

THE STRUGGLE FOR WHOLENESS: ADDRESSING INDIVIDUAL AND COLLECTIVE TRAUMA IN VIOLENCE-RIDDEN SOCIETIES

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The present article begins with an overview of how staff at the Center for Dialogue and Human Wellbeing (CDBH)—at Tecnológico de Monterrey University in Chihuahua, México—approach the process of conflict transformation. Specifically, it focuses on CDBH's strategies for dealing with historical injury, as well as the individual and collective trauma existing between and among communities engaged in ongoing conflict. It proceeds to examine how traumatic memories are stored in the mind/brain, and how trauma can impact on individuals and communities locked into a cycle of violence. The ensuing section provides an overview of the debate and the literature concerning psychotherapeutic and holistic-kinesthetic approaches for addressing individual and

collective trauma. A hypothetical workshop is then offered to give readers a clear idea of how trauma work is actually carried out. The article ends by asking what approaches can best be applied for transforming collective trauma into sacred memories, which can become the driving force for a continuing commitment to building and sustaining peace among segments of communities that had previously been in conflict with one another.

Key words: Trauma, individual healing, collective healing, wholeness, ideological-structural analysis, human dignity, rebuilding societies, self-care

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INTRODUCTION

Personnel from the Center for Dialogue and Human Wellbeing (CDBH) at Tecnológico de Monterrey University are involved in various types of dialogue-related work. Activities we like to offer include peace education workshops, mediation services, conflict transformation, healing of historical memories, trauma healing, and other work related to violent conflicts. We are in the process of developing and redefining our approaches and techniques for the various types of services offered. When CDBH members are called to areas where violence is prevalent, the general approach to the situation is as follows: a Historicocontextual Analysis of the conflict and the milieu is conducted. (The Historicocontextual Analysis begins with archival research pertaining to the region's history. Any information concerning the conflict is also read and compiled for our records. When possible, we meet with community members who are willing to give their version of the conflict, keeping in mind that these first-person narrative accounts tend to hold a bias toward a particular side.) A Needs Assessment is done using questionnaires, surveys, group discussions, and interviews to uncover the interests, concerns, and fears of all sides involved. It is through this direct interaction with the people that *common interests are uncovered, which forms the basis for future activities designed to help communities move from relationships of conflict to collaboration toward shared goals.*

Using data collected through the aforementioned process, workshops are designed and tailored to fit the specific situation at hand. Once causes, interpretations, and feelings about the conflict have been sorted out, and psycho-affect has calmed down to a point where genuine relationships can be established among actors, the groups are able to articulate shared goals and objectives toward which they will build through collaborative projects and interaction. From information gathered throughout the process, policy recommendations are presented to relevant authorities; the aim at this level is to encourage structural changes where needed to deepen and consolidate lasting peaceful relations among the groups comprising the community. Throughout the process, ongoing evaluation is conducted with the aim of maximizing the effectiveness of CDBH-led interventions in the local milieu. Follow-up information is gathering using interviews and questionnaires, so that adjustments to the program may be made if the need arises.

The present article focuses on a specific aspect of the conflict transformation process by exploring the nature of historical injury and traumatic memories that exist *among* communities in conflict. It further examines the injury and trauma that are present *within* individual community members and how this impacts on people's daily lives. The article ends with a discussion of how "Trauma and Historical Injury" workshops are conducted and why CDBH members prefer this particular type of approach which—given our current level of understanding—we consider the most effective. It is important to keep in mind that the CDBH is committed to designing each program for the specific situation at hand. This requires a flexibility *within* the framework of our general approach to ensure that needs are genuinely met and concerns adequately addressed as we attempt to work with people on the ground, with local authorities, and with policy-making bodies. Please note that the present article provides a

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narrative description of how CDBH approaches the process of addressing individual and collective trauma, explaining why we choose to approach things in this particular way, and why we prioritize one approach to trauma healing over another. It is the author's desire to submit an additional article that will provide actual research data to determine the effectiveness of our chosen approaches.

The following section explores the nature and the impact of trauma in conflict situations where historical injury is present among different segments of the community.

HISTORICAL INJURY AND TRAUMA CAUSED BY VIOLENT CONFLICT

What is Historical Injury? Historical Trauma?

For our purpose, the term "historical injury" refers to the collective emotional and psychological injury suffered by a community in relation to another with which it is engaged in ongoing conflict. Braveheart¹ (www.historicaltrauma.com; accessed Feb. 12, 2010) uses a related term, "historical trauma," which she defines as a cumulative emotional and psychological wounding that occurs over the life span and across generations, being caused by a past or present experience of massive group trauma.

What Is Trauma?

When working in conflict situations, trauma is found both within individuals and among societal groupings as well. For the purpose of this article, the term "trauma" refers to the damage to the individual and collective psyche caused by traumatic events. This trauma, whether it be individual or collective, has a direct impact on behaviors and on day-to-day functioning at both the individual and the community levels.

How Can Trauma Impact on Communities?

In assessing the impact of trauma on communities, Somasundaram² warns that the complex situations surrounding war and sustained violence have a psychosocial impact on individuals, on the family, the community, and society. "Just as the mental health effects on the individual psyche can result in . . . distress . . . ; massive and widespread trauma and loss can impact on family and social processes causing changes at the family, community and societal levels" (<http://www.ijmhs.com/content/1/1/5>). Sonpar³ warns that "collective trauma involves a breakdown of social and moral symbolic order based on trust and goodwill and its replacement by a malevolent order based on terror, violence, powerlessness, and silence, i.e. a culture of fear" (p. 16). At CDBH, we refer to this replacement of a healthy social order with a "malevolent order based on terror, violence and powerlessness" as *normativized violence*, which is something experienced day by day in parts of México, in war zones in different parts of the world, and in other places where extremely high levels of violence have, sadly, become a part of everyday life. In the attempt to move beyond normativized violence, part of our work is to facilitate processes where collectives are able to restructure and recreate healthy norms that cultivate peaceful, collaborative relations among community members.

What Are Traumatic Memories?

According to the *Diagnostic Manual of Mental Disorders, Fourth Edition* (1994 in Van der Kolk⁴), the criteria for traumatic memories are as follows:

- 1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- 2) The person's experience involved intense fear, helplessness, or horror (APA, 1994, pp. 427 and 431). The second component of traumatic memory is that the memory is experienced as if the event and one's responses to it—sensory, cognitive, emotional and physiological—were happening all over again.

Van der Kolk,⁴ p. 11

How Are Traumatic Memories Stored in the Mind/Brain?

Servan-Schreiber⁵ and Goleman⁶ describe the limbic system as the part of the brain that constitutes a system of related neural structures that—among other functions—plays a strong role in controlling our emotions. It is also believed to play an important role in learning and memory. Within the limbic system, the hypothalamus regulates the autonomic nervous system, which itself regulates our levels of physiological arousal in response to situations. Breathing, blood pressure, heart rate, and general arousal in response to highly stressful events are regulated by the sympathetic nervous system as it prepares the body with the "fight-or-flight" reaction in emotionally charged situations by increasing bodily functions, either preparing us to run, or to turn and face a perceived threat through a violent response. When the fight-flight response is activated, the sympathetic nervous system dilates the pupils in order to maximize vision; it increases blood vessels in the body's large muscles, preparing them for the physical exertion involved in running or possibly fighting. Heart rate increases, maximizing blood flow, and the bronchial tubes dilate so that oxygen levels can increase in preparation for a strong and rapid physical response, which might be utilized for fleeing the situation or for turning around and fighting off the perceived threat. A further important effect of the fight or flight response is the releasing of adrenalin into the blood stream, also in preparation for a vigorous body response of fighting or fleeing. While the *sympathetic* nervous system prepares the body to respond to potentially threatening situations, the *parasympathetic* nervous system acts to inhibit these responses, aiming to bring the body back into homeostasis—a state of balance—after the perceived threat has subsided.

The neocortex is primarily responsible for our reasoning and for other higher level cognitive processes. Servan-Schreiber⁵ posits that in ordinary circumstances the human mind/brain utilizes an Adaptive Information Processing Model (*el sistema adaptativo de tratamiento de información*) to integrate incoming information into world knowledge stored in a person's long-term memory through the process of learning. However, in the case of traumatic memories, instead of the incoming information being integrated into existing knowledge and memory stores at the neocortical level, threatening incoming information becomes blocked or trapped in the lower or the limbic brain. In other words, although experiential input derived from normal events is synthesized and integrated into a large body of preexisting

information—stored within the neocortical and other areas of the brain associated with memory, speech, and reasoning—traumatic memories are thought to be “stuck” or frozen into the lower or the limbic brain, where they lack verbal narrative and context; rather, they are encoded in the form of vivid sensations and images. When triggered, these memories tend to come back as intense, frightening affective, and sensory states, with limited capacity for verbal representation due to the failure to process traumatic events on a narrative or symbolic level, which is required for integration into existing memory and experiential stores.⁷ These traumatic memories can have a crippling and distorting effect on individuals and societies as people try to go about their lives in the midst of violent conflict.

In Goleman’s⁶ terms, when something triggers the traumatic memory, an “emotional hijacking” occurs, “sounding an alarm” of sorts, sending the information first through the thalamus to the amygdala *before the neocortical level of the brain has had the opportunity to adequately assess the situation*. This sets off the body’s fight-or-flight response, which unleashes the hormonal and other responses into the body, preparing it for said reaction. Van der Kolk and Fislis⁷ warn that the fragmentary and unprocessed traumatic memories that remain in the limbic brain can be unexpectedly triggered by smells, sights, sounds, memories, or anything that the traumatized individual un/consciously associates with the initial traumatizing event(s). Because this information has not been adequately processed nor integrated into higher cognitive stores, the affective charge—often of extreme terror, helplessness, rage, and other powerful emotions—may replay when the memory is triggered *with the same level of emotional intensity as if the event were happening once again*. Traumatic memories often come back in the form of flashbacks, causing acute emotional distress, as well as the increased bodily arousal evoked by the sympathetic nervous system as discussed above. When a person is trapped to the point of dysfunctionality by the triggering of crippling traumatic memories, psychologists/psychiatrists may diagnose the condition as posttraumatic stress disorder (PTSD), which it should be noted, is a highly contested category. (Sáiquim-Torres⁸ argues that the diagnostic category of PTSD, and its recommended modes of treatment, are highly individual-centric and, as such, are not particularly relevant nor useful for the Quiché-Mayan community of Guatemala of which she is a part. This author suggests that collectivist communities such as the Guatemalan Mayans are better served with the group-centered approaches that have arisen historically from the community itself and constitute their own inherent modes of addressing both the individual and the collective trauma caused by the civil conflict that raged in Guatemala from 1960 to 1996.) Whether or not an individual is diagnosed as having PTSD, it is important to work with traumatic memories at the individual and the collective levels as we strive for the “denormalization” of violence in situations where conflict has become deeply embedded in everyday life.

What Are Some of the Behaviors Associated with Trauma and Traumatic Memories?

How do they impact on people’s lives in conflict situations? In situations of ongoing conflict and normativized violence, people live day by day with a high default level of stress that they

must keep at bay to continue functioning and going on with the routines of their lives. Cane (personal interview with Patricia Mathes Cane, March 13, 2009) believes that all people living in conflict zones suffer from trauma to a greater or lesser degree. Trauma may manifest itself through such symptoms as general anxiety and fear, hypervigilance, anger, and sudden mood swings. Depending on the nature of the traumatic event(s), people may have a deep sense of shame, or they may suffer from a loss of self-confidence and self-esteem; they may feel sad or without hope for the future, leading to sometimes crippling levels of depression, a sense of numbness and, at times, psychological withdrawal from the social milieu. Trauma may also cause a person to be on edge at all times; his/her heartbeat may be continually racing, causing the him/her to be easily startled, bringing about fatigue, insomnia, and at times repeated nightmares. On top of the fact that people must struggle to go about their lives in the midst of terrifying conflict, the “inner situations” mentioned above only add to the deep difficulties and challenges stemming from the normativized violence found in situations of ongoing conflict. The ensuing section explores collective trauma and the impacts it often has on individuals and societies.

What is collective trauma? How does it impact on individuals and societies?

The external reality of day-to-day murders, seeing people “crucified,” dismembered, decapitated, hanged, the sounds of gunshots ringing out day and night, screams, wails of grief, voices raised in terror, anguish, and anger . . . all of these external manifestations found in conflict zones are but the tip of the iceberg concerning the ravages of violence and war; what is invisible to the senses are the internal wounds and scars of individual and collective trauma; yet, they remain deeply etched within the memories of the communities, victims, and survivors—having a profound impact on how people go about their daily lives.

For Sonpar,³ extreme heinous violence destroys people’s internalized culturally constituted webs of trust, which are based on the community’s social norms, world views, and moral conventions. The inner representations of a background of trust and safety shaped during childhood are overwhelmed by the terrible outer reality. This climate of ongoing insecurity and terror is likely to have devastating implications for peace, because conflict and violence have become the “usual” ways of addressing disagreements, dislikes, rivalries, and so on.

Marie Langer (in Basaglia et al.⁹) was a Marxist feminist psychoanalyst whose work aimed to integrate politics and history into psychoanalytical practice. Langer and her colleagues insisted to the importance of examining *psychosocial* factors when engaging in psychoanalysis. Langer considered prolonged psychoanalysis as elitist, noting that many people in need of assistance do not find it possible to pay for this type of services. She also insisted that attention must be paid to the role of patriarchy and capitalism in therapeutic practice. Certainly, the violence currently experienced in México has deep roots in global capitalism as drugs continue to be supplied across international borders in response to demand both outside and within the country. According to Langer, the pain resulting from normativized violence should be understood in social terms; consequently, the

cure for it could be found in working as a group to alleviate it. For this author, both the cure and cause of suffering are found in social phenomena. Alienation, exploitation, and violence against and within the collective are at the root of suffering, and social solidarity can be its antidote.

When working with individuals and communities in situations where conflict is ongoing, CDBH work and the training offered aims to provide participants with psychosocial strategies for staying as healthy as possible as people continue to be immersed in a violent milieu. It is our hope that the skills, the strategies, and the psychosocial health regained by community members may at the same time work toward obtaining, consolidating, and preserving peace in the localities. In the case of postconflict situations, community healing involves a rebuilding of what has been shattered, not only in the external milieu, but *among* and *within* community members as well.

Along these lines, Anckerman et al.¹⁰ points to the need to address both social and individual reactions to the violence going on all around. Although people's responses differ, they often include a loss of trust in others and in the existing social institutions and authorities as well. People may manifest fear, rage, confusion, violent and destructive behavior for no overt reasons. Furthermore, a lack of identity and self-esteem are common symptoms of trauma manifested by both individuals and collectives. A very insidious effect of immersion in day-to-day "normalized" violence is that it begins to instill an implicit, usually unconscious perception that the use of violence as a means of reaching one's goals is somehow "just the way things are." In this type of situation, violent acts may not raise the "moral alarm response" nor the shock reaction to the same level as identical acts would have in less-violent societies. This pernicious effect can be seen especially in children whose formation has occurred within such a milieu, because a healthier, more peaceful social environment may not have ever been a part of their life experience. All of this begs the question of how we work with communities steeped in an ongoing violent normativity.

The ensuing section will explore two primary approaches to dealing with trauma, one deriving from mainstream psychology/psychiatry, and the other attempting to utilize a holistic, community-oriented approach to addressing individual and collective trauma.

APPROACHES TO TRAUMA HEALING

Herman's Fundamental Stages of Recovery from Trauma

For Judith Herman,¹¹ a primary goal of trauma healing is to help victims regain the feeling that they have control over their lives in the wake of an overwhelming traumatizing experience. In her seminal book, *Trauma and Recovery: The psychophysiology of violence—From domestic abuse to political terror* (1997), the author proposes three stages that she considers essential to the recovery of trauma victims. These stages include creating a safe environment, going through a process of remembrance and mourning, and reconnecting with ordinary life. Herman warns that people may not progress through the points in a smooth linear fashion. Instead, their progress may move "in fits and starts," weaving back and forth, among and across the stages. The author notes that trauma sufferers must move from the feeling of unpredict-

able, uncontrollable danger to having a sense of safety of person. They must advance from a place of dissociation and denial of traumatic events to the acknowledgement of painful memories. Finally, in order for traumatized individuals to regain control and become subjects and actors in their daily lives, they must move from the sense of being isolated and stigmatized to the restoration of meaningful social connections with those around them. Herman and other trauma experts maintain that it is necessary for people to find meaning in the traumatic events of the past, to integrate them into long-term memory, mourn their losses, and be able to move forward with their lives. After the "healing" of trauma and historical injury, the person/community will always remember the tragic events. However, the events will no longer have control over people's lives, emotions, relationships, and behaviors. Instead, "healed memories" are to be integrated into individual and communal histories in such a way that the person or people are "on top" of the memory; the memory is no longer "on top of them," controlling the way they react and move through life. People who are able to move beyond trauma may find meaning in assisting others who face similar situations—using the traumatic memory as a source of strength and motivation for striving to build a better world.

Talk-Based Approaches to Trauma Healing

Herman¹¹ and Narváez Gómez,¹² among others, believe that in order for people to overcome crippling past memories, it is fundamental to *talk about the traumatic events*. Narváez Gómez¹² believes that events should be relived and told as vividly as possible for people to experience catharsis, allowing for the memory to be integrated into long-term memory stores as a meaningful narrative (p. 5). For Narváez Gómez, the element of "forgiveness" is lacking in the mainstream approaches, because he believes that the act of forgiving helps the victim to regain control over his/her life, while creating space for the important process of reintegrating the perpetrators into postconflict societies. Many trauma specialists assume that traumatized individuals must articulate, or talk about the traumatic event/s to help the mind/brain bring the memory out of the level of imagery frozen in the limbic system so that it can be integrated into neocortical stores as a memory of a bad experience, thereby releasing the power that "stuck" traumatic memories hold over victims' lives. (The more holistically oriented approaches argue that talking does not suffice as a means of dealing with traumatic memories, which "permeate the self even to the cellular level." Authors such as Mathes Cane,¹³ Levine, and Schreiber conceptualize these "stuck traumatic memories" as energy generated by the traumatic experience(s) that becomes trapped within the body, the mind, and the spirit of the person. For these authors, this calls for more holistic exercises, aimed at releasing the trapped energy and restoring a healthy energy flow of the body, the mind, and the spirit.) Herman¹¹ believes that talking about the traumatic experience is a precondition for recreating a "meaningful world" for the sufferer. She further holds that it should be publicly recognized that the person has been harmed, and that action must be taken by the community to assign responsibility for the harm caused, and to repair the injury. This approach raises concerns for CDBH staff, who may find themselves working in sociocultural situations where victims, particularly if they

are female, are blamed for bringing the traumatic event/s upon themselves. Even if such blame is not assigned, victims may be ostracized by the community for what has happened to them, bringing about further victimization. Additional cultural factors that may complicate the application of this approach include implicit pressures on victims to remain silent—possibly for fear of retribution against self or family for speaking out, for fear of not being believed, out of shame, in order to protect family honor, or for fear of family members engaging in revenge killings or other types of violence against the perpetrators, and so on.

Another talk-based therapy is *Terapia Narrativa* (Narrative Therapy [TN]), offered by Agger and Buss.^{14,15} TN aims to help people construct a coherent, nonredundant story of past traumatic events in their lives. The authors believe that it allows people to fully reconstruct the experience by integrating thoughts, emotions, actions, intentions, and motivations through a rearticulation of the traumatic events. According to the authors, this allows people to reconstruct their life story through a remembering of their own experiences where patients describe their problems and create a more complete understanding of themselves and their past.

An interesting approach that links individual and community trauma very closely is the Testimony Approach (TA), pioneered by Cienfuegos and Monelli.¹⁶ TA utilizes the psychoanalytical model of communication, internalization, and catharsis, creating a form of “testimony,” which, according to the authors, facilitates reconstructing their clients’ autonomy and sense of self-esteem. The offering of personal testimonies to the larger community is thought to help heal and preserve historical memory, not only for the individual, but for the group at large. In their work with torture survivors and families of the disappeared in Chile, the authors had their patients audiotape their memories of abuse, and then join with the therapist in revising the recorded text into a written document to be shared for political purposes. Cienfuegos and Monelli’s¹⁶ approach aims to transform people’s stories of shame and humiliation into a public stories of dignity and courage.

Kinesthetic/Somatic Approaches to Trauma Healing

Although alternative approaches are less common than those using talk therapy to create meaning and to process traumatic memories, they offer valuable possibilities for healing through various sorts of kinesthetic activities. Patricia Mathes-Cane¹³ of *Capacitar* International writes that:

Body-mind-spirit practices have a beneficial impact on promoting the release of blocked energy and a return to balance and wholeness in the person. The practices . . . all promote the unblocking, awakening, balancing, and nourishing of the energy system of the person and the community. In most cases the standard methods of treatment, such as talk therapies and drugs, deal only with the symptoms of a traumatized person, and are often not sufficient to address the healing of traumatic experience. An approach is needed that recognizes the fundamental unity of body, mind, and spirit and that focuses on the energy system and the balance of the whole person (p. 16).

Cane believes that the energy of traumatic stress trapped in the limbic system can be “unblocked” through a variety of kines-

thetic techniques, which include visualization, crosslateral movement, tapping, *tai chi*, and other methods designed to reestablish energy flow and balance in the body, mind, and spirit—which the author sees as an integrated whole. She finds these exercises very effective for helping traumatized individuals re-create and reclaim basic trust, autonomy, initiative, competence, identity, and intimacy—which are so often shattered and lost through overwhelming traumatic events. For Cane, trauma and its impacts can be overcome without the need to engage in talk therapy. She feels that “empowerment” is a crucial element through which the person claims the role of subject of his/her own learning and healing processes, allowing people to take control over their lives once again. To this end, Cane approaches trauma healing from the perspective of popular education, as opposed to viewing it as a purely psychotherapeutic issue. A primary goal of Cane’s popular education model is to provide people with the skills for self-empowerment and self-healing, which is very useful for those immersed in a milieu of ongoing conflict.

Concerning psychosocial trauma, Cane uses collective rituals, dance, movement, “walking the labyrinth” and other activities designed to reestablish balance *within* and *among* community members. She further promotes the development of partnerships among former enemies as they strive toward shared goals—encouraging them to commit to nonviolence and compassionate action as a means of healing societal trauma.

Like Cane, David Servan-Schreiber⁵ believes that genuine trauma healing arises from the reconnecting of body and spirit. For him, the human being has “two brains”—one cognitive and one emotional—referring to our limbic system and the neocortical areas of the brain, respectively. His suggestions for working with trauma include the concept of cardiac coherence, which aims to establish a balance between the sympathetic and the parasympathetic components of the autonomic nervous system. This can be achieved in several ways; among them, the author recommends guided breathing and conscious reflection on the heart, the breath, and so on. He also points to the importance of loving relationships as a necessary part of reestablishing and maintaining wholeness, whether it be vis-à-vis a significant other or through deep and meaningful friendships.

Servan-Schreiber⁵ sustains that traumatic memories trapped in the limbic brain can be properly integrated in neocortical memory stores with the aid of the Eye Movement Desensitization and Reprocessing (EMDR)¹⁷ without having to use talk therapies to move traumatic memories from the emotional to the cognitive brain. (According to Shapiro, the eye movements and the lateral tapping involved in EMDR help stimulate the person’s memory networks, aiding in information processing, which allows the patient integrate the traumatic memory into existing memory stores by creating associations between the traumatic memory and everyday information stored in normal semantic networks. In theory, the traumatic memories are transformed when they are fully integrated with realistic and non-threatening information held in normal memory stores. Once this occurs, the reaccessing of these memories no longer causes distress; instead, the person is able to view these memories as simply a part of his/her personal history from which, ideally, s/he is able to have gained insight and wisdom.) He

believes that it is not sufficient to simply talk to process terrible memories; instead, the continual verbal rehashing of events is thought to lead to retraumatizing and often, to a worsening of a person's symptoms. As an alternative, EMDR is used to evoke the traumatic memory in its visual and sensory form—just as it is frozen in the limbic brain—awakening the visual, emotional, cognitive, and corporal sensations related to the trauma. This therapist-guided technique is designed to imitate rapid eye movement (REM) sleep—which is part of the brain's mechanisms for processing experiences for storage in long-term memory. By imitating REM sleep, EMDR is believed to stimulate a person's adaptive information processing (AIP) system; this facilitates rapid access to channels related to the traumatic memory which—when activated—connect to cognitive systems containing information related to the present, linking past traumatic memories to the present, thereby aiding in the integration process. (The AIP is the physiological information processing system that analyzes new experiences and incoming information that is then stored in memory networks containing related thoughts, images, audio, or olfactory memories, emotions, and bodily sensations. Traumatic experiences can block the adaptive information processing system's ability to resolve distressing or traumatic events; <http://www.healingthepast.com/EMDR%20-%20Definition.htm>). Through EMDR, a new rational perspective develops, where the person no longer feels vulnerable nor in danger of reliving past events. This new memory store—integrated at the neocortical level, substitutes the previous neurological imprint, which was related to panic, fear, and other traumatic responses.

In his book *Waking the Tiger: Healing Trauma* (1997), Peter Levine¹⁸ posits that people—like wild animals—have an innate capacity to shed the excess energy generated by the fight or flight response awakened by overwhelming events. Levine's approach is a body-oriented therapy called somatic experiencing, which allows for the "retrospective completion" of biological responses that have become frozen at the limbic level since the time of the traumatic event. The method draws on what the author calls "the multidirectional connection between the body, the brain and the mind." Like Servan-Schreiber and Cane, Levine believes that the cathartic reliving of traumatic events through conventional talk-therapy can and does lead to the victim's retraumatization, not to mention the risk of societal stigmatization discussed above. In actual practice, somatic experiencing teaches people to be aware of their own body sensations. Once identified, gentle appropriate manipulation of the joints, muscles, and viscera is fed back to the more primitive (limbic) portions of the brain that regulate survival behaviors, leading to a remolding of the mind and body as a whole system, theoretically restoring the balance and wholeness lost by the traumatizing event.

The starting point for trauma healing in somatic experiencing is biological, through body systems, and not cognitive as in the case of talk therapies. *Levine believes that people must completely discharge the stress energy brought about through the activated fight-flight response in the face of danger in order for the symptoms of trauma to disappear. For him, the question of whether one remembers the event and talks about is essentially irrelevant since trauma healing is thought to occur through the completion of survival behaviors, through which the person can and will form a new narrative, assigning meaning to the*

event without the need to articulate it nor to seek public and societal redress for the traumatizing event/events—which could leave the victim at the mercy of societal judgments on him/herself due to what has happened.

The following section explores psychosocial approaches to healing both individual and collective trauma arising in conflict situations.

PSYCHOSOCIAL HEALING: AN APPROACH FOR ADDRESSING COLLECTIVE TRAUMA AND SOCIETAL RECONSTRUCTION

In societies immersed in ongoing conflict, trauma is ever present at both the individual and the collective levels. Although trauma research has arisen largely from an individual psychotherapeutic paradigm, there is growing awareness that traumatic events resulting from war, intercommunal conflicts, and other forms of collective violence impact on societies at large, and that psychosocial healing is necessary in order for a community to recreate itself as a healthy and peaceful society. The present section focuses, not on collective trauma wrought by natural disasters and other "acts of God," but on that brought about by the extremes of cruelty that humans are capable of enacting toward one other. The distinction here is important, because studies show that the awareness that evil intention has been directed toward oneself and one's community makes the process of recovery from trauma an extremely challenging task, because the victims' faith in humanity has been shaken at its very core.

Summerfield¹⁹ warns that the Western notion of "traumatization" casts people onto "sick" roles, which minimizes the importance of local healing traditions while placing Western "experts" and Western psychosocial theory into a prominent role, using approaches that are assumed to be universally valid. The author believes that psychosocial healing efforts must take into account cultural and historical particulars of the locality and the community being served. He points to the importance of creating and sustaining meaningful relationships with community members, stating that recovery should be community based, as opposed to the mainstream focus on the individual. He further insists that the establishment of justice and the protection of basic rights must occupy a central position in psychosocial healing and societal reconstruction.

Concerning "normativized violence," Summerfield¹⁹ writes about the collective experience of violence and its sociocultural dimensions, saying that suffering is at the heart of the social order and, in this sense, it becomes normativized. In this context, violence simply becomes a part of social experience and the collective memory. This can lead to the loss of predictability in the collective world, disallowing for rational planning, making it impossible to mourn and honor those who have died or disappeared. This leads to a chronic mistrust and a looking inward. Cultures are thus impacted by violence yet, for Summerfield, they can also engage with the violence and even potentially be strengthened by it.

The authors reminds us that war and other forms of generalized violence are a collective experience. He believes that the primary impact on the community lies in people watching the destruction of the known social world, which has embodied

their history, identity, and values. In this sense, violent conflict is not a “private” injury, being carried by private individuals; this points to the need to deal with issues at the collective level. In terms of the need to talk about traumatic events, in many cultures, it is scarcely acceptable for people to reveal intimate stories outside the close family circle, and social stigmatisation remains an obstacle to individuals offered talk therapy-based approaches. In this context, choosing to remain silent may be a pragmatic decision for many. Instead of having people rehash the traumatic events, it is important to stabilize and rebuild damaged social fabric by allowing people to articulate their views of the problems, and to choose—with our facilitation—the best ways to do so. It is important that our relationship with people in the locality be focused on helping people regain self-confidence, regain the subject position, and regain control over their lives, which can best be approached by offering training, empowerment, self-help, and skills development. Instead of individuals being “acted upon” by us as victims of trauma, people can engage in the mental work of understanding problems and defining the ways forward; they may also engage in the physical work of reconstruction, that is, in the restoration of health and educational services. As facilitators and outside “experts,” it is important that we support existing systems instead of trying to create and impose our own understandings and ways of doing things, because solutions need to be local, and they should make use of local skills and priorities.

Summerfield¹⁹ provides a valuable reminder that in our situational analyses, we must be careful not to simply apply a PTSD checklist; instead, questionnaires and other instruments need to ask what the subjects feel has been done to them, and to reflect on how they wish to rebuild their personal and social worlds. We must not assume that survivors are dependent on—or even want to—see experts for treatment. The “sick” diagnosis and the dependency on “experts” can be very disempowering, because the person may come to see him/herself as passive victim rather than actor capable of enacting the positive transformation of the self and the environment.

Kordon and Edelman²⁰ write that prolonged societal violence impacts, not only on individuals, but on the society as a whole. The local psychosocial context must be studied carefully to understand the state of both individual and collective mental health. In situations of normativized violence, a great deal of suppressed grief is inevitably present, impacting on how people and communities function on a day-to-day basis. When the mourning derived from traumatic events is not experienced, traumas are passed on, becoming transgenerational; this underlines the importance of allowing for the process of grief and mourning to take place. For example, when a loved one has disappeared, the absence of a body to mourn becomes a destructuring or a desintegrating factor, because it problematizes the funeral rite, thereby blocking the process of mourning. Murders, mutilation, beheadings, and disappearances produce a high degree of psychological pain and cause profound changes in the daily activities of families and communities. Furthermore, the normativization of such unspeakable levels of violence numbs, leading to decreased attention to other sick, psychotic types of violence, such as torture, sexual violence, assault, kidnapping, extortion. These crimes come to be viewed as somehow less heinous than

those involving the brutal loss of life. These “lesser” crimes may be denied, and the lack of recognition tends to create a psychoticizing situation. *In cases of rape, incest, etc., victims are sometimes doubly victimized through the denial of their experiences, and/or the ostracization suffered, leading to their families questioning them, their sanity, their experience, or even abandoning them. The very presence of a victim of certain types of violence challenges societal mechanisms of denial and dissociation, causing increased suffering and further victimization for the victims.*

For Martín-Baró,²¹ mental health is a dimension of the relationships among people and groups, although it may have particular and specific impacts on individuals as well. For this author, psychology should be understood in its sociohistorical context, and the psychosocial healing of societies where “normal abnormality” is prevalent begins with social transformation aimed at transcending the relative historical conditions and overcoming oppression.

Bracken and Giller²² view mainstream approaches to trauma as having an individualistic bias. Therefore, they should be applied with caution in places where the relationship between the individual and society is understood in a collectivist manner. Although the authors recognize certain commonalities in human responses to traumatic events, they warn that the “universalist” approach of Western trauma methods underestimates the differences in how individuals and societies respond to extremely stressful events, leading to erroneous diagnoses and treatments. The authors posit that differences in conception of the self, and of individuals’ relationship to society across the world’s cultures, it is often inappropriate to use individually focused talk therapy as a means of exploring a person’s inner emotions, because such approaches fail to take the social context into account. Bracken and Giller²² specifically critique Horowitz’ influential work, which separates the psychological self from somatic and cultural aspects of the persons and the communities in question. They warn that the sociopolitical context within which the traumatic events have occurred must not be ignored; instead, localized contexts need to be systematically taken into account at both the individual and the community levels. The authors further warn against the “medicalizing” and the “professionalizing” of trauma work, which increases the tendency of Western “expertise” to create dependency on outside “experts” thereby disempowering people and undermine existing community structures.

In the book titled *Trauma, Culture, Meaning and Philosophy* (2002), Bracken²³ critiques the dominant PTSD narrative about how people respond to trauma, saying that its fallacious assumptions lead to faulty approaches to its treatment. He further critiques the trauma industry that has arisen around the PTSD construct. In this work, he argues that instead of using the PTSD construct, it is important to understand that posttraumatic anxiety has strong social and cultural implications, which reach far beyond the individualistic notion of psychopathology. He warns against the medicalizing the treatment of trauma, saying that the road toward healing lies, not in diagnosing trauma as an illness, but in the strengthening of communities that have suffered collective trauma, through education, skills training, and the strengthening of local institutions. Because severe trauma destroys implicit meanings for both the person and the commu-

nity, people's meanings should be restored interpersonally—not intrapsychically; and socially—not individually. The interpersonal construction of meaning can be had through practical interaction with the social world, allowing both the individual and the society to construct new and healthy meanings.

Becker²⁴ also critiques the Western “trauma industry,” saying that when trauma is understood as a medical illness, we fail to address basic issues of power and social conflict, which have brought about the traumatic experiences in the first place. The mainstream focus on trauma as an individual psychological illness limits both the person's and society's capacity to act upon the situation for a transformation away from human on human violence toward the creation of more just and peaceful societal structures and interactions. Becker²⁴ challenges the assumption that only trained professionals can do trauma work, which furthers the imposition of trauma models from Western countries on local populations. Instead, like Cane,¹³ he believes that trauma work can be integrated into a community education model that includes issues of education, justice, and economics, always addressing the impacts that acute human violence and aggression have on individuals and on the collectives of which they are a part. In the treatment of individuals and communities, the author maintains that we must deal with material and spiritual aspects of life, and with politics and economics, justice, and psychology. As such, according to this author, the individually based psychotherapeutic approach falls far short.

When communities witness extreme violence and cruelty, such as that exercised by competing drug cartels toward their rivals, basic trust in societal institutions and in other members of society becomes seriously eroded or, at times lost. A major task required to even begin with healing and reconstruction is to recreate basic trust, security, and hope for a positive future. Writing about the Rwandan genocide, Gutlove and Thompson²⁵ talk about the need for social reconstruction efforts which aim to:

. . . gradually rebuild the intangible but crucial social fabric of human interactions that allow a society to function, while also meeting the immediate psychosocial needs of a society that has been ravaged by violence. A key component of social reconstruction is community reconciliation, a process involving the restoration of trust of trust and hope within a community, a rise in cooperative behavior, and the development of shared values and expectations (p. 3).

Many processes and dynamics are required to even begin reconstructing the social fabric of human interactions in a healthy manner; this includes work toward healing individual and collective trauma. In situations where conflict continues to rage—such as in México where citizens are caught in the crossfire of the drug war—primary goals include offering day-by-day coping strategies and self-help techniques designed to increase psychological wholeness in order to aid people as they struggle to go about their “normal” lives in world turned upside down by violence. Whether we have the luxury of working in a “postconflict” society, or are on the ground in the midst of ongoing conflict, our primary goal is to offer people tools that might aid in their struggle to lead healthy normal lives within highly traumatizing environments.

In the longer term, Gutlove and Thompson²⁵ work to help societies acknowledge and integrate traumatic experiences, to mourn that which the trauma has destroyed, and to create new selves and a new community. (The authors warn that societies transmit traumatic memories from generation to generation. This transgenerational trauma is passed down across the generations instilling a sense of sacred duty where the younger generations must keep alive the memory of the ancestors' loss and humiliation. This “chosen trauma” provides a pivotal point around which meaning, community identity, and social cohesion revolve.²⁶)

The ensuing section offers a hypothetical workshop, based loosely on Herman's¹¹ three stages—of safety, acknowledgment, and reconnection. The final section of the workshop addresses the issue of psychosocial healing from the point of view of praxis.

TRAUMA, HEALING, AND TRANSFORMATION: AWAKENING A NEW HEART THROUGH BODY, MIND, AND SPIRIT PRACTICES

CDBH workshops are based on the work of Patricia Mathes Cane.¹³ For Cane, **Body work** includes such approaches as basic *Tai Chi*, *Pal Dan Gum*, yoga, dance, rhythmic movements, breathing exercises, and so on, to reestablish the flow of chi, or life energy. **Mind work** techniques include Thought Field Therapy,²⁷ visualization, tapping into intuition, drawings, mandalas, and process work. Techniques for **spirit work** include ritual practice, visualization, visiting sacred inner space dance, meditation, and many many more. A starting point for CDBH workshops is to recognize the fundamental unity of the body, the mind, and the spirit of the human person. At the community level, this same principle applies in the “collective body,” if you will, with the “mind” and the “spirit” corresponding to general tone of thoughts and collective psychoaffect shared, to some degree, by members of the community. The workshops are designed to bring balance back to the person's and the community's energy systems. In situations where violence and conflict are ongoing, the aim is to provide people with skills for self-care as they strive to remain healthy of body, mind, and spirit in the midst of the Hell that continues to rage all around them. In postconflict situations, the aim shifts from providing coping skills to a focus on reconstruction, and on the positive transformation of individuals and communities as they move beyond trauma toward the construction of healthy lives and futures.

CDBH workshops promote the recovery of internal strength, purpose, and direction in people's lives. Energies blocked by traumatic events are freed, so that people and communities are able to regain the “subject position” and act once again under their own free will in the creation of their lives and their futures.

Safety

With reference to Herman's¹¹ construct of “safety,” there are two levels with which we must deal. The first concerns the actual physical safety of the spaces where workshops are conducted. (As far as the “safety” requirement, Herman notes that people need to advance from a sense of unpredictable danger to a feeling of safety and security. Unfortunately, this is not always possible

when the environment continues to be steeped in violence.) For example, in Spring 2009, we were able to secure space in the Municipal Offices of what is currently listed as one of the most dangerous cities on Earth. Were the Municipal Offices a safe place? Not really, because the mayor continues to live and work under death threat, and his police officers have been targeted and killed one by one, forcing the city's Chief of Police to resign. In truth, the perpetrators of the violence could have stormed the high-profile building where we were, as they have on several occasions in this same city, bursting in on parties, restaurants, and gatherings and unleashing their firepower on all who are present. Despite being unable to truly ensure participants' safety, the workshops were conducted. Fortunately, nothing tragic happened to the group. In a milieu of ongoing violence like the one described above, day-to-day coping skills are sorely needed as people struggle to remain whole and functional in a shattered world. Of course, we do our absolute best to ensure participants' physical safety, but at some point we just have to trust that things will be okay and go on with the work.

The second aspect of safety concerns participants' psychological/psychosocial safety. People need to know that whatever they say or do in the workshops will be respected; they will not be judged by participants nor facilitators, and none of the information shared in the workshops will be known to others. (In situations of violence, *trust* is a necessary ingredient which is often missing. People who live in a milieu of ongoing violence become fearful, and the atmosphere of latent anxiety—coupled with the potential for violence to erupt at any moment—often leads individuals to suspect or mistrust others around them. This makes it challenging to establish a sense of trust among participants, and between participants and facilitators. As such, much attention is paid to relational aspects of our work, by creating an atmosphere where facilitators and participants are viewed as working together toward the common good.) The rule of absolute confidentiality will be honored. As we open a workshop, ground rules are elicited from the group to encourage them to take ownership of the process. However, if the group fails to suggest “imperative rules” concerning respect and confidentiality, one of the facilitators will add these concepts to the brainstorming session to ensure that confidentiality is secured and agreed upon by all. (Ground rules include maintaining confidentiality, ensuring voluntary participation, using respectful language, not interrupting others, speaking from personal experience, and avoiding discussions about people who are not present in the room²⁵.) The creation of confidentiality and of “sacred space” has a lot to do with an attitude modeled by the facilitators, which will be replicated by all participants present.

Concerning physical space, chairs are placed in a circle to minimize the sense of hierarchy and authority that so easily arises when outside facilitators are present. If the group is large, we create an inner and an outer circle of chairs so that participants and facilitators are all facing each other. In the center of the circle, we place some sort of cloth or mat—ideally acquired in the locality, upon which there may be a vase with flowers, different elements of nature, photographs of past workshops, and so on. Participants are invited to bring some sacred object to place in the center the following day if they wish. Some do; some do not, and we simply respect whatever decision each person has

made. Those who bring sacred symbols may tell the group about the object—if they wish, or they may choose to remain silent about the significance of the object they have placed in the center of the circle. Soft instrumental music plays in the background—helping set a calm, safe tone in order for the session to begin. (Although workshop design varies according to the particulars of each place and population, CDBH staff are mindful of Van der Kolk et al.'s²⁸ guidelines, which remind us to stabilize people through relaxation, ice breaking, and related activities. After working with basic guidelines and rules, people are taught compassionate listening skills and are divided into pairs or small groups through which they aim to develop consciousness of their inner spaces, their bodily sensations, their psychoaffective states, thoughts, and so on. In these small group sessions where listening skills are first practiced, people reveal only that which they chose to.)

As the gathering begins, it is important to establish the safe and sacred space in which activities will be conducted. One risks sounding odd when using the word “sacred” in the academic milieu. Nonetheless, at CDBH, we believe that the human person—with all our pains, joy and sorrows—is indeed sacred, and we do our best to honor this assumption in all the Center's activities. In line with Cane's teachings, CDBH uses a popular education approach to trauma healing, as opposed to being based on a psychotherapeutic model. The goal of the work is to prepare people for self-healing and to provide the skills necessary for maintaining wholeness in a very challenging milieu, offering forms of self-empowerment for members of the community. Through the popular education approach, the person is subject—not object—of his/her own healing process, as is sometimes the case in more traditional psychotherapeutic approaches. Furthermore, participants are encouraged to apply their healing skills with their family members and, where relevant—within the larger community as well. We hope the workshops allow participants to process their traumatic experiences so as to convert injuries into wisdom with which to go forward in life. Beginning with the calming background music, participants establish limits and protection (boundaries) around themselves by carrying out a series of movements where they envelope themselves in a sacred and healing light. An exercise then follows which is aimed at removing negative energies. One such exercise can be the visualization of our rootedness in the Earth, through which we expel negativity out through our bodies and into Mother Earth; or the Buddhist practice of *Tonglen* may be employed, where participants imagine themselves in a safe and sacred space. With feet on the floor, breathing deeply and rhythmically, they bring good energy up from the Earth, filling and protecting themselves. Participants then revisit a moment of joy or love from their past, where they felt themselves in touch with their sacred and true selves. Once in the space of inner safety, they are invited to “sit face to face with themselves” and see themselves as beings of light, grace and goodness—much beyond the painful events they have experienced. Participants then examine what might be obstacles to their living from their inner spaces, what pain, insignificance, rage, violence, or ignorance, may reside within them, impeding their return to the whole and pure self. When using *Tonglen*,

we ask participants to visualize these impediments as a heavy cloud surrounding them. They then imagine themselves inhaling cloud in order to pass it down through their bodies—and expel it through their feet into the Earth. The next step is to exhale the light and grace found in the true self within their hearts. Once again, inhale negativity and pass it out of yourself to the Earth. Exhale light and grace; inhale pain and suffering—passing it out through yourself; exhale compassion and loving kindness to the community around you, and so on.¹³

After this we “cut” our habitual ties to destructive energies that take away our vitality, self-confidence, and purposefulness; and in their place, healing energies are brought in. Exercises designed to disconnect our energies from the past include a reflection through which participants observe their bodies to identify possible areas from which their good energy is drained away, leaving a sense of emptiness or darkness. They then place their hands gently over the area, imagining that their hands serve as a protective shield. (People tend to identify the heart, stomach, solar plexus, or the genital region when asked if there are parts of the body from which their good energy may be drained away.) In this exercise, if painful memories come to mind, participants are asked to exhale the painful energy which is trapped within, and inhale positive and merciful thoughts toward themselves and toward the experience, recognizing that the past is gone and that the present moment is all we really have. While exhaling painful memories, participants are asked to observe the knowledge and the wisdom they have gained from the experience, allowing them to live fully in the present and release ties to the traumatic situation. At this juncture, the group stands up and does some rhythmic movements to capture and draw in healthy energy. An exercise like greeting to the sun may be used, where outstretched arms are raised, opening up the solar plexus region and—with downward movements—participants immerse themselves in the light and the energy of the sun. Once a healthy energy field has replaced the energies of past traumas, participants close the energy circle by sitting with their ankles lightly crossed and the fingertips of each hand touching each other as they lay folded across the lap, allowing the healthy energy to flow in a closed circuit within their bodies. Many more deeply stirring exercises are utilized here, such as *el Guía Sabio* (the wise guide), where one envisions oneself in the safe and sacred space within, having invited a dear and respected person with whom s/he can just be fully present, or can discuss the things held within. (Additional exercises include balancing our emotions, finger holds, acupressure, working with the chakras, being mindful of our intuitive faculties, etc., as mentioned in Cane.¹³) All the exercises are designed to work the connections between mind and spirit. They invite participants to self-exploration, to the discovery of the beautiful self, and to self-compassion. Through the development of self-compassion, people are able to forgive themselves for things they’ve done, or for situations where they have been victims, but have un/consciously assigned themselves some level of guilt for ‘allowing the incident/s to occur. It is through the development of self-compassion and forgiveness that people are gradually able to extend compassion and forgiveness toward others and toward the community as they journey through the stages of psychosocial healing.

INTO THE DEPTHS OF TRAUMA

Workshop participants benefit greatly from the provision of psychologically safe space where they can reestablish old social contacts and make new ones.²⁵ From the onset, they know that they will be treated with respect; their confidences will be honored; and no one will be belittled, ridiculed or verbally abused. They must also know that there is absolutely no pressure to discuss things about which they choose to remain silent. When dealing with traumatic memories and historical injury, some people may wish to express their pain, humiliation, etc., whereas others choose to reserve these memories for themselves. This is one of the reasons why CDBH uses kinesthetic/somatic techniques as the first line of approach—in order to honor the people, their pain, their memories, and their decision about whether or not to put words to these memories. However, talk-based approaches are offered as an option for those choosing to do so. (When possible, CDBH likes to work with larger groups using teams of three facilitators—one plays the lead role in the activities being carried out; the second may be a member of the local community who has received basic training through the Center; the third is usually a CDBH staff member who is available for sitting aside with a person or people who may be overwhelmed by the activities—feeling a need to talk, to take time out, or simply to emote in the presence of a safe “other.”)

One of the primary exercises used for helping people integrate traumatic experiences into the larger scheme of things is called *el Río de la Vida* (the River of Life, in Cane¹³). Participants are lead into quite and sacred internal space, as mentioned in the previous section. They are invited to view themselves as rooted in the land, and to inhale the good energies of Earth and sky, exhaling past pains and memories, converting them into wisdom for the inner journey. Participants call once again on their *Guía sabio* (Wise Guide) to accompany them through this stage of the process. In front of them flows the river of their life, where all events and people they have encountered are found. Participants are asked to recall both joyful and difficult memories as they observe the river of their lives, reflecting on how each event and person has allowed them to grow along the journey. If anxiety arises, they are asked to remember the presence of the guide beside them, and to reflect on their rootedness in the Earth—from which they inhale strength and healing energy, while exhaling painful memories from the past. The process is guided through childhood, adolescence, and adulthood, into the present moment, all the while reflecting with compassion on the growth gained through life’s experiences, while the s/he observes from his/her place of rootedness in the Earth, accompanied by the Guide. People are asked to move through the stages at their own pace; once they are ready, they try to imagine their lives 5 or 10 years into the future. What do they want for their futures? With whom do they wish to share their lives and their labors? What sort of life would be meaningful for them? Guided by the facilitator, people are invited back to the present, taking note of different parts of their body, opening their eyes, and coming back with renewed energy, being completely present in their bodies, in the room and in the moment. (Participants are taught a series of mindfulness exercises, which they may practice at home, helping them let go of the past and learn to live fully in the present.) Materials are then given so that participants may

draw or write about what they've experienced, or what has been unearthed by this exercise. Soft, relaxing music is played in the background. People are asked to choose a partner with whom they may wish to talk about their experiences, remembering the training they received about being an active listener. At this point it is important to reiterate the basic commitment to confidentiality. Participants are again reminded that those choosing not to verbalize about their experience have no obligation to do so. After 40 minutes to an hour, people are called to the group, where those who so desire may share deep and transformative experiences. The facilitator urges participants to continue writing and/or drawing as they wish, in order to process the memories that may continue to arise over time. Participants are reminded to call on their Wise Guide as memories may continue to emerge. A group closure ritual is created, which may involve music, poetry, dance, prayers, or whatever arises from the collective. People sometimes choose to commit to some action on the individual and/or the community levels. The ritual is ended with a poem, prayer, or music. The important thing is that the closure ritual arise from the people present, as community, and that it promote a sense of the sacred, of peace, and of the possibility of creating a positive future. (If participants enter into a state of crisis during this, or other phases of the process, they may be invited aside and talk to a facilitator about their experiences or, in the case of severe traumatic memories, eye movement desensitization reprocessing techniques may be applied with the person in a private setting, away from the larger group. Other techniques utilized include diverse rhythmic crosslateral movement exercises, tapping, psychodrama, art therapy, and diaries for those who wish to keep them.)

Acknowledgment, Remembrance, and Mourning: Individual Healing and Psychosocial Reconstruction

At the stage of acknowledgement, CDBH approaches are also somewhat different from the talk therapy-based workshops. Herman,¹¹ Narváez Gómez,¹² and others have participants articulate and reconstruct their traumatic stories in ways that give meaning and attempt to restore dignity and wholeness to individuals and communities so they can move on with their lives. These therapies are designed to provide a cathartic moment for participants by having patients retell and relive traumatic events as vividly as possible,¹² based on the assumption that it is necessary to discuss, acknowledge, and mourn historical injury between and among communities in order for healing and reconciliation to occur.

Although CDBH facilitators are trained as active listeners, and are familiar with psychotherapy-based approaches, primary strategies employed are kinesthetic, as mentioned above. Individuals and communities are viewed as "whole entities," which is why efforts are aimed toward freeing traumatic energy/memories through what Cane¹³ calls "body-mind and spirit practices," *utilizing the body as the primary channel for accessing traumatic energy*, as opposed to talk therapies, which use language as their point of departure.

In line with Servan-Schreiber's⁵ reasoning, *if the limbic brain is the locus of trapped unprocessed traumatic memories, and the limbic system controls both emotional and corporal-physiological responses to trauma, then it makes sense to address trauma through corporal-kines-*

thetic approaches, leaving psychotherapeutic, talk-based approaches as a second set of options for participants who wish to talk about traumatic memories. Both Schreiber⁵ and Cane¹³ believe that traumatic memories—stuck in the limbic brain in nonverbal imagery, leave an imprint at the cellular level within the body. *Given the close relationship between the limbic brain and the body, it is often easier and less traumatic for participants to access the emotional/limbic brain through the body than through language—which is processed at a higher neocortical level.* Again, the neocortical level of the brain controls cognition, language, and reasoning, whereas the lower limbic brain controls both emotions and corporal physiology—making corporal/kinesthetic approaches possibly a more direct method of accessing traumatic memories. *This has the additional benefit of saving victims of traumatic events from further victimization due to social taboos and sanctions that might be directed at them if they talk in their communities about what has happened to them and/or their families. It liberates them from depending on the social acknowledgement that a wrong has been committed against them, which they may or may not receive.* As we know, social constructions, family honor, sexism, shame, and any number of other factors may lead to a refusal of society to acknowledge the harm done. If we are able to provide modes of progressing through the acknowledgement, remembrance, and mourning stages, which do not depend on society's acknowledgement and vindication, then we feel this should be done.

As participants progress through the acknowledgement phase, activities, ceremonies and/or rituals are offered that allow the community to mourn and to commemorate losses suffered. These are designed according to the culture and the preferences of the populations at hand. For example, people may choose to write about the memory on pieces of paper, which are then folded, collected in a common vessel, burned, and their ashes scattered to the wind or in a river or an ocean. (With Christian groups, participants may be given a Post-It and asked to write a few words that summarize the traumatic memories of the past. They are then invited to fold the paper and literally "nail it" to a cross, which we provide for the occasion. This activity provides a strong symbolism that sacralizes the memory while allowing the person to "release it" to a higher authority by metaphorically nailing it to the cross of Christ. Similar exercises may be adapted to suit the cultural particulars of the group with which we are working.) Mourning and closure activities are as diverse as the groups with which we are working. The same goes for the final stage, where any number of activities can be created, which allow participants to memorialize the memory. A popular activity for remembrance is to provide participants with artistic materials, and allow them to create whatever expression they wish; they may keep their creation as a symbol of the sacred memory, or they may decide to place it in some public space to be viewed by the community—thus enshrining the memories of the past.

Although workshops vary according to each community, the basic stages followed are (1) opening the energy fields and discharging anything blocked or frozen in the body as a result of traumatic experiences.¹⁸ (2) Processing material that emerges from the body—emotions, aches, etc. (Material may also emerge from the mind in the form of words, and the person may feel the need to talk.) (3) Working with the inner person, (psychoaffect,

spirit, soul). (These are the moments where participants are invited to visit their inner spaces to strengthen the natural energy flows of the body, mind, and spirit, awakening the body's inherent wisdom and reestablishing the free flow of positive energy throughout the person's being). (4) Bringing forth and integrating healing energy in order to reestablish the dynamic balance underlying the well-being of both individual and the community. (5) Closing the circuit and rooting life-giving energies within the person (from Cane¹³).

RECONNECTION

According to Herman,¹¹ reconnection involves developing a new self, new relationships, and a new or renewed sustaining vision. People are given time and space in workshop activities to reflect on, or write about what they want to be and do on into the future, reconciling and forgiving themselves where appropriate, and letting go of the parts of the self that were formed by the traumatic experience. When the mood is right—and this does not depend on allotted time slots, but on the group's ability to progress through the process—people move on toward reconciliation with others. As trust, rapport, and relationships have gradually grown throughout the workshops, participants are more able to place trust in others. At the stage of reconnection, an exercise is often used that “salutes the sacred self and the sacred other.” We call this *el Namaste*, or the *Namaste Exercise*—which proves to be a life-transforming moment for individuals and communities as they discover or reconnect with the sacred within themselves, which allows them to discover and connect with the sacred in others. For this exercise, half the participants stand in an inner circle, and half in an outer circle, with participants in the inner circle facing those in the outer circle. They are taught that the *namaste* is a salute to the divine spark within each of us, which is a gift given to the world by our Hindu brothers and sisters. (Although workshops are designed to be appropriate to the culture and the locality, specific exercises may incorporate wisdoms offered by other cultures. Meanings and forms are explained to the participants, who often express pleasure at learning something life-affirming brought to them from other peoples and other parts of the world.) Usually, Ravi Shankar's *Shanti Mantra* is played in the background. With palms together at the chest level, people in the inner circle remain still, simply receiving the honoring of the divine within them from those in the outer circle, who rotate around, greeting each person in the inner circle until coming back to their original partner. People in the two circles exchange places, with those now in the outer circle rotating around and greeting the Sacred within the members of the inner circle. In this manner, each person both gives and receives the salute to the life essence within him/herself. Time and again, this exercise proves transformative to the participants, as they discover their own sacred nature and that of others. We only offer this activity after sensing that the group is at a space of inner stillness where they will be able to process its profound meaning. For someone who feels destroyed by trauma and violence, whose sense of self-worth has been shattered, to be saluted as a sacred being, and to discover and

salute the sacred in others, is one of the most healing moments we have to offer throughout the course of our workshops.

This and several of our techniques do not flow from an empirical, scientific basis. Instead, they arise from the wisdom and the teachings handed down by human communities throughout the ages. It is a funny line to walk, to be academics, and yet to know that certain aspects of human wholeness can be approached from a nonempirical, or a spiritual basis. Although quantification and scientific study of said approaches is challenging, participant feedback and follow-up on their postworkshop lives reveals that people experience profound positive change toward reestablishing the wholeness of both the individual and the community. Our approaches bridge science and spirituality and, where appropriate, science, and faith. At CDBH, we hope our work will serve to gradually bridge the perceptual gap often found between these paradigms.

Depending on the participants' belief system, activities such as *limpias* may be conducted; these are rituals aimed at “cleansing” the energies remaining in the aftermath of violent acts. In some communities, people believe that evil spirits inhabit the places where violence has occurred. Whether or not CDBH holds this belief, we find that working with *how people think*, and therefore *feel* about a place and about past events, promotes a shift away from the “darkness” perceived to have a hold over places and people, toward the creation of hope in the possibility of moving forward in a life-giving way. What is within people—both cognitively and psychoaffectively—tends to be projected toward the external milieu, which is why it is so important to work with people's perceptions and feelings, regardless of how scientific or “folksy” they may be. Healing rituals are very important for these very reasons. When possible, we elicit from the community the ways in which they choose to symbolize the passage from “darkness into light,” or from violence into a peaceful future; they often choose some old ancestral ritual, such as using candles to symbolize inner light brought forth into the common spaces. In the case of pardon and reconciliation, people may ritualize a letting go of past injuries; they may “ceremonialize” the reintegration of perpetrators and their family members into the community. Rituals to express gratitude, to create sacred space, and to sacralize past memories are incorporated throughout the stages of psychosocial healing and reconnection. Cane¹³ often uses a labyrinth, in which people walk as a community as they journey toward collective healing. She believes that the journey to the center of the labyrinth symbolizes the journey to the center of our inner selves, and that walking the labyrinth as a community helps reknit the social fabric and the recreate the ties lost to ongoing normativized violence.

These and other exercises are offered, aiming to reconnect individuals and to reknit shattered societies as they journey toward a shared vision of a peaceful future. The next step is to create empirical studies in order to observe and quantify the impacts and outcomes that our work has for participants and their communities.

SOME FINAL REFLECTIONS

In moving beyond trauma, people often find a new mission in life, and dedicate themselves to reconstructing the community, or to working for peace and the wholeness of others. Depending on the groups at hand, CDBH staff may facilitate a process where participants collectively draw up a common vision for the future, discussing and sometimes designating tasks through which to operationalize their new collective vision. Once again, the approaches and specific activities are as varied as the needs, interests, and concerns of the groups with which we work. CDBH aims to leave the communities with fe/male heads of household and local leaders trained to facilitate healing processes and activities if and when they are needed. We make ourselves reachable by e-mail, phone, etc., for consultation or for follow-up workshops if the community so desires. The idea is “not to be needed,” in the hopes that the community and its members will be self-empowered to go forward in a healthy life-giving manner once CDBH staff are gone.

As Herman¹¹ mentions, healing of memories and remaining free from the crippling effects of trauma may never be complete. Instead, the hope is that participants will be able to turn their attention from the task of recovery from trauma to the tasks of daily life. Herman’s colleague—Mary Harvey—provides the following criteria for an acceptable level of resolution of trauma:

Emotional, physiological and behavioral symptoms are brought within manageable limits. Individuals and their communities are able to bear the feelings associated with traumatic memories. People “have authority” over the memories—meaning that they control the memories which—albeit still painful, are no longer “on top of the trauma survivors.” The survivors, instead, are “on top of the memories,” often utilizing them as source and motivation for ongoing activities for the good of self and others. Memory is held as a coherent narrative. People will always remember; yet, personal and collective subjugation to the throes of traumatic memory is gone. The memories are held as a sacred part of the past, not to be forgotten nor repeated. Individual and collective self-esteem and identity are restored. Old relationships have been reestablished and new ones created. Finally, a coherent and healthy system of meaning, values and belief has been re/created in a manner which encompasses the story and the historical memory of the trauma (www.uic.edu/classes/psych/psych270/PTSD.htm).

Working with communities in conflict, healing trauma and historical injury, striving for peace and reconciliation are at best “imperfect sciences.” The labor is complex, as it moves forward in fits and starts. Although the work is difficult and ever changing, it is what staff at the Center for Dialogue and Human Wellbeing are called to do; so, on we go with the commitment, continually seeking to improve our knowledge and approaches. The work may never end; yet hopefully we will be ever willing to continue with this humble labor whenever and wherever called.

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