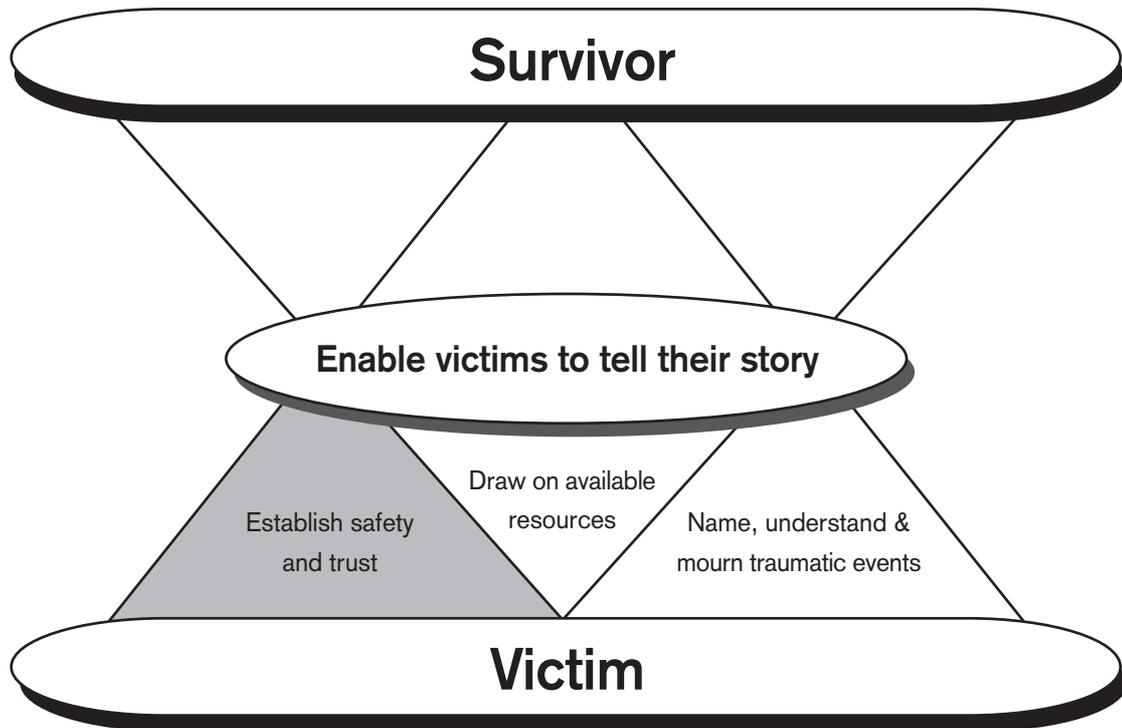




Establish safety and trust



BEGIN WITH YOUR OWN EXPERIENCE:

- ▶ I feel safe when...
- ▶ A place where I feel safe is...
- ▶ To be afraid is...
- ▶ Someone I trust with my feelings is...
- ▶ Someone I trust with my money is...
- ▶ Someone I trust to talk about my deepest life questions is...

For victims to be able to tell their story they must feel safe and trust the caregiver. This chapter describes procedures for developing trust at the beginning of a workshop on stress and trauma healing.

Importance of safety and trust in recovery from severe and traumatic stress

Severe and traumatic stress robs people of their sense of safety and trust. To be a victim is to lose power and control over daily living. Victims also lose connections with people. Fear, fright and even terror can become part of their daily experience. It is hard to trust others when you are frightened by them.

It is important for victims of severe and traumatic stress to tell others their stories. The challenge for us caregivers is to provide the safety that enables the victims to trust so they can tell their story and begin the recovery process.

Physical safety — our first concern:

As we approach people who have been victimised we must first ensure their physical safety. Their fright, fear, and terror are common and natural reactions to physical danger. If a child is being physically abused at home, the home is not a safe place. If people are physically threatened by attacks on their families or communities, they are not safe and may need to move out. Our first concern must be to connect them with resources for their physical safety.

Emotional safety and trust:

Physical safety is essential but is often not enough to recover from severe and traumatic stress. People of all ages, children as well as adults, become numbed to the world and other people after such events. One group of children, whose parents had been brutally murdered, were taken to a physically safe setting but sat staring without visible emotion. A forty-three year old father, whose daughter had been killed, was physically safe but could not hold a job, could not participate in family life and could not benefit from educational experiences. He had bottled up his feelings for many years, never able to tell his story. He needed someone he could trust to tell what had occurred to him.

What does it mean for the victim to regain emotional safety and trust? How can they feel safe in our presence? Can they trust us with their innermost pain? What can we do to increase their level of safety and trust with us and what must we avoid doing so as not destroy what trust and safety they feel?

How to introduce yourself to the group

An important way to help people feel safe and comfortable is for you as caregiver, to be transparent, open and forthright in the introduction of yourself.

Tell participants how your interest in the topic of severe and traumatic stress began.

Share personal but not private bits of information about yourself but be brief.

Remember that 90% of the message you send is in the way you send it — voice tone, body posture, eye contact etc. — and only a small percentage in the content of what you say. So let yourself be real and honest and comfortable.

Guidelines for encouraging trust in a group

We suggest the following guidelines to develop trust as you relate to a group or to individuals:

- w make the setting or room as comfortable as possible
- w as much as possible, explain to the group what you will be doing and why
- w involve participants gradually
- w avoid coercion
- w seek to create a pleasant but not phoney environment
- w seek to connect participants with each other rather than only yourself

Turn over as much of the group decision-making to the group as possible. Pay special attention to structural changes suggested by the group about the timing of events or the location of the meetings or the arrangement of the furniture. If one person makes the suggestions, check with others to see if there is consensus.

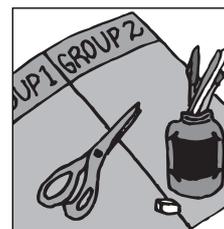
Introductory group processes

Below are opening exercises you can use in various workshops. Their purpose is to 'break the ice' and to invite participants to have their voice heard by others and so begin the process of establishing trust.

Learning to trust each other.



Topic: Maintaining privacy: “above the line/below the line”



Activity/Exercise

4.1

Purpose:

To protect participants from feeling compelled to tell others private information.

Please note:

In this Manual we make frequent suggestions that you ask participants to work individually and then share in groups of three or four or in the larger plenary session. This can be threatening to some people, particularly if they have not shared their stories with anyone before.

This being the case, participants are informed that they will be invited to share what they are experiencing, but they will not be socially coerced to do so.

On the other hand we invite participants to acknowledge to themselves what experiences, thoughts or feelings they are having.

Materials:

Paper and pencils or pens.

Procedure:

Ask participants to take a sheet of paper and draw a line across the middle of it.

In the space above the line they can note the experiences they are willing to share with others in the group.

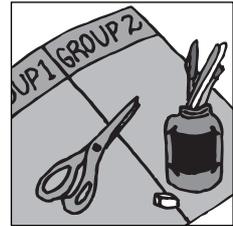
Below the line they note experiences they are not yet willing to share but can acknowledge to themselves. The line is called a trust line. As the trust level increases, participants may want to lower the line to share more of their experiences, thoughts and feelings with others.

Please note:

The paper and the line can, of course, be imaginary. To introduce this ‘above the line/below the line’ exercise early in the workshop, gives participants the signal that they will not be coerced and that their privacy will be respected.

You can use above the line/below the line with any other exercise that asks participants to share personal information.

Topic: Introductory exercises



Activity/Exercise

4.2

Purpose:

- ▶ to 'break the ice' at the beginning of the workshop
- ▶ to relax participants
- ▶ to give participants an opportunity to know each other and thus to build group cohesion and trust

OPTION NO. 1

Materials:

None.

Procedure:

Invite participants to give their name, the agency or organisation they come from and what brings them to the workshop.

Please note:

This is a straight forward procedure that lets each person have their voice heard and gives an opportunity to say a little about their own reasons for coming. For those who are very shy it does not force them to say more than they want to.

OPTION NO. 2

Materials:

None.

Procedure:

Ask each participant to select three things from their own pocket, purse or on their person — keys, pictures, a coin, a particular shirt, etc.

Ask the participant to share with the group what these objects mean and why they are important.

Please note:

This procedure is a little more interesting. Often participants are a little cautious at first but open up as they go around.

OPTION NO. 3

Materials:

None.

Procedure:

Ask each participant to state his/her name three times.

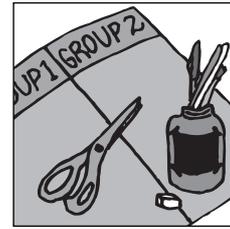
As the leader you begin by telling the group that you will give your full name three times and then share what your name means to you.

You then ask each person to do the same. When you state your name three times you do it loudly and affirmatively, as to a large audience. This has the effect of catching participants' attention.

Please note:

The level at which you disclose the meaning of your name will likely set the norms for others to share the meaning of their names.

For further options see the references below:¹⁵



Enabling victims to trust us with their stories

What words or experiences come to mind when you say the word "trust." What is the opposite of trust?

Words such as loyalty, fidelity, reliability, integrity, constancy are often associated with trust.

Opposites are fear, cynicism, suspicion, jealousy.

Trust-related issues are raised whenever we interact with another person. It is there in all human relationships, at all levels. Trust occurs between people. For you to tell me about yourself, you need to trust me. It is essential that we win the trust of the victims we work with so they can tell their story and be healed. The following model describes some of the essential aspects of trust.

¹⁵ Anita Kromberg and Richard Steele, *Training Manual, Reconciliation: Building A More Peaceful and Democratic Society* (Durban, South Africa). *The South African Handbook of Education for Peace* by the Quaker Peace Centre, Cape Town, (1992).

Our emotional trust account¹⁶

Introduce the emotional trust account as follows:

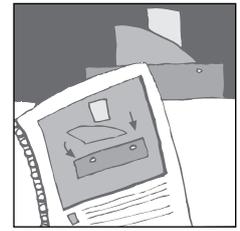
We know what it means to have a financial account in the bank. We begin opening an account by filling in forms and making a deposit into the account. In return we get a statement that tells us how much we have in the account. We trust the bank to take care of our money, to keep it safe.

When we need the money for some purpose we withdraw the amount we need and our bank account goes down, is lessened by that amount. Again we get a statement to let us know how much we have withdrawn and how much is left.

When we relate to another person we begin an emotional trust account with that person. We form a joint trust account. Both of us can deposit into the account and both of us can draw from it. In relationships with each other we begin with a 'deposit' of a greeting or a handshake and an introduction. This is a small 'deposit.' The other then does the same. Gradually we make more and more 'deposits' with acts of kindness, keeping our promises, and honesty. These are small deposits into our emotional bank account with this person. We begin to build up a feeling of trust.

The more 'deposits' we make to our joint trust account the more reserves we have. You can call on me and I will be there. I can call on you and you will be there for me. My trust for you grows with each deposit and yours grows for me. When our trust account is high, it is easy to communicate because you pick up my messages easily and I pick up yours.

But just as we make 'deposits' into our joint trust account, we can also make 'withdrawals'. We can 'overdraw our account'. If I promise to do something important for you but don't do it, you will trust me less.



Model 4.1



Betrayal!

¹⁶ Further description of this model can be found in Stephen R. Covey, *The Seven Habits of Highly Effective People* (New York: Simon and Schuster, 1989)

Topic: Trust is a two-way process

Purpose:

To identify what increases and what decreases interpersonal trust.

Materials:

Newsprint and felt-tipped pens.

Procedures:

In small groups of three or four, ask participants to identify 'deposits' and 'withdrawals' in their relationships with people:

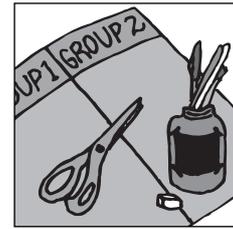
- ▶ what experiences have they had in which other people have made small or large 'deposits' to their relationship and what was their response to that person?
- ▶ what experiences have they had in which other people have made small or large 'withdrawals' to their relationship and what has their response been?
- ▶ tape two newsprint sheets on the wall; one entitled, 'Deposits' and the other 'Withdrawals'.
- ▶ ask participants to describe how they felt after making or receiving a 'deposit' or 'withdrawal'.

Please Note:

Be sure to remind participants that they share only those experiences that they feel comfortable sharing.

Common reactions to 'deposits' in relationships are: a sense of comfort, happiness, affirmation.

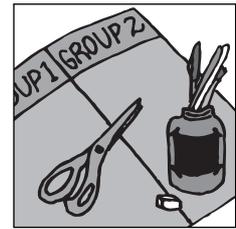
Common reactions to 'withdrawals' are disappointment, anxiety, anger and even betrayal.



Activity/Exercise

4.3

Topic: Overview of purpose and goals of the workshop



Activity/Exercise

4.4

Purpose:

- ▶ to give participants the background and context of the workshop
- ▶ to give participants an opportunity to know how you became involved in leading a workshop on severe and traumatic stress and healing
- ▶ to invite participants to share their associations to stress, trauma and healing
- ▶ to be personally relevant to participants' own experience and to develop ways for them to be a healing presence in their own communities, churches and families.

Optional Procedures:

Summarise the background to the workshop described in the Preface.

Please Note:

Keep the summary brief — 5 minutes.

OPTION NO.1

Materials:

None.

Procedure:

Give a personal story that emotionally stirs you about stress, trauma and healing.

Please note:

The example of personal sharing that you give as leader will set the norm for the way participants share their story later.

OPTION NO. 2

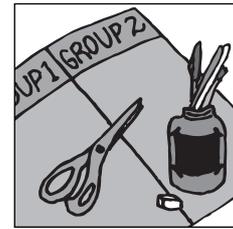
Materials:

Poem, hymn, or reading about stress and trauma.

Procedure:

Share one of the above items that grips you emotionally and why you chose that item.

Topic: Tentative agenda and schedule for the workshop



Activity/Exercise

4.5

Purpose:

- ▶ *to give participants the framework for the workshop*
- ▶ *to invite participants to help set the agenda and norms for the workshop*
- ▶ *to listen for any structural changes participants wish to make so that they may be able to take ownership of the workshop.*

Materials:

Newsprint and felt pens.

Procedures:

- ▶ *Go over the time schedule, tea times and lunch breaks.*
- ▶ *Give a general overview of the topics in the workshop. Don't get stuck in the details.*
- ▶ *Invite participants to generate the ground rules and norms for the workshop. The following items should be covered:*
 - *Experiential nature of the workshop*
 - *Participate only as you feel safe — no one should feel forced*
 - *Confidentiality*
 - *Differ with each other but treat with respect*
 - *Handouts will be provided so no need to take notes.*
- ▶ *There may be homework assignments between workshop days. You can add any others suggested by the group. Write these on newsprint.*
- ▶ *Ask participants for particular interests that they have in the topic of stress, trauma and healing and what they want emphasised. Tell them that the agenda can be changed to suit the individual needs of the participants.*

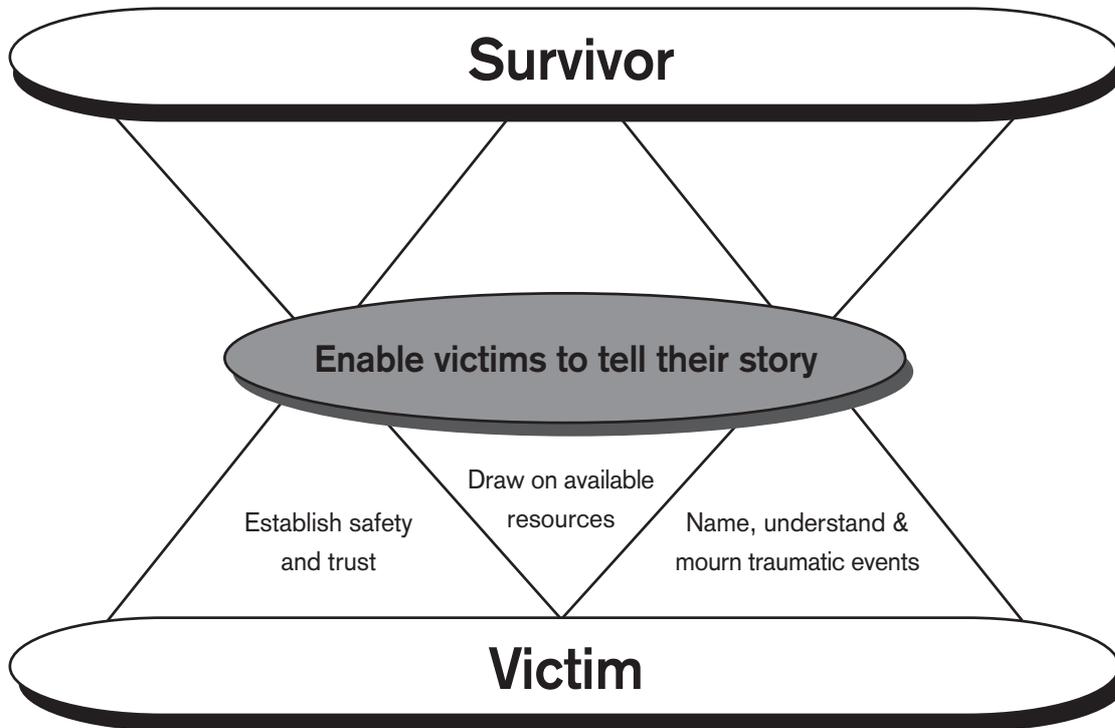
Confidentiality

Caregivers must respect the confidentiality of the people they serve. It is the most basic and fundamental requirement of the caregiver. Any spiritual or emotional support we provide can be undermined in a moment if confidentiality is not respected. Lack of confidentiality retraumatizes the victim. We therefore suggest that:

- ▶ We don't talk to others about the people that tell us stories so as to identify who they are, without their permission.
- ▶ We remember that the stories belong to the victim not to us who have heard them.
- ▶ We respect the story tellers by honouring what they have said to us.
- ▶ We do not speak about these stories in public places in a manner that betrays the seriousness of the events described.
- ▶ We do not promise the victim something which we cannot do.
- ▶ We keep our promises to be available when we say we will.



Enable victims to tell their story



BEGIN WITH YOUR OWN EXPERIENCE:

- ▶ When you have been hurt, do you look for someone to talk to?
- ▶ If you do, who do you look for?
- ▶ To whom would you rather not talk?
- ▶ How do you feel after you've shared a personal story with someone?

Victims of stress and trauma need to tell their own story. A story teller needs a caring and sensitive listener so the victim does not become retraumatized. In this chapter we describe how you can encourage the victim to tell his/her story, how you can become a better listener, and how to close a session after the story has been told.

Importance of telling the story

The victim experiences loss of dignity reflected in loss of connection with others, loss of control over life's events and loss of order and meaning. Recovery begins in a caring relationship when victims tell their story of what has happened to them, when they know they are listened to and when their experiences are taken seriously. Most people want to tell their story of stress and trauma to someone who will listen in a caring and sympathetic way.

In order for the story telling to have a healing effect, the listener must be “present” — that is must not be hurried, distracted or restless. If the listener is judgmental or offers advice too quickly, or interrupts in other ways, story telling will not be helpful and may even be harmful. In such cases the victims feel disconnected, disempowered, and disrespected. In effect the victim is injured again.

Sometimes, simply opening up our inner hurts provides wonderful relief and is experienced as healing at the time. But it may not be enough for healing to continue. Often recovery from severe and traumatic stress is a longer term process much like running a marathon. Runners may start off with a burst of speed without preparation but have difficulty in finishing the race. Careful preparation and frequent practice is important. Continuing determination and courage along with training and support from others, help victims to recover.

We need to emotionally embrace and sustain people who have been victimised by life events. We do this by genuine caring. Sometimes we connect with words, sometimes in silence.

Job's friends began by sitting in the ashes with their friend Job. They did that for seven days (Job 2: 11-13). When they simply sat and listened they were helpful to Job. When they began to find reasons for Job's problems, to explain and blame, they were no longer helpful.

How to prepare yourself to elicit and listen to the victim's story

Stress and trauma stories are highly personal. Traumatic events crash through our normal protective structures to expose us in unprotected ways. The frequent reference to wounds, when talking about trauma brings to mind the cutting of the protective layers of skin to expose our raw inner tissues. Open wounds are vulnerable to infection and further trauma. Medical science has taught us that we must be skilled and careful and clean as we assist in the healing of our physical wounds, lest we re-injure old wounds. The same applies to our emotional/interpersonal/spiritual wounds.

Several cautions come to mind as we prepare to elicit and listen to another person's stories of stress and trauma:

1. Leave your own concerns behind. If you enter with part of you concerned about other events you fail to make the person(s) before you the primary focus of your attention. They will know it, consciously or unconsciously.
2. Focus on the person before you and his or her experience and feelings. Don't get caught up in the details of the story and lose sight of the person's experience.

3. Centre yourself to elicit and to listen. Skills are not enough. If intrusive thoughts come, let them pass and re-centre on the person telling the story. Do not write down or record what is said. It is the person behind the event that matters.
4. When you listen to victim's trauma stories you are on 'holy ground.' Treat them with reverence.
5. Remember to monitor yourself. Do not take on more than you can handle.
6. Listening does not mean to give advice.

Skills in eliciting victim's stories

The most important activity of the caregiver is to listen attentively to the stories presented about stress and trauma. However some kinds of questions can encourage the victims to tell their story in greater depth. These are sometimes called 'Open questions.' Open questions are questions that cannot be answered with a "yes" or "no."

There are several kinds of open questions.¹⁷

Probing questions ask for more information. These are questions such as:

- What was it about this that concerned you the most?
- When was it that you realised that?
- How did you come to decide to....?
- Please tell me more about how you came to think or feel that...

Clarifying questions seek to sharpen the listener's understanding of what was said. These are questions such as:

- When you used that word..... or that expression..., what did you mean by that?
- When you referred to "them", whom did you mean?

Consequential questions ask the story teller about the consequences. These are questions such as:

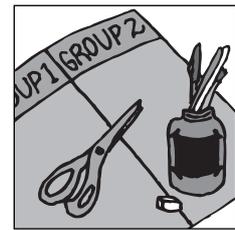
- If you go on as you have planned, who do you think will be most affected?
- How long do you think it will be before the effects will be felt?
- How will your family be affected by the actions you describe?

¹⁷ Adapted from Michelle LeBaron Duryea, *Conflict Resolution & Analysis as Education* (Victoria, BC: Uvic Institute for Dispute Resolution, 1994)

Topic: Listening to the victims' stories¹⁸

Purpose:

To provide participants an opportunity to tell their stories of stress and trauma.



Activity/Exercise

5.1

OPTION NO. 1

Materials:

Newsprint, felt-tipped pens and/or wax crayons.

Procedures:

- ▶ Give each participant a sheet of newsprint and have felt pens and/or wax crayons of various colours available. Invite each person to divide the sheet into four sections and title one section childhood, one adolescence, one early adulthood and one present time.
- ▶ Ask participants to draw a picture of their experience of stress and trauma in each of the four periods of their life. Give sufficient time — perhaps 20 minutes — to do this exercise.
- ▶ After making the drawings ask participants to form groups of three or four persons to share the story of the drawings.
- ▶ Allow time to enable participants to give their full story. Have one share at a time. Listeners should not interrupt. After hearing the person's story allow the listeners to ask questions.
- ▶ In plenary, ask participants to share what the experience was like for them.

OPTION NO. 2

Materials:

Newsprint, felt tipped pens and/or wax crayons.

Procedures:

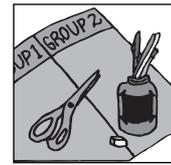
- ▶ Give each participant a large sheet of newsprint. Have them divide the sheet into three sections.
- ▶ Ask each person to make three drawings of their own experiences of stress or trauma — one, as an individual, two in family and three, in community.
- ▶ Again, have them share these stories in small groups of 3 or 4.
- ▶ Alternatively, some groups may choose to share their stories with the entire group. Encourage them to share their story in an unhurried manner without interruption. Questions of clarification may be asked.

¹⁸ An additional framework for eliciting participants' stories, "Tree of your life" is described in Appendix B.

OPTION NO. 3

Materials:

Newsprint, felt tipped pens and/or wax crayons.



Procedures:

Invite participants to draw their experience of stress and trauma freely on large sheets of newsprint. Again as above, share these drawings in small groups.

OPTION NO. 4

Materials:

Newsprint, felt tipped pens and/or wax crayons, newspapers, magazines, glue, tape, scissors.

Procedure:

- ▶ Ask participants to begin the story-telling by doing a stress/trauma collage. To do a stress collage:
 - give each participant a sheet of blank newsprint and place a stack of newspapers, magazines, glue and tape and felt-tipped pens and/or wax crayons around the room;
 - invite participants to make a stress collage using photos, advertisements, news stories, drawings, reflecting their experience of stress and trauma;
 - in small groups of three or four, have participants share the meaning of the collages with each other;
 - post the collages around the room giving participants a few minutes to look at them;
 - in the whole group invite participants to see themes that emerge from the collages. You may wish to write these on newsprint.

OPTION NO. 5

Materials:

None.

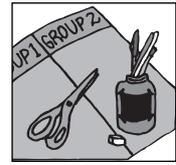
Procedures:

In small groups invite participants to develop skits of their experience of stress and trauma. These skits could be on the subject of individual, family or community stress and trauma.

- ▶ Have groups present their skits to the whole group.
- ▶ Ask each person in the skit how it felt to be in that role.
- ▶ Ask the person who played the victim in the skit what new insights were received through the experience.

Closure

After participants have opened themselves up to share some of their most vulnerable emotions, it is important, not only that we listen and contain the emotions as they are being expressed, but also enable people to settle and close the emotions. Even if we as caregivers are able to walk away from the sessions and regroup ourselves, participants who have opened up to us or to others may not be so ready to do so. If participants feel that they have voluntarily shared their stories it will be easier for you as caregiver to help them arrive at closure. They need to draw boundaries around their experiences, not to hide them or push them under a carpet. They need to contain them until they are ready to talk about them again. This is not to imply that they are finished but that they are able to put them away for a while to go on with life. Two very necessary psychological processes for victims of severe and traumatic stress are 1) to separate themselves from the events that have happened to them and 2) to integrate the events into their lives. The latter takes time. So sometimes the former is necessary to 'buy time' till the victim is ready to more fully integrate the experience. The victim needs to separate from the experience. The following are activities and exercises that you may wish to lead your participants through as you develop closure after a session such as the above.



Topic: Closure

Purpose:

To bring emotional closure to participant's experience.

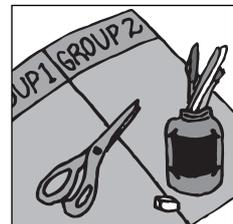
OPTION NO. 1

Materials:

None.

Procedure:

- ▶ Ask participants to get into a comfortable position. Place any note books and materials on a table or on the floor. Speak in a relaxed, calm voice and give plenty of space for silence. Ask participants to relax any muscle groups that are tense. If there are thoughts that race through their minds, let them pass.
- ▶ Ask participants to close their eyes and see the picture of the severe or traumatic stress event that they have described in the session.
- ▶ In their mind's eye ask them to draw a frame around that picture. Take enough time to allow participants to do this.



Activity/Exercise

5.2

- ▶ When they have done this, ask them to shrink the imaginary picture down so that they can hold the picture in their hands.
- ▶ Have them hang this framed imagined picture on the wall.
- ▶ Next examine the framed picture out there on the wall and notice the emotions that are part of it. This will take time. Do not hurry the process. Give participants time to do this.
- ▶ Leave the frame and the picture out there on the wall.
- ▶ Next ask participants what else they see in their imaginary room. Notice the positive aspects of their relationships, their accomplishments and their dreams about who they really want to be and what they want to do with their lives. Have them think about their lives apart from the severe and traumatic stress events.
- ▶ The picture of severe and traumatic stress remains but other aspects of life are present as well.
- ▶ After they have had enough time to do this ask them to return to the room where they are sitting and share their experiences.

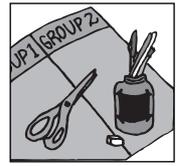


Let go of your traumatic images.

OPTION NO. 2

Materials:

None.



Procedure:

- ▶ Ask participants to relax as in the above option.
- ▶ Ask participants to reflect on the things that they have said and the impression that other stories have made on them. Ask them to place the emotions of the experiences into an imaginary basket and place the basket on a shelf where it can be seen and taken down at an appropriate time. Place it (in imagination) in such a way that is secure and does not fall down and spill all over them.
- ▶ If more things come to mind, add these to the basket.

OPTION NO. 3

Materials:

Clay.

Procedure:

- ▶ Give each person a handful of clay.
- ▶ Ask each one to fashion a symbol of healing that is meaningful to them.
- ▶ Invite participants to share their symbol of healing with the whole group.

OPTION NO.4

Materials:

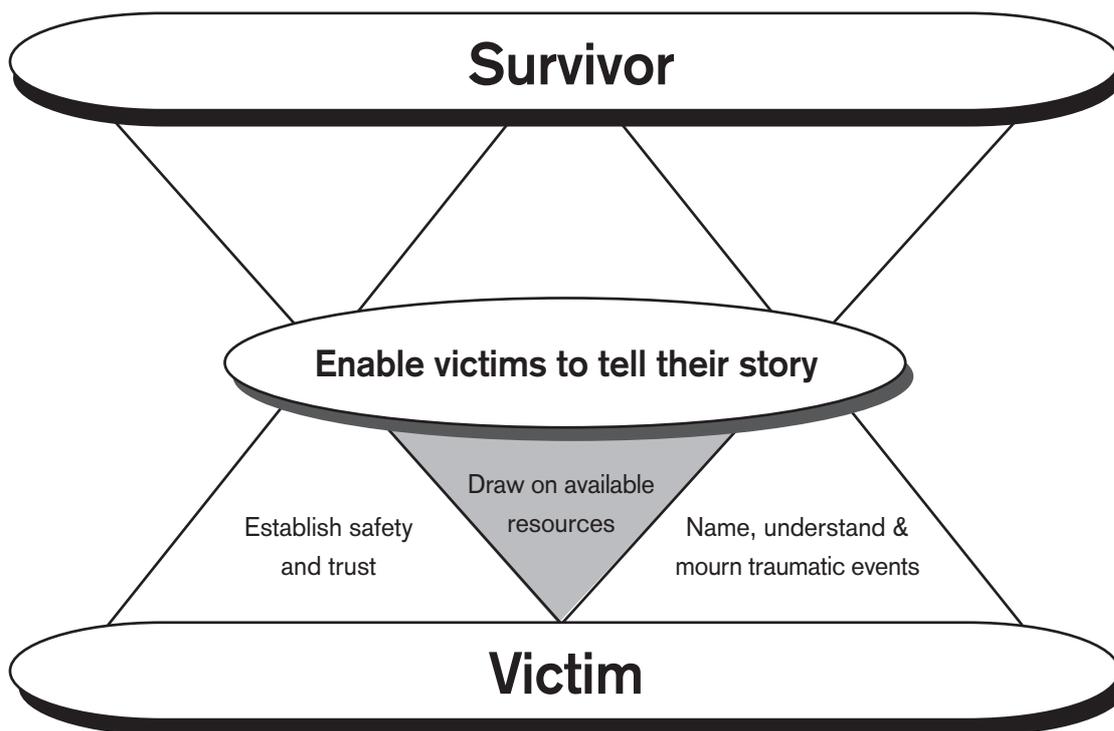
None.

Procedure:

Ask participants how they want to conclude the session. They may wish to conclude with a period of silence, a song, or a prayer.



Encourage victims to draw on available resources



BEGIN WITH YOUR OWN EXPERIENCE:

- ▶ What helped me get through hard times in the past is...
- ▶ The person who helped me get through hard times is...
- ▶ Memories of the past that help me to feel confident are...
- ▶ Something our family did regularly to celebrate was...
- ▶ A cultural ritual I consider to be very important is...

Victims of stress and trauma often feel cut off from that which has sustained them in the past. Cultural, family and personal resources do not seem to be available. In this chapter we describe procedures you can use to identify past and present resources available to individuals, families and communities.

Introduction to accessing available resources

Stress events erode personal and family stability. Routines are put under strain. The illness of a child, pressure from a boss at work, or worry over an ageing mother or father are examples of ordinary stress events that disrupt personal and family stability and threaten 'spillover' (see Model No. 2.1). Severe and traumatic stress is more likely to result in a 'spillover'.

Whether ordinary or severe, stress disconnects us from support we have had and used in the past. When people are under stress they do not see as clearly as they do when they are calm and relaxed. Ordinary stress and particularly severe and traumatic stress close off our perceptions. Like Hagar, it closes our eyes to sources of support we have available in the present and to opportunities available in the future.

The Biblical story of Hagar recorded in Genesis 16 and 21 illustrates the disconnection from resources. Hagar, an Egyptian slave woman, had been badly treated by her mistress, had given birth to Ishmael by Abraham, husband of her mistress, and is finally driven out with her son to make her way in the desert. She runs out of water and lays her son down to die of thirst. She removes herself from the spot so she does not have to watch him die. Then "God opened her eyes and she saw a well of water" (21:19) and she was saved. The well had been there all along, but she had not seen it.

Healing makes us aware of the resources we already have so that we can use them. A resource is a new or reserve source of supply and support, such as available funds, a possibility of relief or recovery, or an ability to meet and handle situations.

Caring people are our most important resource.



Caregivers themselves are an important resource to victims

Caregivers serve as anchors of safety and trust by listening. Caregivers help victims of stress and trauma draw on their own resources to enable them to find meaning, to recover their identity, and their connection with significant other people.

Caregivers serve as a bridge to connect the victims to past and present resources. What enabled people to get through past difficult events is often a source of strength in the present. When people tell their story of stress and trauma it often elicits past troublesome times. When we then ask what helped them get through those hard times, they often stop, take a deep breath, and then, if they feel safe and comfortable, share how they survived. Their past ways of surviving can be a resource for them in the present.

Caregivers are also like 'lookouts' on a high mountain who can see the 'big picture.' Stress and trauma narrows perceptions and leads to despair. Viewing the bigger picture, can help to elicit hope and faith in the future. We emphasise again that we do not push or cajole but elicit and evoke when the victims are ready to see 'the bigger picture.' As caregivers we ourselves need to genuinely feel and experience hope.

Resources of familiar, comfortable and empowering past experiences

Stress events erode personal, family and community stability. When a breadwinner is retrenched, when a child is ill, everyone in the family is affected because familiar family routines are disrupted. Severe and traumatic stress — war, death, earthquakes, floods, home displacements — disrupt people's lives suddenly and drastically.

When we listen to stories of such events, we listen to the pain and anguish victims express. We concentrate and seek to be fully present with victims and their experiences. As we listen to the pain we also listen for memories of strength and stability in people's lives.

We listen and elicit memories of inner strengths: a sense of humour, tenacity to get through, strong personality characteristics such as stubbornness, anger, patience, self-respect, hope, endurance, etc. Our personal, emotional resources are those familiar experiences in our past that help us to feel safe and comfortable. Sometimes these familiar experiences are particular ways we thought about things as we grew up. They may first have occurred in the way our family did things or memories of the way our nation celebrated a favourite team's victory. These familiar ways of doing things are called rituals and our memories of positive rituals give us strength in the present.

We listen and elicit victims' memories of personal strengths: actions taken to minimise the danger, helpfulness to others, the right word spoken at the right time, physical abilities to get through when others might have failed, etc.

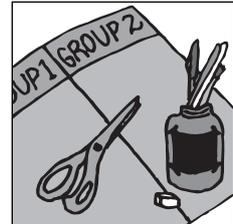
We listen and elicit family strengths, particularly when we are working with a whole or part of a family. Such strengths may be the way in which the family remembers its past history. For example

in the popular book and movie series, *Roots*, by Alex Haley, the memory of the word “Kunta Kinte” provides a source of pride and confidence to the African-American slave family. In the Biblical tradition, the children of Israel are frequently reminded of God's help to Abraham, Isaac and Jacob. The God who helped in the past is available to help in the present.

Topic: Emotional safety anchors

Purpose:

To identify resources that enable participants to get through hard times.



Activity/Exercise

6.1

OPTION NO. 1

Materials:

Newsprint, felt-tipped pens and/or wax crayons.

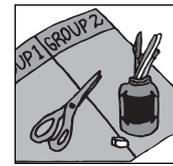
Procedure:

- ▶ *Ask participants to remember personal and family experiences in their growing up years that helped to provide feelings of safety. Ask them to close their eyes to relive these events. Ask them to see, hear and feel what it was like to be there then.*
- ▶ *Ask participants to draw two such events on newsprint with felt pens.*
- ▶ *In the first have them draw a personal event in which they felt safe or in which they had an accomplishment in which they felt confident. Ask participants to give one example from childhood and one from adolescence. If they can, have them express both inner and outer strengths.*
- ▶ *In the second event ask them to draw a family tradition or ritual with symbols that make them feel comfortable and connected. Ask participants to share one example from childhood and adolescence.*
- ▶ *Ask them to share this in either a group of three or in the larger plenary, whichever they prefer.*

OPTION NO. 2

Materials:

Newsprint, felt-tipped pens.



Please note:

Our cultural heritage has many resources that often get ignored during times of rapid social change. New ways of doing things are often rated 'better' than the traditional ways. When a new and foreign language, such as English is adopted, traditional meanings and thought forms can fall away. The clash of cultures itself is stressful. When daily, ordinary or traumatic stress is piled on top of the cultural stress, people feel disconnected, uncertain about how or where to sink their roots. People need to be rooted in their own traditions before they can extend into other traditions.

Sometimes when a culture and people have been degraded and vilified e.g., South African Blacks, African-Americans, Native-American Indians, Jews in Europe, Palestinians in the Middle East, then the members of that culture and people often take on the attitudes and opinions of the aggressors. In such situations they may need extraordinary support to assert their God-given birthright of dignity and self-respect. Since rituals are such a central part of our lives they can become a channel for healing.

Procedure:

- ▶ Ask participants to respond to the following questions individually or in small groups:
 - Which traditions of your cultural heritage sustain the community?
 - Which experiences of your ancestors influence you in positive ways now?
 - When do you feel most fully a member of your cultural tradition? (Doing what, with whom, where?)
 - Which cultural traditions facilitated your development from childhood to adolescence to adulthood?
 - What are three or four positive qualities of character you received from your cultural heritage?
- ▶ In plenary, ask the group to share cultural traditions that bring people together in healing ways.
- ▶ Record on newsprint.

OPTION NO. 3

Materials:

Clay, newsprint, felt pens or wax crayons.

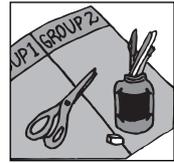
Procedure:

Ask participants to make community symbols out of clay or drawings that bring people together in healing ways.

OPTION NO. 4

Materials:

None.



Procedure:

- ▶ Ask participants to collect community symbols that bring people together in healthy ways.
- ▶ Ask participants to share these by placing them in a central location. This may be done on a sheet of newsprint or on a table in the centre of the group.
- ▶ Ask participants to share the meanings the symbols have for them.

Identifying the resources that victims need

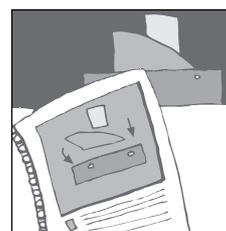
Having established rapport and trust we go further to enable victims to access more tangible resources to meet their needs. As caregivers we do not determine the needs of victims, as though we know best what is good for them. Rather in consultation with them we jointly arrive at an understanding of what they need.

The context in which victims find themselves when we meet them largely affects what they need. For example, a married couple may have had horrific events occur to them in the past, such as those described in Chapter 1, but at present have marital conflicts or troubles with children that, for them, are much more significant and prominent. Our role as caregivers is to respond to the needs of victims as they present them.



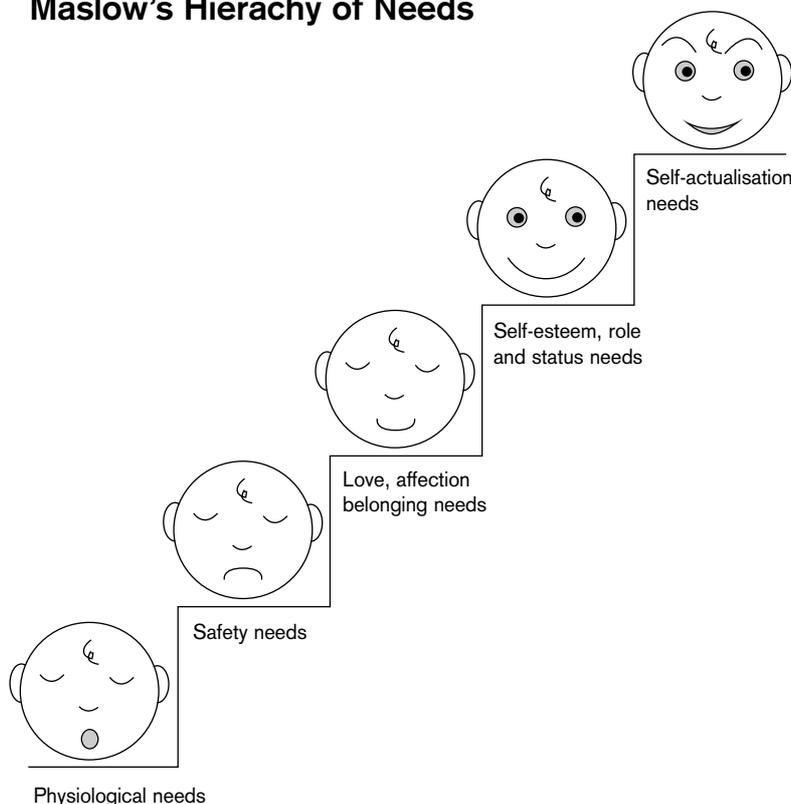
Maslow's Hierarchy of needs¹⁹

Where do you start to help the victim(s) sort out their needs. A model helps us to know where to begin? Maslow's Hierarchy of Needs Model, adapted here for our purposes gives us such a tool.



Model 6.2

Maslow's Hierarchy of Needs



Physiological Needs	Includes the need to satisfy hunger, thirst, shelter and other physical/bodily needs.
Safety Needs	Includes security and protection from physical and emotional harm or distress.
Love, Affection, Belonging Needs	Includes affection, belonging, acceptance, friendship, family.
Self-esteem, Role and Status Needs	Includes internal self-respect, autonomy and achievement as well as external states, recognition and attention.
Self-actualisation	Includes the urge to achieve one's potential, have a sense of purpose and meaning as well as self-fulfilment.

¹⁹ A. H. Maslow has written extensively on *A Theory of Human Motivation*.

The hierarchy of needs suggests that we consider the physiological needs before we consider the higher order needs. People may have been victimised by torture or mugging but if they are hungry and in need of shelter, those needs must be met before they can explore relationships and self-esteem. If there is danger from attack, that is, if there are safety needs, those must be considered before self-esteem issues or relationship issues.

This model does not always hold true. People who do not have their basic needs met sometimes have been known to extend themselves for others at their own expense. Jesus certainly did that on the cross by caring for his mother and his friends while he was dying. But Maslow's model is one we can consider when we work with traumatised people.

Topic: Inventory of community resources

Purpose:

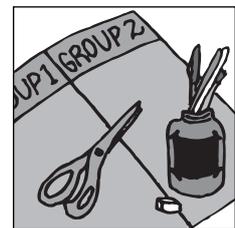
To develop a list of basic resources for the victims in the community in which they live.

Materials:

None.

Procedure:

- ▶ Individually or in a group create a list of resources under the following headings based on the hierarchy of needs described above. The following chart is a suggestion. Adapt it to suit your purposes.
- ▶ Make the list of resources available to participants.



Activity/Exercise

6.2

Agencies that provide service	What they provide	Address/phone contact person
Physical needs:		
food		
shelter		
clothing		
Safety:		
medical		
clinics		
hospitals		
police		
ambulance		
emergency services		
child welfare		
shelters for domestic violence		
fire		
Love, affection, belonging:		
individual/marital/ counselling		
job services		
employment agencies		
Self-esteem:		
skills and job training		
opportunities		
faith communities		
social/cultural interest groups		
self help groups		
Self-actualisation:		
faith communities		
social/cultural interest groups		

Concluding comments

People use a wide variety of resources to get through difficult times. Some are very personal. Some use rituals, some draw on the strengths of their ancestors, some on family and friendship meetings, some fall back on the familiar, such as sitting near an old tree or viewpoint where they can regain their serenity. For some it is very important to become quiet and listen to their deepest inner souls. For others it is to talk in deep and intimate conversations with those they trust. These activities can be healing. We take our guide from the victims.



Quiet reflection and nature can heal.

Some notes from research²⁰ in South Africa:

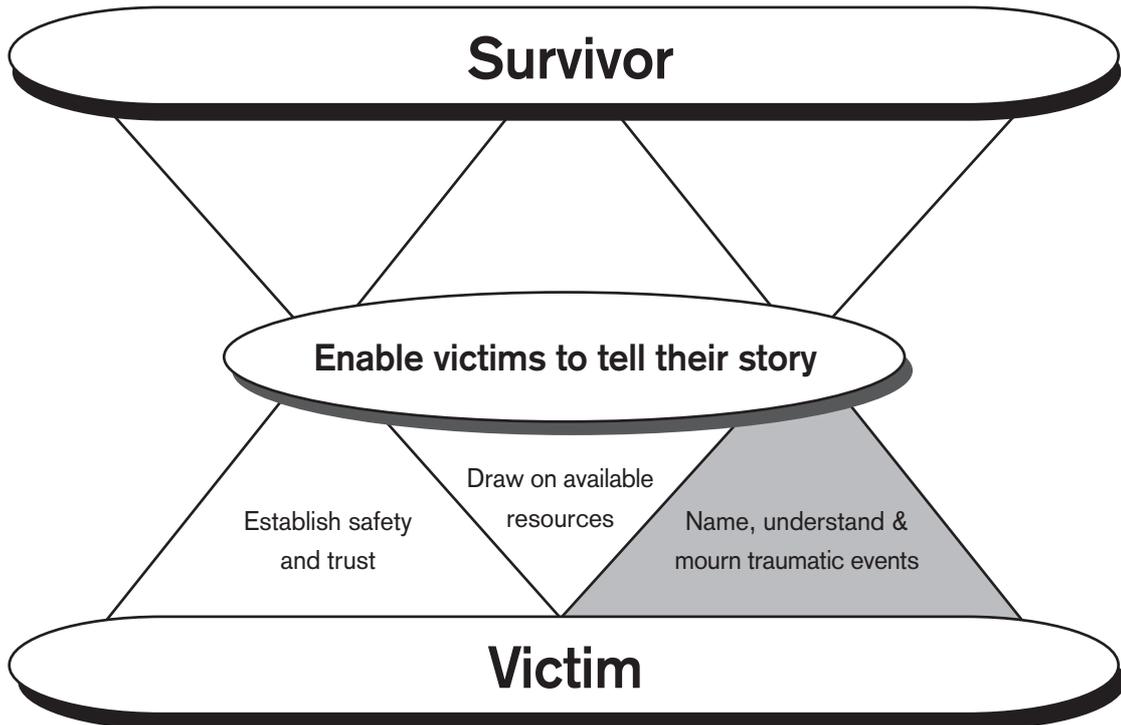
- ▶ *We note that there is evidence that those who have had basic needs met — food, clothing and shelter do better, mentally in resolving their traumatisation. It's as though they can attend to their mental/emotional concerns because their physiological and security needs have been met.*
- ▶ *If former victims are employed they recover more quickly, both because they have the economic security and they have a recognised role to play in society.*
- ▶ *When former victims live in urban areas, they have many more resources to draw upon for their healing. To live in a rural setting makes dealing with the effects of trauma more difficult.*
- ▶ *Time is a resource. Our minds, like our bodies have God-given, self-healing capacities.*
- ▶ *The severity of original trauma will affect healing. The more severe, the more difficult it will be to achieve healing.*
- ▶ *Earlier trauma is reactivated if it has not been dealt with and if more recent events are perceived as similar to the original traumatic events. Resources to shield the victim from retraumatisation may then be necessary.*
- ▶ *Seemingly small victories in overcoming the traumatic stress become major resources for further gains. For example, having worked for and having been victimised in the struggle for democratic elections and then having those elections take place, as in South Africa in 1994 and KwaZulu Natal in 1996, provides survivors confidence, courage and hope.*
- ▶ *Having a better education allows people to find meaning in events that have happened to them. Finding meaning is a protective shield.*
- ▶ *People who are in leadership positions after severe and traumatic events often succeed in overcoming these events better than others. This is because they continuously seek to develop meaning of the past to lead to the way forward.*

Victims of severe traumatic stress often lose their identity for a time. They experience disorientation to self and relationships to the outside world. The disorientation may come to time, names, behaviours appropriate to the culture and context. Sometimes memory problems remain. As caregivers, we provide resources by reconnecting former victims to the concrete world of people and events. Similarly we seek to reconnect people to intimate marital and family relationships and to cultural traditions. These become reality checks for the person. These relationships and outside world contacts are resources to which we as caregivers connect victims.

²⁰ From Donald Skinner: *Torture survivors in the long-term after liberation*. Presented at the Survivors of Torture Conference, Cape Town, South Africa, 15-17 November 1995.



Assist victims to name, understand and mourn traumatic events



BEGIN WITH YOUR OWN EXPERIENCE:

- ▶ Some things that have occurred that I have never been able to fully understand are...
- ▶ What I have felt sad about but have been able to let go of, is...
- ▶ Something I continue to feel sad about is...

Victims find healing when they are able to separate themselves from the events and from the perpetrators who have victimised them. This chapter describes procedures you can use to enable victims to separate from the events in healthy ways. Naming the events, understanding what happened, and mourning what is lost helps victims to gain control of their lives and to heal.

Naming severe and traumatic stress events

Importance of naming the events

It is normal for human beings to respond in fright, fear and panic in a traumatic stress event. We naturally seek to get away from pain. We hide from it whenever we can. We brush many of life's ordinary hurts and pains aside and carry on without injury to ourselves. In fact we often feel stronger for being able to do so. However some trauma events are brushed aside only to tumble around inside us and do us continued hurt. They surface in unexpected places. We become angry when the situation did not really warrant us becoming angry. We become frightened when hardly anyone else is frightened. We exaggerate how we feel and are often troubled in unexplainable ways. We then become 'hostage' to our unpleasant emotions that have not been taken care of earlier.

Once safety is established, to name the events that give rise to our negative emotions is to empower us. When we help victims of stress to name the events we empower them to manage and take control of their emotions and lives. By naming, re-telling and re-experiencing the story of trauma with a resource we reframe it. By describing it, it goes out of us, it goes 'out there.' The event takes on a new meaning. The threatening meaning it had for us before, disappears. Actual physical changes occur within the storyteller.

The tension for us caregivers as we help the victims name their trauma is between two extremes. The one extreme is the human tendency to avoid looking at the traumatic event altogether. The other is to retraumatise the victim by encouraging them to tell their story prematurely.

To deal with the first, we must be careful not to help victims avoid their pain by giving them too easy solutions to their situation. Very caring people, particularly those who like to see themselves as rescuers, tend to help victims avoid facing their pain and so healing through it.

Families or friends of victims often hide from the stories of abuse because of the shame that is involved. "Why bring up dirty things like that," they say. This often reinforces the feelings of shame that many victims themselves feel. This is particularly true when a family member or a friend is a perpetrator of the abuse. Often then the victim takes on self-blame for letting the abuse happen. "I shouldn't have been there. If only I had..." Sometimes the victim takes on the blame by feeling that he/she has been responsible for the victimisation. Victims then swing between burying the whole event on the one hand and feeling overwhelmed on the other.

The other extreme the caregiver must consider is retraumatising of the victim. This occurs when the victim feels compelled to name the traumatic events. We suggest several guidelines to prevent retraumatization:

- ▶ Let the victim lead you as caregiver. Invite, open up possible avenues but let the victim remain fully in charge of him/herself in the story telling and the timing of telling it.
- ▶ Be sure the victim has a resource when talking about traumatic memories. As caregiver you can be that comforting resource for the victim by your calm, strong but not pushy presence.
- ▶ Remember that safety comes first.
- ▶ To become over-caring is to become too protective and disempowers the victim.
- ▶ Caregivers provide different assistance depending on whether the stress events are recent and acute or prolonged and repeated. We describe the ways of responding to both in the following section.

Naming recent, acute, severe and traumatic stress events

Some traumatic events are specific, one time events: a break-in, a flood, an accident. There is a beginning and an end.

As caregivers we empower victims of recent, acute severe and traumatic stress events by giving them information and support. The following two procedures have been found to be helpful in such situations to minimise Post-Traumatic Stress Syndrome. We draw on them from the traumatic stress literature and ask you to adapt them to your culture and setting as appropriate.

Defusing and Debriefing following recent, acute, severe and traumatic stress events.²¹

The defusing process

Goals:

The goals of the debriefing process are as follows:

- ▶ *To offer information about stress.*
- ▶ *To provide support.*
- ▶ *To allow expression of feeling.*
- ▶ *To set up or establish a need for more formal debriefing, described below.*

If you are available to support a victim(s) immediately after a traumatic stress incident, than the process called **Defusing** is the recommended procedure. Defusing should be done immediately after the event. The ideal time is 3-4 hours after the incident. If this is not possible, a more formal debriefing process is recommended.

Guidelines for defusing:

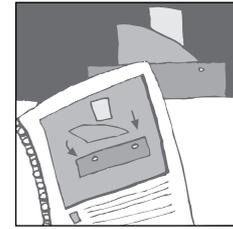
- ▶ *A group process for all persons involved in an incident.*
- ▶ *Last about 45 minutes.*
- ▶ *Can be performed by trained lay personnel.*
- ▶ *Personnel should be aware of their personal limitations and should call for support if the situation warrants.*
- ▶ *Should be held in a comfortable atmosphere, free from distractions and interference.*
- ▶ *All participants should remain in the meeting till its conclusion.*

Defusing steps:

1. *Ask the group victimised what happened.*
2. *Ask the group to talk about the worst part.*
3. *Allow plenty of freedom to talk about the worst part.*
4. *Allow participants to ventilate their feelings. Acknowledge the feelings, confirm the feelings, and move on.*
5. *After the discussion subsides, offer information of possible signs and symptoms of stress that the group may or may not have experienced.*
6. *Give an informational handout to each person present on who they can reach if further services are needed.*
7. *Do not probe or dwell since it is too early after the traumatic incident.*
8. *Keep the session informal but to the point.*
9. *Do not allow the group to be critical of itself.*
10. *As facilitator your job is to facilitate and direct the discussion.*

The debriefing process

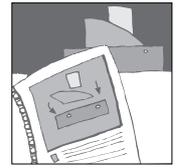
Debriefing serves to relieve the impact of stress by providing participants opportunity to ventilate their feelings and by providing support and information. It occurs in a specially structured group meeting of persons directly involved in an incident of trauma. It is important



Model 7.1

²¹ See Frank Parkinson, *Post-Traumatic Stress*. Fischer Books, U.S.A 1993. Guidelines are developed by Dr Jeffrey T. Mitchell of the University of Maryland, Maryland, U.S.A.

that all recognise that it is a confidential, non-judgmental discussion of the incident and the reactions, thoughts and feelings which result from the trauma.



Goals:

The goals of the Debriefing process are as follows:

- To provide stress education.
- To provide an opportunity to ventilate feelings before these feelings can do harm.
- To provide reassurance that what they did was appropriate and that what they are experiencing is normal and that they will most probably recover.
- Forewarn those who have not as yet felt the impact of the stress, that they may be impacted later and give them ways to deal with it if it happens.
- To let those involved know that they are not alone in what they are experiencing.
- To reassure persons involved that their reactions are normal.
- To aid in restoring group cohesiveness.
- To offer information about resources available should they feel overwhelmed.
- To refer for additional services as needed and requested.

Guidelines for debriefing:

- All persons directly involved in the traumatic incident should receive debriefing services.
- Debriefings should be held in any place large enough to accommodate those involved that is free from distraction and interruption and that offers circular seating and where everyone feels safe.
- Debriefing should take place preferably 24 - 72 hours after the incident or as soon as the people can meet.
- Debriefing should last approximately 3 hours plus a pre- and post-debriefing meeting for the staff.
- Debriefing should be led by persons trained in debriefing – at least two for any group, at a ratio of one leader for ten participants.
- Debriefing groups may consist of four to twenty participants.

Debriefing Steps

Pre-debriefing meeting:

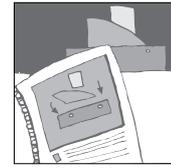
As caregivers, meet to review all facts, rumours, and data concerning the incident.

- Visit the site if necessary.
- Review video, newspaper articles, reports etc.
- Determine who will be the leader.
- Arrange the meeting room with chairs in a circle.

Debriefing meeting.

1. Introduce yourself and gives a brief description of what will take place during the debriefing process.
2. State the purpose of the meeting. For example, you can say, “ This meeting is to try to help you deal with some of the thoughts and reactions you may experience and to give you some information about how you can help yourself deal with these issues. You may be able to deal

with this alone, but we have found that people who go through the debriefing process sleep, eat, perform their job and home responsibilities better than those who don't."



3. Offer guidelines for the meeting. Point out that:
 - No one is required to talk during debriefing but everyone is invited to do so. Participation may help reassure and support the rest of the group.
 - The meeting is confidential. What is said should remain with the participants.
 - No breaks will be taken during the debriefing process. If participants need to use the facilities, they should do so and then return to the group.
 - No-one talks for another. Participants comment only on their own thoughts feelings and reactions.
 - Everyone is equal in the debriefing process.
 - This is not the time to place blame.
 - This meeting is not part of an investigation – it is for the benefit of the group members.
 - Participants should feel free to ask questions.
4. Get the facts
 - Go around the circle and ask participants to state their name and where they were when the incident occurred. This will help to recreate the event and present the important facts surrounding the incident.
5. Share thoughts
 - Ask participants to share their thoughts about what they have heard and seen. Ask them to share their first thought.
 - Acknowledge, offer reassurance and move on to the next participant.
 - Do not probe.
6. Share reactions
 - Ask participants to describe what the worst part of the incident was for them.
 - Do not probe except to clarify.
7. Identify symptoms
 - Ask participants to identify any physical, emotional, thought or behavioural problems they are having and share these with the group as they are able.
 - Ask participants to identify those things they experienced right after the event, a few days later and at the present.
8. Share information
 - Offer reassurance that what participants are experiencing is normal. Caregivers may also describe other effects which participants have not mentioned.
 - Offer information at this time as to what participants can do to manage the specific effects of stress.
9. Wrap-up
 - Offer additional reassurance, give opportunity for participants to give other reactions or ask questions or say anything that they did not have a chance to say earlier.

- You may wish to name emotions that you feel are present but which have not been expressed.
- Participants may wish to develop an action plan, develop a prevention plan or get additional information.
- Provide support and offer guidance and information as needed.



10. Post-debriefing meeting

- Remain available to assist any individuals who may be in need of additional help and to promote a feeling of normality as people are leaving.

11. Caregiver meeting

- Team members meet to discuss the debriefing process and any other concerns, topics or issues.
- It is advisable that you write a report of the debriefing process and any particular comments that stand out for you. Keep this confidential but available for yourself should a follow-up meeting be needed.

Please note:

If children or adolescents have been involved in the incident of trauma they should also be provided opportunity to defuse and debrief. As caregivers you need to decide if it is appropriate for them to join adults. Sometimes children can be asked to draw what they saw (see Activity/Exercise No. 5.1, Option No. 3, page 64) and then to share their story with you or with a group.

Naming prolonged, repeated severe and traumatic stress events

Naming prolonged, repeated stress events is more difficult than acute specific ones. Often people come in with physical complaints, anxiety, depression, fatigue. Some have severe medical disorders and much denial.

Our role as caregivers is to help the person to name the stress events and to do it in such a way as to respect the victims own pace and timing.

In Activity/Exercises No. 2.1, Defining Stress and Trauma, Option No. 1 we ask participants to give their association to the words stress and trauma so that the events, rather than their experience of the events stand out for them. Some participants in workshops were helped to start with drawings, so they could talk about the drawings, 'out there.' As they talked about the drawings, other events they had experienced came to mind. It was their choice to name and describe these additional events in the group. For naming of severe and traumatic events to be healing it must be entered into voluntarily.

For it to be healing it must also be entered into with feeling and with a resource and at the participant's own pace. We encourage but do not coerce, support but do not force. The naming, retelling and reliving the story then actually changes the emotional impact of the events and changes the person.

In summary our role as caregiver is:

- not to get rid of the event but rather to integrate the experience in the life of the participant;
- to assure the victim that their response is normal, to confirm what happened and to affirm the person of the victim;
- to emphasise the healing power of truth-telling.

Understanding severe and traumatic stress events

Victims of severe and traumatic stress want to know details of what happened. They want to know who the perpetrators were, who gave the orders, who carried the messages, what each person did and when they did what they did, exactly what the circumstances were, exactly what happened, where it happened and when. Something in us finds it easier to deal with the known rather than the unknown.

Many of the questions in the minds of the victims cannot be answered. Many answers cause further injury, hurt and pain. Some victims go through life never knowing the answers to the most significant event in their lives. Some go on a lifetime search for the answers to their questions. Some become consumed by the events of the past. In effect the perpetrators continue to control them.

So what is our role as caregivers in the lives of victims who need to understand what has happened to them? We suggest these guidelines.

- The victim's quest is our guide. It is not up to us to tell them to stop or to pursue their search based on our feelings.
- We affirm the dignity of the victims whether they pursue or relinquish the quest for more understanding of the events. It is to ask them gently, without prejudging, "Will this enhance your life or destroy it?" We know of victims who have pursued their quest only to destroy themselves, their families, and all they cared about. Others have consciously ignored their quest but have buried their emotions so they churn about inside them. And still others pursue their quest to understand but keep their feet firmly planted in the present world, go on with their lives, as they pursue their quest.

Mourning and grieving what is lost

Our understanding of traumatic events is seldom complete. Unfinished business of the past events remain. To mourn is to express grief and sorrow over that which is lost. The loss may be important people, well-loved places/settings, lost opportunities and possibilities. Some mourn the loss of marriages that went sour or children that missed out on being free to be children.

Two models of grief and mourning²²

Grief over loss is at once highly personal and deeply influenced by our underlying cultural background. There are many in the North American/European tradition who view grief over the loss of a loved one, for example, as a separation. From this perspective, the caregiver's role is to help the grieving person to sever the ties with the one that has passed away and to return to normal

²² Stroebe, M., Gergen, M.M., Gergen, K.J., and Stroebe, W. *Broken Hearts or Broken Bonds: Love and Death in Historical Perspective*. In *American Psychologist*, October, 1992, pp. 1205-1212.

functioning as quickly and efficiently as possible. This may be referred to as 'breaking the bond' model of grief and mourning. In this approach, one of the major hindrances to completing the grieving process is to hold on rather than to let go and form new relationships.

Another view may be called 'the continuing bonds' with the lost loved ones. From this cultural perspective, there is a deep interior of mysterious forces or processes at the centre of one's being and life that continues to connect us with our lost loved ones. Close relationships are matters of bonding in depth. If you were to try to help someone like this sever that bond it would be like destroying something sacred. Our role from this perspective is to help victims to remain involved with their lost loved ones at a deep level (never forget) but also to carry on with their lives. The effect of the loss on the inner life does not subside but the survivor integrates the lost loved one into an ongoing life lived in the presence. Perhaps this is closer to the message Jesus gave his disciples when he said, "Lo, I am with you always."

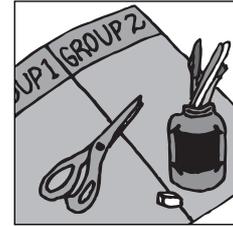
Our role as caregivers is twofold:

- ▶ to know our own cultural perspective about the grieving process.
- ▶ to remain flexible and appropriate to the people we care for so their needs, based on their cultural perspectives are respected.



Mourning is part of healing.

Topic: Mourning and grieving what is lost



Activity/Exercise

7.1

Purpose:

To provide participants ways to grieve over that which was lost.

Materials:

None.

Procedure:

- ▶ Ask participants to work alone to name the losses they experienced as a result of the severe and/or traumatic stress using the list below to guide their reflections.
 - material losses (such as homes, vehicles, belongings)
 - physical health
 - emotional health
 - relationships
 - self-concept
 - faith and meaning in life.
- ▶ Allow plenty of time for this reflection.
- ▶ Ask participants whether they have mourned these losses enough. If not ask them what else they feel they must do to complete the mourning.
- ▶ After individual private reflection time ask participants to share what they are comfortable sharing either in small groups of three or four or in plenary session.
- ▶ Ask participants to share how they have mourned losses in their life. Invite them to share these procedures but do not force them to do so.
- ▶ Ask participants to discuss “appropriate ways to mourn” according to their traditional culture.
 - Do men and women mourn differently?
 - Do people of different ages mourn differently?
 - What role does the community take in an individual’s or a family’s grief?
- ▶ Ask participants which of the two models of grieving presented above (Breaking the Bond vs Continuing the Bond) are closest to their own experience.
 - What role do ancestors have in participants’ lives? Do they influence them or others today?

Caring for grieving children²³

We begin with helping children to grieve because they often get neglected in the turmoil of traumatic events. Adults are often preoccupied with their own grief. Furthermore, children are the most vulnerable to shock and lasting negative impressions following a traumatic incident. So what is our role? We suggest the following.

- ▶ Notice the children involved in the incident. Ask adults which children are part of the events. Learn their names, ask them what happened and let them name the events, much as you would for adults.
- ▶ Find meaningful ways to involve the children in the healing rituals, to carry the flowers, to walk with the adults. If photographs of the victims or their belongings are available use them to invite the children to talk about the pictures.
- ▶ Wherever possible find time to meet with the children separately. Ask the children "What will you miss most about the person who has died or the things that have been destroyed."
- ▶ Connect the children to that which is familiar to them, such as sayings, readings, stories of the past, a favourite object of the person or place that is lost.
- ▶ In follow-up visits again notice the children, speak to them. Ask them what questions they have.



Children can express their trauma through art.

²³ For further information about the effects of trauma on children see Phyllis Kilbourn, *Healing the Children of War* (Monrovia, Calif.: MARC Publications, 1995)

Topic: Helping children to grieve and mourn

Purpose:

To invite participants to focus on children's needs to grieve and mourn.

Materials:

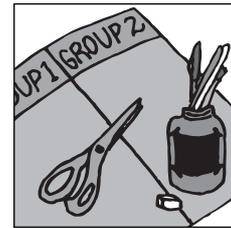
None.

Procedure:

In plenary, ask participants to discuss the following questions:

- ▶ How are children involved in the grief and mourning process?
- ▶ Identify specific children that participants know and how grief and mourning was handled for them.

What have participants learned from their own experience of sharing their stories, that might be helpful to the children they know?



Activity/Exercise

7.2