Krieg, 2009: S29). He noticed that the community affected by this disaster suffered from "loss of commonality," loss of connection to one's surroundings, particularly a sense of separation from other people, difficulty caring for others and loss of meaningful connection with the self.

Other symptoms referred to a gradual realisation that the community no longer exists as a source of nurturance and that part of the self has disappeared. These symptoms lasted for more than a year after the traumatic event. His research distinguished individual and collective experiences of trauma and he underscored "*the difficulty for people to recover from the effects of individual trauma when the community on which they depended has become fragmented and disconnected*" (Krieg, 2009: S29).

In the social context, Zelizer (2008) argues that the concept of trauma started to develop more than a century ago with Freud's initial ideas and studies of war-affected soldiers in the 20th century. During this period, trauma was seen as a weakness and their symptoms were perceived as a "*detachment of the larger social and political context*" (Zelizer, p. 82). During World War I, trauma was associated with the notion of war neurosis or shell shock in many soldiers with symptoms such as anxiety, startled reaction, numbness and inability to function. This was also seen as a weakness and soldiers were treated in a way as to help them accept responsibility for their duties so that they could return to combat. World War II brought some new understanding and recognition that extreme stress could cause breakdown and this was not a sign of weakness or genetic precondition. Treatments available at the time were hypnosis and talk therapy with temporary relief (p. 81).

Another turning point in the development and acceptance of the concept of collective trauma took place in the U.S., in the context of Vietnam War, when veterans were suffering the impact of war and thousands were protesting in the streets. These events helped to acknowledge PTSD for the first time and led to its introduction in the Diagnostic and Statistic Manual of Disorders (DSM-III, 1980), confirming that symptoms experienced were not caused by personal weakness (Balke, 2002:

11-2). This was the first time that the widespread and long term psychological effects of trauma were recognised. Treatment started to include peer support discussion groups. Soldiers had the opportunity to share their experiences among themselves and with others in the community as a way of coping with the effects of war. Volkan (2000) helps us understand this situation affirming that where "there is a perpetrator and where people affected cannot mourn or process the grief, helplessness and sense of humiliation, it creates unfinished psychological processes that generates serious consequences in the future. As conflict breaks the spinal cord of communities or societies, it will take longer to heal and restore social fabric." According to Krieg (2009) the term collective trauma and mapping of its potential applications have not yet been achieved.

Research carried out on the internal conflict in Peru during the 1980's-90's by Theidon (2004), offers an opposing view of defining collective trauma under categories of PTSD, as it is "*a diagnostic category which leaves insufficient space for cultural differences, the social-historic production of indisposition and the impact of racism and poverty during post conflict stages and in the wider social spectrum*"(p. 43-7). PTSD as a diagnostic category does not help to understand the full cultural dynamics and wider social and historical context, keeping collective trauma within a medical concept. Without denying the importance of individual treatment, Theidon (2004) affirms "*we cannot repair individuals without repairing the social environment where they live. If there is a woman who still lives across her rapist or a father who sees the murder of his son in the market each week, where do we locate the dysfunction? Is there a mental disorder or a disruption in the social relationship because of the injustice and impunity?*" (p. 42-3).

2.4.1 Impact & Manifestations of Collective Trauma

"…violence displaces people at multiple levels, fracturing their sense of safety in the world. The key to health and being well is both immediate and transgenerational"
(Lederach & Lederach, 2010: xvi)

The impact of trauma at individual level has been studied in depth by psychologists and psychiatrists, showing its serious consequences at physical and psychological level, affecting not only the person but all those around him or her, such as their own family and community. More and more studies show how the impact at personal and individual level affect collective & social levels. Novakovic's (2017) research demonstrates that significant individual and collective impact of past long term traumatic experiences is caused by war and violence. Novakovic also shows the influence these have on all aspects of development processes in social, political and economic life.

Zelizer (2008) and Krieg (2009) are both of the opinion that, at collective level, it does not happen often that we find studies showing how trauma affect groups of people, communities or entire societies especially in conflict scenarios. However, Volkan's (2000) research shows in detail what trauma in conflict scenarios does to communities/societies. Volkan's (2000) research helps to differentiate how traumatic events caused by natural disaster and man-made disasters (e.g. ethnic, religious, political, social conflict, war) create different reactions in individuals and communities.

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Examples of the Georgia, Bosnia/Serb and Turk/Greek conflicts show the impact of violent conflict at the transgenerational level as shown later in this study.

For Garrigues (2013) the effects of collective trauma are specific and manifest as "fear, rage, depression, survivor guilt, and physical responses in the brain and body that can lead to illness and a sense of disconnection or detachment. Collective trauma can be transmitted across generations and throughout communities."

According to Clark, in Novakovic (2017) "in traumatised societies three-fourths of the population in war- torn societies are demoralised, and physically and mentally exhausted; half are clinically depressed or suffer from post-traumatic stress disorder (PTSD); one fourth also are mentally incapacitated. They cannot function in society." Abozaglo, (2016), too, notes the manifestations of collective trauma such as the break up of community structures, weakening/destruction of social fabric, isolation/alienation, mistrust/fear, intolerance and more conflict and violence, including domestic violence and gender based violence (p. 13).

Volkan (2011) links the concepts of individual and collective trauma, by adapting Erickson's description of a large-group identity, where thousands or millions of people are linked by a sense of "sameness" are affected for example by an individual who becomes a suicide bomber (Volkan, 2011 in Rhead, 2011: 12). The concept of we-ness is used to highlight how much a group exposed to traumatised experiences holds on to the large group identity at the expense of their own individual identities.

Audergon (2004), based on research carried out on the Croatian conflict, affirms that trauma has consequences for accountability and responsibility at personal and collective levels. Silence, sadness, hopelessness, loss and despair as well as revenge are symptoms that define collective trauma. Silence could be associated with the planning of an imminent atrocity. Revenge, the urge to retaliate, can be used as a way to end the suffering, calming down the anxiety created by injustice, pain and loss. Trauma along with conflict creates divisions, and an environment of accusations, doubt, suspicion, discrimination and defensiveness. This urge can start new cycles of violence and result in the perpetuation of suffering (p. 24-6).

Literature suggests confluent views about the impact of PTSD at individual and collective levels as not everybody will be affected by PTSD after a traumatic event (Balke, 2002; and Eyerman, 2013; and others). When PTSD takes place, Volkan (2000) sees no difference in the symptoms presented between individual PTSD in people affected by a natural disaster or politically motivated violence. In any case, there will be repercussions beyond individual PTSD. Therefore, it is important to look at social processes where a specific group has caused pain, loss, grief, etc. In these cases, a completely different reaction and dynamics at social level may come up and remain for years and generations to come, if these have not been fully addressed.

Volker Heins and Andreas Langhenol (2013, p. XIV) demonstrate that massive suffering of many individuals does not create collective trauma. They claim that this was the case of the Germans in the post WW II period or China under Chairman Mao (Quoted in Alexander, 2013). Novakovic (2017) demonstrates that victimisation produces collective trauma. This would suggest that collective trauma is related to interpretation/self-interpretation: this is a matter of identity, and, thus, of socio-ideological fantasy. For Balke (2002: 16), traumatic events have effects at the social level as:

"*traumatic events call into question basic human relationships. They breach the attachment of family, friendship, love and community. They shatter the construction of the self that is formed and sustained in relation to others. They undermine the belief system that gives meaning to human experience. They violate the victim's faith in a natural or divine order and cast the victim into a state of existential crisis. Traumatic events have primary effects not only on the psychological structures of the self but also on the systems of attachment and meaning that link with her community*" (Herman, 1992: 50, quoted in Balke, 2002: 16).

This has consequences for the reproduction of conflict.

Audergon (2004) confirms the relationship between the individual and social levels and emphasises the need for accountability, which needs to be addressed both at the individual and social levels as they are so closely related. For Audergon (2004:25), accountability means to "explore questions of individual responsibility and group or national responsibility while focusing on the needs of their communities and concrete issues concerning community building".

Women play a key role "in providing a sense of family and community continuity that supports children's healing from war-related trauma" (McKay, 1998: 381). Nonetheless, they themselves remain vulnerable to violence following an armed conflict, as research indicates a strong rise in domestic violence, sex trafficking, and forced prostitution in post-conflict areas (Manjoo & McRaith, 2011).

Novakovic (2017) establishes the existence of and importance of collective trauma, and its relationship to peacebuilding when she affirms that "Trauma creates not only dysfunctional individuals, it creates dysfunctional, traumatised societies, in which capacities to change and progress are inevitably affected and significantly lessen[ed]… trauma is related to relational issues and their rebuilding affecting inevitably on the whole process of building sustainable peace." Taking as an example the armed conflict in Colombia (Abozaglo, 2016), violent conflict is having negative and destructive consequences for individuals and communities, imposing an enormous burden of psychological and social suffering on affected populations. Unhealed traumas may contribute to ongoing cycles of violence jeopardising development and/or peacebuilding effort (Wessells, 2008).

2.4.2 The relationship between individual and collective trauma

Various authors refer to the relationship between individual and collective trauma. This should not be surprising as trauma affects bodies at the physical, mental and emotional levels. Violent conflict can have a destructive impact affecting social, economic and political dynamics in communities exposed to violent traumatic events for a period of time.

Branco (2016) clearly shows the relationship between individual and collective trauma and symptoms or manifestations of both: "On an individual level, some of the symptoms of collective trauma include rage, depression, denial, survivor guilt, internalized oppression, and physiological changes in the brain and body that may result in chronic disease. In addition, research indicates that historical collective trauma is a precipitating factor influencing racial/ethnic health disparities. That is, populations historically subjected to long-term, mass trauma exhibit a higher prevalence of disease even several generations following the original trauma." (Garrigues,2013)

At a broader level, as it relates to our social justice work, collective trauma can impact our ability to build health, wellness and collective power... As Gale Garrigues (2013) states, "Unacknowledged historical trauma can keep social activists in a cerebral, disconnected state which has the potential to tear movements apart." Therefore, confronting collective trauma and promoting healing and resilience are critical if we are to support the "individual and collective survival and resistance, upon which the securing of social justice is built."

Zelizer (2008) takes view (2001), namely that healing starts at the individual level in order to create possibilities for interpersonal and or collective engagement. There are "…three main elements to cope with trauma: getting the person to talk about what has happened, telling the story, in detail; reframing the victim's perceptions of his/her role in the event; and developing and sustaining coping mechanisms for the individual" (Hugo van der Merwe and Tracy Vienings, 2001: 347 cited in Zelizer, 2008: 4).

However, it is clear that while individual trauma impacts on the collective, not every individual wishes to deal with their trauma. So, other ways of dealing with collective trauma are required. As Volkan says, these have to be psychology-based if they are to impact upon societal, cultural and political processes. One can't get thousands of millions of people to talk. One needs to find ways to engage people with their social fantasy. One has to show people how their socio-ideological fantasy is destructive and encourage them to traverse it, to do things differently.

2.4.3 Consequences of not addressing collective trauma

"Psychoanalysts who have studied the transgenerational transmission of massive social trauma inform us that if the impact of such trauma is denied or repressed, it will still manifest itself in various ways in new generations. The "therapeutic" way of dealing with previous generations' massive social traumas is not do deny or repress what happened to the ancestors, but to be aware of history" (Volkan, 2008).

In conflict scenarios of war, politically motivated conflict, or protracted conflict, trauma affects not only individuals separately but entire communities; leaving a challenging legacy to societies or entire countries (Volkan, 2000). According to Garrigues (2013) unrecognised "historical trauma can keep social activists in a cerebral, disconnected state which has the potential to tear movements apart." Balke (2002: 37) complements this view by asserting that if trauma is not addressed it may lead to the repetition of political violence. His research suggests that more work needs to be done with victims given that they might be the continuators or perpetrators of the future. Revenge is a potential motivation, which is transmitted from generation to generation. Working with perpetrators is essential but addressing trauma in victims may prevent reopening of wounds and new cycles of violence. To understand this, it is crucial to study the relationship between the core concept of trauma and the symbolic (cultural, social) elaboration of it.

Unaddressed trauma can have effects at a transgenerational level. In order to prevent the transgenerational impact of social/collective trauma it is important to recognise the impact of secondary trauma (or compassion fatigue). The traumatic nature of violence and its traumatic effects, highlighted by Zelizer (2008), has an impact on all who have "… any contact with traumatic materials – through witnessing or hearing of the event – can also have a deleterious effect" (p. 4). To this effect, he expresses strong concern for peacebuilders and scholars regarding the relationship between trauma and conflict; emphasising the motion of ethical responsibility to conduct their work in a sensitive manner, firstly, to address the impact and consequences of violent conflict and to prevent transgenerational trauma, secondly, to take action to address these without causing stigmatisation or re-traumatisation of those involved.

Volkan (2000) and Zelizer (2008) coincide in highlighting how health workers and peace and development practitioners, among others, working in conflict and post conflict settings, lack awareness in recognising the symptoms of trauma and secondary trauma or compassion fatigue. Therefore, there is a need for creating awareness on this issue among conflict and peace professionals, as well as having strategies to assist individuals, communities, and societies affected by conflict (Volkan, 2000). This situation can have negative effects when dealing and working with traumatised populations and delivering effective interventions.

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For example, concerns have been raised recently in Northern Ireland (Abozaglo, pers. Comm. With Montague, M., May 2016) about increasing cases of domestic violence in 2016, reaching their highest level in over a decade. There has been a steady rise in domestic violence over the last ten years, with total rise of 50 percent (McKeown, 2016). This may be related to unaddressed collective trauma post peace agreements.

Another example is the case of Mediators Beyond Borders International – MBBI's experience by Mary Jo Hardwood (Abozaglo, pers. Comm., Dec. 2016). Through their trauma sensitivity programme undertaken in South Sudan it was found that development processes cannot make progress when communities are deeply affected or numbed by trauma within a context of long protracted conflict. Therefore, they found the community unable to respond to the activities and tasks proposed by MBBI. In addition, the provision of psychosocial support to members of communities affected by violent conflict has posed challenges and constraints as these do not always have the desired results, and they are costly. In addition to this, cultural traditions and customs need to be taken on board, as these approaches are not always well received in certain communities. Therefore, a question worth exploring is what other alternative approaches are available in order to support development processes and peacebuilding efforts and make them successful and impactful.

Cordero's (2014) work concludes that there is a need for research to develop trauma-informed culturally responsive interventions based on the understanding of each culture. Her work within the field of psychology focused on immigrant communities who immigrated to the US due to violent conflict in Mexico, Colombia and El Salvador. Her research acknowledges, "a growing body of work on cultural competence in trauma treatment, however there is relatively less attention to the needs of people affected by collective trauma. Further interventions should be developed to assess the distinct nature of collective trauma that affects the Latino population. Very few empirical studies have focused on collective trauma within a Latino population" (p. 2).

What makes collective trauma and understanding collective trauma such an important topic can be understood in a quote from Volkan (2011) who notes:

"Large groups do not have one brain to think or two eyes to cry when thousands or millions of members of a large group share a defence mechanism such as projection or a psychological journey such as mourning, what we see are societal, cultural and political processes" (Volkan, 2011 in Rhead, 2011: 9).

Trauma, which impacts not only the individual but the community as a whole, is a much more complex issue which must be addressed if there is a chance at preventing the spread of trauma via secondary/ vicarious trauma, intergenerational trauma, and compassion fatigue.

2.4.4 Trauma, Resilience and Reconciliation: Restoring social fabric an essential component of collective healing

RECONCILIATION:

Restoring social fabric appears to be essential in the process of reconciliation in communities or societies affected by violent/protracted conflict. Reconciliation as defined by Lederach and Lederach (2010) is not linear and "is best understood as a process involving some form of movement as in developmental progression" (p. 5). It relates to place "for the estranged to meet, exchange, engage and even embrace" (p. 4). Place, health and wellbeing are closely related (p. 61). This view coincides with   view on the need to create safe spaces, a critical factor which can be a challenge in many conflict regions (p. 5).

RESILIENCE:

According to Zelizer (2008) resilience "has emerged as one of the most important concepts and a key factor concerning how individuals and communities respond to traumatic events. Resilience, following Peres definition is "the ability to go through difficulties and regain satisfactory quality of life" (p. 4). To build resilience, family and communal ties are key factors as well as how individuals process and make meaning of events.

Lederach and Lederach's (2010, p. 69-71) concept of "resiliency" refers to the quality needed to survive extreme conditions, retaining the capacity to find a way back to expressing the defining quality of being and the essence of purpose. At the core of resiliency, the following capacities are mentioned:
•   Adaptability, resourcefulness and a capacity to face and creatively negotiate risky situations.
•   Capacity to forge solidarity.
•   Capacity to sustain hope and purpose.
•   Capacity to adapt and negotiate creatively with the challenges presented.
•   Capacity to respond as a mechanism by which communities hard hit by violence find an innovative way to survive.

SOCIAL HEALING:

For Atkinson (Lederach & Lederach, 2010), violent conflict breaks up the social structures of participation and expression creating patterns of fear and mistrust among members of communities. Therefore, the process is both personal and collective or social. Thus, the concept of social healing as recognised by O'Dea (2004) and the Noetics Institute as an " emerging field that seeks to deal with wounds created by conflict, collective trauma and large –scale oppression" (cited in Lederach & Lederach, 2010: 6-7). Social healing is understood as "an intermediary phenomenon located between micro-individual healing and wider – collective reconciliation" Abozaglo (2016), following Lederach & Lederach (2010) underlines the importance of building resilience as part of the journey of social healing as well as respecting resistance efforts while communities build up their capacity to cope.

Her applied research carried out in Peru and Colombia notes that populations affected by protracted conflict and social conflict do relate better to the concept of resistance than to resilience – a previous stage to resilience, where communities feel they are not yet ready to manage or cope with a situation conflict or violence. Groups found themselves "resisting": struggling to survive and did not feel ready yet to cope with the context of conflict they were immersed in.

Along with resiliency, Empathic Engagement as understood by Jolly (2017) is needed to create a "continuum of care" when dealing with populations and communities affected by protracted conflict and who have been affected by crimes against humanity. Jolly's research is a critique of transitional justice mechanisms e.g. trials or tribunals especially in the conflict in former–Yugoslavia.

Within the same line of thought, Lederach and Lederach (2010) use the concept of Educaring (p. X) which combines two words, education and care. This concept combines two dimensions, the intellectual, individual dimensions of education in a more traditional way, and the social dimension which becomes a container of personal development processes and where skills are developed to co-exist with others.

2.5   Approaches identified to deal with collective trauma

For some authors, such a as Lederach & Lederach (2010) addressing trauma and reaching social healing is both a personal and collective process as healing happens at both levels. Zelizer (2008) acknowledges that there in not one sole method to treat trauma in societies affected by conflict and that approaches include psychiatric assistance and indigenous methods, among others. In order to heal as a group, Volkan (2000) emphasises three key needs: 1) the need for platforms of dialogue, 2) the need for special attention for those working in the caring professions such as: health workers, teachers, and social workers – and 3) the need to address compassion fatigue and vicarious trauma.

Over the past decades, numerous approaches have been used to deal with trauma. Most of them focus on repercussions of traumatic events at the individual level e.g. PSTD. Only a few of them look at the impact of collective trauma and how the approaches used affect social dynamics. Increasingly, the Arts have been playing a role in addressing both individual and collective effects of trauma in conflict settings as well.

2.5.1 The Medicalisation Of Personal Trauma: Trauma focused therapy: Cognitive Therapy, Counselling, psychotherapy

In the 90s, international aid organisations including NGOs, ECHO, UNICEF, WHO and IRC felt the need to implement psychosocial projects to address the impact of trauma in populations affected by complex humanitarian emergencies. Typical of these were the genocide in Rwanda and conflict in Yugoslavia (Agger et al., 1995; Dyer, 1996; Jenson, 1996 cited in Balke, 2002: 5). However, the contribution of these projects is not fully clear. Critics show that psychosocial projects medicalise distress, which originates in social tension, creating dependency and undermining cultural traditions of dealing with distress at social level (Balke, 2002).

Balke (2002: 20) identifies a gap in current theories as these show serious fissures when they are applied in war-torn societies. It is perceived they fail to specify the relationship between a psychological process that is described in individual and medical terms and the dynamics of social, cultural and political conflict. Thus, trauma is medicalised. This is highlighted by Krieg (2013) who refers to the labelling or naming of trauma or any form of medical suffering as a medical issue. It is acknowledged that although a diagnosis can help to legitimise the experience, "it can risk behaviours being seen as personal weakness and blindness to people's strengths and resilience. Pathologising suffering can sustain the fear that 'I will continue to do badly because the problem is an ongoing trait inside me'" (p. S30).

Volkan (2011) joins this debate as he confirms the limitations of the psychological approaches used to deal with trauma, and the need to look for "more psychologically informed methods" to deal with conflict in a peaceful manner (Volkan, 2011 in Rhead, 2011: 15).

Most recently, Watkins (2016) proposes the need for psychologists to widen their horizons in order to be able to effectively accompany individuals and communities, which have experienced oppression and trauma. Following Hillman (1992), Watkins states that the relationship between the individual and the collective is clearly highlighted when affirming that the psyche is not in us as individuals, it is part in the whole world. This means that the health of individuals is intrinsically linked to our environment, our family, community, state, society and ecosystem (cited in Watkins, 2016). This calls for the need to work in an interdisciplinary manner; and to train professionals to be knowledgeable not only of the individual psyche. Therefore, psychologists need to know the history to be able to understand the national political, social and economic contexts; and be able to identify ideologies and their psychic consequences in order to construct critiques of the same. These fields are called community Psychology, Liberation Psychology and Ecopsychology (Watkins, 2016).

2.5.2 Interdisciplinary & Collective Approaches

In studies made of Native American communities (Garrigues, 2013), author proposes to find ways to move away from the anger and sadness including Kindred's model, which suggests to celebrate healing traditions including song, art, touch and community. Following Brave Heart, the author suggests four stages of healing, which could also be applied to healing any collective trauma. These include confronting it, understanding it, releasing the pain of it, and transcending it. Case studies below and research done by psychologists such as Cordero (2014) confirm the importance and effectiveness of working within an interdisciplinary view, combining approaches. Cordero (2014), proposes a "guide focused on culturally appropriate treatment interventions for victims of collective trauma from Latin America offering mental health practitioners support when working with this specific population" (p. 2). Treatment interventions are based on individual therapy combined with mindfulness, breathing techniques and somatics.

2.5.2.1 Energy Medicine & Energy Psychology- Epigenetics

Church's studies (2014:2) on epigenetics state that scientists are "discovering precise pathways through which our thoughts and beliefs can affect our bodies. There is an electromagnetic component to every biological process. Every thought that we have, every feeling we feel, produces a complex shift in the biochemical make-up of our organs. Genes offer a basic structure for our lives, but rarely guarantee anything 100%." He affirms that our conscious-based beliefs, thoughts, prayers, faith, and intentions have a much stronger affect on our lives – including our health, happiness, & longevity – than our genes do (2014:2). Church (2014) agrees with Laura Ramo-Fernández et al. (2015) on how epigenetics help to understand changes in the immune and the neuroendocrine system in trauma survivors (Danese, Pariante, Caspi, Taylor, & Poulton, 2007; Hunter, Minnis, & Wilson, 2011) and they identify a higher risk for infections, diabetes, cardiovascular disease or even cancer (Norman et al., 2012). Epigenetic modifications might represent one piece in the puzzle of the link between traumatic stress exposure and associated health consequences (Bick et al., 2012).

Church (2014: 308) demonstrates how Energy Psychology and energy medicine challenge traditional approaches as well as provide effective solutions at affordable costs for clients affected by trauma. His studies show the links between the individual and physical body and, the collective and social system. These authors highlight the impact of traumatic experiences and how they can be transmitted to the next generation. This is known as transgenerational cycle of trauma and maltreatment. Among the complex factors accounting for this transgenerational transmission, epigenetic alterations could play a pivotal role.

Energy psychology – EP (Association for Comprehensive Energy Psychology, n.d.), as defined by the Association for Comprehensive Energy Psychology (ACEP), is a "collection of mind-body approaches for understanding and improving human functioning. EP focuses on the relationship between thoughts, emotions, sensations, and behaviours, and known bioenergy systems such as meridians and the biofield as well as neuro and electro physiological processes, and mental functions involving thoughts, emotions, sensations, and behaviour." This includes various methods, concepts and techniques from related fields, including acupuncture meridian theory, neuroscience, physics/quantum mechanics, biology, medicine, chiropractic, and psychology to facilitate change. As well as techniques such as Thought Field Theory (TFT), Tapas Acupressure Technique (TAT), Emotional Freedom Techniques (EFT), and more. Since the 1970s, these methods have been further developed, refined, and supported via clinical experience and research across multiple areas of application. For example, EP methods have been beneficially integrated into the psychotherapy process, nursing, medicine, coaching, athletics, and education.

Energy Medicine, according to David Feinstein (n.d.) "focuses on the energy fields of the body that organize and control the growth and repair of cells, tissue, and organs. Changing impaired energy patterns may be the most efficient, least invasive way to improve the vitality of organs, cells, and psyche" (Quoted in Eden, n.d.). Energy Medicine utilizes techniques from time-honoured traditions such as acupuncture, yoga, kinesiology, and qi gong. Flow, balance, and harmony can be non-invasively restored and maintained within an energy system by tapping, massaging, pinching, twisting, or connecting specific energy points (acupoints) on the skin; by tracing or swirling the hand over the skin along specific energy pathways; through exercises or postures designed for specific energetic effects; by focused use of the mind to move specific energies; and/or by surrounding an area with healing energies. These approaches are proving to be very effective in trauma related conditions, challenging traditional approaches as well as offering effective solutions at affordable costs. This is potentially especially beneficial for communities which have been impacted as a whole by trauma in the context of conflicts such as Kosovo, Palestine, US post September 11, and Central America, including Guatemala.

On how these approaches handle the collective dimension, one example mentioned by Church (2014) is the Capacitar International Programme, which addresses individual and collective trauma in contexts of violent conflict (p. 315) using energy Psychology and Energy medicine approaches. Capacitar (empower in Spanish) – also a case study included in this publication – is proven to be very effective in addressing victims of protracted conflict at individual and collective level such as the 35-year civil war in Guatemala. Founder Dr. Patricia Cane affirms that "often the client therapist model does not fit the needs of grassroots people, who for most of their lives have been disempowered by state, church, educational and medical institutions" (Quoted in Church, 2014: 315). After a 27 year experience, she strongly believes that "self- treatment can avoid triggering the power dynamics inherent in the psychotherapy techniques with which most therapists and their clients are familiar" (Church, 2014: 315). She "found techniques, especially TFT, to be invaluable in treating such people...She believes that Energy Psychology techniques are actually culturally more appropriate for such populations than traditional psychotherapy" (p. 315) The use of these

approaches has been shown to help survivors from conflict or natural disasters to "lift troublesome memories, reduce stress, and increase ability to put the past behind them and get on with their lives (p. 315).

2.6   Arts based approaches

2.6.1 Arts Therapy

"Art or indigenous rites can be ways to express the experience. A new phrase can be entered: to 'regain the capability to have trust and relate to others' (Herman 1992), to work through trauma, overcome isolation and detachment (Matsakins 1998; Mynard 1997), and to mourn the loss of a former world" (Balke, 2002: 16).

As defined by Irish organisation First Fortnight, Art therapy is one of the psychological therapies which can help individuals explore their experiences through making art in the context of a therapeutic relationship with a trained art psychotherapist. Art therapy can help mediate engagement for some that may find it difficult to talk about their experiences (First Fortnight: The Art of Mental Health, n.d.).

The power of arts in healing trauma has been widely recognised worldwide. As acknowledged by Coleman (2012), "there is growing evidence that art is particularly well-suited to address the fallout of trauma. Whether methods are visual, musical, drama or dance based, all art forms share the common features of being emotionally expressive, nonverbal modes of communication, drawing from an individual's unique mental and perceptual imagery, and are composed of cultural symbols and shared meanings." (p.6)

Lisa Fliegel's case study presented below in Section III, will illustrate how Art therapy has been used in the US with victims of violence and also in peacemaking work regarding conflict between Israel and Palestine as well as Northern Ireland.

2.6.2 Dance: The Body as an Archive

'The body doesn't lie. Everything begins with and from the body. The mind and the body do not function separately – they are intimately linked as an organic whole.' (Helen Ridlington White in Sesame Institute,n.d.)

As mentioned previously in the literature review, psychological trauma produces distress to the physical and emotional body. Recent research (Vicario, 2017: 2) confirms the importance of gaining awareness of the relationship and impact of trauma in the physical and emotional body; and the role the body plays in storing emotions and experiences. Vicario (2017), concludes that the body is

designed to move and that trauma can be stored in the body. Dance and body movement can help to gain awareness. Thus, movement can help to bring up awareness on what is stagnant in the body and can help to balance the two sides of the brain hemispheres reverting trauma stored there. (Vicario, 2017).

One example that confirms this is Laban Dance and Body Movement – Laban Guild, UK – which uses dance as an education approach. Founded by Rudolph Laban (Hungary, 1879-1958), it is considered a revolutionary method of movement notation that continues to be used today. Laban's aim was to research the principles of human movement. His ideas created innovation in dance, performance and study of non-verbal communication, ergonomics and education theory as well in the study of child development and in the evaluation of personality and psychotherapy. Laban's work has been applied in dance creation, performance and teaching in both professional and community contexts; dance therapy and dance for special needs; psychology, anthropology and ethnology; acting and drama; dance and gymnastics in education; industry and management. He believed in dance as a tool for social change.

Laban's exploration and passion for movement discovered that "the astonishing structure of the body and the amazing actions it can perform are some of the greatest miracles of existence. Each phase of a movement, every small transference of weight, every single gesture of any part of the body reveals some feature of our inner life." Rudolf Laban (Sesame therapy Institute, n.d.) Laban Dance sessions include individual and group explorations based on body movement fundamentals developed by Rudolph Laban such as: body shapes, body actions, use of space and effort. In Laban terms, effort is defined as the inner impulse to action and the colouring of the movement which gives it expressive/dynamic quality. Laban Dance and Body movement is being used as a tool by dancers, actors, musicians, educators, athletes, physical and occupational therapists, psychotherapy, peace studies, anthropology, business consulting, leadership development, health & wellness.

Laban (combined with Capacitar International, described below and in a case study) has been useful to address PTSD symptoms (Abozaglo, 2016) at individual and community level in Peru and Colombia. Participants, mainly women, arrived with physical tensions and aches as well as emotional pain. At the end they felt more balanced, open, relaxed and energised. The combined approaches allowed participants to focus on the self-generating, healthy and fun interactions with others. The assumption is that if people feel better they can function better and can engage in relationships in a much healthier manner. More investigation will be needed to see how these approaches can affect group dynamics and influence positive systemic change in social processes.

Another example of using the power of dance to address trauma is CORP-REAL 2015 – Galway Dance Festival (Ireland). In 2015, this event featured Bodies in Conflict, with a Symposium, which combined "an exciting mix of performances, installations, talks and workshops with the serious aims of understanding the impact on our bodies living under conflict. It highlighted the positive role of dance and movement on trauma recovery, community rebuilding and resilience and even in conflict

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resolution. (Galway Dance Days | Corp_Real festival ' BODIES IN CONFLICT,' 2015). This event opened up opportunities to work with dancers in countries experiencing conflict acknowledging trauma issues at individual and collective levels using dance as a medium, creating spaces for dialogue and dance with the Irish artist community in Galway.

2.6.3 Mapping the Place of the Wound

"Place making often results from cultural practices that delimit social relations to the past and future. When we also care for places, we may begin to acknowledge the ways that spectral traces structure our lives and worlds" (Till, 2010: 2).

Mapping Spectral Traces 2010 is an International network and an Interdisciplinary Symposium hosted by Virginia Tech Humanities which includes a rich and powerful art exhibition series highlighting the importance of place and memory when looking at trauma in collective scenarios. It combines the disciplines of geography, history, education using fine arts, in an exquisite exploration bringing along community members, geographers, artists and educators.

According to Till (2010), mapping is "an attempt to sketch out the complex pathways of political struggle and social trauma, joy and pain, mourning and memory, and invite us to engage our sense memory so that we may begin to understand our world through what Bill Bennett describes as 'empathic vision'" (p.3). Mapping offers "alternative spatial and historical imaginaries that defy hegemonic discourses of globalization and narratives of progressive inevitability" (p. 3).

This project conceives mapping as a spatial and cultural practice. Similar to storytelling, "through the act of mapping one seeks to follow the multiple spatial-temporal pathways of the thing and see what happens when the material and spectral traces (remnants, clues, Imprints, routines, Spuren silences) are tracked; when the peoples, institutions, places, and environments that have in some way been affected by its presence in the world are respected" (Till, 2010: 3).

Other examples found where the notion of place and memory are ☺considered; refer to government -led initiatives to support social healing in contexts of post conflict in Peru and East Timor. In Peru; El Lugar de la Memoria, la Tolerancia y la Inclusion Social (The Place of Memory, Tolerance and Social Inclusion), opened in 2014 to explain to younger generations the history of nearly two decades of politically motivated violence caused by the extremist left wing terrorist group Shining Path (Parkin, n.d.) between 1980-1992. This initiative aims to contribute to the building of a more just society, acknowledging the collective challenges of the present, such as tolerance, democracy and respect for human rights.' In East Timor, another experience of this kind is located in Dili. Comarca, a venue used as the prison in the Portuguese and Indonesian occupations, has been converted into an open place of remembrance with the hope that the atrocities committed in the past will never be repeated. This initiative was part of the work done by the Timor Leste Commission Reception, Truth and Reconciliation – CAVR that prepared the CHEGA (Portuguese for

Stop or Enough) Report. Currently, Comarca houses the post-CAVR technical secretariat, the CAVR archive, and a museum open to the public (Wikipedia, 2017).

Memorials help to serve as a place marker to tragic events and as a place of mourning for those affected. In Northern Ireland, both Nationalists and Unionists have erected a number of memorials in the forms of plaques, statues, memorial gardens and murals to honour their dead and mark some of the places where they died (Leonard, 1997). In post-Apartheid South Africa, efforts have been made to replace out colonial names with new African names, to reword memorial descriptions to remove racist terminology and replace it with more inclusive meanings, and new museums that often have a memorial purpose have been built (Rankin, 2013). Nelson Mandela, the first African president of South Africa, was careful in this process to insist that they should "… channel their anger without doing injustices to other communities…" (quoted in Rankin, 2013). The majority of people listened; however, a small group of radicals set fire to a colonial statue memorializing soldiers from the Boer War (AFP, 2015) demonstrating that reconciliation is not always linear and the role of the place of the wound in healing collective trauma.

2.6.4 Storytelling

In the context of the peace process in Northern Ireland, storytelling has been used as a restorative approach to deal with the past for those living in a divided society who has experienced violent conflict for decades, sometimes without realising the impact this has had. Corry (2103:181) affirms that "shame, injury and trauma in themselves as unknowingly in the body politic" are some of the manifestations of long periods of violent conflict experienced in Northern Ireland. Corry (2013) following Herman (p.182) suggests that "shared stories can bring about healing. In retelling the story, not ruminating over it, the victim gains more control because the story is different each time it is told" (p.182).

Storytelling as a restorative approach considers three very simple but profound questions; 1. What happened? 2. What were you feeling at the time? and 3. Looking back at it with distance of time, how do you see it now?

Corry (2013) proposes a three stages journey of trauma recovery where 1) Non-verbal body work helps to release trauma 2) Reflective Listening is used to break the silence, and first steps are taken to tell the story to a person first before speaking in a trusted group takes place, 3) restorative dialogue through interactive storytelling where a survivor tells the story of a harm caused, to another survivor in a dialogue circle (p.183). "Storytelling brings disputants into the now and supports them to talk at their own pace about what they recall from their past memories. It is a highly subjective process of self- acknowledgement. It is through the actual telling of the story that the victim eventually gets to the meaning of it. The more the person tells the story to a supportive listener, the clearer the meaning becomes" (p.187). (See the case study on p.61 of this study.)

The Case study presented below on the Glencree Centre for Peace and Reconciliation's Let's Involve the Victims experience (LIVE programme) reflects on how this process works, its achievements, challenges and limitations.

III.   CASE STUDIES

Addressing 'Root Shock' in Post-Conflict Societies: A case study approach   By Karen E. Till

What practices might encourage groups and individuals to begin the difficult work of acknowledging past forms of violence and their legacies, but be respectful of different historical and geographical contexts? Through what methods can transgenerational effects of shared distress be recognised? What practices might contribute to building more sustainable futures for some communities without continuing to harm others? What is the role of the mediator and care-worker in facilitating such processes?

These are among the questions that are explored in the next section by the seven practitioners who reflect upon the outcomes and lessons learned from different projects in a range of 'post-conflict' situations. From discussions about the empowering wellness practices of Capacitar in Texas to the challenges of storytelling in Ireland, from the lessons learned through the creation of women's collective farms in Liberia to Laban body movement workshops in Peru, the case studies below offer practitioners and scholars specific examples of working with individuals and groups negatively affected by past and ongoing injustices and violences. While each contribution explores the distinct journeys that individuals, facilitators or programmes have taken, all authors acknowledges the need for a holistic approach when attempting to restore a sense of stability. This includes understanding both the individual and the group, the wellbeing of the body and the mind, the contexts of recovery and rebuilding, and the need for individual work to contribute to a larger ambition of learning with others.

When we understand more about the physical and emotional damage experienced by individuals resulting from war, economic injustice, gender-based violence and/or other forms of harm, we become more aware of the significant interconnectedness of the individual to others and to particular places. One's daily routine movements and interactions with others through a city, town or rural area create attachments to places and long-term social relationships. As social psychiatrist and public health theorist Mindy Fullilove (2005) explains, when these taken for granted 'mazeways' and the places inhabited by individuals are significantly harmed, a form of 'root shock' occurs. Fullilove defines root shock as the 'traumatic stress reaction to the destruction of all or part of one's emotional ecosystem' (p. 6). She further explains that one's emotional ecosystem is what provides an individual's daily sense of security, stability and confidence.

In one of the contributions below, Théogène Tottó Niwenshuti (2017) describes what it feels like when that emotional ecosystem is damaged:

Trauma not only dislocates us from the reality around us but probably it mostly dislocates us

from ourselves, from our bodies, good memories, world, light, beautiful lines of support that feed us and remind us of who we are as human and not an object, an insect or a thing (p. 70).

Niwenshuti's description explains how, following root shock, both the individual is dislocated from his or her everyday world, but also from the memories and forms of support of that world. This double displacement happens not only at an individual level, but also at a group and communal level. According to Fullilove, root shock can be passed down through generations. Further, a consequence of the rupturing of social and spatial bonds includes the difficulty of being able to reconnect with others. Even if people figure out a way to come back together, they may not know how to interact, as the everyday places and social spaces for their former exchanges have been destroyed or significantly altered.

A first step thus is to begin the work of rebuilding healthy individual and shared emotional ecosystems. What is needed for this process to begin is to build upon and deepen relations of trust. Moreover, as the authors below attest, healing work must take place in safe spaces and within the timeframes needed by those affected. Some forms of creating trust and safety might include keeping diaries, sharing stories, or working on poetry and fiction, as individuals can reflect upon their own experiences of difficult pasts personally and creatively. However, language may dangerous terrain for some affected people, and others may prefer to communicate through body language rather than words. Some individuals are more comfortable trying out embodied creative practices, such as dance, music, theatre, or unorthodox community-arts programmes, and in so doing may being to restore a more positive sense of self-worth. Some practitioners encourage individuals to find more openness and flexibility in their bodies because they have found that building confidence in one's body-self enables individuals to work again in groups.

Indeed, many of the authors below discuss how movement, play and performance are empowering processes, offering individuals non-judgmental ways to begin becoming more attuned with one's own hopes and desires, and help individuals learn to build trusting relationships. For example, by attending to one's own body, individuals may learn to care for themselves. Dance is a form of knowledge production (Ó Conchúir, 2016). By paying attention to how one communicates and moves through space, an individual may also be encouraged to (re)discover the world and thereby become attentive to the lives of others (see contributions by Feagley, Sullivan and Totto Niwenshuti below). S/he may also consider what may be possible in the future. Therefore, when individuals begin to work as a group to create relatively noncontroversial small projects together, such as a movement sequence, the experience gained may open horizons and lead to the creation of a farming collective, the establishment of a women's group, or another supportive initiative. These projects, in turn, help to sustain both individual and shared emotional ecosystems.

The authors below also discuss the very real practical challenges they faced, and the reasons, not surprisingly, that not all projects described were able to realise the initial goals of healing or peace work. For example, some of the authors describe how the opening up of an individual to

bodywork, diaries, and/or working with others may lead to his/her remembering unwanted experiences. For most, confronting contradictory emotions associated with remembering difficult pasts is stressful and may lead to unexpected difficulties. This is normal, but requires support. Hence, the authors also note that, in addition to creating safe and unprejudiced spaces, it is important that those working with the affected, including mediators, facilitators, artists and care-workers, are properly trained for such responses. Other common problems identified by the authors include imposing 'Western' practices onto contexts rather than using the resources of more appropriate local knowledge; time and continuity following projects; providing mental-health support for participants and facilitators before, during and after projects; and the realities of ongoing threat and violence for participants during and following projects.

Finally, while the embodied and experientially based practices discussed below offer those working in the field of post-conflict resolution some lessons, further case study research is needed. Indeed, as some of the authors note, it is critical for practitioners to remain sensitive to the fact that Western theories and approaches to what trauma and violence mean are not universal. Assuming so may even continue the cycle of violence. Instead, what the authors here suggest is listening and respecting local expert knowledge. Finally, practitioners themselves must remember always that they are working *with* those affected, not 'on' (or on behalf of) so-called victims, and must pay attention to their own emotional needs when doing as well.

3.1   Trauma Informed Peacebuilding and Development Assistance:
A programme of Mediators Beyond Borders International By Mary Jo Hardwood

At the invitation of in-country partners, and through service partnerships with the United Nations, United States Institute of Peace, Rotary International and USAID, MBBI has delivered training, mentoring, and leadership support for conflict resolution in 15 countries in the last 10 years. Seasoned MBBI specialists are attentive to their local partners' needs, with the result that the services designed are completely unique to the conditions in each country. In some countries, officials and judges are trained as well as NGOs, while in others, indigenous pastoralists and elders, former child soldiers, students, and women are taught new skills to strengthen their roles in resolving conflicts.

MBBI particularly specializes in the intersection of conflict transformation and trauma. The MBBI Trauma Informed Peacebuilding and Development Assistance services are led by practitioners with more than 60 years of combined experience with trauma survivors, as well as field experience in building capacity in NGOs and communities in Kenya, Nigeria, Liberia, Sierra Leone, Ghana, Iraq, South Sudan and the US.

Why address trauma?

A critical gap MBBI trainers identified during their extensive work with men and women in high-conflict and post-conflict regions around the world, was the all-too-common failure of interventionists to recognize and address the impacts of trauma during reconciliation and peacebuilding processes between individuals and communities. Issues stemming from participants' unresolved trauma or post-traumatic challenges repeatedly impede and/or undermine the sustained success of a broad range of development, humanitarian, democracy, governance and conflict resolution efforts. Moreover, training materials involving current research, including the continuing neurobiological impacts of trauma, or practicum focused on trauma-informed field applications, have not been available in the marketplace for practitioners, government officials, or NGO's. To meet the critical need for trauma-informed mediation training and practice skills, MBBI's clinical and mediation specialists have collaborated to develop a unique curriculum: Trauma-Informed Peacebuilding and Development Assistance (TIPDA) and have piloted modules with project partners in several countries. Most recently, MBBI has been retained by MSI, USAID to deliver TIPDA for its mission in South Sudan, where the MBBI team continues to build these capacities across multiple sectors.

Over the last twenty years, there has been increasing recognition that peacebuilding/conflict resolution and the field of trauma are interconnected (Lederach, 1995; Lange & Quinn, 2003) the role of trauma must be integrated into conflict resolution applications as well as in the education of practitioners (Reilly, McDermott & Coulter, 2004). They further state that unresolved trauma leaves people vulnerable to future conflict. People who have been traumatized are less able to cope with predictable life crises, and they are vulnerable to reacting violently. Victims must re-establish a sense of agency but, stripped of skills, risk doing it harmfully; victim becomes offender, perpetuating the cycle of violence (Gilligan, 2001). Trauma can be a barrier to trust, to resolving conflicts, to attending school, and to sustaining livelihood, the very things needed for a united, prosperous state.

Tragically, experts see the effects of trauma passed down, in physical and psychological ways, through multiple generations, even when the trauma source has ended (McGoldrick & Walsh, 2004). This can heighten tribalism and lock places like South Sudan into a fractured, volatile state, blocking the promise of independence long-term.

This case study will highlight two MBBI projects that focused on the role of trauma as a barrier to building sustainable peace and livelihood.

Liberian Project: Women Hold Up Half the Sky

In Women Hold Up Half the Sky, Mediators Beyond Borders International ("MBBI") and the Psychosocial Consortium of Liberia contributed to the rebuilding of community in Bomi County, Liberia. Women of nine tribes and two religions came together to move beyond the psychic and economic devastation of the civil war to build trust and social cohesion.

MBBI emphasizes building conflict capacity, providing support for as long as necessary for partners to be effective, and no longer. The project was designed to build on the complementary strengths of Liberian peacebuilders (Lederach, 1995) ,community women, and the conflict and trauma specialists at MBBI. The peacebuilders brought a deep understanding of the effects of the war; knowledge of the social practices and structures through which change occurs; experience in promoting community acceptance of ex-combatants; and an appreciation of how integrally community trauma, development, and national healing are intertwined. MBBI brought innovative approaches to conflict transformation, building trauma resilience, facilitating dialogues, and enhancing project design, data gathering and analysis, and non-profit management capacity. Community women brought a variety of skills to weave together; some brought influence, others farming experience, others resilience from surviving atrocities. They all brought a willingness to try once more to learn to trust each other and to work together, when previous efforts had failed.

Project components: MBBI and Liberian peacebuilders jointly designed the project services, data tools, and reporting formats, and all training and communications were adapted to the Liberian context. During each visit, MBBI volunteers trained and mentored peacebuilders in the skills described above; mentoring and joint decision- making continued by phone and email in the periods between MBBI visits. Peacebuilders moved to Gba, one of the towns in a region used as a stronghold by waves of fighting forces, which left the area with a multi-ethnic make-up and tremendous scars from torture, massacres, arbitrary killings, coercion and theft. While building community and leadership support for the project, staff recruited a core group of women to:
- run a collective farm using new, sustainable farming techniques to grow saleable crops
- participate in a series of trust-building dialogues
- deepen understanding about the immediate and long-term impact of exposure to violence and
- build skills to increase resilience to traumatic experience

The multimodal nature of the design is key. Not only is sustainable farming a new means of income generation, it is the lab in which to practice interdependence and trust. It is a visible, concrete space in which relational and practical transformations are possible. When trust is built at that practical level, it creates a willingness to sit and talk in dialogue. As dialogue generates more meaningful conversation, connections are built that allow people to offer stories of trauma and recovery and to offer the support they learned in workshops. When a husband dies, or long-held silent grief about a death surfaces, the women talk about it as they farm. **And on the cycle goes.**

1 Psychosocial Consortium of Liberia consists of these Liberian peacebuilding organizations: National Ex-Combatant Peacebuilding Initiatives, RECEIVE, Peacebuilding Resource Center, and Foundation for Human Rights and Democracy.
2 It is common for Liberian women to be limited to subsistence farming; production for market tends to be the realm of men. This project newly created the opportunity for this group of women to farm for profit.

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Outcomes of the project:

NEAR-TERM OUTCOMES (1-3) Years	
Participants will become more aware of the signs and consequences of trauma and have basic skills to respond.	39 % (community) and 126 % (core) increase in women reporting increased awareness of the shared impact of war/trauma. 39% increase in ability to identify cost on individuals/families. 89% (core) and 53% (community) increases in women's ability to identifying common signs of trauma. 74% increase in women identifying two supportive responses.
Women of various backgrounds collaborate in permaculture activities, resulting in greater economic self-sufficiency.	A collective farm plot started by a group of women representing various backgrounds. 33% of women with increased farming skills

Project South Sudan (Project temporarily suspended due to recent outbreak of violence)

The people of South Sudan have experienced violent conflict for more than 50 years, so at least two generations have never known life without war. Among its painful consequences, more than 1.5 million have fled from their homes, including 130,000 sheltering in UN compounds never designed for the task, and more than 700,000 are estimated to be refugees outside the country. As in many war-affected settings, women and children account for the vast majority of those adversely affected by armed conflict, including as refugees and internally displaced persons, and increasingly are targeted by combatants and armed elements (UN Security Council Resolution 1325 (S/Res/1325)).

The need for trauma healing is widely recognized. In Mediators Beyond Borders South Sudan team (MBBSS) interviews with government, local NGOs working in development, conflict resolution, governance and law; international NGOs; and religious leaders, pervasive traumatization was a consistent concern. At the same time, they said programming has been concentrated in a handful of organizations – some learning the practices for the first time in 2015 to begin to respond to the clear need – with very limited reach.

For this reason, MBBSS is utilizing an integrated approach to training. The intersection of trauma and peacebuilding is the primary issue to be addressed. The team understands that normalizing, validating and educating leaders, individuals and communities about the impact of unresolved trauma will remove a significant barrier to resolving conflicts peacefully. Empowering individuals to recognize trauma reactions and learn skills to regulate negative reactions and emotions will enable them to interrupt the cycle of violence. By understanding trauma, they will, ideally, be better equipped to tolerate behavioural difference and engage in "trauma-sensitive responses." Coupled

with conflict resolution skills, these responses will enhance relationships to overcome divisions. When trauma is addressed and resolved, when conflict is transformed, trust is re-established. With trust comes the motivation and capacity to learn, create livelihood, and build relationships, all of which are components of vital communities and economies.

Objectives and Strategy

In response to the expressed needs, uniquely positioned local and international NGOs partner to strengthen the communities' resilience to violence and trauma. The partnership includes:
- MBBI South Sudan,
- NonViolent Peaceforce and its Women Peacemaker Teams within Protection of Civilian Areas, and
- Foundation For Democracy & Accountable Governance

The partners intend to continue outreach to other organizations with women and youth networks. The partnership is implementing a project that addresses the needs of women and youth in the PoC outside the capital city of Juba and in two surrounding communities, likely Mia'a sab'a and Mangaten.

Beneficiaries: Women, Youth and Communities
1. To raise awareness about the relationship between trauma and violence,
2. To increase self-management skills when experiencing a trauma reaction and the ability to support others,
3. To build resilience to violence and hardship, and
4. To develop skills that enable community-level reconciliation.

Activities:
Staff and volunteers from the partnership organizations have participated in MBBSS's Trauma-Informed Peacebuilding training. These trained participants, along with MBBSS volunteers, then identify and educate groups of women and youth within the PoC in Juba and the surrounding communities of Mangaten and Mia'a sab'a who are receptive to learning about trauma-informed peacebuilding techniques. The goal is to build the capacity of the communities surrounding the PoC's to integrate returning community members in a trauma-sensitive manner when the PoCs close. Participants in both settings, gained a greater understanding of the cycle of violence, how unresolved trauma feeds this cycle. Through modelling and teaching trauma awareness and trauma-sensitive conflict resolution skills, participants felt more equipped to establish trust with each other and more empowered to support each other in healing from the impacts of trauma.

Outcomes:
The project has been interrupted due to the outbreak of violence in July of 2016. However, the following successes and progress can be reported. This work took place over a two-year period, during 4 in-country visits.

1. The team designed several curricula to introduce ideas and skills related to trauma and how it drives conflict and then presented portions of the first draft as mini-trainings with community residents and IDPs. This was designed as a pilot with time built in to elicit local views, language and practices that would allow us to adapt the curriculum to the context. The team also revised the curriculum multiple times to adjust to people's ability to absorb and use the information. The team created another curriculum version for NGO staff, delivered as a 2-day training and a 1-day refresher.
2. The team adapted programme plans to changing conditions as required in volatile contexts with shifting dynamics. The team still worked toward the goals of preparing NGO staff to work more trauma-sensitively and to mentor community women and youth on the topic, and community youth and women to serve as trauma peer support and peace advocates. To reach these goals, however, the team needed to accommodate the extremely limited time of NGO staff and escalating economic pressures jeopardizing access to basic needs, both of which created large barriers to staff and communities being able to retain the information and put it to use. In response, MBBI and its partners reformulated MBBI's approach so it would be more integrated in partners' other programmes (gender- based violence and democracy advocacy programming).

Challenges, Gaps and Lessons Learned in South Sudan

The principle of "do no harm" is especially crucial when addressing the needs of those exposed to traumatic experiences. When addressing these needs, it is most beneficial for the provider to not only be educated in the theory of trauma, but also have experience with assisting someone in regulating trauma exposure responses. Too often providers have limited knowledge of how to assist someone with regulating strong emotions and reactions. This lack of knowledge and ability to help someone self-regulate, in the moment, exacerbates mistrust and can lead to dangerous situations for everyone involved. In South Sudan for example, the predictably enormous scale of traumatic exposure can be overwhelming for organizations attempting to address the issue. Currently, there are no less than a dozen organizations mobilizing a response to trauma. It is unclear as to the methodology employed by each organization, or the level of professional oversight provided for the delivery of those services. Consistent language, methodology and required level of experience and knowledge can contribute greatly to more people being served more effectively.

Additionally, MBBI consultants' observations, and other anecdotal evidence, indicate that every level of society in South Sudan is vulnerable to traumatic reactions after prolonged exposure to violence. Consequently, the professionals and community leaders who may typically be counted on to provide "emergency psychosocial" support and healing are themselves in need of care. Educators, faith-based leaders, health care professionals, security forces, and community leaders have all witnessed, experienced or learned of atrocities that have impacted them deeply. Their unaddressed trauma makes it difficult for them to support others effectively. Yet their support is all the more important considering South Sudan's limited availability of professional "specialized

services." It is imperative that these community leaders and professionals be supported in their own healing before and during their care of others.

Lessons Learned from MBBI Project Engagement

The ability to trust is one of the greatest casualties of violence and protracted conflict. The lessons from the post-conflict literature are clear: single-topic interventions often fail; programmes must address the complementary needs and pressures that can overwhelm a good single-topic programme (Machel; World Bank MDRP; Taylor et al. 9-10). By developing individuals' strengths and bringing estranged people to work together, each programme component strengthens the others to weave a web that supports trust- building, reduces root causes of conflict, and puts in place keys to a reconciliation system. As substantiated by research, rebuilding community and peace keeping efforts in post conflict society requires community empowerment and the inclusion of those who are marginalized or excluded currently from the community- female ex-combatants (Richards, 2005).

Addressing the impacts of trauma through appropriate multimodal methods such as farming, community singing, dancing, or acting out atrocities, are essential for application and integration of key trauma principles for healing. As the women of Liberia said, they appreciated having a safe space to speak, permission to speak about thoughts and feelings, and fostering listening. They noticed it reduced their reactivity and temper and created a sense of responsibility about their own harmful behaviour, so there was "no holler-holler" and "when your friend is talking, you don't get vexed, no." Women felt empowered, to "talk to people to understand you," to "speak our mind," increasingly "brave to talk," and they experienced other people being interested in listening to them, "a blessing God gave to me."

One barrier is that the fostering of this trust takes time. The rush to discussing trauma before this trust is established, risks losing some of the people most in need of the support. Incorporating cultural dynamics is also important in fostering this trust. Adjusting approaches and material to not only accommodate high rates of illiteracy but also cultural expectations of dance, music and movement when expressing one's feelings, emotions and experiences. Westernized approaches of "talk therapy" are simply not as effective nor are they respectful of local healing practices and community involvement.

One challenge is the time and resources it takes to make material culturally relevant and applicable. In addition, one-off trainings are not effective as monitoring for effective and appropriate transferring of information does not take place. Follow-up on regular intervals provides opportunities to check for learning, assimilation and effective application. However, this can be time consuming and costly for teams based out of the country, thus making a strong case for building local capacity whenever possible.

3.2   Healing Ourselves – Healing the World – Capacitar International Multi cultural Awareness and Trauma Healing Programme- Global Prepared by: Jennifer Feagley

Capacitar International, founded by Patricia Mathes Cane, is an international network working in over 45 countries in the Americas, Africa, Europe, the Middle East and Asia. At a conceptual level, their Multicultural Awareness and Trauma Healing Programme uses neuroscience concepts proposing that the body has the capacity to heal using non-cognitive methods and affirming the role of communities as the space in which to do that. It comprises a number of energy based techniques, using the concept of channels of energy or meridians and the experience of various energy – (88 Volume 3, Issue 1, Journal of Mediation & Applied Conflict Analysis, Maynooth University) based protocols. These include: breathwork, simplified Tai Chi, acupressure points to alleviate stress symptoms, body movement sequences, as well as Emotional Freedom Technique (EFT) and more. Capacitar (meaning "to empower" in Spanish) proposes a hands-on popular education approach, based on Paulo Freire's thinking. It teaches simple wellness practices that lead to healing, wholeness and peace in the individual and in the world. Capacitar is especially committed to communities affected by violence, poverty and trauma, uniting people across borders in solidarity, understanding and reconciliation. For the past three decades, the Capacitar International programme has offered tools to address PTSD, arriving at the conclusion that cognitive approaches are not always effective, as cultural diversity poses challenges to the use of psychotherapy for example. These approaches are not always available and are not always culturally grounded. They focus on the individual rather than the group or community, sometimes generating additional conflicts to the ones they already experience. Capacitar practices have proven to be effective in addressing individual trauma and some indication of systemic level change has been found   (Condon & Cane, 2011).

Capacitar practices are guided practices where the tutor describes the movement and its meaning. Participants follow. These practices engage body movement with mindfulness connecting body mind and spirit. It creates a peaceful energy in the room, a sense of togetherness in silence. No words are needed to acknowledge pain, sorrows and challenges; the practice in a circular unifies participants in a soft and mindful manner allowing participants to feel held, individually and as a collective.

Capacitar and Refugees in El Paso, TX
Every year thousands of refugees, fleeing violence and poverty, seek asylum in the US. The crossing is dangerous. Migrants risk violence, trauma, kidnapping, robbery and death; even once in the US, it is possible that they may face detainment at a detention centre for an unknown length of time and possible deportation. Often these individuals may be undocumented immigrants and have limited access to basic services like medical or social services. In response, communities along the U.S.-Mexico border area have come together to assist in providing for their basic needs (food, clothes, showers, and help reuniting with loved ones if possible) to these migrants. The Capacitar network works on both sides of the U.S.-Mexican border to serve communities and individuals affected by trauma in several key areas: within the detention centres, legal services, health services, and crisis response centres. These service workers use Capacitar practices in order to combat

trauma among the migrants they work with and compassion   fatigue in themselves (Cane & Revtyak, 2016: 82-4).

For instance, individual refugees who arrive at temporary emergency hospitality centres, such as Nazareth Hall, are physically, emotionally, and psychologically drained and traumatized. They may arrive without their loved ones who may continue to be detained as is often the case with men and adult male children. This can lead the refugees who arrive to feel even more anxiety and stress. Capacitar is a technique which is simple, easy to teach, and quick to learn. It is also culturally and individually flexible enough to be modified to fit the needs of the individuals, which makes it a useful approach for working with these refugees. Refugees are taught breathing exercises and different holds may be demonstrated which they are able to use on themselves and with family members to help alleviate trauma, stress and anxiety. Many of those taught the techniques felt relief. Beth Riehle, one of the members of the Capacitar en la Frontera Advisory Team, described an experience in which she taught a man with anxiety and panic attacks these relief techniques. She watched as the man began to experience relief from his anxiety and the relief that extended to the man's children as a result of seeing their father calm (Cane & Revtyak, 2016: 84-6). Just as trauma may be vicariously experienced, so too does healing spread as individuals heal themselves, and begin to work to heal their communities.

Capacitar has also been able to be used with immigrants as they are traveling to meet family members who may already have been traveling to meet them or from whom they have been separated in the crossing. Many may still experience anxiety or flash backs to traumatic experiences during these times. Capacitar practices, including finger holds, may be used during these times to help calm anxiety during these difficult transitions. Fingerholds or tapping on just the hand are often preferred during travel as they offer a bit of discreetness for the individuals using the techniques (Cane & Revtyak, 2016: 86-7). They are also beneficial at relieving anxiety while refugees may wait to visit loved ones still being detained. For those women who remain detainees awaiting release or deportation, learning techniques of fingerholds, breathing, and emotional freedom tapping, along with holds when it is possible to teach them, provide the skills with which to cope with their current circumstances. Holds were especially beneficial as a supportive touch was often needed and detainees were restricted from touching one another (p. 97).

These techniques have been invaluable to the refugees and displaced people they have helped. They are also essential tools to those working with those in detention centres and shelters in order to maintain their own well-being. Self-care is necessary for those who work so closely with trauma as to prevent the development of vicarious trauma. Only by maintaining their own well-being are these workers able to continue to help others (Cane and Revtyak, 2016: 87-8). Non-profit legal aid workers, who may handle an overwhelming number of cases of migrants, also benefit from the practices of Capacitar. The practices help aid the legal workers in their initial consultations and evaluations with migrants, and also provide self-care techniques (p. 102-3). Weekly on-going staff wellness groups and staff continuous trainings are utilized to help assist individuals in maintaining their own personal mental health. The weekly wellness group is open to clients, their families, and all members of staff and are dedicated to the practice of one or more capacitar techniques. The staff

training sessions are taught by members who have more advanced knowledge of Capacitar and teach new techniques to members of staff to use to aid their clients. There is also time dedicated during these sessions for focusing on and discussing practices of self- care (p. 107).

Benefits of Capacitar

One of the reasons that Capacitar is so effective is due to its holistic approach to dealing with trauma at both the individual and the collective level. It does so by using a body-based approach which seeks to activate the healing in the emotional brain rather than the cognitive brain. The emotional brain is theorized by David Servan-Schreiber, a psychiatrist, to be responsible for psychological well-being and is connected to the body. Peter Levine, a psychologist, believes that PTSD and other symptoms of trauma are caused by trapped energy as a result of the fight-or-flight response. The excess energy generated during a moment of threat is trapped in the body and the emotional brain, causing symptoms. Capacitar works at the level of the emotional brain and body in order to help release excess energy and return the body to balance and well-being (Condon and Cane, 2011: 7-11).

The cognitive brain in contrast is responsible for language and responses to verbal thoughts and communications. Traditional, talk therapy is often used in order to address trauma through the cognitive brain which requires the verbalization of trauma. Cognitive approaches are most often individual focused, a western concept, and may not be feasible or culturally appropriate, especially in community centred, non- western countries. As these communities are so often splintered by trauma, a community based approach is more suited to the needs of rebuilding community ties. Capacitar can be done individually, but it can also be done in a group setting which helps to restore social bonds. It offers a way of being together without talking about problems, allowing participants to rest their minds and bodies. The ability of Capacitar to work at the community level is significant as it can then create a peaceful, healthy community atmosphere which in turns promotes healing at the individual and community levels (Abozaglo, 2016: 87-90).

Dr. Cane believed that the method of Capacitar was more culturally appropriate than traditional psychotherapy for many of the populations she worked with post-conflict. Many of these populations have been disempowered by the state, church, education systems, or medical institutions in some way or another. By providing techniques of self-treatment, clients are actually being more empowered by putting the power to heal in their own hands rather than risk the developing of a power dynamic as can occur in psychotherapy (Church, 2014: 315). Capacitar does not only promote healing, but also empowers those who participate which give them the strength to heal their own communities.

Challenges

Capacitar has the ability to provide positive effects, but in order to benefit from its full effect individuals must continue to integrate Capacitar into their daily lives. This may be difficult both for an individual to gain the discipline to ensure that they are continuing to integrate Capacitar into their daily lives, but also for the tutors to encourage people to make this commitment to their own mental health and well-being (Condon & Cane, 2011: 64).

Language and cultural diversity are of course always a challenge with a multinational organization such as Capacitar International. Translators must first understand the concept of Capacitar and energy work in order to properly translate the concepts. Language is critically important, so it is essential to work with translators and interpreters to find the correct or best wording and descriptions of the approach within the language of the individuals with whom they are working. Not every language while have a direct translation for a certain word or concept and creative ways of communicating these meaning often need to be found. Likewise, the Capacitar manuals and materials need to be translated into a variety of languages to reflect the diversity of countries it serves. Additional financial resources as well as translators are needed to translate these materials especially for use in the Middle East, Africa and Asia (Condon & Cane, 2011: 64-5).

Culture is extremely important to always bear in mind when working in so many countries. Not all areas of the world or individuals understand the concepts of energy work behind Capacitar. Some believe it to be witchcraft, New Age or as occult practices. With this in mind, it's important for Capacitar trainers to be able to reference adequate documentation and research in order to answer any questions raised (Condone & Cane, 2011: 65-6). Even when Capacitar is not confused for witchcraft, it may not be completely accepted by professionals in the physical and mental health fields due to its pseudoscience appearance. However, more well-known traumatologists and the recent advances in neuroscience have led to greater levels of acceptance for energy-based approaches like Capacitar. Still, mental health professionals often take the longest to be convinced of its effects. Its introduction as a self-care practice to mediate burn-out among the professionals in the community has helped to demonstrate the benefits of Capacitar practices. Still it is necessary to engage the mental health community with data on its benefits (p. 68-9).

Conclusion
Capacitar provides a holistic approach to trauma which acknowledges not only the psychological, but the physical, emotional, and spiritual effects of trauma. It works by using the body and movement to heal the mind, the individual, and the community as a whole. It provides the cultural awareness and adaptability necessary to work with such diverse populations. It is easy enough to teach and learn that it can be used to quickly calm the effects of trauma, in order for greater levels of healing to occur. There are still a number of challenges to Capacitar, mainly with language and cultural barriers which need to be addressed, and also with its relationship with the mental health community. Capacitar has the ability to assist the mental health field with self-care as well as relieving stress and anxiety in clients. It is not a one-time fix all, but it may be able to help the individual find some relief.

3.3   Combining the application of Capacitar and Laban Dance in South America

Capacitar programme has been used combined with Laban Dance and Body Moment in Peru and in Colombia by Patty Abozaglo in 2013 and 2014 and documented in an article published by the Edward Kennedy Institute – Journal of Mediation and conflict Analysis (2016). This work has been followed up by Lynda Sullivan who tells the story below through a case study.

Abozaglo (2016) used the combined approaches of Capacitar and Laban Dance to help individuals' most impacted cope with the trauma. She facilitated 20 workshops of the combined approaches with around 200 total participants in rural areas of Colombia and Peru. Mainly she worked with indigenous people of Nasa community, women who have been internally displaced and affected by gender-based violence, community development workers, social leaders, health promoters, teachers, activists, small farmers and female members of the Latin American Union network. All of these participants have in some way been affected by the trauma associated with the conflict due to mining in these areas (Abozaglo, 2016: 80).

The combination of the two approaches have proved to be effective in allowing participants to address trauma in a collective manner; exploring and connecting with their own movement, as well as connecting with the movements of others, creating group movement sequences. Creating group cohesion, improving relationships and moving along with group movements are important. These can be especially difficult for those most affected by trauma who were observed to be less mobile and less flexible at creating movements or moving along with others (Abozaglo, 2016: 89-90 & 92).

Trauma in the Conga Mining Conflict By Lynda Sullivan

The context
In 1993 the Yanacocha Mining Corporation began exploiting the mountains of the province of Cajamarca, in the northern highlands of Peru, for gold and copper, amongst other minerals. The aggressive open pit mining method had not been previously seen in Peru. For the proceeding decade the local population, by and large, continued to believe in the promises of employment and increased standard of living that enabled the mining company's entry into the region. However, the population then began to witness strange animal illnesses and death and a deterioration of health in the general population. The result of years of contamination was beginning to become evident. The first outburst of resistance in the face of such environmental destruction was seen in 2004 when Yanacocha attempted to expand their activities into Cerro Quilish – not only an important source of water for the city of Cajamarca but also considered to be a sacred mountain for the local population. The protection of Quilish was secured, but by that stage Yanacocha was firmly planted in Cajamarca and was expanding into various other satellite sites.

It wasn't until 2011 that resistance arose once again in a major way. Yanacocha had been working stealthily in the adjacent province of Celendín with the view to carry out the Conga project – a project that would be three times the size of their activities in Cajamarca to date. However, the population of Celendín, faced with the example of the destruction in Cajamarca, got organised, got mobilised, stood up and said no. They initiated a mass movement where huge mobilisation took place up at the mountain lakes that were at risk of annihilation and also in the communities and cities below that would suffer the consequences. This mass movement, however, was met with mass repression. The armed forces were brought in to accompany the national police as they opened fire indiscriminately into the crowd of protesters. Many were injured, some severely, and on 3rd and 4th July 2012 five people lost their lives in the cities of Celendín and Bambamarca. This included 16-year-old Cesar Medina Aguilar, Mayor of his school, who was shot in the head from an army helicopter flying overhead. Locals described that day 'like a war movie'. The army had taken over the local coliseum and camped there for what would be a period of eight months of militarisation. Many protesters and some reporters were arrested and held without charge, usually beaten. Over 300 community members have been charged for participating in the protests. Surveillance of activists has been both overt and hidden. In stark contrast, to this day not one member of the armed forces has been held accountable for the assassinations or human rights abuses committed against the population.

The trauma the people of Celendín, Bambamarca and Cajamarca experienced from seeing their loved one or neighbour killed or injured, or from feeling constantly under attack, was confounded by the fact that their aggressors were the very people whose role it was to protect them: the police, the army, their state. Feelings of disbelief, disillusionment and desperation were commonly felt. They were also prevented from healing by the fact that they remained under attack.

Despite the resounding 'NO!' of the people in rejection of the mega mining plan, the company and the state continued to push ahead. They continued building their infrastructure, putting up their barriers and tirelessly working to divide the community. For them, 'no' was not an option.

So, the people continued to fight against the threat of losing their livelihoods, losing their traditional way of life, their culture, their health, their means of survival.

How trauma was displayed
Individually people displayed trauma in various ways: some suffered with lack of sleep, nightmares and anxiousness, others showed levels of deteriorating health and an increase in ailments. Collectively, the community began to fracture, to show signs of heightened mistrust. Many withdrew from the resistance movement and became apathetic, others even turned against those who continued to protest. However, these community divisions were not just expressions of the trauma experienced but also the result of intentional divisive techniques employed by the mining company and the state.

Attempts to address the trauma

In the immediate aftermath of the attacks by the armed forces there was an attempt by some national civil society organisations to provide counselling to the grieved – both individually and in groups. This did not have much success due to a number of factors.

With regards to individual counselling, this failed due to its lack of cultural appropriateness. Taking the example of Maxima Chaupe Acuña, the peasant farmer who has resisted six years of attempts by the mining company to violently evict her and her family and who has had to endure five years of traumatizing court cases, when she was encouraged to speak to a counsellor she explained that she felt strange speaking to a stranger about very personal issues. She just didn't see the point of it. For her, what she needed to do most was to spend time in nature, caring for her animals and plants in peace. It is tragically ironic that this was the one thing she couldn't do. The first thing that is needed for the trauma to heal is for the traumatic event to stop, and for Maxima this has not yet happened.

Another aspect to individual trauma healing is that we have to acknowledge the possible existence of pre-existing traumas or mental health problems. A person's ability to cope with a certain traumatic event may depend on their baseline wellness, and interventions that ignore this are likely to fail.

With regards to the group sessions, an attempt was made to bring together the immediate families of those assassinated by the armed forces. This proved problematic as the participants in the groups did not feel an affinity with each other and thus were not willing to be vulnerable in each other's company. Not enough time was spent on the group dynamics, the psychologists flew in and flew out. Another reason was perhaps that they did not want to talk about healing while they were still fighting for justice for their loved one.

What worked

What we feel has worked best in Celendín has been activities that focus on community strengthening and communal support. Also, the creating of a safe space in which this could take place.

We created a women's group and over the period of a year built up the trust and cohesiveness of the group. We would meet regularly and often have a purpose such as organising a vigil to raise awareness of an issue, or a fundraiser to raise money for a woman in need. We received facilitators who guided us in team-building activities, but from organisations we could trust and on our own terms.

There was also an existing mixed-sex organisation, the PIC, who organised the mining resistance movement and within that organisation space was created for healing and remembering. As music soothes the soul, songs were written about their experiences and sang within the group and to the public. The use of art encouraged healing through story-telling. Theatre also played its part: we

invited a theatre professional to facilitate a 'Theatre of the Oppressed' workshop. Almost all the groups acted out the day the army attacked; the anger, pain and indignation was still very much present. However, after the workshop we all felt somewhat lighter.

Capacitar and Laban Dance

In 2013 and 2014 both the women's group and the PIC organisation participated in the Capacitar and Laban Dance for Peace and Wellness in Colombia and Peru project – conceived and led by Patty Abozaglo. Capacitar uses gentle movement, conscious breathing, visualisation and meditation techniques to promote wellness and to ease trauma. Laban Dance encourages the release of tension and trauma in the body through dance. Ms Abozaglo combines the two techniques in a unique way to maximise healing through movement and stillness. The majority of participants noted a significant reduction in stress or tension after the sessions, and a reduction in emotional and physical pain. Various participants commented that they had the best night's sleep in a long time.

Capacitar was particularly useful because the practices are simple and can be adapted according to cultural and individual idiosyncrasies. They are easily learned and repeated both in groups and alone. What was also important to the success of this method was repetition and reinforcement. I received training in Capacitar from Ms Abozaglo and from Pat Cane, the founder of Capacitar International, and thus, as a member of the Celendín community, I was able to hold weekly sessions where those wishing to practice could do so. I also incorporated the practice into a twice weekly class for older people, which was held in conjunction with a local Physical Education teacher, and into my classes at a local school. Our activities were then reinforced as Ms. Abozaglo returned to give further training. The beauty of Capacitar and Laban Dance is that it embraces the knowledge that our healing is in our own hands; it is immensely empowering to realise that we can cure ourselves – both individually and as a community.

Conclusion

It is important to remember that full healing cannot take place while the individual and the community remain under threat (be that from immediate danger such as police violence or from long-term danger such as environmental destruction). Also, while justice remains out of reach peace cannot take root. However, while the 'lucha' continues we can engage in activities that help us care for ourselves and for our community. Many environmental and human rights defenders throw everything into the fight, only to quickly burn out. It is important to know our limits and be attentive to our needs, in order to sustain our efforts. Also, efforts that bring people together to form or strengthen a community help provide an essential support network. It also gives us a sense that we are a part of something greater – be that as small as our village or as large as Mother Earth, and that we are making positive contributions to this greater entity, thus promoting a positive sense of identity. Another important ingredient is hope – for ourselves and for future generations. We need to believe that we have a chance.

3.4 Art Therapy: Seeing the Elephant[1] By Lisa Fliegel (US, Israel/ Palestine)

The personal is political (Hanisch, 1969) was both caveat and mantra as I came of age on the East Coast of the United States in the 1970's. It was around this time that leaders of the Viet Nam Veterans' Movement (WinterSoldier, 2017), reached out to renowned social psychiatrist Robert Jay Lifton (1973) in their efforts to "…put an end to veterans' nightmares…" The professionals (clinicians) and Veterans co-led Rap groups on the veteran's turf, in their community. It was a revolutionary/collaborative approach to therapy.

The Viet Nam war was the purveyor of collective trauma that rallied a unique coalition of political, personal and clinical (Haley, 1974: 191-6) efforts: propelling the Sisyphean challenge to have Post-Traumatic-Stress-Disorder (PTSD) accepted into the canon of psychiatric diagnosis. The fact that forging a new diagnostic category posed a political threat to proponents of the Viet Nam war, is a rarely told story– but one that exemplifies how the very personal experience of Veterans' trauma was inextricably linked to the political anxieties of the times.

While the stated purpose of the Viet Nam war was the defeat of an illusory enemy (McNamara, 1995), the human spirit was its collateral damage. The establishment of the PTSD diagnosis acknowledged the toxicity of trauma while providing a framework for the soldiers' humanity to rebound from the horrors of war, unvanquished.

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What follows are deeply personal narratives emerging from my work with trauma survivors. As I continue to evolve and grow as a therapist; my clinical experiences proffer a distilled wisdom, that dramatically reshapes how I interpret violence and form partnerships for resolution. These narratives of healing describe my work in three disparate places that have faced seemingly intractable pain and conflict: Israel/Palestine, inner-city Boston, and Northern Ireland.

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Israel/Palestine
In 1993, as Israel's Prime Minister, Yitzhak Rabin shook hands with Palestinian leader Yassir Arafat on the White House lawn (The signing of the Oslo Peace Accords, 13 Sept. 1993) - the city of Tel-Aviv became one big open window: taking in the sea breeze and emitting a singular broadcast winding its way through the streets of the city. It was an unprecedented joy and hope that we felt, my friends and I, as we ran to the sea to watch the waves relinquish our nation's fate of endless war, and tragedy; trauma transcended Seven months later I was doing an art-therapy internship at a middle school in the Israeli town of Azor – an underserved town you passed on the way to Ben-Gurion Airport. I worked with Eytan Galim: a 14-year old stalker who believed he always got the short end of the stick. In elementary school he'd been bullied in the school-yard and was transferred to a special education programme. We assigned Eytan a therapeutic mentor to help him remain in

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[1] In some military quarters, having "seen the elephant" has been used as shorthand for having experienced combat (Dalzell, 2014).

the classroom with the additional supervision he needed to stay safe and productive. I asked him to write about the problems he hoped to overcome:

Can I get over this loneliness? Why do I isolate? Why can't I connect to other people? Well, I'm a nerd. A super-nerd. I'm not in style, I'm just weird. I want to be friends with people but I don't know how. I want to stop stalking but I don't know how and now I have this Tracker following me around and that's just causing me more trouble because everyone is all like-'why's he always have that guy with him'. Of course, Lisa and the Tracker did get me into the Scouts and I do like it there...maybe I'll make some friends...

When Baruch Goldstein a Jewish settler shot dead 29 unarmed Palestinian men who were bent over in prayer in Hebron's Ibrahimi Mosque; Eytan said: "Baruch Goldstein was a hero. He avenged the evil enemies of the Jews. I honor him." Hate did not come as a surprise. Naysayers fought the Oslo Peace Accords tooth and nail. Politicians called each other traitors, well-spoilers, and printed up posters of their opponents made to look like terrorists or Nazis. That was when I began to perceive that war itself might be a form of mental illness.

Individual acts of terror, on both sides, meant to avenge, or meant to alter the course of history, were nothing more than psychosis attaching itself to its host of nationalism and extremism.
In search of an antidote, I took Eytan to a Tel-Aviv museum where we viewed an archaeological excavation. Eytan and I explored the links between unearthed archaeological layers and the conscious and unconscious mind.
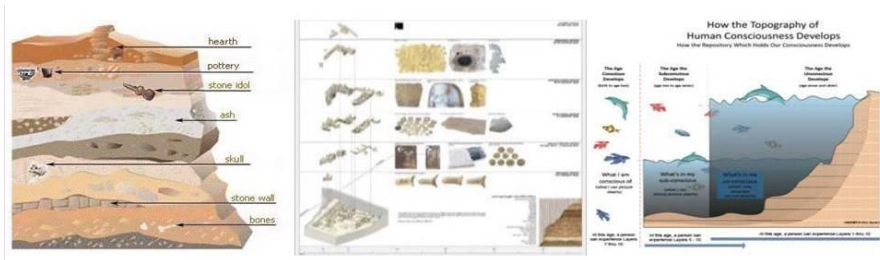
In his next journal entry, Eytan made the connection between his family's trauma story and his own aggression.

I decided to become a stalker because I realized that I did not enjoy my childhood in the way other children do. Because I'm an odd-ball. I think being an odd-ball is a good enough reason for the things I will describe here. When my disabled brother lived with us, my entire parent's money went to help him and I lost out on a lot of things my good friends all had. My parents are good parents but my sister and I were deprived. My mother always talks about the fabulous life she had back in Morocco, how rich they

were, and respected. How they came to Israel to be part of a Jewish Homeland, were looked down upon by the Eastern European Jews who always think they are better than us. I'm trying to get that back- what I missed out on as a kid, because of my brother, and what my parents lost when they came to Israel. I know they didn't intend to deprive us but it still hurts.

Inspired by our trip to the museum, Eytan's new-found insight offered the possibility that he could grow into a critical thinker, subverting perhaps a destiny to become the next Baruch Goldstein.

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In 1996, I returned to the United States and began my work as an art therapist specializing in the treatment of adolescents with Post-Traumatic Stress Disorder (PTSD). While PTSD and Complex Trauma are psychiatric diagnoses, the treatment of PTSD, as Eytan's predicament taught me; is not the sole purview of Mental Health professionals. In this paper, I offer that implementing a trauma-informed approach is essential for peace-making in conflict zones, whether they are in our inner cities or on the world stage.

I developed the Arts Incentives Programme (AIP) to serve young people whose social, academic or legal difficulties stemmed from the multi-layered challenges of immigration/dislocation; poverty; abuse; disability; and racial disparity. The young people and their families lived in the Greater Boston Metropolitan Area- in some of the most culturally diverse, yet economically poor communities in Massachusetts. AIP youth lived on the cusp of trauma and disregard: facing challenges in daily living at school, at home, and in the street. In AIP improved mental health was linked to opportunities for social mobility, self-expression and advocacy.

The Arts Incentives Programme (AIP) helped young people be successful in all areas of their lives through skill-building in the arts, arts-based mentorship, art-making, performance, and exhibition of their work. By linking AIP members to community arts organizations, mentors, and youth development programmes throughout Greater Boston, AIP provided a consistent and stable place for young women especially to navigate difficult transitions and specific life challenges. Our mission was to utilize the arts to provide an incentive toward health and hope for a positive future.

Like the marriage of the Vietnam Veterans with Social Psychiatrists in developing Rap groups; AIP developed an unorthodox, community-based approach to trauma treatment. Stepping out of the clinic into the homes, bus stops, schools, police stations, courtrooms, hospitals, etc. I became an "embedded therapist" with a street-level view of the young women's lives, and the conditions that are created whereby violence begets trauma – and trauma, untreated, begets violence once again.

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While psychiatric diagnosis is feared as a trap – to stigmatize and disempower vulnerable populations; the following vignette illustrates how the diagnosis of (PTSD), and Complex Trauma can be utilized as a tool to decipher behaviour, de-escalate conflict, and empower individuals and communities.

<p style="text-align:center">***</p>

Frida was from El Salvador. She lived with her mother and stepfather in a town that was connected to Downtown Boston by a bridge that blew flakes of lead paint on to the town centre whenever there was a strong gust of wind. When they first immigrated to the United States they had gone to California. Now that they'd moved to this Greater Boston Central American enclave, Frida missed her aunts, uncles, and cousins left behind in California. One time, after getting in trouble at school, she tried to run away- back to California, which was the incident that led her to us.
It was March and we were going to a play called: "No Niggers, No Jews, No Dogs," and while I found the title of the play irksome, the story line promised to elicit some good group discussions.
During the play's intermission, we circled-up to talk about the play's protagonist, a Jewish man who'd survived the Holocaust.

"I admire Adolph Hitler. I want to be like Adolph Hitler," Frida said.
Frida who was a bright 15-year-old, knew I was Jewish, and knew that Hitler had perpetrated the murder of 6 million Jews. Frida wasn't a mean-spirited kid, she was hungry. She'd said she needed to eat before we left for the theatre, but in the hub bub I'd lost track. "People listened to Adolph Hitler. They did what he told them to do. I know that he killed all those people. I don't care. I admire him."

Bessel van der Kolk, a world-renowned clinician, educator and researcher in the trauma field says (Van der Kolk, 2014):

> "We now know that trauma compromises the brain area that communicates the physical, embodied feeling of being alive. These changes explain why traumatized individuals become hypervigilant to threat... We now know that their behaviours are not the result of moral failings or signs of lack of willpower or bad character–they are caused by actual changes in the brain" (p. 2).

As tempted as I was to be thrust into a state of moral panic (Cohen, 1973), my duty was to view Frida's statement through a trauma lens. Stepping back from the discussion to take a breath (Van der Kolk, 2014: 207), I realized that Frida felt completely powerless, she was hungry and had no way to get food. By failing to respond to her need I had intensified her sense of helplessness. It was only natural for her to want some power in that situation. Sklarew, Twemlow, and Wilkinson describe how mental health practitioners engaging in community healing and development are reconstructing tolerance:

<p style="text-align:center">63</p>

> "They are addressing the problems and the emotional sequelae of violence, sexual, and physical abuse, traumatic loss, learning inhibitions, scapegoating of classes and groups, teenage pregnancy, homelessness, and variations in family structure" (p. xviii).

Being clinically informed means viewing community and individual aggression as a communication of unmet needs. Though essential, being clinically attuned in and of itself is not enough. AIP was staffed by artists who "do the most good by concentrating on the empowering qualities of the creative processes" and thereby laying the ground-work for both youth and community development (Cleveland, 2000).

As far-fetched as it might seem for a child's after-school hunger to ignite the veneration of evil, I had to understand that Frida's traumatic memories had been triggered. As her family fled El Salvador, she'd been fearful, helpless and hungry. She re-experienced, those feelings, triggered by my neglect. She was compelled to amplify her need with a statement I could not ignore.

Exhausted, frustrated and helpless to respond to Frida, I recalled my training at McLean Hospital[2] when trauma specialist Dr. Maxine Alcheck, taught me about the Victim-Perpetrator Triangle[3]. Dr. Alcheck explained that in order to feel truly understood, traumatized individuals re-enact one of two positions: that of the perpetrator, or that of the victim. The idea being that the only way this individual can believe you truly understand them is to cause you to feel what they have felt. The survivor will cause you to feel victimized to guarantee your empathy for that position of powerlessness, or they will make you into their perpetrator because that is their template for relationships. Remembering this lesson helped me to understand that what appeared to be an irrational escalation of aggression, actually stemmed from a legitimate perception of threat.

"Frida," I said, "I understand how awful it is when you feel like I'm ignoring the fact that you are hungry. Let's get you something to eat, and I promise to try my best to pay close attention in the future. But you cannot ever, ever say something like that to me again. I want you to have power, everyone needs to have power-just not the kind of power that leads to genocide."

We devised a treatment plan for Frida to have some power without having to become Adolph Hitler. We got Frida a job so that she would have her own money to purchase food when she was hungry. We helped Frida transfer to a school that was more suited to her academic needs. We collaborated with the StoryCenter (Stephens, n.d.) for a workshop in Digital Storytelling, to help Frida develop critical thinking skills and insight. Frida made a film. In her film, Frida talked about how our arts programme provided her with an alternative to gang involvement:

> "The best memory I have of AIP…would be one summer that we went to the cemetery…we saw…a beautiful pond with a swan in it. It is very strange to find something as beautiful as a swan in a cemetery. It does not fit the picture, but dead

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[2] Founded in 1811, McLean is a leader in psychiatric care, research, and education and is the largest psychiatric care, research, and education and is the largest psychiatric teaching hospital of Harvard Medical School, and is located in Belmont Massachusetts.

[3] The Karpman Triangle, which was developed by psychiatrist Steven Karpman in the early 1970's.

people need love too. When I was in the cemetery, it made me think that I did not want to die so soon and if I did, that I would want to be buried in a place like this. It also made me remember that you have to live life to the fullest and love living it no matter how hard it gets. Life is the biggest test that you have to pass and it is the hardest.... In a very strange way our Arts Programme is like a cemetery... The programme brings you from a bad place into a better one where you are safe because nothing bad can happen to you... You have choices so you can live a better life. It made me see things in different ways- that the street can't."

Art therapist Elinor Ulman's description of the role art can in healing echoes the sentiment of Frida's film:

 "It's motive power comes from within the personality; it is a way of bringing order out of chaos— chaotic feelings and impulses within, the bewildering mass of impressions from without. It is a means to discover both the self and the world, and to establish a relation between the two. In the complete creative process, inner and outer realities are fused into a new entity." (p.13)

Powerlessness is the square root of shame: to be helpless is to be humiliated. A trauma-informed approach can turn a moment of crisis into a moment of opportunity, if we understand that shame and humiliation lead to aggression. James Gilligan said:

"I have yet to see a serious act of violence that was not provoked by the experience of feeling shamed and humiliated, disrespected and ridiculed, and that did not represent the attempt to prevent or undo this 'loss of face'—no matter how severe the punishment, even if it includes death" (Williams, 2011: 89).

While Frida's case is a story of interpersonal conflict transformation, the scenario has broader implications for global peace-making.

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In January 1998, the peace talks in Northern Ireland teetered on the brink. Protestant paramilitary prisoners felt marginalized in the negotiations and withdrew their support for the peace process. Their communities would surely follow suit. Gary McMichael, the leader of the Ulster Democratic Party persuaded British Northern Ireland Secretary Mo Mowlam to meet with the prisoners in the Maze Prison (BBC News, n.d.).

In his 1999 documentary, The Loyalists, Peter Taylor asked Ulster Defence Association (UDA) leader Bobby Philpott what it was about Mowlam's visit that persuaded them to reverse their opposition. Philpott said:
"It was her straight way of talking to us, and the way she put her case over to us… If she hadn't come to speak with us in the prison, we would have seen it as another slap in the

face for Loyalism. The war that would have arisen would have been on a greater scale than any time before."

Mowlam's audacious visit in of itself, established that the prisoners would not to be marginalized in the peace process. They would not be humiliated by a slap in the face; they would not need to escalate to violence in order to be heard. Mowlam utilized a trauma-informed approach.

Senator George Mitchell pinpoints that having 'those fighting the war' at the negotiating table was key to transcending prior obstacles to peace in Northern Ireland (Mitchell, 2017). Indeed I continue to be inspired by those ex-combatants in Belfast empowered through Adaptive Leadership training (Cambridge Leadership Associates, n.d.), and the restorative relinquishes military action for civic leadership (Epic: Ex-Prisoners Interpretive Centre, 2017; Actions for Community Transformation, 2015; Housing Executive, 2017; Criminal Justice Inspection Northern Ireland, 2016; Alternatives: Victim. Offender. Community, 2017).

Each of these vignettes touched me in a deeply personal way and strengthened my commitment to Trauma-informed practice and its essential role in individual conflict transformation, in peace-making, in politics and on the world stage.

3.5 A Journey to Healing and Humanity: Dealing with Difficult Pasts and Trauma through the Arts by Théogène Tottó Niwenshuti- Rwanda, South Africa

My awakening to the fact that arts have the capacity to help understanding and dealing with difficult memories, trauma and consequences of violence, really started forming seriously when I returned to school in 1997, three years after the genocide.

Before genocide, I was exposed to different art forms and cultural spaces. Dance, music and storytelling were part of daily life at home and at elementary/primary schools I attended. Folk and modern dance and theatre groups performed in the community where I grew up. I played a lot, and played almost everything, from playing in the mud and clay after rain, to hide and seek, to jumping ropes with girls, excelling in soccer, athletics, acrobatics and martial arts, to cleaning and cooking. I made my own toys, musical instruments, imitating local traditional instruments and modern ones like inanga, flutes and guitars. I went with my parents to sing and serve in church; I observed and enjoyed different rituals including wedding ceremonies, planting and harvesting, hunting, childbirth and so on. I am told that I was always playing, full of energy and curiosity. But aren't all children this way? I taught other kids at school. Already in primary 2 and 3 (age 8 and 9) I had initiated an acrobatics club. We performed in front of the whole school and our parents. I guess like many other kids in the world, playing, making things, performing with friends and strangers and classmates at school, all I did, one would say it was about just being as a child is supposed to be: a way of being that helps us in discovering and making sense of the world, relating to it, growing while building archives, memories and interconnections that are equally as important as the physical,

biological, social and emotional growth. At the heart of all this playful energy in my case, there was a constant presence of a mother and a father whom, as far as I can remember, encouraged me to play, to remain kind and generous, to be with everyone, bring home everyone – this was a key sign of friendship and respect in our culture: inviting someone home, even a stranger -, make friends with everyone and share anything I have with anyone. Despite the fact that I almost got hurt a couple of times, by poison and again by a neighbour who ran after me with a machete each time he got a mental crisis, my mother still blessed me when I was about to go to a boarding high school by saying words that included "….make friends from all roads –meaning from everywhere-, 'I hold my hands on my right chest for you' – a way of saying I bless you, I will keep thinking of you, praying for you sending you well-wishing energy- …".

I shared this story first, because it seems to be an important point of departure to understand where my understanding of trauma comes from, my personal journey towards healing, and what might be influencing practices, especially art practices that I have been involved in since the end of genocide.

When I look back and reflect on my practice, it seems fair to say that it probably would have been different if I hadn't had the kind of upbringing and exposure I had as a child. In most difficult moments during and after genocide, the songs and stories of good times brought us together again, and sometimes when one was about to give up, the hope and strength triggered by past beautiful energies renewed one with a will to keep moving on. But after surviving the worse and trying to reconstruct the life like it was before, for example going back to school, my mother trying to find a job despite the still bleeding scars we had from the losses of our families, friends and neighbours and all the things we witnessed, it is at this time of trying to rebuild when it became more and more difficult, for me especially, to express and share what I felt, what I had seen, what I had done, what I couldn't understand. When my father died in the genocide and I became immediately the head of the family, I was expected to survive and protect not only myself, but my young brother and sisters and my mother, no matter what. This responsibility did not stop when genocide stopped. But holding the position, symbolic as it may be, somehow made it impossible for me to share much of what had happened.

My mom being too fragile and my siblings still too young, I resorted most of the time to locking myself in a room and crying alone, running (exercise), singing, writing poems in mixed and broken languages of Kinyarwanda, French, Kirundi, English, Kiswahili and others. It was not the meaning that mattered I supposed, it was just being able to put my burdens somewhere, on a paper, in a container; it was about shouting and screaming through improvised movement; it was about walking and running to sweat and exhaustion long distances far from home, far from the ruins of our destroyed home and lives. All these when I look back, I was struggling with the inexpressible, the unutterable. Not only words and concepts were missing, impossible, but the space, the time and many other aspects added to the complex nature of everything said and unsaid, felt and not felt. For instance, the immediate necessity to find basic needs like a new house, an economic base to be able to feed and clothe made it so that tending to the wounds and the whole impact of violence did not appear to be as primary and important at that moment.

When I went back to high school, my diary and notebooks were filled with songs and poems. During breaks I often stayed behind in classroom writing or reading some extracts, mine or from other people, writers, poets, leaders and others. It is when some classmates, curious, took one of my notebooks while I was taking a walk outside, read and then called me to ask me to share with the class that another dimension came into play. The classmates being curious and visibly inspired and interested in what I was writing, made me start to share with others my thoughts, poems and songs. By seeing how it seemed to have a positive effect on my classmates, slowly I started to understand and realize how what I was doing probably had kept me sane and alive in ways that I had still to discover. From my lonely place in my room dancing and crying, to this classroom, a journey had started and a seed for my practice started sprouting.

We started a group which then became a big association in no time. It slowly became obvious that most of the students, especially those who came to me and joined my association, had been through similar or in some cases worse traumatic experiences during war and genocide. Many orphans whose families and lives were shattered, sometimes being hosted or adopted by people who cared little about their physical let alone their psychological and emotional wellbeing, seemed to have found in our group a new form of a lost home, a lost family. The idea was not to replace our lost families but to honour, mourn, cherish them while drawing from our pasts what is beautiful and good, values and wisdom to sustain us in our search and co-creation of a new family, a new future we all shared, where we felt at home. We shared stories, dances, songs, science, and we revised our class lessons and homework together; we thought of, designed and facilitated community activities, charity interventions together; and through this space of interactions and action, creative being and learning as a group, I would argue that the arts were a constant thread, a constant presence that facilitated mapping, reconnecting, translating and transforming a traumatic past into a more caring, compassionate, connected, collaborative and non- violent future.

I would later carry these experiences from home and high school into my undergraduate level and replicate the same experience with university students and surrounding communities. Before I graduated (BA) I chose to do a project with primary school children, whose parents were on one side, victims of genocide, and on the other side, children whose parents were accused or suspected of having committed crimes during the genocide. I observed their cultural group and studied how arts/ performing arts, mostly dance, music, theatre and storytelling helped these kids to come together, work through traumatic experiences from their families, and reach a point where these children help their families to reconcile and make peace. This intervention was my first systematic way, I would say my introduction into finding out what and how arts help us cope with difficult pasts. It was a start, for me, to start making sense of how we live and try to deal with trauma that resulted from war, genocide and extreme violence parents and children had lived through. What was most shocking is the realization that even children who were not yet born during genocide – I mean children who were born after 1994 after the genocide – seemed to have traumatic signs, some of them experienced nightmares, and had emotions and feelings of guilt, shame and fear, anger and other complex emotions and reactions related to a violent event which they did not see or witness

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directly. They could see, sense, feel, capture and pick the impact of this event through their interactions with friends, family, media and from hearings testimonies at local courts and so on.

After completing my undergraduate studies, I went across East Africa and the Great Lakes regions visiting and working in post-conflict zones of Uganda, Democratic Republic of Congo (DRC)-Goma and Kinshasa-, Kenya, Tanzania and then I went to South Africa and Ireland which were among post-conflict countries I had been dreaming about visiting since I was young (Under the kind invitation of the Edward M. Kennedy Institute for Conflict Intervention and Kildare County Council Arts Service). It is impossible to share everything I have learned in these past years in a short reflection paper like this, and it is not possible to share insights I got from the different cases from all the countries and people I visited or worked with, using creative workshops, performing arts, dialogues and lectures. I will just share a few important points drawing from all the above experiences for now, and leave a more detailed discussion for later.

It appears to me that trauma has been used (well) and abused at the same time. There is a danger that trauma could serve as a tool to perpetuate binaries, construct and fix certain people in certain categories, for example victims and non-victims, the ones who deserve care, attention and justice vs those who do not.

Trauma, it is often assumed, perhaps too much, that each person and society that went through a difficult period, a violent event like war or genocide, that automatically that person or society is traumatized!

In many communities I visited, especially in East and Southern Africa, there is a heavy reliance on particular approaches to healing and therapy and understanding of trauma. Despite local healings beliefs and practices which often include arts and rituals, local and international practitioners, educated mostly in 'western' institutions and canons of knowledge and practice tend to apply, sometimes almost imposing, practices and concepts that do not always take into account local realities, contextual beliefs and potentialities these communities might have which could enrich both local and external practices, knowledge and wisdom.

Since my practice emerged from a personal journey, I have also noticed two things that might be worth sharing as I conclude these reflections. One, having lived through traumatic experiences myself has triggered, in most cases, a certain welcoming and an easy acceptance into lives and homes of people who have gone through similar kinds of extreme traumas. For example, in Northern Uganda talking to former kidnapped child soldiers was made easy when one of them found out I survived genocide and was also kidnapped, beaten and threatened to be killed if I didn't commit crimes they wanted me to. I was lucky and able to avoid killing, but young people I talked to in Northern Uganda had been forced to kill people including members of their families and this made it difficult to come back into their communities and families, but through healing rituals, it was possible to welcome them and communities asked these kids for forgiveness because they weren't able to protect them.

This kind of shared traumatic feeling, having been there myself seemed to facilitate entry, trust and a form of bonding between me and these young people I was interacting with. The same way they felt heard and supported by sharing their stories, including stories they had never shared with anyone, the same way I felt supported, recognized, forgiven, rehumanised the same way they were. Spaces of healing, especially creative spaces, are spaces of vulnerability and mutuality. Trust is key and an assurance that you are in it together, ready to share in the ups and down, the hurt, and joys that might come up in these spaces. Working through trauma, engaging on a healing journey starts with oneself, but it is a shared path, it is influenced by others and the spaces of interactions and isolations. Working as a facilitator or an agent in these kinds of spaces requires a deep commitment to personal journeys and regular processes in our own private spaces. This way the awareness, and atonement we get helps us to notice ourselves and be in the spaces with others in a way that supports, values, cares and deeply listens. This is a quality of practice that I have become better and better at through practical interactions with others and personal practice. At this stage, I hope you can make the links to the personal story I shared at the beginning of this reflection, and I hope you realize the connections from childhood experiences to high school and university experiences and how they all come to form and shape current journey and practice. Each one of us has many of these resources we could tap into, to inform our practices and inspire our journeys.

Second, surviving, dealing with trauma and healing, are all processes, journeys. In some cases, ends are visible, but mostly these are continuous movements with valleys and mountains along the path. The highest form of survival I have come to believe in is the survival of our humanity. The highest goal I have come to imagine is humanity. The struggle to reclaim and remain human despite what a world of violence throws at you; despite constant fears and suspicions, guilt and anger; be able to retain and keep feeding the most generous, kind and human goodness side in us; the capacity to forgive and love oneself and others not because we are asked to, not because circumstances force us to, but because we have come to cherish the beauty of our humanity and the humanity in others more or at the same level as life itself; these are, among other things, some possible milestones or impulses that can give some push and inspiration to our movements along this path.

Trauma not only dislocates us from the reality around us but probably it mostly dislocates us from ourselves, from our bodies, good memories, world, light, beautiful lines of support that feed us and remind us of who we are as human and not an object, an insect or a thing. This is what violence or the perpetrators of violence try to achieve. Even when they have not destroyed us physically but when they have managed to damage our self-esteem, capacity to trust, to love, empathize, be compassionate, move and live in joy and in harmony with ourselves, others and nature, they have achieved the worst violence, the worse death on us. The process of recovery, healing, re-remembering, is a journey to reclaiming this humanity, our beauty. Survival is a refusal to let our humanity die. My humanity, yours, theirs, all of us. There is nothing I know more than the arts that has the capacity to (re)awaken, inspire, lead and facilitate this form of refusal and help us grow from and overcome this stage of resistance and flourish into the journey to realize our full, shared and tasty humanity.

Shifting my gaze from trauma to humanity seems to have enriched my practice and my personal journey more than focusing on trauma and its effects. But probably one of the most important insights I got is that our practice, our study is not to be divorced from care and the quality necessary to achieve this journey. In my view, without this care and quality I mentioned earlier, arts and other practices even studies and scholarship, might just be as hollow, destructive and superficial.

This kind of care and quality that nourishes and shapes our practices in a particular way that sustain our humanity, also forces us to look into other areas and questions, for example the relationship between trauma and development work; trauma and issues of memorialization and how we imagine the future; trauma in relation to economics and politics; and the kind of trauma which I fear we do not talk much about which is related to leadership, governance and power. What role would the arts play to help understand and maybe address some of the current crises in leadership the world seems to be experiencing? How trauma discourses (including critiques) could help us think through what is happening regarding the persistence and rise of right wing politics and racist-sexist-patriarchal-exploitative systems, nationalisms and corporate internationalisms? How do we think about and address the issue of militarisation, security, surveillance and the use/value of war in contemporary and future world? How could trauma work and arts help us think through and address the seemingly persistent 'logic of survival for the fittest'? How can arts and trauma work help us creatively address issues related to environment, energy and resources? How have trauma work and studies been used (or not) to contribute to solutions and debates about the need to reimagine universities/schools and 'decolonizing' (I prefer the term humanising) education and knowledge? What insights have we gleaned from our practices that might help us contribute to healthier and better relationships to each other, to nature and the world?

Poem for Théogène
Your beauty could never be stolen
It shines as a beacon, an essence
Your mother is known through you
Your core uplifts you from the mundane
Shaped from birth
Honed through experience
It shines
You are sharp, glint with grounding
You have been into the desert
for forty days and forty nights
Faced the demon that gave you choice-
Live and grow / blame and die
Your choice shines as a beacon
Your beauty will never be stolen.

(Received from a Classmate, 2012)

3.6 LIVE: Let's Involve the Victim's Experience

Background

Glencree Centre for Peace and Reconciliation was founded in 1974 during the height of the troubles in response to the escalating violence of the conflict (Website). In 1999, Glencree opened its first programme, LIVE (Lets Involve the Victim's Experience). The programme sought to bring together victims/ survivors from each of the different communities impacted by the conflict: Protestants and Catholics from Northern Ireland, British and Irish. The goal was to create a safe and supportive space in which to foster and facilitate dialogue between victims/ survivors and former combatants (Healing 330 & Survivors 1). The hope was to encourage the building or relationships between survivors and former combatants, which would bridge the political and ethnic divide and allow participants to reach a deeper understanding of each other. Within its first four years, the LIVE programme held 37 weekends and by 2002, 110 victims/ survivors and 45 former combatants had taken part in the programme (Healing 336).

The programme mainly takes place over a residential weekend at Glencree located in the Wicklow mountains south of Dublin (Healing 333). Glencree is a beautiful, lush environment that possesses a comfortable, homey quality. The environment and hominess of Glencree help to promote a sense of relaxation which is important to the healing process for those involved in the programme. By holding these weekends in a natural and relaxing environment, participants are able to remove themselves from their own conflict and gain a greater insight (Survivors p.3).

The importance of taking people out of the areas where conflict took place is evident in that even after the Good Friday Peace Accord was signed there were still areas of tension and flare ups. Living in these areas added to victims' stress and increased the difficulty of coming to terms with their loss or trauma (Healing 329). Many of the victims experienced some level of trauma, grief, anger, anxiety, stress, survivor guild, or physical disability. Some were injured by or survived shooting or bombing attacks. Others lost their home, job or business in the conflict. Many were simply impacted by violence and the threat of violence during the conflict or any combination listed. For those involved in the conflict, the exposure may have been long term, as in the case of many from Northern Ireland, or isolated incidents for many in Britain and the Republic of Ireland. Many victims may suffer some degree of posttraumatic stress, acute stress, depression, dissociation, intrusions, and dependencies (Healing 335). Additionally, the conflict may be kept alive in the form of demonizing the former combatants and the other side. This keeps the hate and anger that sparked the conflict alive, and perpetuates the trauma caused by the conflict. At the collective level, trauma impacts communities as marriages, friendships, and general relationships may experience stress as a result of conflicting coping strategies. Some individuals would prefer to repress the trauma, while others may prefer to share their experiences.

Programme Approach

After the Troubles ended, there was a number of government, nongovernment, and community based organisations which were established in order to help victims cope. Many of these organisations involved presenting the opportunity to talk about their experiences. LIVE established itself by developing its own system of guidelines and approaches. A nondirective, flexible approach is used so that it is the interactions between participants which lead to healing or therapeutic outcomes, rather than the intervention of the facilitator (Healing 333).

Initially, when the programme began it evolved into two separate programmes as victims/ survivors and former combatants were not yet ready to meet one another (Survivors, 1). Thus, the programme developed a three-level approach to work towards integrating participants. Level 1 consisted of separate weekend sessions for members of each of the four communities: Protestants from Northern Ireland, Catholics from Northern Ireland, individuals from Britain and individuals from the Republic of Ireland. Level 2 consisted of meetings which allowed each of the groups to meet each other and then sessions which involved all four groups together. Finally, level 3 initiated meetings between victims/ survivors and former combatants (Healing 334). Weekends involving victims and former combatants had to be carefully organized so that victims and perpetrators of the same attack were never together at the same weekend. Instead, former combatants/ perpetrators and victims meet other former combatants and victims which stand in as surrogate for the actual perpetrator or person harmed. They participate in dialogue which helps to promote healing by working through issues without the psychology distress of facing the actual perpetrator or person harmed (Glencree 2).

L.I.V.E. Weekend at Glencree
A LIVE weekend begins with dinner on the Friday night and the first session. During the first session the ground rules are laid out and participants are invited to share. The ground rules are important in order to create a trusting space in which individuals feel comfortable enough to share. These rules included: "letting people tell their stories without interruption, relating to a story and the person who told it without jumping in to add something else, and listening to the different reactions a story elicited among members from different communities" (Glencree 2). Discussions and formal sessions were facilitated by a team of 3-5 trained professionals from fields of psychology, counselling, and psychotherapy. The team represented a diverse array of nationalities: both republican and unionist communities in Northern Ireland, the Republic of Ireland, the Netherlands, France, Canada, and the United States. The variety of nationalities represented was important in order to maintain a neutral **appearance** with regards to the conflict. The coordinator and one facilitator would typically lead the sessions while the others provided additional support. Other members of the team would help to facilitate small groups or interact at a one-on-one level with participants outside of sessions and check on individuals who may have needed to leave a session due to being overwhelmed. As the idea is to allow the participant to steer the discussion, facilitators are there to be flexible and responsive to the needs of the participants rather than to direct the conversation (Healing 339-40).

Saturday morning begins with more sharing in a formal session and an additional two formal sessions spread out between other outings and social time. In between formal sessions, participants got to know one another at a deeper level through informal activities and informal sessions which were organised at the request of participants. They involved guest speakers, simulation games, relaxation exercises, massage, art, interactive theatre, exercise in coping with stress, and meeting with politicians. These informal sessions were just as important as any of the formally facilitated sessions.

There were also a number of nature based activities such as nature support groups, exploring nature around Glencree, and representing each journey through natural objects (Survivors 2). Rituals were also a part of the LIVE programme. The wilderness was used as a rite of passage and there were rituals for entering and leaving the wilderness. Individuals would burn things that they wished to leave behind. All of these helped to represent the journey of leaving the past violence and conflict behind and moving towards peace and reconciliation. Additionally, participants interacted during

meals traveling together, walking and talking with one another, having drinks together, and generally socialising. One example provided by de Vries and de Paor is highlighted below:

"During a L.I.V.E weekend in Warrington, England, some of the British participants said that they felt unsafe when a Republican participant from Belfast wanted to make video recordings. They were afraid that IRA members might see the tape and put them at risk. Although the facilitation team had been made aware of the issue and had made it clear that video recording should take place outside the sessions and only involve those who had given their explicit consent, there was still unease. The facilitators initiated a discussion of this issue during the Saturday evening session, but this did not waylay the suspicions. After the sessions, the participants who were most involved in the discussion got together. They stayed up all night and talked (sang, joked, and had a few drinks) until the hard feelings had dissipated. In other cases, participants have also effectively used the opportunities outside the sessions to address differences of opinion or conflicts."

The example above demonstrates the power of talking and interacting outside of the formal sessions. These informal sessions and activities allowed participants to feel safe enough that they were able to be vulnerable with one another in a way that perhaps they were did not feel able to during formal sessions (Survivors 2). In doing so, participants were able to connect at a personal level, that they otherwise would not have likely thought possible.

Sunday morning wraps up by reflecting on the weekend and assessing issues for future weekends. Sundays are intentionally less intense as participants prepare to return home to their families and communities (Healing 337-8). Many participants will no doubt go back to their families and communities and discuss how the LIVE programme has impacted them. New participants come to Glencree each year and there have been new resources for victims outside Glencree as a result. Yet, it is still difficult to assess the impact that the LIVE programme has had on the wider communities of the participants involved in the programme. After the programme participants may continue their personal journey through the use of diaries, letters to themselves, pictures and video recordings. Additionally, they may work collectively through the Glencree Sustainable Peace Network to promote ongoing opportunities for participants to interact between year groups.

Storytelling and Healing Trauma
Glencree has found that using a process of "bottom-up" storytelling is the best way for victims/ survivors to recover their own voice, achieve self-awareness, and emotional closure (Glencree 1-2). According to de Vries and de Paor, "Talking about traumatic memories gives victims an opportunity for detailed processing. When this is done without pressure in a safe and supportive environment, it is expected to promote healing in one way or another" (Healing 331). Talking about these traumatic memories through the process of storytelling allows victims/ survivors to process what has happened and the emotional impact it has left. Through the bottom up process used in storytelling, participants are able to look more in depth at issues of their choosing.

The more participants of the Glencree programme had the chance to share their story, the more easily they were to understand their own thoughts and feelings regarding the trauma. One participant described Glencree as a "...space to feel without sharing, so that I can work through my mind without expressing it openly, but am give the atmosphere to focus on it, with the awareness that the place is full of support if I need it" (quoted in Healing 340). Perhaps the experience of this individual could help explain why individuals may appear to make progress without verbally sharing

their story. It may be that it is enough to be in an environment in which one is able to think about and internally process their own personal narrative without speaking it aloud.

Emotional support also appeared to play a significant role in the way in which participants perceived their experiences at Glencree as either positive or negative. Observations of participants suggested that those who experienced re-traumatisation as a result of the programme where highly emotional, but also showed a lack of control and failed to make use of the support and comfort offered by those around them. Those who did make use of the available support and were able to regain emotional control were able to overcome the trauma (Healing 343). The mutual emotional support and comfort that individuals who have experienced the same type of trauma are able to offer one another is one reason why the L.I.V.E. programme has been so effective.

Interactions between victims/ survivors of different communities has the effect of challenging preconceived notions of the other side, and humanizing the "enemy." A number of participants have stated that they felt "…their hatred dissipated after they had been in the company of victims/ survivors from the other communities" (Healing 344). The L.I.V.E. programme has been highly effective at bringing together all sides of the Northern Irish conflict to accomplish their goal of building relationships and promoting deeper understanding among members of all sides.

Forgiveness plays an essential role in the reconciliation process. Some authors even suggest that forgiveness is necessary in order for the victim to fully recover. Forgiveness becomes a difficult dilemma as some victims may feel as though they are betraying their deceased loved one if they forgive the perpetrator. Some may even feel as though if they offer forgiveness to the perpetrator they are in some way condoning their actions. The action of forgiveness is a "give-and-take" exchange of apologies, assurances, compensation, and restoration according to Michael Lapsley. Apologies may be hard and slow to come by from former combatants. Dissonance theory would suggest that former combatants are motivated to maintain their perception of themselves as "good people", by justify their actions as being part of a "just war" (Healing 348-9). To apologise would be to admit that the war was not just, they had done something heinous, and are therefore not good people. Thus they seek new ways to justify their actions, which does not make for a good apology, but even a partial apology or small expression of regret may help a victim in their healing process.

Challenges and Lessons from Glencree
One of the major Challenges of the L.I.V.E. programme was mediating the difficult group dynamics. Personality tensions as well as political divisions appeared in each group. Non-combatants found it difficult to comprehend the ways former combatants interacted, often using dark humour. Participants from Great Britain culturally had trouble fitting culturally with a primarily Northern Irish group. Additionally, programme coordinators and facilitators had to ensure that everyone felt equally valued and included. This was difficult as there was a tendency to separate actions of state and non-state combatants and a tendency to create a hierarchy of victims causing some to undervalue their own experiences as not of the same level of suffering as other participants (Survivors 2-3).

Another challenge was in not the timing of readiness of individuals and how to include new individuals coming into the programme. So far only a few of those who were impacted by the conflict in Northern Ireland have come forward to participate in the programme for a number of reasons. One reason is that it is possible for an individual to take on the "role" of the victim as part of their identity which gives them reason to not want to move on and creates an unnecessary dependence

on Glencree (Healing 353 & Survivors 2). Even when individuals are truly committed to moving forward, they may still process at different rates. This mean that some may be ready to move on before others are ready.

Those who took longer to join the programme later as well as those who are not yet ready to move forward to the next level, may require a separate group which would allow these individuals the time to progress at their own rate and move on to the next level when the time is right for that individual.

Along with including new people, there is the question of how to include those of the younger generation who may not have been directly impacted by the conflict, but are still experiencing the lasting effects of the collective trauma? As previously mentions, a hierarchy of victims tends to arise in which those who have suffered less or experienced the conflict/ trauma in a less direct way, have a tendency to undervalue their experiences and contributions (Survivors 2). This is important to take into account when determining how to include the younger generation who may undervalue their own suffering as being less than that of the generation who experienced the conflict first hand. Yet intergenerational trauma is something that needs to be made aware of and addressed.

Challenges also arise if the larger communities which the individuals come from are not supportive of reconciliation. Individuals may become discouraged from attending L.I.V.E. weekends by their communities or face accusations of betrayal upon return (Healing 348 & 350). As a result of pressure from these communities, participants may become "re-traumatised" retrospectively after returning home. Consequently, they may find that it had been a mistake to meet with former combatants. This can have negative implications and undo some of the progress towards reconciliation, which had previously been made.

Conclusion and Future Implications
While L.I.V.E. faces many challenges in its progress towards reconciliation, a majority of the participants would be extremely satisfied with the programme and the support, comfort and healing it offers. Many participants walk away having made progress towards reconciliation and gain a few friendships along the way leading to a sort of informal support network. While some who chose not to return after their first visit felt that the L.I.V.E. was "overwhelming" or "simply not for them," The evaluations of the programme continue to show a need for programmes like this one (Healing 351).

The thing that makes Glencree unique and very effective is that it works simultaneously at the individual and group level. In order for healing to occur at the collective level, individual must obtain a certain level of personal healing as the building blocks of the collective healing process. Additionally, the group setting allows the individual to work on their personal journey of healing in the support and comfort of a group setting. In this way, participants are able to lean on one another and share their stories and experiences. This encourages healing at the individual and collective level. Individually, participants benefit from the increase emotional awareness gained from placing their experiences in story form. At a collectively level, participants gain perspective by hearing stories from the other side as they are able to see each other as humans instead of as the enemy.

3.7 Considering Compassion Fatigue by Glenn Mason

With a growing body of literature, around post-traumatic stress disorder (PTSD), there has been increasing interest, into the impact, of providing trauma-focused approaches to traumatised individuals. Therefore, it is essential to not only focus research upon the impact of treatment interventions, but also consider "the emotional cost to care-giving work" upon the practitioner (Gentry & Baranowsky, 2013, in press, p.1).

Practitioners providing trauma-focused therapy are at increased risk of developing secondary traumatisation (Baird & Kracen, 2006; Elwood, Mott, Lohr & Galovski, 2011) and practitioners can experience similar symptomology to their clients (Brady, Guy, Poelstra & Brokaw, 1999; Chouliara, Hutchinson & Karatzias, 2009; Pearlman & Mac Ian, 1995; Sprang, Clark & Whitt-Woosley, 2007). Figley (1983) first defined the term Secondary Traumatic Stress (STS) to describe the experiences upon practitioner's working with trauma survivors. However, he has now redefined this term to Compassion Fatigue (CF) and suggests three domains for consideration – (1) re-experiencing the primary survivor's traumatic event, (2) avoidance of reminders and/or numbing in response to reminders and (3) persistent arousal (Figley, 1995).

Considering Compassion Fatigue (CF)
For the purposes of this case study, I will consider my own experiences of experiencing CF while working with military veterans' in England several years ago. Reflecting my personal and process journals several months after I had started to experience CF, that I realised I was being significantly impacted by the client work that I was undertaking.

A New Position
In summer 2013, I began working within a specialist psychology service, delivering psychological interventions to military veterans within England. Little did I know, in the months to follow, that I would begin to re-experience the clinical symptoms clients were describing to me within the therapy room. For many months, before my experiences of CF came into my own awareness, I was completely unaware around the impact that my work was having upon my emotional health and well-being. It was late November / early December 2013, when this realisation was within my awareness.

Nightmares in November
I woke up surrounded by darkness, in a state of panic and wondering was I alive or dead? Within a few moments, I got my bearings and realised I was at home, in bed and had just experienced a nightmare. In this nightmare, I had been shot in the chest, as I crawled through a house, with a group of others, in fear for my life. We were all trying to escape from a group of gunmen. Quickly, my mind reconnected me to a client session I had had that week. It appeared to be the triggering source for the nightmare that I had just experienced. In the weeks to follow, I experienced multiple

nightmares, waking many nights in fear for my life. The content of these were like the experiences I was hearing clients describe to me in the therapy room.

In the weeks to follow, I soon recognised through these recurring nightmares that I was experiencing CF. As I reflected upon my process and personal journals, it soon became clear that I had had symptoms of CF several months prior to my experiences of these nightmares. How was this possible? CF was something I thought I had always been mindful of and would recognise. In my questioning, I recalled training sessions attended in the past around the subject and the ways in which to recognise the tell-tale signs. So, how could I be experiencing these symptoms? It became very apparent that CF was perhaps not as much in my awareness as I had thought.

Increased Hyperarousal

Reflecting upon my journals, I noticed a pattern around increased feelings of "being on edge" and feeling "unsafe." I was startled by loud noises, more watchful in public and I had become more anxious around those from ethnic backgrounds. I could not recall any time before in my life, where my thoughts had taken me to a place where I would become anxious around those who were from a different ethnicity to myself. The journals recorded instances where I had been in public and questioned could they be a suicide bomber, if they had a back-pack or bag on their person. Again, when I reflected, they were closely connected to experiences of the client population I was working with. I soon began to connect the dots, recalling sessions where clients described being more on edge in public; loud noises reminded them of gunshots and bombs and people from different ethnic backgrounds, connected them back to times on deployment where they needed to be on guard and on the lookout for danger.

Despite these early warning signs, which were occurring before I started experiencing nightmares, I was unaware around the psychological impact of my work. I noticed another pattern in my journals, where I was writing about my own experiences of growing up in a conflicted society, during the "Troubles" in Belfast, Northern Ireland. I also found myself reflecting upon other client groups I had worked with over my career and they began to feature within my journal reflections.

The Impact of the Past

Some of the veterans' I saw in therapy had served in the British Army, deployed to the Northern Ireland conflict. I found myself being drawn to their stories – recognising places and recalling my own experiences, as a young child growing up in Belfast, of the conflict related incidents that clients described to me in session. I found myself particularly drawn to one client and to his experiences, as he discussed having worked closely with a police station in a certain area of Belfast. I had a family member based at that station where he served as an officer in the Royal Ulster Constabulary (RUC). I wondered did my client know this family member and what their working relationship might have been like. As clients talked about Northern Ireland, it reminded me of other clients I had worked with while living there, who had experienced varying degrees of trauma. I found myself wondering how they were doing and it reminded me of their distress, as I worked with them in therapy. Some of this content also appeared in my nightmares that I experienced in November / December 2013.

Despite the previous early warning signs where I was feeling more on edge, it was my nightmares that "grabbed my attention." They increased my self-awareness around the psychological impact that my clinical work was having upon me. Now that this was in my awareness I needed to address my CF.

Overcoming Compassion Fatigue

In the weeks to follow, after my first nightmare I continued to experience these. Now being more aware of the source, this helped me connect to the present moment when I woke distressed. I also used clinical supervision sessions to explore the psychological impact that my clinical work was having. As time progressed, I was mindful of how I spaced clients through the week, also making sure I had a colleague or my supervisor to contact following a client therapy session, should I need to de-brief. Soon my nightmares stopped and I noticed I was experiencing less anxiety. Although I found the experience of CF distressing, it provided me with insight around some of the challenges those living with trauma symptoms can experience. I was aware of the theory behind CF and what to look out for, however, when it came to my actual experience of this, I was unaware for many months. In considering my clinical work following my experience of CF I have found myself being more mindful and reflective around the potential impact of working alongside those reporting traumatic experiences. Therapist self-care is an important aspect of trauma work and one that I was poor at implementing. Looking to the future I recognised my experiences of CF provided me with experiential learning, which I viewed as helpful. Although it was a distressing experience, it was one that I was glad to have gone through and believe it has increased my own self-awareness around the psychological impact of delivering trauma interventions to clients.

IV.   ANALYSIS

4.1   Trauma affects the individual and the collective

The literature reviewed shows clearly the effects at individual level and the various symptoms that individuals are affected by because of trauma. The question we are trying to address is what happens at collective level. How trauma manifests in communities and societies.
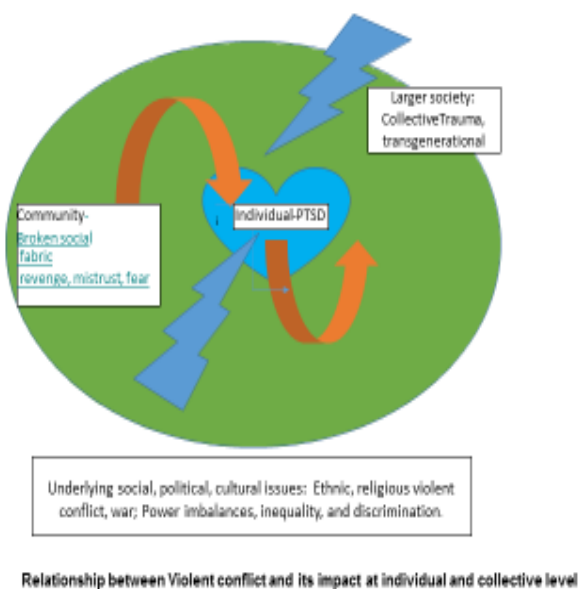
As bodies and brains shut down when under the impact of trauma, it can be said that communities and societies do too; bringing drastic changes to social and cultural dynamics and processes. The concept of "Enclave mentality" as developed by Volkan (2008), which is related to cultural identity becomes so important (p. 107). A parallel with "hyper-arousal" symptoms experienced at individual level could be identified for communities affected by violent conflict. As is well known, this is a survival mechanism which applied to a collective scenario can reflect the need for protection of those of the same clan, tribe or cultural ethnic group. This is the case of most conflicts around the world (Georgia, Bosnia/ Herzegonvina, among others). At the collective level, power and gender dynamics are affected and inequalities and discrimination including gender inequalities become apparent (Theidon 2004).

The various layers from the individual, local/and broader and larger society are affected. Those consequences are not always documented and highlighted by research. Research suggests that reactions/ responses to collective trauma are culturally grounded, as should responses and approaches to deal with it be. For example, cultures where dance and body movement is part of their history seem to take better to approaches that incorporate body movement. In cases where societies have been repressed for long time, body movement seem to be an alternative to deal with traumas at the individual level and the collective level. These approaches allow bodies to heal and people to be together without having to use words and voice. However, in other cultures (Irish) where the word is so important, storytelling seem to have success as an approach to deal with trauma at group/ collective level.

Let's imagine a community located in a country where there has been armed, violent conflict for a number of years or decades. The community including men, elders, women and children have seen its members killed, beaten, abused, decapitated. Each individual has been affected in one way or the other. Many might be suffering from PTSD. The community has been affected too. Communal, local governance structures stopped functioning. Local health, education services are not open or have been destroyed.

Transport services might have stopped. Schools, Universities & Libraries as well as public buildings and facilities may have been also destroyed. The local governance services may not be functioning either. Therefore, the level of participation in public civil society space decreases or disappears altogether. People experience fear and mistrust and therefore they stop attending public meetings, expressing their voices or making collective decisions. Violence has also affected their jobs,

education activities and every other communal/ social activity as well as having polarised its members: the "us" and "them" is part of daily life. People live in a fearful mode, in silence, protecting themselves from the enemy, or maybe resisting the enemy. In many cases, we see entire communities living between two or more "fires". The civilian population is in the middle, like the slice of ham in a sandwich. In Peru, Shining Path (late 80, early 90s) used to say "We are the eyes and ears" as a way to intimidate peasant farmers in rural communities and keep their control and power over them, keep them in silence and isolated. The graphic below shows these complex dynamics.

Larger society: CollectiveTrauma, transgenerational

Community- Broken social fabric revenge, mistrust, fear

Individual-PTSD

Underlying social, political, cultural issues: Ethnic, religious violent conflict, war; Power imbalances, inequality, and discrimination.

Relationship between Violent conflict and its impact at individual and collective level

As per Sullivan's case study on the use of Capacitar practices in Peru, it is evident that traumatic events caused by the mining company in this case, during the Conga project, affected the community in Celendín, Peru. These events caused trauma at the collective level, which manifested in the fracture of community structures, mistrust, apathy and opposed reactions to pacific protest. These coincide and reinforce Krieg's elements which emphasise the need for safety, calm,

connectedness, self and collective efficacy and hope. The community suffered from the break up of the community structures and dynamics, a sense of hopelessness, distrust, and a possible collective incapacity to react to the violence.

Another example of addressing community needs as well as the individual symptoms of trauma is the Capacitar International programme based on an educational approach, using body and energy techniques, which are culturally grounded and have proven to be effective in addressing the impact of trauma at individual and collective levels. The programme has been very successful in addressing the individual consequences and the impact of trauma, creating a community safe space in which to hold the communities. In addition to these, some indication of changes are shown at the collective level, at the systemic, social level. However, further and more in-depth research is needed to understand how these approaches work in the community dynamics and the impact the programme has had at community level in addressing collective trauma manifestations.

The reality is that the individual body carries and holds the impact of trauma. PTSD symptoms help to fully understand how and when this happens. The capacity to build and maintain relations is affected by traumatic events in conflict scenarios. This has an impact at community level; as individuals become fearful, they stop trusting other members of the community and participate less and less in community activities.

4.2   Dealing with Trauma: Starting with the physical body

Trauma definition originates from the notion of the physical body being wounded. In other words, how traumatic events (e.g. violent conflict) affect the physical and emotional individual bodies. The definitions of collective trauma derive from how it affects individuals in a community. Approaches found therefore reflect the same; an emphasis on addressing PTSD at individual level and then by doing this how collectively, the community benefits from them.

Capacitar and Fliegel's case studies confirm that "trauma compromises the brain it has the capacity to heal." The Capacitar programme strongly states that medical treatment is not necessarily the most effective way to heal trauma and that approaches such as neuroscience, epigenetics and neuroplasticity have proven the efficacy of body and energy based techniques to address PTSD symptoms in the physical and emotional body. The techniques used – including deep breathing, Tai Chi, Emotional Freedom and other Tapping Techniques – have proven effective in improving physical and emotional health. By doing them together as a collective it has an effect on the community processes and dynamics creating a sense of connectedness. For Fliegel, arts therapy can create a sense of calm and they provide a space to gain trust and enable the client to express inner feelings and manifestations of old trauma.

All case studies highlight the importance of minding the body when dealing with trauma. The physical body is like an archive that holds the trauma for a long time. This manifests in various

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physical symptoms and behavioural patterns (See Fleigel). PTSD provides important signs to identify trauma in the body and mind. If the physical bodies in a community are not fully functioning and healthy, we may therefore ask how the social body – namely the community or society – could be healthy and functioning at its best. Storytelling, despite challenges encountered, has proven to be a powerful methodology to help those affected to express themselves, find a voice and heal. Laban Dance and Movement and Capacitar practices believe that the body needs to move to heal and allow those affected to heal, share, find their place and express their voice. Abozaglo's research in Colombia and Peru shows how body movement helped women affected by gender based violence to express and connect more and better.

Physical techniques are important to address symptoms of PTSD but also to bring people together and start working on trustbuilding. These are essential elements for social healing, and educaring (Lederach, Fleigel Hardwood, Capacitar, Abozaglo and Sullivan). This is demonstrated in the work done by Capacitar International with refugees and policy authorities on the US border, which shows some important changes in the response of the authorities and improved treatment of refugees held in detention centres.

The question that remains to be answered and will need further research is how these approaches that have an impact in the physical and emotional body, affect the community and social dynamics. What changes are these generating at social and community level? Future research might reveal that these are limited and that there is a need for another way.

4.3   PTSD: not sufficient to fully understand and deal with collective trauma

A debate found in literature and case studies is that trauma is very much associated with and sometimes defined by the concept of PTSD. On the other hand, research shows that PTSD is not a category that helps to explain collective trauma and that trauma does not always manifest as PTSD and that it does not affect all those involved in the same way.

Theidon's (2004) critique of trauma defined as PTSD, based on research done with Peruvian communities affected by trauma during and post Shining Path terrorist group in Peru, challenges trauma focus therapy and enables practitioners to look at more macro social and political issues. What is said in the critiques helps to dig into the root causes of conflict such as poverty, inequality and discrimination including gender dynamics, which at the same time may be related to the eruption of conflict. A much more in-depth and political analysis into the societies affected by trauma is proposed, encouraging practitioners and scholars to look at key concepts and aspects of communal/social life where trauma manifests, such as: culture, power, gender and justice elements in societies or communities affected by traumatic events. This point of view is believed to be most valuable when looking for effective ways to address the trauma suffered and stopping the transgenerational transmission. If the analysis is kept only to using PTSD, the diagnosis and treatment of this phenomenon remains in the medical arena losing content and depth and ignoring

its political, historical and cultural connotations. Besides, there seems to be a "border" area, where it is neither medicalised nor externalised, but psychological nonetheless.

4.4   Role of Women in transforming collective trauma and healing communities

As explained by Theidon (2004), women play a key role in healing and transforming trauma experienced by communities. Literature reviewed (Manjoo and McRaith, 2011; Irish Consortium on Gender Based Violence, 2016) speak out about how women in many cases suffer the impact of violent conflict through gender based violence. In the context of war, women become the main heads of households and are in charge of rearing their families. They also, in many cases, become very vocal in advocating for their rights, participating actively in human rights and peace movements (Ruta Pacífica De Las Mujeres, n.d.; How the Women of Liberia Fought for Peace and Won, n.d.) Therefore, women hold a key responsibility in either transferring trauma on to the next generations or in transforming it and reverting patterns of violence. Recognising the role they play and putting in place the support needed can make a huge difference in transforming their family and community dynamics, and in dealing with the trauma inflicted. This is confirmed by Hardwood's MBBI case study where these issues are highlighted.

4.5   Addressing collective trauma: A key component when building lasting peace

Literature (Wessels, 2008; Balke, 2002; Zelizer, 2008; Novacovik, 2017) and Hardwood on the MBBI case study confirm that in order to make peace efforts more durable and sustainable, addressing trauma is key. Not doing so can endanger the prospect of success of peace and peacebuilding processes. Hardwood's case study based on the experience of MBBI, highlights the importance of addressing trauma at the collective level and how trauma affects the individual's capacities to engage and deliver development programmes; and how this situation could put at risk any development efforts. It demonstrates that if individual capacities are not fully functioning in communities, collective capacities and structures also affect the function of collective, community structures. When this happens efforts to build peace can fail as manifestations of dysfunctional communities or societies (e.g. domestic violence or increasing criminal activity, youth gang crime, etc.) predominate. The consequence then is that trauma travels through generations and creates new patterns of violence and conflict based on revenge and anger not fully dealt with and coming from the past.

4.6   Approaches to deal with trauma need to be culturally grounded

Culturally grounded approaches allow an easier and more mindful way to build safe spaces, to build trust and to be together despite the pain, loss and grief. This is confirmed by Hardwood-MBBI, Capacitar programme, L.I.V.E. Glencree programme, as well as in the literature by Volkan (2000 & 2008), Till (2010), and Theidon (2004).

Case studies and literature confirm the notion of trauma as a cultural phenomenon (Condon & Cane, 2011) and coincide in highlighting the importance of using culturally grounded approaches to heal individual and collective trauma. Approaches which are not familiar or engrained in the culture of communities are not as effective as those which are, and can be counterproductive, exacerbating divisions in communities. For instance, this is the case of psychotherapy and counselling versus the art approaches: including storytelling, singing, or using a sense of place to remember. These have proven effective in generating social and community dynamics to heal, to be together and to commit to a future of peace. Culture is a key concept when dealing with trauma and approaches to heal at the social level, and needs to be fully taken into account when designing programmes to deal with it. The Glencree L.I.V.E. case study points out to challenges using storytelling when the group is not fully ready to express what they feel. Preparatory work is therefore essential for the success of this approach.

4.7   Combined approaches work better than single approaches

More and more research suggests that the use of combined approaches show more effectiveness in dealing with individual trauma. Coming from the field of psychology, Cordero's (2014) research provides a guide to address trauma in migrants from Latin America coming to the U.S. Programmes such as the Capacitar Programme have a strong foundation in psychology and energy psychology and do not exclude the use of psychotherapy or counselling. In many cases, depending on the culture, these are used in a complementary manner with good results.

Also, the field of Arts Therapy is based on the use of arts in the therapeutic arena. Niwenshuti's case study shows clearly the power of artistic expression to heal the wounds of war and conflict at the individual level and the collective level. Niwenshuti's work through song, storytelling, drama and poetry are very powerful tools to heal not only the author himself, expressing his voice and whole self; but also to move entire audiences who become participants of the story, his story as was demonstrated at the Opening Evening of the Edward M. Kennedy Institute for Conflict Intervention (July 2016) and the Laban Dance Summer School (July 2016).

Another example of this is the STIAS project, an exploration on the power of Arts as a tool for social transformation hosted by the University of British Columbia, Dr. Michelle Le Baron and associates. This is an ongoing interdisciplinary project, sponsored by the Edward Kennedy Institute, which shows the power of arts as a medium to reach audiences in order to help those affected by trauma and those exposed to the story to connect through the senses, using word (spoken and written), dance and body movement and voice. This connects the individual and the collective, both direct participants and victims, thus becoming a powerful tool to heal and address collective trauma.

4.8   Awareness of trauma can help the healing process

For those affected by trauma, this is not always easy to acknowledge or recognise at the personal or individual level, nor at the collective level. Symptoms of trauma, such as feeling numb, hopeless and powerless, may not leave space in traumatised individuals to recognise their symptoms. Some approaches, such as Hardwood in MBBI, emphasise the importance of becoming aware of being affected by trauma as part of the healing process. Storytelling as a restorative approach can work very effectively in processes such as in Northern Ireland, enabling victims and perpetrators, after a preparation period, to engage in a three stage process; naming the emotional impact, speaking out to a healing group and being released from the past traumatic experiences (Corry:2013). Other approaches such as the Capacitar Programme, Laban Dance and Body Movement of the Laban Guild and other Art Therapy does not necessarily see this point and focus on the process of experiencing the body movement as part of the healing process. However, through the process of moving the body, participants become aware of what wellness means and recognise the symptoms that need to be addressed. Both approaches recognise the relevance of working in a culturally grounded manner.

4.9   Trauma affects caregivers and practitioners in the development, peacebuilding and conflict intervention professions: Compassion Fatigue

Literature reviewed (Zelizer, 2008; Novakovic, 2017; Volkan, 2000 & 2008) and Mason's case study address the need for all in the caring profession to address the symptoms of secondary trauma or "compassion fatigue" which affects many professionals in the fields of development, peacebuilding, social work, and medicine. As carers are fully dedicated to work hard to support those affected by violent conflict, making sure that humanitarian assistance and other services are provided in an effective manner, caregivers sometimes fail to realise the impact of this work in their own physical and mental health. Being aware and addressing compassion fatigue is essential for professions looking after those affected by war. To do this, awareness raising and knowledge about trauma needs to be available for those working with traumatised people in conflict scenarios.

4.10   Constructing a Collective Trauma Framework

Literature and case studies show in detail the effects of trauma in the physical and emotional body at the individual level (MBBI, Niwenshuti, Fliegel, Capacitar International and Sullivan). However, few sources found show the impact at social/collective level. One example of this is the study done by Krieg (2009) on Australian Aborigines. The author proposes five essential elements to responding to collective trauma: 1) promoting a sense of safety 2) promoting calm 3) promoting a sense of self efficacy and collective efficacy 4) promoting connectedness 5) promoting hope.

Drawing from the literature reviewed, in particular Lederach and Lederach (2010), Krieg (2009) and Volkan (2000 & 2008) studies, as well as the case studies presented, the following table aims at building a framework towards a greater understanding of trauma healing: its manifestations, the emotional needs that need attention, and key features for a cohesive response at social level; as well as some indicators on collective wellness and trauma recovery. Any framework constructed would need to incorporate the power of Educational approaches, in particular the concept of Educaring (Atkins in Lederach and Lederach, 2010: x) to address collective trauma, allowing for the creation of connectedness, solidarity; and building trust and bonding in the community.

| Collective Trauma manifestations and impact	Emotional needs to be addressed at collective level:	Elements to responding to Trauma at collective level as proposed by Krieg:	Indicators to measure on Trauma recovery & Collective Wellness (includes Lederach 's resiliency building components)
Closure of civil society space, massive displacement, humanitarian crises	Distress, agitation, anger, anxiety	Promoting calming responses	**Open Civil society space: women and men are well able to express their voice, gather together, claim for the rights & participate in community issues** **Community responses show adaptability, resourcefulness and a capacity to face and creatively negotiate risky situations.**
Breakdown of social fabric: Governance & policing structures not functioning,	Self/collective incapacity, inability, weakness, inefficiency. Break up of social backbone, social fabric namely community structures	Promoting a sense of self efficacy and collective efficacy	• **Community responses show capacity to adapt and negotiate creatively with the challenges presented.** **-Governance structures at community level are fully in place and functioning.** **-Development plans are running and budgets are allocated with participation of community-based organisations.** **-Policing bodies effectively engage with communities, which feel safe and protected.**

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"Enclave mentality": Divisions, silence, isolation	Absence / confusion of large group identity- Second class citizenship- Absence of human rights Victims and aggressor mentality Denial of the past	Promoting connectedness/ of platforms of dialogue acknowledging what happened (e.g. school books) of Promoting "empathic engagement" and a "continuum of care"	**-Community Responses that forge solidarity -Community hard hit by violence finds an innovative way to survive -Reduced levels of polarisation/ divisions. -Space for dialogue and participation is created for opposed communities / groups. -Justice issues are addressed including traditional justice mechanisms.**
Power imbalances, discrimination, gender inequality, injustice	**Despair, hopelessness, hatred, distrust & revenge**	**Promoting hope, reconciliation Promoting "empathic engagement" and "continuum of care"**	**-Power imbalances, inequality and discrimination are acknowledged. Employment and education opportunities address inequalities and divisions. Capacity to sustain hope and purpose -Educaring and Resilience building included in education & social inclusion policies, embraced by civil society towards creating more equal communities/ societies according to their culture and traditions.**

4.11   "Empathic Engagement" and "continuum of care": A Restorative approach to Trauma Recovery

When designing and implementing Trauma recovery interventions, Jolly's (2017) concept of empathic engagement ensuring "a continuum of care" is essential for effective interventions and real changes at individual, communal and institutional levels. The framework above needs to be understood in a context where individuals, communities and institutions interact in societies. In conflict scenarios all levels are affected by trauma. These three levels interlink involving a variety of actors and stakeholders who may play a part in some way or other in interventions to address the issue of this study. The circles below show the connection between the individual, communal and

institutional levels in a society. As mentioned before, what takes place at individual level has an impact at community level. If violent conflict affects individuals, societies are also affected. And, institutions, governance structures are also touched. Looking for effective ways to deal with the situation, considering interventions in one of the levels separately, might not be the most effective way to reach lasting solutions. A question here is, if by having interventions to address the individual's needs only, would changes at social communal level be reached?

When addressing the issue of collective trauma, isolating each level will not help in having an impact in reverting or transforming trauma wounds. Therefore, any decisions made to address the impact of collective trauma need to bear in mind that the actions or measures devised and implemented are connected with individual and communal dynamics, respond to their needs, and respect cultural traditions, and have the full support of the governance structures in place. Thus, considering the importance of rebuilding trust is at the very core of building peace. Top down institutional initiatives would not fully work without having empathic engagement and a sustained support towards grassroots individuals, communities, and social movements. Bottom up approaches are essential. This is confirmed by Corry in the foreword at the beginning of this research. However, the concept of empathic engagement suggest a two way relationship bottom up and top down where strong values of inclusion, participation and solidarity inspire policies which are implemented with openness and commitment of the grassroots and vice versa, where initiatives of the grassroots are also well received by governing bodies. The graphic below aims at showing this point of view.
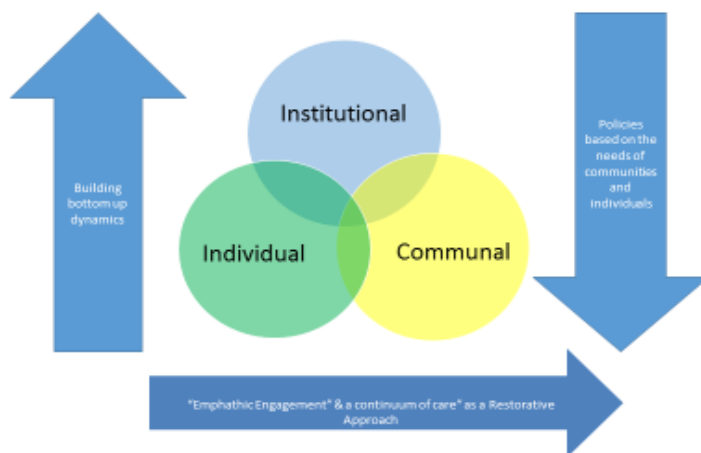
V. CONCLUSIONS AND RECOMMENDATIONS

Conclusions

This Scoping Study confirms the existence of extensive research on the relevance of addressing the issue of trauma in conflict scenarios at individual and collective levels.

While the study of individual trauma has been covered by various disciplines such as psychology, and counselling psychotherapy, peace and social psychology, history, geography, anthropology, Arts and sociology, more work remains to be done in the area of collective trauma, as huge swathes of humanity are confronted at communal level with daily and historical, inter-generational trauma.

A literature review and case studies confirm the fact that the body and mind carry the memories and impact of trauma and that individual healing is key for generating healing processes at the collective level. While studies show the imminent impact of trauma at individual level - the focus is placed on the impact of trauma affecting individuals' physical and mental health. Some evidence was found about the breakdown of the social fabric that occurs in the context of violent conflict. Women play a key role in conflict and post conflict scenarios. In particular, emphasis is made on the need to address trauma in women affected by violent conflict including sexual and gender based violence. Abozaglo and Sullivan's cases studies confirm this as, communities have demonstrated to have some capacity to hold those affected by conflict, and sustain meaningful and effective healing processes when willing and ready.

The concept of Continuous Stress Disorder helps to resolve the debate regarding defining trauma as individual PTSD manifestations. Medicalising trauma does not help to make visible the real impact of trauma at social and collective levels. Focusing on approaches that deal with the individual physical and emotional manifestations of trauma; namely psychological/cognitive approaches such as counselling and therapy reveal limitations when used on their own without checking if they are culturally appropriate, but it is the political, societal and cultural nature of the trauma itself, as well as its recovery, that is most important. Combined approaches including: Psychotherapy, counselling, arts, energy psychology methods and other energy medicine have proved to be successful, effective, and suitable for groups of various cultures worldwide. Most recently community psychology, liberation psychology and eco-psychology enforce the use of interdisciplinary approaches to address the topic of this study.

There is consensus about the cultural nature of trauma and how most effective approaches to deal with it at individual and collective levels consider culture as a high priority. However, the challenges encountered include the use of methodologies which are not culturally grounded and that could potentially cause re-traumatisation. In other cases, methodologies may need to be carefully tested in terms of their suitability in particular cultural settings. Well-guided preparation to introduce participants before immersing in any healing process is essential for the success of methodologies

used and to enable participants to be ready, to be present to take part and/or share their experiences, ensuring that the process does not recreate re-traumatisation.

Gaps are found in implementing effective measures in the peacebuilding and development fields and in having sufficient support structures within organisations and institutions (human and financial) to support staff and target groups affected by violent and traumatic events. Creating best conditions for professionals working in areas of violent conflict is required to prevent them being affected or exposed to secondary trauma – also called 'vicarious trauma' or 'compassion fatigue'.

The concept or "root-shock" confirms the impact of violence in the individual and collective lives of people at systemic level. All case studies show how social dynamics in communities and societies are affected by violent conflict, creating polarisation and divisions based on fear, mistrust, feelings of revenge and hatred among others. However, more investigation is needed to understand in more depth how social and community dynamics are affected by trauma in the collective sphere, and the direct consequences of not addressing this issue. The MBBI case study, in particular, confirms this issue. Therefore, restoring social fabric is a primary task in order to address the wounds and legacy of violent conflict, revert patterns of violence and prevent violent responses to conflict from prevailing. Further studies would be useful to determine how trauma affects communities within their own culture and how the various approaches identified can help to make restorative processes most effective at collective/ communal levels.

Unaddressed collective trauma poses serious risks to lasting and sustainable peace, threatening conflict intervention and peacebuilding strategies, including prevailing patterns of violence, transmitting them to future generations and/or developing new ones such as increasing domestic violence, youth gangs' criminal activity and other forms of violence.

Case studies demonstrate the powerful role of Arts and culture in creating conducive environments for trauma recovery and social healing at individual and group/collective levels, fostering core values of trust, solidarity and respect, expression and active listening, inclusion, connectedness and participation. Dance and body movement, as well as rituals, singing and poetry can be very effective in preparing the ground for vocal expression and storytelling. Further research could help to have a clearer understanding of how the approaches identified in this study can create trauma recovery at the social level in specific cultural settings, and how methodologies addressing trauma at the individual level relate to social healing.

Most importantly, however, broadening out the concept of collective trauma to include social and political variables such as culture, gender equality, power dynamics and discrimination is key to making visible the actual root causes of conflict often linked to poverty, power imbalances, gender inequality, and discriminations, as well as finding the most effective approaches to deal with it and prevent transgenerational transmission. Further research on this issue could help to understand collective trauma and its impact on social dynamics in different cultural settings.

This scoping study confirms the relevance of addressing secondary trauma or compassion fatigue in conflict intervention practitioners including all professionals working in the development, peacebuilding and peacemaking professions. Relevant research, debates, a variety of approaches and resources suggest recognising the symptoms and dealing with them promptly.

All approaches presented to deal with collective trauma confirm the importance of thorough needs assessment within communities, towards **creating genuine and culturally grounded trust building platforms** for those affected to be able to dialogue, be and share within communities affected by collective trauma.

Recommendations

To Academia:

Creating awareness and knowledge on Collective Trauma through delivering Trauma Sensitive Mediation and Peacebuilding Programmes. This includes the development of theoretical understanding and a culture and practice of self-care among practitioners, in order to address and prevent the negative impact of secondary, vicarious trauma or "compassion fatigue". These include all involved in the medical professions: medical doctors and nurses; development practitioners; social workers, journalists, teachers, human rights defenders, social leaders, peacemakers and peacebuilders working in conflict scenarios. Foster study groups and networks to promote reflection, exchange and sharing of knowledge and experiences to deepen awareness and understanding on this issue.

Further applied research is recommended in order to deepen knowledge and fill in existing gaps and challenges encountered:

1) Increase the understanding of conflict intervention practitioners on how trauma affects community/social structures at community/societal levels; and what ways, strategies or methodologies work better for each culture and why.
2) Continue studying the application and impact of Art forms in social transformation and trauma healing in communities;
3) Identify what approaches work best, with an impact on the physical and emotional body, as well as positively affecting the communal, social/institutional dynamics.
4) Map out and document the changes that the approaches used are generating at social and community level.
5) Monitor manifestations of transgenerational trauma and suggest adequate actions to address these.

To Development and Peacebuilding Organisations and All Conflict Intervention Practitioners:

All efforts in development, peacemaking and peacebuilding – as well as peacekeeping and humanitarian assistance – should address **the emotional needs of populations affected by violent conflict, in particular women and children** by supporting culturally grounded initiatives that strengthen and open up civil society space. Promoting the creation of platforms for dialogue and trust building initiatives using culturally grounded and interdisciplinary approaches including rituals, spaces and places for sharing, being together, and being able to express grief. Counselling and psychotherapy should ONLY be used after serious assessment on their accuracy, cultural suitability and acceptance by the community where this will take place; and combined with other creative approaches with the consent of participants.

Address compassion fatigue and taking preventative measures through mainstreaming self-care and wellness practices among their Staff and all stakeholders operating in areas of violent conflict.

To Government Education and Health Institutions, Decision Makers and Influencing Bodies:

Measures to tackle the root causes of conflict and its impact including development, humanitarian and peacebuilding efforts should factor in the emotional needs of individual and communities at grassroots level as part of the fulfilment of human rights, in particular the rights of women (UN Res 1325/ 1820) and children.

Ongoing Institutional commitment and support is needed to address the impact of trauma at individual and collective levels using combined approaches. Policies and legislation are required to address this issue not only at individual level but also at social level.

Monitor manifestations of transgenerational trauma at collective level and look for the best and most effective methodologies to do so incorporating culturally grounded approaches that combine body, mind and spirit practices that are held within community spaces.

VI.   BIBLIOGRAPHY

Abozaglo, P. (2016) Dance, Resilience and Social Transformation in the Global South. Journal of Mediation & Applied Conflict Analysis, 3 (1), 80-95.

Action for Community Transformation (2015) Home. [online]. Available at: http://www.act-ni.co.uk/ (accessed 10 July 2017).

AFP (2015) South African Radicals Set British War Memorial Ablaze. The Telegraph, [online], 3 April 2015. Available at: http://www.telegraph.co.uk/news/worldnews/africaandindianocean/southafrica/11514436/South- African-radicals-set-British-war-memorial-ablaze.html (accessed 1 August 2017).

Alexander, J.C. and Butler Breese, E. (2013). Introduction: On Social Suffering and Its Cultural Construction In: Eyerman, R., Alexander, J.C. and Butler Breese, E., eds., Narrating Trauma: On the Impact of Collective Suffering. Boulder: Paradigm Publishers.

Alternatives: Victim. Offender. Community (2017) Greater Shankill Alternatives Management Committee. [online]. Available at: http://www.alternativesrj.org/local-sites-3/greater-shankill/greater-shankill- alternatives-management-committee/ (accessed 10 July 2017).

Anon. (2007) Working with Victims/ Survivors and Former Combatants of the Northern Ireland Conflict. Unpublished Notes Prepared for Glencree Submission to Eames/ Bradley Commission on the Past in 2007. s. l.: s. n.

Baird, K., and Kracen, A. C. (2006) Vicarious traumatization and secondary traumatic stress: A research synthesis. Counselling Psychology Quarterly, 19(2), 181-188.

Balke, E. (2002) Trauma and Conflict Prevention: A Critical Assessment of the Theoretical Foundations and Contributions of Psychosocial Projects in War-torn Societies. Development Studies Institution of London School and Economics and Political Science. [online]. October, 2002. Available at: http://www.lse.ac.uk/internationalDevelopment/pdf/WP/WP37.pdf (accessed 27 March 2017).

BBC News (N.d.) The Search for Peace: Gary McMichael. [online]. Available at: http://news.bbc.co.uk/hi/english/static/northern_ireland/understanding/profiles/gary_mcmichael.stm (accessed 10 July 2017).

Brady, J. L., Guy, J. D., Poelstra, P. L., and Brokaw, B. F. (1999) Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: A national survey of women psychotherapists. Professional Psychology: Research and Practice, 30(4), 386-393.

Cane, P. M. and Revtyak, K. L. (2016) Refugee Accompaniment: Capacitar Practices of Self-Care and Trauma Healing for Refugees and Those Who Walk with Them. Soquel, California: s.n.

Cambridge Leadership Associates (n.d.) Adaptive Leadership [online]. Available at: http://cambridge- leadership.com/adaptive-leadership/ (accessed 10 July 2017).

Chouliara, Z., Hutchison, C., and Karatzias, T. (2009) Vicarious traumatisation in practitioners who work with adult survivors of sexual violence and child sexual abuse: Literature review and directions for future research. Counselling and Psychotherapy Research, 9(1), 47-56.

Clancy, M. A. and Hamber, B. (2008) Trauma, Peacebuilding, and Development: An overview of key positions and critical questions. Unpublished paper presented at: Trauma, Development and Peacebuilding Conference. New Delhi, India, 9-11 September 2008. [online]. Available at: http://www.incore.ulst.ac.uk/pdfs/IDRCclancyhamber.pdf (accessed 10 July 2017).

Cleveland, B. (2000) Art in other places: Artists at work in America's community and social institutions.

Amherst, MA: Arts Extension Service Press.

Cohen, S. (1973) Folk Devils and Moral Panics: The Creation of the Mods and Rockers. London: Paladin.

Coleman, K. (n.d.) Coping with Childhood Trauma: Art as a Policy Strategy. Research to Practice Policy Briefs, Policy Brief No. 5. s. l.: Institute for the Study of International Development.

Condon, J. R. and Cane, P. M. (2011) Capacitar: Healing Trauma, Empowering Wellness: A Multicultural Popular Education Approach to Transforming Trauma. Santa Cruz, California: s.n.

Cordero, M. (2014) A Guide for Mental Health Practitioners Working with Collective Trauma Victims from Latin America: An Experimental Approach. Clinical Dissertation, Pepperdine University: ProQuest LLC, U.S. Graduate School of Education and Psychology.

Corry, G. (2013) Ireland. Finding Meaning: Melting the Stone in Relational Disputes In: Le Baron, M. McLeod, C. and Floyer Acland, A. eds. (2013) Choreography of Resolution. Chicago: ABA Publishing p.179- 196.

Criminal Justice Inspection Northern Ireland (2016) Resolve Restorative Justice Scheme: A Pre-Accreditation Inspection Report. [online]. Available at: http://www.cjini.org/getattachment/fa8d6c2d- da2a-4816-916b-0bf3fade6450/Resolve-Restorative-Justice-Scheme.aspx (accessed 10 July 2017).

De Vries, J. and de Paor, J. (2005) Healing and Reconciliation in the L.I.V.E. Programme in Ireland. Peace & Change, 30(3), 329-358.

Eden, D. (n.d.) What is Energy Medicine? [online]. Available at: http://www.innersource.net/em/about/energy-medicine.html (accessed 1 August 2017).

Elwood, L. S., Mott, J., Lohr, J. M., and Galovski, T. E. (2011) Secondary trauma symptoms in clinicians: A critical review of the construct, specificity, and implications for trauma-focused treatment. Clinical psychology review, 31(1), 25-36.

Epic: Ex Prisoners Interpretive Centre (2017) Welcome to EPIC. [online]. Available at: http://www.epic.org.uk/ (accessed 10 July 2017).

Etherington, K. (n.d) Narrative approaches to Case Studies. [online] Available at: https://www.keele.ac.uk/media/keeleuniversity/facnatsci/schpsych/documents/counselling/confe rence/ 5thannual/NarrativeApproachestoCaseStudies.pdf (accessed 1 August 2017).

Figley, C. R. (1983) Traumatic Stress and the Role of the Family and Social Support System. s.l.: Serco Marketing.

Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In: Stamm, B.H., ed. (1995) Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, and Educators. Baltimore, MD: Sidran Press, 3-28.

First Fortnight: The Art of Mental Health (n.d.) Centre for Creative Therapies. [online]. Available at: http://www.firstfortnight.ie/art-therapy/ (accessed 1 August 2017).

Fullilove, M. (2005). Root Shock: How Tearing Up City Neighborhoods Hurts America, and What We Can Do About It. London: One World/Ballentine.

Garrigues, L. (2013) Slave and Slaveholder Descendants Break Free of History's Trauma – Together. YES! Magazine: Powerful Ideas, Practical Actions [online]. Available at: http://www.yesmagazine.org/issues/love-and-the-apocalypse/free-yourself-from-the-past (accessed 29

March 2017).

Gentry, J. E., and Baranowsky, A. B. (in press, 2013) Compassion fatigue resiliency – A new attitude.

Manuscript submitted for publication. s.l.: s.n.

Gilligan, J. (2001) Preventing Violence. London: Thames & Hudson.

Gilligan, J. (2011) The Interpretation of Violence In: Williams, P. (2011) Aggression: From Fantasy to Action. London: Karnac Books. Ch. 4.

Glencree: Transforming Violent Conflict. Building Peace (N.d.) History. [Online]. Available at: http://glencree.ie/history/ (accessed 22 June 2017).

Haley, S. A. (1974) When the Patient Reports Atrocities: Specific Treatment Considerations of the Vietnam Veteran. Arch Gen Psychiatry, 30(2), 191-196.

Hanisch, Carol (1969) The Personal is Political. [online]. Available at: http://www.carolhanisch.org/CHwritings/PIP.html (accessed 10 July 2017).

Herman, J. (1992) Trauma and Recovery. New York: Basic Books.

Housing Executive (2017) "Housing Hero" Jim is an Inspiration. [online]. Available at: http://www.nihe.gov.uk/news-housing-hero-jim-is-an-inspiration (accessed 10 July 2017).

Krieg, A. (2009) The Experience of Collective Trauma in Australian Indigenous Communities. Australas Psychiatry, 17(1), AP S28 – AP S32.

Lange, M. and Quinn, M. (2003) Conflict, Humanitarian Assistance and Peacebuilding: Meeting the Challenges. London: International Alert.

Lederach, J. (1995) Preparing for Peace: Conflict Transformation across Cultures. s. l.: Syracuse University Press.

Lederach, J. P. and Lederach, A. J. (2010) When Blood and Bones Cry Out: Journeys through the Soundscape of Healing and Reconciliation. Queensland, Australia: University of Queensland Press.

Leonard, J. (1997) Memorials to the Casualties of the Conflict: Northern Ireland 1969 to 1997. [online]. Available at: http://cain.ulst.ac.uk/issues/commemoration/leonard/leonard97.htm (accessed 1 August 2017).

Lifton, R. J. (1973) Home from the War: Vietnam Veterans: Neither Victims Nor Executioners. New York: Simon and Schuster.

Loyalists. (1999). [Documentary] Directed by Peter Taylor. United Kingdoms: BBC.

Manjoo, R. and McRaith, C. (2011) Gender-Based Violence and Justice in Conflict and Post-Conflict Areas. Cornell International Law Journal, [online]. 44, 11-31. Available at: http://www.lawschool.cornell.edu/research/ILJ/upload/Manjoo-McRaith-final.pdf (accessed 24 March 2017).

Marich, J. (n.d.) Post-Traumatic Stress Disorder: Trauma's Physical and Emotional Toll on the Body. [online]. Available at: http://gracepointwellness.org/109-post-traumatic-stress-disorder/article/55762- traumas-physical-and-emotional-toll-on-the-body.

McGoldrick, M. and Walsh, F., eds. (2004) Living Beyond Loss: Death in the Family. New York: W. W. Norton & Company.

McKay, S. (1998) The Effects of Armed Conflict on Girls and Women. Peace and Conflict: Journal of Peace Psychology, [online]. 4(4), 381-392. Available at:

http://www.tandfonline.com/doi/pdf/10.1207/s15327949pac0404_6 (accessed 10 July 2017).

McKay, S. ed. (2016) Healing the Wounds of War: Narratives of Women from Armed Conflict. Dublin: Wezesha.

McKeown, G. (2016) Domestic Abuse in Northern Ireland at Highest Rate in Over 10 Years. The Irish News, [online], 25 November 2016. Available at: http://www.irishnews.com/news/northernirelandnews/2016/11/25/news/domestic-abuse-in-northern- ireland-at-highest-rate-in-over-10-years-801762/ (accessed 17 August 2017).

McNamara, R. S. and VanDeMark, B. (1995) In Retrospect: The Tragedy and Lessons of Vietnam. New York: Vintage Books.

Mitchell, G. (2017) Keynote Address at Conference Addressing Northern Ireland's Lessons for Israeli-Palestinian Peace, 13 March 2017, Washington, D.C. Available at: https://www.usip.org/events/northern- irelands-lessons-israeli-palestinian-peace (accessed 10 July 2017).

Neill, R. N. (2015) Facebook Event, Galway Dance Days: Corp_Real festival 'Bodies in Conflict' March 27- 29, 2015. [online]. Available at: https://www.facebook.com/events/1051881311495786/?ref=1 (accessed 19 July 2017).

Nicosia, G. (2004) Home to War: A History of the Vietnam Veterans' Movement. New York: Carroll & Graf.

Novakovic, C. (n.d.) Peacebuilding and Trauma Trasformation. Is sustainable peacebuilding possible without addressing and transforming trauma? Global Education Magazine, [online], n.d. Available at: http://www.globaleducationmagazine.com/peacebuilding-trauma-trasformation-sustainable-peacebuilding-addressing-transforming-trauma/ (accessed at: 8 March 2017).

Parkin, B. (n.d.) El Lugar de la Memoria: Remembering Peru's Violent Past. Culture Trip [online]. Available at: https://theculturetrip.com/south-america/peru/articles/el-lugar-de-la-memoria-remembering-peru-s- violent-past/ (accessed 10 July 2017).

Ó Conchúir, F. (2016). Bare Bodies: *The Casement Project* as a Choreography of Visibility. Lecture delivered for 'Mapping Spectral Traces 8: The Place of the Wound' symposium: 18 October, Maynooth University. Available at: https://theplaceofthewound.wordpress.com/provisional-programme/.

Pearlman, L. A., and Mac Ian, P. S. (1995) Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. Professional psychology: research and practice, 26(6), 558-565.

Pease, M. (2015) Post-traumatic stress (PTSD) (cont.). [online]. Available at: http://www.emedicinehealth.com/post-traumatic_stress_disorder_ptsd/page3_em.htm (accessed 14

July 2017).

Rankin, E. (2013) Creating/Curating Cultural Capital: Monuments and Museums for Post-Apartheid South Africa. Humanities 2013 [online] 2(1), 72-98. Available at: http://www.mdpi.com/2076-0787/2/1/72 (accessed 1 August 2017).

Reilly, I., McDermott, M. and Coulter, S. (2004) Living in the Shadow of Community Violence in Northern Ireland: A Therapeutic Response In: Boyd Webb, N., ed. (2004) Trauma and Violence: Helping Families and Children Cope. New York: Guilford Press. Chapter 14.

Rhead, J. (2011) Interview with Vamik Volkan, n.d. [emails].

Ruta Pacífica De Las Mujeres (n.d.) Ruta Pacífica De Las Mujeres [online]. Available at: https://www.rutapacifica.org.co/ruta-pacifica (accessed 1 August 2017).

Sklarew, B., Twemlow, S., and Wilkinson, S., eds. (2004) Analysts in the Trenches: Streets, Schools, War Zones. Hillside, NJ: Analytic Press.

Sprang, G., Clark, J. J., and Whitt-Woosley, A. (2007) Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. Journal of Loss and Trauma, 12(3), 259-280.

Stephens, A. (n.d.) Digital Art and Soul: The Center for Digital Storytelling Teaches Thousands Nationwide How to Edit Videos and Make Sense of Their stories. The Monthly: The East Bay's Premier Magazine of Culture and Commerce, [online], n.d. Available at: http://themonthly.com/up-front-08-08.html (accessed 10 July 2017).

avaana (n.d.) How the Women of Liberia Fought for Peace and Won. [online]. Available at: https://tavaana.org/en/content/how-women-liberia-fought-peace-and-won (accessed 1 August 2017).

Till, K. (2010) Mapping Spectral Traces In: Till, K., ed. (2010) Mapping Spectral Traces 2010. Blacksburg: Virginia Tech College of Architecture and Urban Studies Virginia Tech, 1-4.

Tippett, K. (2017) How Trauma Lodges in the Body, On Being [podcast], 9 March 2017 Available at: https://onbeing.org/programmes/bessel-van-der-kolk-how-trauma-lodges-in-the-body/ (accessed 1 August 2017).

UN Security Council, Security Council resolution 1325 (2000) [on women and peace and security], 31 October 2000, S/RES/1325 (2000).

Van der Kolk, B. (2014) The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. New York: The Penguin Group.

Vicario, M. (2017) Dancing with Trauma: A Psychosomatic Exploration of Dance Movement Therapy and Trauma Release. Unpublished Masters of Arts in Counselling Psychology, Carpinteria, CA: Pacifica Graduate Institute.

Volkan, V.D. (2000) Traumatized Societies and Psychological Care: Expanding the Concept of Preventative Medicine. Mind and Human Interaction, 11(3), 117-194.

Volkan, V. (2008) Trauma, Identity and Search for a Solution in Cyprus. Insight Turkey, 10 (4), 95-110.

Walshe, B. and Corry, G. (2008). Glencree Survivors and Former Combatants In: Lessons Learned from an Era of Work 1994-2007. Unpublished Report. s.l.: s. n.

Watkins, M. (2016) Una nueva geografía para vocaciones en Psicología: Creando los roles que tu comunidad y bioregion necesitan. [Online]. Available at: http://mary-watkins.net/wp-content/uploads/2016/11/Una-Nueva-Geografia-edicion-es.pdf (accessed 1 August 2017).

Wessells, M. (2008) Trauma, Peacebuilding and Development: An Africa Region Perspective. Unpublished paper presented at: Trauma, Development and Peacebuilding Conference. New Delhi, India, 9-11 September 2008. [Online]. Available at: http://www.incore.ulst.ac.uk/pdfs/IDRCwessels.pdf (accessed 15 Feb. 2016).

Wesley-Esquimaux, C. C. and Smolewski, M. (2004) Historic Trauma and Aboriginal Healing [online] Ottawa, Ontario: Aboriginal Healing Foundation. Available at:
http://www.ahf.ca/downloads/historic- trauma.pdf (accessed 1 August 2017).

Wikipedia (6 March 2017) Commission for Reception, Truth and Reconciliation in East Timor. [Online]. Available at:
https://en.wikipedia.org/wiki/Commission_for_Reception,_Truth_and_Reconciliation_in_East_Timor (accessed 10 July 2017).

WinterSoldier.com (2017) The Winter Soldier Investigation. [Online]. Available at: http://wintersoldier.com/ (accessed 10 July 2017).

Zelizer, C. (2008) Trauma Sensitive Peace-Building: Lessons for Theory and Practice. Africa Peace and Conflict Journal, [online] 1(1), 81-94. Available at: http://activity.scar.gmu.edu/article/trauma-sensitive- peace-building-lessons-theory-and-practice (14 November 2016).

VII.   CONTRIBUTORS

PATTY (Patricia) ABOZAGLO

Patty is Adjunct Faculty at Maynooth University - Edward M. Kennedy Institute for Conflict Intervention (EMKI). She is a Peruvian Human Rights lawyer and certified mediator by the Mediators institute of Ireland. Patty holds a MA in Development Studies- Kimmage Manor Development Studies Centre with a thesis on the role of NGOs in peacebuilding in Colombia (Hons). She has many years of experience in international development in Ireland and internationally. As a tutor of the Capacitar International Programme and Laban Dance and body movement, she has been using these innovative approaches for empowerment and wellbeing in development and peacebuilding work in Ireland and various countries of Africa, Asia and Latin America. After leading the Capacitar and Laban Dance Peace and Wellness Project in Peru and Colombia (2013- 2014), she has been involved in various programmes and activities of the EMKI including; lecturing and tutoring in the Mediation Programme, the International Peacebuilding course, the Conflict Analysis course, and this research project. She represents the EMKI in the Social Transformation Through Arts Project (STIAS) led by British Columbia University, Canada. She currently chairs the EMKI Trauma in Conflict Group.

GEOFFREY CORRY

Geoffrey was one of the first accredited Practitioner Members of the Mediator's Institute in Ireland in 1996. He started his mediation training with Community Boards (San Francisco) and the Mennonites in 1986 and has continually updated his skills by attending many training courses and conferences on an annual basis in the USA, Canada, Ireland, UK and other European countries over the years. He has been trained in family mediation 1989 by John Haynes (New York), in commercial mediation 1996 by CEDR (London), in environmental facilitation 1998 by the Consensus Building Institute (Boston), and in victim-offender mediation 2008 (David Gustafson) and peacemaking (through various bodies since 1974). He teaches on the Diploma / Masters in Mediation & Conflict Intervention at NUI Maynooth Edward M. Kennedy Institute for Conflict Intervention.

 JENNIFER FEAGLEY

Jen worked as a Research Assistant with the Kennedy Institute in 2017. A native of Pennsylvania, she is in the final stages of obtaining a Psychology Degree from Elizabethtown College. Jennifer hopes to complete a Doctorate of Psychology in the near future. Her research interests include transgenerational trauma and clinical psychology where she hopes to make a career going forward.

LISA FLIEGEL

Lisa is an international trauma specialist and American/Israeli writer based in Boston. Decommissioning, an adapted excerpt from her book, will appear in the upcoming issue   of the Palestine Israel Journal. Another excerpt, Good Night Mr. Wiesel, appeared recently in The Boston Globe Magazine. Lisa is a special clinical consultant to The Louis D. Brown Peace Institute, a grassroots non-profit serving survivors of victims of homicide. Following the Boston Marathon Bombing, she worked with The Israel Trauma Coalition to provide services to Boston residents and was the featured trauma expert in a BBC broadcast following the bombing. Lisa came of age at Kibbutz Ketura, a central spot on the migratory route on the Syrian African Rift Valley. Her undergraduate degree in Hebrew Literature from the Tel-Aviv Teacher's Seminary informs her writing with a bi-lingual, multi-cultural perspective. In 1996, she founded the Arts Incentives Programme (AIP) at McLean Hospital in Belmont, MA. AIP was recognized by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) for its success in reducing disparities in minority contact in the Juvenile Justice System. In April 2015, she published a chapter on her programme model, titled 'Good Looking Out', in Latanya: Gangs, Girls and Guns, Workbook & Leader's Guide (Ed gaskin, The Latanya Series). Lisa's current book Here but Often There: The Clinical Adventures of a Bullet Proof Therapist is the interface of narrative journalism, clinical insights, and memoir. These narratives of healing are drawn from her work in three disparate places that have faced seemingly intractable pain and conflict: inner-city Boston, Israel/Palestine, and Northern Ireland. It is at the intersections of these conflict zones that examples of positive change emerge.

MARY JO HARWOOD, LSW, DNCCM

Mary Jo has spent over 30 years addressing the impacts of unrecognized and unresolved trauma on communities and individuals experiencing prolonged violence. She has trained nationally and internationally on the impact of trauma. Her experience with incidents of mass casualty and sexual assault survivors provides the expertise necessary to remove trauma as a barrier to sustainable peace and community cohesion. A member of Mediators Beyond Borders International since 2007, she has applied her expertise through work with child soldiers in Liberia, Pastoralists in Kenya, technical assistance to USAID-funded TOLERANCE project, a multiyear programme to increase religious coexistence and reduce election violence in six states of Northern Nigeria. Advised local and international partner organisations on curriculum and intervention methods, appropriate for lay counsellors and community members, to build resilience to the traumatic effects of terrorist activity against communities. She is currently co-leader of the South Sudan team developing programmes to address the impact of trauma on youth and women. Mary Jo led the development of MBBI's Trauma Informed Peacebuilding and Development Assistance (TIPDA) programme and services. She is currently serving as coordinator, trainer and consultant of TIPDA. Her expertise in trauma recovery has   been used in numerous newspaper articles, radio and television news reports. She is

a member and recognized Diplomat of the American Academy of Experts in Traumatic Stress and the National Centre for Crisis Management. Mary Jo is currently the sole proprietor of Resilience Resource, LLC.

DR.GLENN MASON

Dr Mason is a HCPC Registered Counselling Psychologist and a Registered Accredited Member of the British Association of Counselling and Psychotherapy. He has been working within the helping profession since 2001 in a variety of settings – youth and community development, criminal justice, residential social work and the NHS. Due to the nature of his work, he has extensive experience in working with clients presenting with trauma. More specifically Dr Mason has worked within a specialist psychology service providing psychological interventions to military veterans' in England. Since March 2017, he has been working at the Ulster Hospital, in Belfast Northern Ireland in the Chronic Pain Service within their Clinical Psychology Department. Dr Mason also works in private practice with specialist interest in trauma, sexuality and narrative research. He is also a regular contributor to local, national and international media around psychology and mental health.

THÉOGÈNE (TOTTO) NIWENSHUTI

Théogène was born in Rwanda, in the Great Lakes and East African Regions. He survived genocide and war and has dedicated himself to peace and human right activism, conflict and genocide awareness, healing, education, prevention and research. He is an international facilitator, speaker, artist, coach, consultant and a university visiting lecturer. He completed his MA (cum laude) at Wits University in Johannesburg and he is currently pursuing his doctoral studies. Contact details: +27 761 537 462. Theogene.niwenshuti@gmail.com Publications: Niwenshuti, T., 2013 .Dance as a communication tool to address intergenerational trauma for a healthier psychosocial environment in Rwanda and the Great Lakes of Africa. Published in H. Barnes (ed.), Arts Activism, Education and Therapies. Transforming Communities across Africa, pp. 29-37, RODOPI. Niwenshuti, T., 2012, Bringing color into life again, Über(W)unden-Art in Troubled Times, pp 70⬜79, Goethe Institut, Jacana Media, Johannesburg.

LYNDA SULLIVAN

Lynda is an environmental and human rights activist and writer, born in Ireland and widely travelled. She spent three years working in human rights organisations in Ireland north and south (Human Rights Consortium and Amnesty International Ireland). She spent four years accompanying the indigenous peasant communities of Cajamarca, in

the northern Peruvian Andes, in their land and water rights campaign. This included being involved in local campaigning activities as well as being a contact for Amnesty International, Frontline Defenders and other human rights organisations on the ground. She worked as a freelance journalist during this time, and her articles were published in various international publications and academic journals. She also organised and co-facilitated a group therapy project for women traumatised either through the loss of a child by police violence or by the eight month militarization of their communities. Lynda facilitated a women's group whose aim was to educate themselves and other women on their rights and those of their families and communities. For the past year and a half she has been involved in the organisation Bibliotecas Rurales de Cajamarca (Rural Libraries of Cajamarca) which works to strengthen and rescue the indigenous Andean tradition, using the book as a tool. For the past two years she has also been involved in the Escuela Democrática de Huamachuco (Democratic School of Huamachuco) as a guide and has facilitated children's learning of diverse topics, from human rights to Tai Chi and meditation. She has an MA in Development Studies and a BSC in Psychology.

PROFESSOR KAREN TILL

Prof. Till is a cultural geographer, ethnographer and curator who engages in collaborative research about place, memory and creative practice. Through this work, and drawing upon the insights of local knowledges, she seeks to reconsider, and thereby contribute to, political, feminist and urban theory. She received a Ph.D. in Cultural Geography at the University of Wisconsin-Madison (1996), a research M.A. in Cultural and Urban Geography (1991) and B.A. in Ecosystems (1986) at the University of California, Los Angeles. Previously she held tenured posts in Geography at Louisiana State University, University of Minnesota, and Royal Holloway, University College London, and in Urban Planning, and Government and International Affairs at Virginia Tech University. At Maynooth Geography, she is currently the Head of the Postgraduate School, and Director of the MA in Geography. She also directs the Space & Place Research Collaborative (Ireland) and is founding co-Convener of the Mapping Spectral Traces international network of artists, practitioners and scholars. Her book in progress, *Wounded City*, highlights the significance of place-based memory-work and ethical forms of care at multiple scales that may contribute to creating more socially just futures. Through geo-ethnographic research in Berlin, Bogotá, Cape Town, Dublin, Minneapolis, and Roanoke, she examines the significance of place in personal and social memory-work and an ethics of care, to address the ongoing legacies of forms of state-perpetrated and systemic violence. Her curatorial work invites artists, practitioners, community leaders, scholars and publics to explore how creative practices might enable more responsible and sustainable approaches to caring for places, shared environments and cities.

VIII.   ANNEX 1 -   Literature Review- Chronology
NEEDS FORMATTING

1895
Breuer and Freud, define the trauma to mean a psychological wound

1914-1918
During the World War I, trauma was associated with war neurosis or shell shock and seen as a personal weakness. Individuals were treated so as to learn their responsibilities and return to combat duty

1919-1929
Rudolf Laban founded a body movement practice now referred to as Laban Dance after the founder. Between 1919 and 1929 he opened 25 schools of Laban Dance

1938-1943
A new understanding of trauma emerged during World War II in which breakdowns were understood to be caused by enormous amounts of stress and were no longer viewed as personal weakness. Individuals were treated by hypnosis and talk therapy.

1950's
The study of epigenetics was founded.

1960's
The Vietnam war helped to bring attention to those soldiers suffering from post-traumatic stress disorder. PTSD would later be recognised by the DSM-III in 1980.

1976
Eric Erickson describes the impact of a man-made flooding disaster which killed 125 people, on a small community of Creek Buffalo. He was among the first to talk about collective trauma.

1980
PTSD is finally added to the DSM-III.
The term "Continuous Traumatic Stress Disorder" (CSTD) was added by mental health workers in Apartheid South Africa.

1981
Mitchell's cited in Novakovic, 2017) defines trauma as "an inter-related cluster of emotions, attitudes, prejudices and perceptual distortions that accompany most forms of conflict, and lead to its continuation and exacerbation."

1988
Patricia M. Cane founds Capacitar practices while working in Guatemala.

1990's
International Aid Organisations implemented psychosocial projects to address the impact of trauma in populations affected by complex humanitarian emergencies.

1992
Herman: Dissociation , mental detachment from one's body plays a role in developing long term

1997
Levine refers to trauma as "among the most important root causes for the form modern warfare has taken. The perpetuation, escalation and violence of war can be attributed in part to post traumatic stress."

1998
Mc Kay: women play a key role in providing a sense of family and community continuity that supports children's healing from war-related trauma.

1999
Glencree: Let's Involve the Victims Experience (L..I.V.E) programme began to address trauma in Northern Ireland using storytelling.
Yellow Brave Horse Heart: Trauma manifest in gender roles. Unadressed, it could manifest through the adoption of the oppressors' role: intimidation, manipulation, lack of respect for women.

2000
Volkan's research shows in detail what trauma in conflict scenarios does to communities/societies. It helps to differentiate how traumatic events caused by natural disaster and man-made disasters (e.g. ethnic, religious, political, social conflict, war) create different reactions in individuals and communities. Examples of the Georgia, Bosnia/Serb and Turk/Greek conflicts show the impact of violent conflict at the transgenerational level as shown later in this study. He emphasises three key needs: 1) the need for platforms of dialogue,

2) the need for special attention for those working in the caring professions such as: health workers, teachers, and social workers – and

3) the need to address compassion fatigue and vicarious trauma.

2001

East Timor: Commission for Reception, Truth and Reconciliation was set up in Comarca, former Portuguese and Indonesian prison. Today it hosts Post CAVR archive and museum open to the public.

Van der Merwe & Tracy Vienings: healing starts at individual level in order to create possibilities for interpersonal and collective engagement.

2002

Balke:political violence, namely wars and violent conflict have negative impact in people's mental health

and that the most striking feature of PTSD is the persistent and vivid repetition of a traumatic event". Not all affected by trauma in conflict settings are affected by PSTD. Women and children are particularly hit by the impact of violent conflict.

2004

Becker defines trauma as an event or several events of extreme violence that occur within a social context

Theidon's research offers an opposing view of defining collective trauma under categories of PTSD as it is "a diagnostic category which leaves insufficient space for cultural differences, the social-historic production of indisposition and the impact of racism and poverty during post conflict stages and in the wider social spectrum"

Audergon based on research carried out on the Croatian conflict, affirms that trauma has consequences for accountability and responsibility at personal and collective levels. Silence, sadness, hopelessness, loss and despair as well as revenge are symptoms that define collective trauma.

2008

Trauma, Development and Peacebuilding Conference New Delhi, India September 9-11acknowledges collective trauma in conflict scenarios e.g. in the African context.

Wessels: Unhealed traumas may contribute to ongoing cycles of violence jeopardising development and/or peacebuilding effort

Zelizer: acknowledges the lack of knowledge and awareness of the impact of trauma in peacebuilders and development practitioners. He states that stigmatisation is also a dynamic that may emerge, when the person experiencing consequences of trauma blames herself/himself for not fighting back and experiences a decrease in self-esteem and increased guilt and humiliation. Not all traumatised people experience PSTD. For those affected by it in the long term, "trauma does not recede; instead they tend to intensify and negatively affect their ability to cope with life.

2009

Krieg: Trauma does not affect everybody in the same way. , the concept of trauma has evolved in an attempt to describe the various and complex aspects of the traumatic experience. These include mass trauma, inter-generational trauma, social trauma, cultural trauma, complex trauma. The term collective trauma and mapping of its potential applications have not yet been achieved.

2010

U.S: Mapping Spectral Traces Symposium was held by Virgina Tech highlights the importance of place and memory and its relationship with trauma in conflict scenarios.It launches the Mapping spectral Spaces network.

Lederach & Lederach: Addressing trauma and reaching social healing is both a personal and collective process as healing happens at both levels.

2011

Manjoo & McRaith: Women and children are particularly hit by the impact of violent conflict. Confirm Balke (2002).

Van der Kolk: in PTSD patients, the areas of the brain responsible for language shut down in response to the traumatic experience, and have been shown in studies to shut down during flashbacks to the traumatic event and moments of emotional distress as well.

2012
Coleman: "there is growing evidence that art is particularly well-suited to address the fallout of trauma.

2013
Garrigues: the effects of collective trauma are specific and manifest as "fear, rage, depression, survivor guilt, and physical responses in the brain and body that can lead to illness and a sense of disconnection or detachment. Collective trauma can be transmitted across generations and throughout communities… Unacknowledged historical trauma can keep social activists in a cerebral, disconnected state, which has the potential to tear movements apart.
Corry: Storytelling as a restorative approach considers three very simple but profound questions; 1. What happened? 2. What were you feeling at the time? And 3. Looking back at it with distance of time, how do you see it now?

Volker Heins & Andreas Langhenol demonstrate that massive suffering of many individuals does not create collective trauma.

2014
Peru: El Lugar de la Memoria, la Tolerancia y la Inclusion Social - a museum and memorial was opened in Lima to mark the violence that occurred as a result of Shining Path terrorist period between 1980-1992.
Trauma biology research (Center for Substance Abuse Treatment, U.S., 2014) confirms that when facing individual trauma there is a "cascade of biological changes and stress responses, which are associated to PTSD, and other mental illnesses" in the short, medium and long term.
Cordero's work concludes that there is a need for research to develop trauma-informed culturally responsive interventions based on the understanding of each culture. Proposes a "guide focused on culturally appropriate treatment interventions for victims of collective trauma.
Church's studies on epigenetics show how Energy Psychology and energy medicine challenge traditional approaches as well as provide effective solutions at affordable costs for clients affected by trauma. His studies show the links between the individual and physical body and, the collective and social system. He features the Capacitar (empower in Spanish) International programme, which addresses individual and collective trauma in contexts of violent conflict

2015
Galway Dance Festival- Bodies in conflict acknowledges collective Trauma through Dance

2016
Watkins proposes the need for psychologists to widen their horizons in order to be able to effectively accompany individuals and communities, which have experienced oppression and trauma. New fields open up as community Psychology, Liberation Psychology and Eco psychology.

2017
Novakovic: based on research on the conflict in Bosnia and Herzegovina affirms that: Trauma is a cause and an effect of conflict. Hard experiences of conflict, war and trauma have inevitable and negative impact on social, economic and political life of individuals and communities, with long term effects on their function and development, creating number of dysfunctional individuals and traumatized societies. "Trauma creates not only dysfunctional individuals, it creates dysfunctional, traumatised societies, in which capacities to change and progress are inevitably affected and significantly lessen[ed]… trauma is related to relational issues and their rebuilding affecting inevitably on the whole process of building sustainable peace.
Vicario: Confirms the importance of gaining awareness of the relationship and impact of trauma in the physical and emotional body; and the role the body plays in storing emotions and experiences.

IX.   Annex 2- Methodology

This study was carried out in Ireland, at Maynooth University Edward M. Kennedy Institute for Conflict Intervention (EMKI) between October 2016 and July 2017. Between 2013 and 2016, the EMKI carried out a number of initial activities to explore the relevance of the topic regarding collective trauma in conflict scenarios. These activities were led by Adjunct Faculty Patty Abozaglo. The sequence of activities carried out is outlined below.

2013-2014:
- Capacitar and Laban Dance in communities affected by conflict in Colombia and Peru- Over 20 workshops (over 300 participants from rural and urban communities affected by conflict in Colombia (Cartagena, Cauca and Caquetá) and Peru (Celendín, Cajamarca), including internally displaced women affected by gender based violence, indigenous youth of the Nasa ethnic group (Cauca, West Colombia), women leaders of the anti-mining campaign from various countries in Latin America and local NGO members of Staff.

2014:
- Lecture at MA Mediation course. Exploration on Mediation, Trauma and body movement.
- Presented at International Mediation Conference- Workshop (jointly with Delma Sweeney), Maynooth University Kennedy Institute, September.

2015:
- Galway Dancing Days Symposium, presenting at NUIG April
- Seminar on Approaches to dealing with Trauma, organized by the Kennedy Institute, July
- Trauma in Conflict Group is set up to have two to three meetings a year.
- A website section was opened to make the Trauma work more visible.
- Represented the EMKI at the Colloquium on Social Transformation Through Arts, Stellenbosch-South Africa. Event Sponsored by the EMKI. (Dec. 15)

2016:
- Article Published: Dance and Resilience in the Global South, Journal of Mediation and Applied Conflict Analysis (Feb. 16).
- Online four-hour workshop with mediators in Peru, course organized by the Comisión Episcopal de Acción Social, CEAS (May 16) opens possibility of working in Peru.
- Guest Lecture at the Leuven Centre for Irish Studies, Leuven University, Belgium (May 16). Invited by Patrick Luyten Director of the centre. Their research focuses on the (prevention of) intergenerational transmission of trauma on both the macro and micro level – currently they are looking for funding to set up a collaborative study with

research institutes in Northern Ireland, ex-Yugoslavia, Lebanon, Israel and Spain. I also have a longstanding collaboration with several universities in Peru – studying the effects of trauma – and with Chile.

- Presenting on Trauma in conflict at Symposium Mapping Spectral Spaces - The place of the wound (October 2016) Healing Bodies, Healing Communities: Approaches to Address Collective Trauma in South America as societies transition to peace and economic stability'. This presentation looks at innovative non-verbal methodologies used in Colombia and Peru to address the legacy of conflict and its impact on entire communities and societies. Dance and body movement based techniques, used in remote parts of these two countries, recognise trauma in communities affected by conflict. The assumption here is that trauma sticks and remains in the body. Mapping the impact of conflict and violence in community life is an essential ingredient to construct lasting peace and stability.

A research Assistant, Jennifer Feagley, American Student of Psychology at Elizabethtown College, Pennsylvania, US joined the EKMI as an International Student during the summer 2017 at Maynooth University. She took part in collating information, discussing findings and shaping the final draft.

A Qualitative approach is used in this Scoping Study. Following the Web Center for Research Methods (2006), "qualitative research is exploratory and inductive by nature. *"Qualitative research relates to a "social constructivist paradigm which emphasises the socially constructed nature of reality. It is about recording, analysing and attempting to uncover the deeper meaning and significance of human behaviour and experience, including contradictory beliefs, behaviours and emotions."*

Given the nature of the topic selected, the context and its relevance, qualitative research was chosen. Data analysis followed Denscombe (2003) definition of qualitative research which "tends to be associated with words as the unit of analysis (p.232), "*with description" and a holistic perspective (p. 233) In addition to this, it refers to "researcher involvement" and "emergent researcher design"* (p.234).

Case Studies as defined by Sarantakos (1993) are whole separate units that provide information about a typical case. Taking Denscombe's (2003: 232) view, case studies could be useful to provide an "in depth account of events, relationships, experiences or processes occurring in that particular instance." However, a word of caution is mentioned regarding avoiding possible generalisations that could be made. Case studies as narrative enquiry are used as an "umbrella term which captures personal and human dimensions of experience over time, and takes account of the relationship between individual experience and cultural context" (Clandinin & Connelly, 2000 in Etherington, n.d.: 3).