



Intersections

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Over the past several years MCC's global partners have increasingly called for more support for addressing psychosocial trauma in their communities. As MCC has become more engaged with supporting psychosocial interventions, we have struggled with multiple questions. Should we understand trauma healing work primarily as peacebuilding or health initiatives? Can trauma interventions in situations of protracted violence and structural trauma be carried out in a way that goes beyond simply helping traumatized people cope to also support efforts to dismantle and transform unjust political, social and economic structures that traumatize people in the first place? When is it useful for "outsiders" to teach about trauma and when is it more appropriate for practitioners to work within their own cultural contexts? How well do trauma materials and curricula translate across contexts? When is a counseling approach most appropriate and when is a community-based awareness approach more relevant? Finally: What are we learning? What are we finding that works (and does not work) when seeking to address psychosocial trauma?

The contributors to this issue of *Intersections* respond to these questions and many more. In these articles we hear about interventions addressing long-term legacies of trauma as well as psycho-social responses to short-term emergencies. We hear stories of practitioners coming from the outside and facilitating narrative storytelling or using art to reflect a story back in new ways. We hear of practitioners from within a context naming the importance of counselors supporting clients, all of whom live within the trauma of a protracted conflict situation. We hear of curricula that have transcended cultures and contexts and have been utilized in meaningful ways and contextualized locally. Finally, we hear a challenge to better support MCC's staff and partners who are living and working in contexts of ongoing violence. We are left with a final question: How can we work to become a trauma-sensitive and resilient organization? We still have much to learn.

Krista Johnson Weicksel is MCC's Peacebuilding Coordinator.

The past is present: the historical trauma the United States does not want to talk about

“ We are the sum of all that has gone before and carry the unhealed wounds of history in our hearts, minds and even our genes.

Sharon: In my mind's eye, I see a woman working in a cotton field. It is an oppressively hot day in Lowndes County, Alabama. The woman is young—less than 18 years old. She is wearing a coarse brown osnaburg dress. Her head is wrapped. Sweat is running down her face and back. The sack she is pulling weighs more than one hundred pounds. That is half of her quota for the day. She has been picking bolls since before sunrise. Her fingers are pricked and bleeding. Her mother is working two rows over. Her husband is in the same field, but out of sight. There is a white man on a horse. He has a whip in his hand.

The woman, her mother and husband are real people. Their names are Rhody, Easter and Tom. They are my ancestors. During and after slavery, they and countless unknown siblings, children and other relatives were consigned to a societal dustbin with vicious racial slurs standing as unwritten (but often spoken) epitaphs that colored every day of their lives and mine from those times forward.

Close your eyes and see what I see. Feel what I feel when I try to fathom the moral cost of what slavery wrought. Try to feel the profound historical harm that continues to plague us in the form of racism.

Tom: I see men pull a chair to the rail of the slave ship upon which they are transporting captives from the “slave coast” of Ghana to Cuba. The year is 1790. My ancestor, James DeWolf of Bristol, Rhode Island, owns and captains this ship. He would become the most successful slave trader, and one of the richest men, in the United States. A middle-aged African woman is chained to the chair. It has been determined she has smallpox, potentially lethal to the captain, crew and other “cargo” in the hold below deck. Captain DeWolf orders his crewmen to lift the chair over the railing and push the woman into the depths of the Atlantic Ocean. She relinquishes her spirit without so much as a cry, a gag having been tied around her mouth to silence her. The story handed down is that DeWolf lamented the loss of such a good chair. This story sickens my heart.

Stories like these illumine the fact that the past is present. We are the sum of all that has gone before and carry the unhealed wounds of history in our hearts, minds and even our genes. We must confront the past because that is the only way to come to terms with the preeminent issue—racism—that is tearing our society apart today. In this article we discuss slavery's traumatic legacy, the failure of U.S. society and its educational system to grapple with this historical harm and the Coming to the Table program that seeks to acknowledge and heal wounds rooted in slavery's legacy.

Every state in the Union—and (by commission or default) every white citizen thereof—participated in and benefitted from slavery. As white people smoked tobacco, sipped rum, wore cotton clothing, drank coffee and ate peanuts, they lost sight of the fact that they were living in an economy based on the stolen labor of enslaved African people on land stolen from Native Americans. The road to culpability wended south from New York to Florida and spread westward under the cloak of

Manifest Destiny. Money trumped morals at every step of the way and was resolutely justified by religious conviction.

Well after slavery's abolition, its traumatic legacy continues to shape the United States, reflected in numerous disparities between African Americans and their white counterparts. People of color fall on the negative side of virtually all measurable social indicators. In 2014, the Pew Research Center reported that "the median white household was worth \$141,900, 12.9 times more than the typical black household, which was worth just \$11,000." Poverty rates for African Americans are more than 160 percent higher, while unemployment rates are double. One-third of black males born today can expect to go to prison in their lifetimes. Young black males have a 21 times greater risk of being shot dead by police than whites. Infant mortality is 130 percent higher for black than for white babies.

The U.S. educational system has failed to adequately confront slavery and its ongoing harm. Take, for example, a history textbook written in 1916 by Mary Simms Oliphant. Commissioned by the superintendent of education in South Carolina to update an 1860 history written by her grandfather, Oliphant posited that slavery was a "necessary but benign institution" and glorified slaveholders, depicting their victims as ignorant savages in need of Christian salvation. Oliphant credited the Ku Klux Klan with restoring "truth and justice" after the Civil War. Her retelling of her grandfather's tome was adopted by the state Board of Education. In 1932, she wrote her own history, a 432-page text that informed the public high school curriculum from that point forward. Will Moredock, a South Carolina native, recalls that his parents "used Oliphant's books in the 1930s; I used them in the 1960s." He observes that "Later editions of Oliphant's book were somewhat toned down, but this was by and large the official history of South Carolina—taught to black students as well as white—until 1984," with the state educational system thus perpetuating slavery's historical harm and preventing a serious reckoning with its traumatic legacy.

Poet and environmentalist Wendell Berry argued in a 1970 essay that racism is the "hidden wound" of the U.S.'s political body, asserting that racism involves an "emotional dynamic that has disordered the heart both of the society as a whole and of every person in the society." Sociologist Joy DeGruy shares this understanding of slavery as a traumatic wound that continues to perpetuate harm, poignantly asking: "What do repeated traumas visited upon generation after generation of a people produce? What are the impacts of the ordeals associated with chattel slavery, and with the institutions that followed, on African Americans today?"

As descendants of slaves and slaveholders, respectively, we encountered one another in 2008 as participants in a Coming to the Table (CTTT) workshop at Eastern Mennonite University in Harrisonburg, Virginia. Through CTTT we learned about "historical harm" and the transmission of traumatic legacies from one generation to the next: these understandings were deepened through participation in training organized by the Strategies for Trauma Awareness and Resilience (STAR) program. These workshops helped us make sense of our distinctive, yet intertwined, pasts. We learned about "Cycles of Violence," a theoretical construct that translates to "hurt people hurt people." We emerged from these workshops convinced that both African Americans and white Americans



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have been damaged, albeit in significantly different ways, by slavery and its ongoing legacy in the form of systemic racism and that both are in need of healing. CTTT workshops designed to confront this legacy and to foster healing push participants to engage in four main activities in this healing journey:

- Research, acknowledge and share personal, family and societal histories of race with openness and honesty.
- Connect with others within and across racial lines in order to develop deep and accountable relationships.
- Explore ways to heal together.
- Champion systemic change that supports repair and reconciliation between individuals, within families and throughout society.

Breaking free of cycles of violence and healing historical trauma take work. It requires that we transcend what we were taught in misguided history books and embrace the values we find true in our hearts. It calls on us to amend how we view and treat "others" and actively engage in changing ourselves and the society in which we live. We can either continue a legacy of racism and doom future generations to racial conflict and inequality or change the paradigm to make this a better world for all. Our hope is that when, in the words of the psalmist, "Mercy and truth are met together," then righteousness and peace will follow.

Sharon Leslie Morgan and Thomas Norman DeWolf are co-authors of Gather at the Table: The Healing Journey of a Daughter of Slavery and a Son of the Slave Trade (Beacon Press, 2012).

EMDR and trauma healing in Palestine

Palestinian society has been and continues to be profoundly shaped by the trauma of political violence, both through mass displacement in 1948 and ongoing military occupation since 1967. In 1989 the East Jerusalem YMCA, a long-standing MCC partner, founded its Rehabilitation Program, aimed at meeting the needs of the many Palestinians who sustained lifelong, disabling injuries during the first Palestinian *intifada* (uprising), including their physical, mental and livelihoods needs. Mona Zaghrouit has worked with the Rehabilitation Program since its founding. Over the past quarter century, Zaghrouit has become a leading practitioner in the Arab world of a trauma healing approach called Eye Movement Desensitization and Reprocessing (EMDR), finding EMDR to be an effective therapeutic tool in helping traumatized clients cope with and heal from traumatic incidents.

The East Jerusalem YMCA Rehabilitation Program utilizes a holistic approach to rehabilitation, supporting interventions ranging from home or school modifications for persons using wheelchairs, to vocational assessments and trainings, to awareness workshops in schools for teachers and students about how best to support classmates with physical disabilities. The program's holistic approach includes psychosocial support both for persons who are traumatized by political violence and for persons with disabilities coping with trauma.

The program started by using an eclectic approach to trauma healing, trying everything from psychoanalysis to behavioral therapy to gestalt therapy.

While each therapeutic approach had its strengths, Zaghrou and her colleagues found that the real challenge they faced came with providing clients with maintenance support that would reinforce resilience in the face of new disruptions in clients' lives. Seeking to respond to this challenge, Zaghrou started searching for approaches that would be suitable for persons living in ongoing conflict situations. This search led her to EMDR.

EMDR is an evidence-based approach designed by Francine Shapiro in 1989. The World Health Organization recommends EMDR as one of the best approaches for addressing trauma. Zaghrou explains that when people are traumatized by a specific incident, something may become stuck in their brains, and then, she continues, "the self-healing of the brain is stuck as well." In EMDR sessions clients recall and focus on distressing, traumatic images, while receiving different types of bilateral stimulation, such as side-to-side eye movements. Through these sessions, Zaghrou notes, "we try to reach the touchstone event, which may go back to childhood, and when we solve it, when we reach it, everything else will be solved or 'un-stuck' and the self-healing process of our brain will go on."

An asset of the EMDR approach is that it gives space for clients to re-live and see what happened in traumatizing incidents they underwent while allowing their brains to process those events. Zaghrou has found that EMDR is an effective therapeutic treatment for "people who did not want to speak about the details or felt there was something that they did not want to share with anybody." EMDR enables such persons to process traumatic events without talking in depth about those incidents.

As the Rehabilitation Program started using EMDR, Zaghrou encountered skeptical criticism that suggested EMDR was a Western approach that could not be applied in Palestine. Zaghrou countered that EMDR could be successfully modified for the Palestinian situation and pointed to EMDR's positive results in providing maintenance therapy to clients. Zaghrou and her colleagues were particularly struck by the positive therapeutic results they saw using EMDR. She notes that when "we (Zaghrou and her colleagues) were trained in EMDR, when we practiced it on ourselves at the beginning, we could see that it was very useful, very effective, very quick."

Zaghrou grants that using EMDR in home visit settings in Palestine poses specific challenges. Most of the Rehabilitation Program's psychological counseling work is done in clients' homes. Some clients' homes may consist of only one room. These conditions present an obstacle, because privacy is needed to carry out EMDR sessions. "With EMDR, you expect many things to come out, things that the client might not even be aware of," Zaghrou states. For that reason, "it is best to have a setting of privacy and to ensure that whatever the client sees or says will be confidential." Zaghrou acknowledged that Rehabilitation Program staff sometimes found it difficult to convey to clients' families the need for privacy. However, she continued, "when the parents and the family see the difference that it is having with their children they would voluntarily collect themselves and sit outside until the session is finished."

YMCA staff started seeing the effectiveness of EMDR through clinical observations. When visiting clients, they heard stories about how EMDR had changed their lives for the better. Zaghrou shares that she could

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“ When visiting clients YMCA staff heard stories about how EMDR had changed their lives for the better.

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see the positive impact of EMDR “in the eyes of the clients and the counselors. It is very rewarding when you succeed with a client, they can move on with their lives, they can face anything else and can handle it.”

Zaghroul notes that rural Palestinians typically do not care much about the names of therapeutic approaches: “They only know: ‘I’m not feeling well, I have symptoms, I cannot sleep and I want you to help me.’” Yet as they have started being treated with EMDR, they have begun asking for it by name. “People began asking, ‘What is this? What are you doing with me? What is the name of this?’ Then people started referring to each other as ‘EMDR.’ It was the first time that people were saying the name of the theory or the approaches that have been used.”

The Rehabilitation Program has also found EMDR effective when working with children. Staff counselors have used an EMDR-related technique called the group protocol butterfly hug and have trained school counselors in the technique through the Ministry of Education. Zaghroul has heard from several of the counselors that children will informally tell one another about the technique’s effectiveness and specifically ask counselors to do the butterfly hug with them.

According to Zaghroul, the Rehabilitation Program’s use of EMDR is not an instance of an outside intervention but rather represents Palestinians supporting other Palestinians. “It’s not that I’m coming from the outside and helping people who are suffering here,” she explains. “We are all living under what is happening, so it is not easy for us and for the counselors to do the work and to help others while we also have our own situations.” The Rehabilitation Program is accordingly intentional about caring for its counselors. They have structured retreats and stress releases to help them be more aware of potentially traumatic stresses in their own lives and of how to manage that so they will be able to continue helping others.

Zaghroul is the first Arab EMDR trainer and is now taking what the YMCA counselors have learned and accomplished using EMDR for trauma rehabilitation and sharing those learnings more broadly within the Arab world. Zaghroul says that she advises practitioners across the region to build on the YMCA’s experiences and not start from the beginning. She has recently led trainings in Lebanon, Jordan, Turkey, Libya and Iraq, as well as for Syrian refugees. “We are trying to take this approach which has proven very effective in responding to traumas, especially in ongoing situations, and show how people can use it and how they can heal the traumas of their communities with it,” Zaghroul states. “So we are not creating new things but building upon what we have learned.”

Krista Johnson Weickel interviewed Mona Zaghroul Hodali, Head of the Counseling and Services Department of the East Jerusalem YMCA Rehabilitation Program.

Understanding stories of trauma

In many cultures, including Congolese culture, storytelling functions as a means of preserving and transmitting historical memory while building community solidarity. Narrative also plays a therapeutic role in reducing the psychosocial impact of trauma by allowing individuals or groups to

tell their stories and listen to the stories of others within safe spaces (Kiser, 51). However, in some cases traumatic events are so horrific that survivors choose to suffer in silence. Fear of retribution and rejection prevent those who have experienced the trauma of rape from acknowledging the event and seeking assistance. My research with Congolese women who have been raped has underscored the key role that narrative can play in assisting rape survivors and others in understanding the trauma of rape and in helping rape survivors heal from that trauma.

Sexual- and gender-based violence (SGBV) is rampant in the Democratic Republic of Congo (DRC). A 2009 study found that 462,293 Congolese women, aged 15 to 49 years, reported having been raped within the past year (Peterman, Palermo and Bredenkamp, 2011). This stunning figure excluded girls under the age of 15 and women over the age of 49 who had also experienced this horror. Furthermore, for a number of reasons, many women choose not to report their attacks. Reporting rape too rarely ends in any form of justice for the victim and can often have negative effects, with raped women facing stigma, discrimination and retribution.

In February 2014, I collected stories from 14 women who had survived rape in the eastern DRC as part of dissertation research into trauma healing for SGBV survivors. I assessed interview data using narrative analysis techniques to identify themes that surfaced across all of the interviews, using that data to then compile one biographic narrative using the data and themes from all of the narratives. While I had planned for only ten interviews, many more women requested the opportunity to share their stories of rape and its aftermath. Nearly all of the women I interviewed expressed gratitude for the opportunity to share their stories and asked that I share their stories so that other women might find healing.

One of the primary goals of the narrative approach to trauma healing is to increase awareness of the dominant stories that shape the lives of storytellers (Bennet, 12-13). Becoming aware of these dominant narratives can assist rape survivors in identifying and developing responses that can bring healing and build resilience for individuals and communities. The narrative approach I employed in my research consisted of very loosely structured interviews. In responding to a limited set of interview questions, my informants focused on the key aspects of their own stories of rape as they experienced and remembered it. Rather than adopting a structured interview style focused on eliciting information about particular topics, I sought through more free-flowing interviews to allow my informants to identify the crucial dimensions of their experiences and memories.

The findings of my study resonated with a theory of social justice developed by Madison Powers and Ruth Faden, whose work in philosophy and bioethics has articulated how indicators of human well-being can serve as a measure of social justice. Powers and Faden have described six essential dimensions of human well-being: health (physical and mental); respect (self-respect and respect from one's family and community); reasoning (ability to engage in coherent, rational thought); attachment (presence of intimate relationships); self-determination (ability to exercise agency); and personal security. While Faden and Powers grant that one can have a decent life without having a high threshold in all six of these dimensions, they do contend that human well-being can be negatively affected by a serious deficiency in one or more of these dimensions.



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“ **Stigma toward rape victims, particularly stigma from other women, often results from a need on the part of stigmatizers to distinguish themselves from persons who have been raped.**

My research with Congolese rape survivors found that the traumatic experiences these women had undergone significantly affected their well-being in all six dimensions of human well-being identified by Powers and Faden. That said, the dimensions of well-being most adversely affected, I discovered, were attachment and respect. Though many of the women had suffered significant physical trauma, most only mentioned their physical injuries after I questioned them specifically about physical complications resulting from the attack. The majority of my interviewees, however, did highlight in their narratives the pain of rejection by their husbands and/or stigma they faced from other community members because they had been raped.

Stigma toward rape victims, particularly stigma from other women, often results from a need on the part of stigmatizers to distinguish themselves from persons who have been raped. This distinction acts as a pseudo-protective measure, cultivating the illusion that one is definitively safe from suffering the same fate as the victim (Grubb and Turner, 2012).

Trauma healing, awareness and resilience efforts aimed at addressing the particular needs of rape survivors must therefore pay particular attention to deficits in attachment and respect. My research found that narrative opportunities for rape survivors to share their stories can contribute to a reduction in the stigmatization and discrimination of rape survivors in at least two ways. First, by affirming and supporting rape survivors in exercising self-determination as they share their stories, thus building their resilience as individuals and in turn strengthening their confidence in fostering intimate attachments and building relationships. And second, by expanding and deepening family and community understandings of rape and the experiences of women who have faced it, in turn reducing the stigmatization of rape survivors. Storytelling by rape survivors thus becomes a key way of expressing and building individual and communal resilience.

Beth Good is MCC's Health Coordinator and holds a Ph.D. in Nursing.

Art as resilient practice

The arts provide time-tested techniques for recovering from the stresses and wounds of trauma. Through the arts we access and process our emotions, both individually and collectively. For longer than recorded history, art has been part of human negotiation of life experiences—more of a sacred rite than a spectacle or commodity. In this article I discuss how art functions to support trauma healing while describing my experiences with particular arts-based trauma healing projects.

Healing properties of art

In order to begin healing from traumatic events, we need to reach a sense of safety and stability. We need to stop the harm, examine and clean the wound and provide conditions under which we can heal from the deep pain of trauma. We possess an amazing ability to cope when the pain is too great, but coping is an emergency instinct, not a long-term solution. The arts can offer a sense of security by temporarily transporting us to a ritual world that transcends pain and fear. Sharing art with others also reconnects us to sources of support and security in our communities.

Dissociation and other coping mechanisms inhibit emotions, sensory processing and memory functions so that we can continue basic daily functions needed to survive. Traumatic events remain emblazoned in memory, yet our brains can block these memories and leave us feeling distant and disconnected. Simply acknowledging a traumatic experience can be a powerful step toward healing.

The process of finding the roots of our stress often requires deep self-reflection and soul-searching. The arts support this process by stimulating and integrating numerous regions of the brain simultaneously. Memory is linked to senses and emotions. Creating art is like coming home to oneself: it incorporates body, mind and spirit so we can access and address hidden emotional wounds.

The arts help us to engage our emotions and to relish what these emotions teach us. Art calls us back to our bodies and invites the most difficult emotions into the open where they can be examined. Art invites us to play with what we most fear. Poetry, in particular, allows the imagination to weave words together with feelings. Likewise, visual arts employ symbols, colors and textures to integrate aesthetics with rational thinking. Music, too, uses non-verbal expressions through rhythm, melody and sound to engage not only the mind, but also the body. This kind of holistic coordination is inherent in the expressive arts.

The arts can thus be extremely therapeutic. They can help us mourn—and celebrate—by expressing things viscerally. Thus art, music, movement and drama therapies have all become effective tools for practitioners working with traumatized individuals and communities to engage brains and bodies in regenerative processes.

Healing through song

For me, songwriting is therapeutic. When I release inhibitions, I allow emotions to find voice. The best songs come with minimal conscious interference. While the logical, rational and literal brain functions are aware and active, they allow the body, spirit and environment to lead.

Various programs enable those suffering with post-traumatic stress to use songwriting as part of their healing. In some programs, military veterans or inmates use their musical abilities to write songs or partner with professional songwriters to collaborate on compositions. Other programs, such as playback theater, involve artists listening to stories of traumatized persons, and then offering those stories back to them in art forms, allowing them to view their stories from different perspectives. I have experimented with playback songwriting. One song, “Hole in Her Heart,” represents my mother’s story of grieving following my father’s death.

Healing through storytelling

Traditional cultures recognize the need for community support and provide rituals to bring individuals back into the community after traumatic events. Such rituals offer safety, belonging, permission to mourn, mentoring, accompaniment and meaning-making structures. Storytelling is one such ritual.

Storytelling is an ancient way to communicate both positive and negative experiences. Recounting our narratives is an important part of navigating

“ The arts can offer the safety and stability needed to heal trauma by transporting us to a world that transcends pain and fear, offering a temporary reprieve.

“ Art is an ordering and meaning-making activity. Through art we reimagine and reintegrate worlds fractured by trauma.

the trauma landscape. Sharing painful stories is difficult, but it can bring validation when we feel heard and honored. Story sharing fosters a sense of connection between the protagonist and empathetic listeners. The telling and retelling of our stories can also be self-revelatory.

Music-making can be a form of corporate storytelling. Singing or drumming together creates and strengthens bonds among participants in music therapy groups. Creating music in collaboration calls for participants to engage personally and communally in the music: stating an idea, listening to the ideas of others and responding to each other, be it in unison, harmony or counter melody, expressing either dissonance or consonance. Through such collaboration, we model and practice desirable relationships.

Gradually, the stories we hold for ourselves make more and more sense to us as we regenerate our narratives. Storytelling through the arts helps us find new meaning for the past, within the present and the imaginable future. Through art we reimagine and reintegrate worlds fractured by trauma and in the process we grow more resilient. As pain subsides, we can turn our attention beyond ourselves and perhaps support others on their journeys.

Art and resilience

My own commitments to the arts and to trauma healing converged in my involvement with the Strategies for Trauma Awareness and Resilience (STAR) program in Haiti, known in Creole as *Wozo*. *Wozo* is a reed that grows wild throughout the island. It offers a wonderful metaphor for resilience. Haitians say that *wozo* can be knocked over by wind or flood, yet still right itself; *wozo* can be broken off, yet a new shoot will grow; *wozo* can be cut down to the ground and burned, yet come back stronger than ever. A Haitian proverb captures this resilience: “We are *wozo*. We bend, but we do not break.”

With support from MCC, STAR-*Wozo* began in Haiti after the earthquake that devastated the country in 2010. Jhimy St. Louis, a participant in a *Wozo* seminar I attended, composed a poem about Haitian resilience that he recited on the final day. He and others encouraged me to set the poem to music. The resulting song, “We are *Wozo*,” has become important in my collaborations with colleague Frances Crowhill Miller. (Listen: sopasol.com/music)

Frances and I, as *Sopa Sol*, are currently offering a project called *Wozo—Songs of Resilience*, in which we explore the journey from trauma to recovery through our stories and songs. Each presentation includes space for participants to enter in through their own stories of trauma and resilience. The project is customized for each group of participants and is continually transformed by the feedback we receive. This confluence of songwriting and trauma healing work seems to be an ongoing part of my story, and I am eager to find out where it will lead.

Daryl Snider is a songwriter and a graduate of Eastern Mennonite University’s Center for Justice and Peacebuilding.

Trauma awareness and resilience in Kenya

Over the past two years Kenya has been shaken by a series of violent attacks on civilians carried out by factions in Somalia's ongoing civil war. These attacks have had a traumatic impact on the communities where they were carried out. Daima Initiatives for Peace and Development (DiPaD), headed by Doreen Ruto, is a Kenyan organization that has responded to these attacks by promoting trauma healing and psychosocial resiliency techniques. This article, based on an interview with Ruto, discusses the opportunities and challenges DiPaD has experienced as it has responded to recent traumatic emergencies in Kenya.

In September 2013 an attack on Kenya's Westgate shopping mall took the lives of 67 individuals and left many more wounded. DiPaD organized workshops for caregivers and emergency first responders (Red Cross staff, journalists, military, police and pastors) in the wake of the attack. More recently, DiPaD responded to an attack at Moi University in Garrissa in April 2015 by conducting workshops for caregivers and first responders in trauma healing. DiPaD has also provided pre-deployment training in trauma awareness and psychosocial resilience for military members and their families, particularly those being deployed to high-risk areas. In all of these interventions, Ruto explains, DiPaD's efforts go beyond addressing immediate psychosocial needs, also seeking to equip individuals with tools for long-term resilience.

In the five years that Ruto has been leading DiPaD, she has utilized and adapted knowledge, skills and resources from her education at Eastern Mennonite University. As a certified trainer for the Strategies for Trauma Awareness and Resilience (STAR) program, Ruto aims to accompany trauma survivors by equipping them with "self-help" tools for coping and healing. Ruto's goal is for these tools to be part of a long-term response to trauma, as participants practice trauma healing skills with their friends and family following STAR workshops. Ruto stresses that DiPaD's approach is a long-term one, which can present challenges. Some participants in DiPaD-organized trauma awareness and healing workshops come to the program with the idea that they will be receiving therapy. The organization's training goals, however, include a more comprehensive approach to trauma that increases awareness of trauma and resilience while promoting trauma-informed dialogue.

Ruto has also grappled with adapting STAR resources, developed in the United States, for use in her Kenyan context. While Ruto appreciates efforts that STAR has made to enhance the effectiveness of its materials in multicultural settings, she finds that she must still make adaptations to account for different levels of literacy and cultural mores. As part of a recent trauma healing project in South Sudan, Ruto trained translators and local artists to work on translating STAR materials into nine of South Sudan's major languages and contextualizing visual materials in STAR manuals for the local context.

Ruto explained that over the years some of her methods have changed due to her experience with trauma work. In addition to the typical STAR training format of four-and-a-half days, Ruto has also started a learning

“ Over the past two years Kenya has been shaken by a series of violent attacks on civilians carried out by factions in Somalia's ongoing civil war. These attacks have had a traumatic impact on the communities where they were carried out. **”**

“ In the beginning, you only see ugliness, hurt, pain and darkness. Then you begin to see transformation and can recover and look toward a better future.

community to provide long-term follow-up for the trainees. She expects that after STAR trainees complete the workshop they will return to their communities, disseminate information they have learned and put their new skills into practice. She then has trainees come back together for what she calls harvest meetings to learn from one another's activities and to discuss ongoing trauma response needs, successes and struggles within their communities.

After the April 2015 attack on Garissa University that killed 147 people and injured 79 others, DiPaD received an invitation from Radio Waumini, a broadcaster affiliated with the Catholic Church, to collaborate in producing 12 hour-long radio slots to air over a three month period focusing on trauma awareness and recovery in the wake of terrorist violence. These live-broadcast programs not only educate listeners about trauma and its effects but also disseminate community-based strategies for addressing traumatic events. Ruto plans to invite survivors of the Westgate Mall attack to share personal experiences on the radio broadcast as a way to educate others.

Working as a trainer for trauma awareness and resilience is exhausting, Ruto shares, noting that few people work at trauma healing and psychosocial resilience in Kenya. Ruto observed that she has learned that she must recognize when to “step back” and be deliberate in finding time to rest and reflect. When asked about what imagery she would use to describe trauma work, Ruto said she compared it to a butterfly. “In the beginning, you only see ugliness, hurt, pain and darkness. Then you begin to see transformation and can recover and look toward a better future,” she shared. “Trauma can even help us to become better people.” Asked what advice Ruto has for other trauma practitioners, she reiterated the need to respond to immediate psychosocial needs while also working to build long-term resilience at individual and communal levels.

Beth Good, MCC Health Coordinator, interviewed Doreen Ruto, director of Daima Initiatives for Peace and Development (DiPaD).

Psychological resilience in the face of trauma

Traumatic experiences can shatter one's world and perspective on life. Even persons with healthy coping skills have areas of vulnerability. When severe adversity intersects with an area of personal vulnerability, the resulting flood of emotion can make it difficult to go on. Normally effective coping mechanisms give way to the symptoms of post-traumatic stress as a once-manageable world disintegrates and a fragmented mind struggles to regain balance. Yet, despite the very real risk of persistent post-trauma challenges, in the majority of cases people do not shatter, lose hope or require psychological interventions. Why is that? One variable is something researchers have called resilience, or the ability to adaptively cope in the face of adversity.

Resilience is a relatively new psychological construct and like with any new concept, understanding develops over time, some ideas gaining traction while others give way to richer, more nuanced conceptualizations.

Along the way, resilience has become a popular household term, often used to describe people who come through adversity relatively unscathed. Yet popular understanding has also adopted some ideas that have since been discarded by researchers. This article will explore those misconceptions and then discuss new themes in resilience research, concluding with research-based suggestions for increasing resilience.

Challenging some popular understandings of resilience

Psychological resilience is not a personality trait. There are no resilient people: rather, resilience is a context-specific response to adversity. For example, an individual may show resilience in responding to a natural disaster, but display very little adaptive coping when confronted with the loss of a loved one. Likewise, despite a life-threatening car accident, a child may show positive adaptive coping in school, but experience disabling anxiety following a frightening encounter with an aggressive dog. Context impacts resilience.

Resilience does not imply invulnerability or a lack of suffering. Consider, for example, the loss of a loved one in a house fire. Deep grief, anger, blame and loss of purpose would all be normal responses following such an event. One would expect recovery to be complex and take time, social support and new forms of meaning-making. Resilience is displayed when positive coping leads to healthy adjustment following trauma: it does not mean the absence of suffering.

Properly conceptualized, resilience does not result in self-blame. Some activists claim that self-blame is implicit in the concept of resilience. They argue that highlighting how some people can cope with a traumatic event while others do not implies that the traumatized individual is to blame or is in some way, defective. These activists further contend that focusing on individual coping and recovery depoliticizes the injustice inherent in many traumatic events such as violence against women, accidents resulting from inattention to safety standards or disasters resulting from ecological mismanagement. Instead of focusing on recovery, these activists maintain that energy should be invested in collective action to bring about justice.

While collective action is essential, the concept of resilience, properly understood, does not involve blaming the victim or depoliticizing violence. For example, just as being physically injured in the process of armed robbery might require medical treatment, so too may post-traumatic stress symptoms require psychological intervention. Yet receiving physical or psychological treatment should in no way imply that the victim is to blame or exempt the violent offender from penalty. Responses to shocks and traumas must include recovery for the survivor and action to resolve injustice.

What, then, is psychological resilience?

Psychological resilience is the normal human response to adversity. Resilience is demonstrated when a person's coping methods, although challenged, help negotiate adversity until stability is regained. Yet, if resilience is normal, why do some people struggle long-term? Everyone has areas of vulnerability, and when a shock or trauma happens to coincide with an area of vulnerability, or stressors occur too rapidly, anyone can find her normal coping mechanisms faltering, while even those who view themselves as strong can find themselves in need of help.



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Certainly, there are protective factors that increase the likelihood of resilience, including: the personality traits of optimism, hope and hardiness; the practice of healthy cognitive and self-regulation skills; positive and compassionate views of self; and the belief that one can make a difference. External factors also contribute to resilience, such as: the support of family, friends and community; access to needed material resources; and access to rescue equipment or medical aid. No single factor can predict traumatic stress symptoms or resilience. Rather, the struggle to survive and recover involves a recursive relationship among managing overwhelming emotions, remaining grounded in personal values and beliefs and garnering social support, all the while addressing physical needs.

The more stability and healthy coping practiced in normal life, the more likely the resources to cope with shocks and traumas will be available when needed. Replacing unhealthy coping methods is less problematic during non-traumatic periods of life and may well be lifesaving. Once destabilized by traumatic events, it is difficult to train the brain to start new healthy coping behaviours.

“ There are no resilient people. Rather, resilience is context-specific.

Accessing new forms of healthy coping during shocks and trauma is difficult because of the way the brain functions. During a shock, the amygdala, the part of our brain that leads to fight or flight impulses, takes over, releasing adrenaline and leaving our prefrontal cortex, or our thinking brain, underutilized. That means that during a shock the brain goes into survival mode and the part of the brain needed for complex behaviours and high-level thinking is simply not available. It is only as the brain calms, and starts releasing serotonin, that the pre-frontal cortex returns to normal functioning. As the pre-frontal cortex is reactivated, higher-level thinking and coping mechanisms are once again made available. The more habitual the coping mechanisms are, the more likely they will be activated following shocks and trauma, thus resulting in demonstrations of resilience.

In conclusion, psychological resilience is demonstrated when adaptive coping helps a person negotiate adversity toward a return to stability and recovery. Psychological resilience is context-specific and does not preclude pain and suffering. Individuals can increase the likelihood that they will be able to access resilience following shocks and trauma by incorporating healthy coping practices in daily living.

Dawn Penner is an international trauma consultant specializing in work with survivors of violence, including war, gender-based violence and natural disasters. She has worked in the Democratic Republic of Congo, Lebanon and Bangladesh.

Secondary trauma and the responsibility of organizations

The morning that my husband Joel told me he could not leave the compound for fear of getting shot and dying I knew we would not be able to finish our three-year MCC term in South Sudan. Joel and I lived in a quiet neighborhood on the outskirts of town where the sounds of drumming in the evening were far more common than gunshots. However, our two years of working as Peace and Justice Coordinators for a Catholic Diocese had exposed us to numerous stories of horror, trauma and struggle. Daily we witnessed the devastating impact that the 22-year civil war had on individuals, families and communities.

During our first months in South Sudan we visited numerous communities to learn about Sudanese perspectives on peace and justice. These visits highlighted for us the unaddressed trauma in every community. The effects of trauma could be observed in high rates of domestic abuse, poor sleeping patterns and hyper-arousal, meaning that angry disputes could quickly turn physically abusive. In order to address this trauma I was trained in basic trauma awareness and positive coping techniques that could be easily understood and passed from one person to another. While in the midst of this work I did not realize the extent to which our job and life in South Sudan, where low-level violence was an everyday reality, were affecting my own husband.

People respond to trauma differently. While our bodies will always go into survival mode during a traumatic event, how we process the event afterwards differs from person to person. It depends on our age, past experiences, level of self-awareness, support systems and knowledge of trauma. The same is true when hearing about traumatic events.

Secondary, or vicarious, trauma can develop when there has been indirect exposure to trauma through a firsthand account or narrative. The symptoms of secondary trauma may include negative changes in a person's professional conduct, their worldviews, self-capacities and sense of security. Joel's belief that it was dangerous to leave our home was one of many indicators that made me realize he was suffering from secondary trauma due to the nature of our work and that we could no longer be helpful in our peacebuilding roles.

Many organizations who work with traumatized populations are aware of their responsibilities to the people they work with and their workers. These organizations emphasize self-care for employees to reduce the risk of excess stress and burnout. Self-care, such as quality time with friends and family, rest, exercise and spiritual practices, has also been proven to mitigate the risk of secondary trauma. However, studies have shown that when workers are solely responsible for organizing and prioritizing their own self-care, these practices often fall to the wayside. This could be because workers feel that their suffering is less relevant than the people whom they are working with and therefore do not consider making time for self-care an important aspect of their jobs. Scholars have argued that these findings point to the need for organizations to consider employee self-care as an organizational, rather than individual, responsibility.

“ Secondary, or vicarious, trauma can develop when there has been indirect exposure to trauma through a firsthand account or narrative.

“ Research has found that a trauma-informed work place provides organizational, supervisory and peer support, as well as trauma-informed professional development for all staff.

Structural changes in work places to create trauma-informed environments means giving priority to worker safety. Research has found that a trauma-informed work place provides organizational, supervisory and peer support, as well as trauma-informed professional development for all staff. Support and awareness throughout the entire system of an organization creates numerous safeguards to spot early signs of secondary trauma, as symptoms can develop rapidly. Trauma-informed professional development provides employees with a framework and common language to voice their experiences and feelings. These measures increase worker satisfaction while decreasing compassion fatigue. This in turn allows workers to provide trauma-informed care to the people for whom they are working. Trauma-informed care increases trauma-informed programming, increases recovery from trauma symptoms and decreases the risk of re-traumatization. Ultimately, a trauma-informed organization will benefit from a trickledown effect for increased success in their programs.

Our experience in South Sudan showed me that I still had much to learn and understand about trauma, organizational leadership and myself. Life is not simple enough to put in place organizational policies that prevent hardship and heartache. MCC had policies to equip us with life in South Sudan's post-conflict environment. We were given scheduled rest periods out of the country, a food budget to keep us well fed and numerous talks on self-care. I had been trained in trauma awareness. Yet we still found ourselves broken, in various ways, by the work we had come to do, unable to move forward—or, at least, out of the compound. Perhaps this is the most important thing to understand about people, organizations and trauma—we break. By understanding what caused the brokenness we can heal.

Heather Peters and her husband Joel recently welcomed their first child, Rehema. Heather is on maternity leave from her position as Restorative Justice Coordinator for MCC Saskatchewan.

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