

WORKING THROUGH TRAUMA

Societal and transgenerational dimensions in South Africa, the Netherlands, and Germany

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1. General Introduction

The 2016's summer-school at the Vrije Universiteit (VU) Amsterdam was held from 5 to 9 September, having trauma, trans-generational trauma, and trauma healing as the main topics of analysis, reflection, and discussion. The summer school counted with the presence of students and staff of the VU Amsterdam as well as of the University of Hamburg. Yet the diversity of the attendants - one of the most outstanding elements of the summer school - was not only given by having people coming from two different countries and universities, but by having different nationalities, cultural backgrounds, religious affiliation and non-affiliation, and scholar/professional disciplines - all the way from natural sciences to the humanities - represented. This diversity in participation created an environment in which the questions around trauma and trauma healing were not only about "abstract theories" or by "one-dimensional" perspectives, but rather stimulated the connections between theories and different realities and contexts, and the needed exploration on different approaches (neurological, psychological, sociological, theological, etc.) to trauma and trauma healing.

2. Questions and contributions

Of special interest in this study on trauma was the question of inter-generational trauma, i.e., how the trauma affects one person - or group - and how it is passed on to the next generations by means of not being sufficiently - or at all - dealt with. In this sense, the leading questions for the summer school 2016 were:

- How is individual traumatic experience spread or concealed, and passed on to the next generation within groups?
- What transformations does trauma undergo during this process?
- How do societal groups collectively deal with trauma?

These questions were addressed from different points of view and approaches by the four main contributors invited. Some of the most important elements discussed will be briefly shared in what follows.

Neurobiological perspectives

From a *neurobiological* point of view, Dr. Kerstin Stellermann-Strehlow explored the more "biological" sense of what trauma is. She started by reminding the audience about the origins of the term "trauma", which as a "wound" - following the etymology of the word in Greek. Having that idea in mind, there are at least three things that happen when someone experiences trauma or is "wounded":

1. There is a vital discrepancy of a threatening situation and the individual coping mechanism (the person or group does not know how to react and process);
2. It leaves the feeling of helplessness and un-protectiveness;
3. It causes a long term shattering of the understanding of self and the world.

In its essence, a trauma originates in a stressful event that cannot be dealt with properly. When such a stressful event occurs, the normal biological reactions include: "fight" (confront the situation) or "flight" (escape the situation). The individual ways of responding depend on how others might respond to the same phenomenon: stressful situations are often a communal experience, and people try to look to others in searching for references for one's own action, translating the "biological response" to a "socially influenced" one. These responses are

“normal”, but whenever one is incapable of performing them, a feeling of helplessness starts growing and leads to “freezing”. This “freezing” could create - when sustained for too long - neurobiological consequences: when there is a stressful event, the memory and high-cognitive functions can be affected in the long run. This is the reason why trauma becomes an experience that does not allow the person to remember it right and/or does not allow them to interpret and give different meanings to what has happened (high-cognitive function). So, even though not all stressful situations lead to trauma - they could even be beneficial to a certain extent, in the sense that they may actually give or train us in having more and more resources to respond to stress - deep experiences or sustained levels of stress (without a proper intervention) may cause damage in the neurological functions, and then a certain disposition or vulnerability could be passed on genetically (trans-generational trauma).

Intervention or trauma healing depend on both the resources a person (or group) has - in terms of dealing with stress - and the way in which the person is accompanied by others. Each person has sets of resources (material or non-material) and/or mechanisms to deal with the stressful situations, and it is important to acknowledge and activate them, which may help giving different or new meaning to what has happened. In terms of accompaniment, the question of *empathy* (feeling with people; connecting with people) instead of *sympathy* (superficial connection) may be the big difference between a useful and helpful process of accompaniment and a non-helpful and harmful one.

Psychological and political perspectives

Prof. Dr. Pumla Gobodo-Madikizela contributed with exploring ***psychological and political*** perspectives to the question of trauma and trans-generational trauma. In this sense, she reminded the group of the emergency of the notion of trauma and trauma studies and how it should be understood also from a political perspective. There are three different historical landmarks that give birth to the study of trauma:

1. The Freudian study on women with hysteria (that became known as an unbearable emotional reaction to trauma);
2. The World Wars and the Vietnam War and the effects they had on soldiers that returned home (the whole question and research-field on “Post Traumatic Stress Disorder” -PTSD - began), with the subsequent political recognition that “men” were also wounded, and therefore were diagnosed as “traumatized” (trauma started to be diagnosed);
3. Sexual and domestic violence, in which feminist movements in the 1970s started to talk about such issues. It was a historical moment because they wanted to achieve some changes in legislation.

This history of the emergency of the study on trauma shows the political dimension in its emergence and a “social” dimension of trauma: both the “public” (such as war and political violence) and “private” (such as rape and domestic violence) worlds are inseparably connected.

When interpreted in these terms, trauma stops being merely an “intra-subjective” phenomenon (individual or personal) and it is acknowledged as an “*inter-subjective*” (it is build in between subjectivities or peoples). Shifting from the “individual” to the “intersubjective” implies:

- a. A different understanding of the self, from being auto-constituted (there is not such a thing as an “isolated mind”) to comprehending it as the result of multiple interactions and connections with others in different experiences; and
- b. Changing the notion of trauma itself, beginning to understand trauma as a relational experience, a way to be attached to others: with other victims, perpetrators and/or the larger community.

If we are the result of multiple interactions and if trauma is understood in a relational form, then coping with trauma implies creating an autonomous narrative on the side of the victim of what has happened (that stops giving power to the connection to the perpetrator), and as a result one can begin to confront the past and to relate in a way that embraces the self (or, in case of several individuals, selves). Seeing trauma in this way helps then to comprehend the collective experiences of trauma and how they can be passed on from generation to generation. The fact that trauma affects the self and the self-understanding means that the process of identity building is also altered, which is why some groups build their identities around trauma (“chosen traumas”) and therefore passing on the trauma in this way, increasing the possibility that former victims can become future perpetrators or to inherit a trauma they cannot cope with either.

Prof. Gobodo-Madikizela proposed that it would be of high value to explore the *power of testimony* as an alternative in coping with trauma and collective trauma. In this sense, creating narratives and new narrative can help to reconstruct a shattered self, transcend the passivity of victimhood and find a voice to construct meaning from a traumatic experience. This is possible, since testimonies allow several things to occur at the same time:

1. They help victims to reclaim a sense of agency;
2. They serve to recreate temporal boundaries that place brutalities in the past;
3. They can help allowing the memory of pain to rest, not to forget what has happened, but in order to heal the brokenness and to reclaim dignity of the living and the dignity and respect of the departed (they are always remembered but the violent events can be remembered in new ways and with different emotions).

One of the big challenges that remain open is what to do with the dehumanization caused by the perpetrators: victimizers have to destroy the humanity of the victims in order to be able to harm or kill. In dehumanizing the victims, perpetrators dehumanized themselves. Here an exploration of the questions of guilt (acknowledging that what one has done has created injuries in others) and remorse (when guilt is finally confronted) need to take place, which could be aided through the process of forgiveness.

Religion and trauma

Prof. Dr. Ruard Ganzenvoort brought into the conversation the relation between *religion and trauma*. He started by returning to the metaphor of trauma as a “wound”. Most of the times, the cause of trauma is an external factor (not an internal one) and if not treated or addressed properly it will be extended to others. Yet this vision is too limited when trauma is considered just as an individual experience: it is actually helpful to talk about trauma in a more extensive way and explore how individual and collective traumas are related. In this sense, there have been three forms or traditional ways of understanding what a collective trauma is:

1. Collective trauma as the sum of individual traumas, i.e., of many people who are “traumatized”;
2. Collective trauma as result of individual trauma, i.e., it happened not to the whole community but to a person and then it was extended to the entire community;
3. Collective trauma as an impact on the community as a whole, not just as a sum of individuals (the community functions as a one-body, as one “self”).

Each of these perspectives stresses important dimensions of how individual and collective traumas are related, and the possible scenarios to deal with them - they may suggest what kind of action or re-action is required in terms of trauma healing.

In terms of the role of religion, most of the times it is assumed that faith can help coping with traumatic experiences - giving meaning and sense to them - and therefore becoming a source. Yet it is important to explore how much a person’s faith may actually be affected or touched by a traumatic experience, considering that the *fundamental assumptions* (assumptions we need to have in order to *be* in the world without needing to return to basic clarities) can be affected. In this sense, Prof. Ganzenvoort stressed three of them:

- *meaningfulness* (to feel things happen for a reason and there are connections to be made between events);
- *benevolence* (to feel that one can more or less trust in the goodness of the others, so harm is not intentional if it happens); and
- *worth of the self* (that one has a value on oneself).

Equivalently to these assumptions, religious assumptions may be that *God is almighty* (everything happens because God allows it or makes it happen); *all loving God* (bad things cannot happen); and *human goodness* (the general goodness of creation). When a traumatic experience occurs, these assumptions are touched and affected. Working with people that have experienced trauma, from this point of view then implies to help them adjust or restore the assumptions of certainties that have been affected, in search of coping with and integrate the traumatic experience.

In regard to the processes of forgiveness, it is interesting to look at the religious model of *confession*. In the Middle Ages, there was a long discussion on how to be restored after having become an evildoer (to be a “sinner” within the Christian sense, and to restore the relationship to God). The model that emerged was the *confession of sins*. This model can help to enlighten the discussion on forgiveness. There are five elements that the evildoer has to experience within this model of confession:

1. Searching one’s consciousness (honesty with oneself about what has happened);
2. Experience of broken heart (humility after being confronted with the guilt);
3. Confession in words (to say or express the inner process);
4. Satisfaction in deeds (changes our destructive energy and turns it into a positive energy - constructive);
5. Absolution (letting go of role as sinner, as bad human, and be restored; here the evildoer is finally “free”, not in the same way as before, but can gain a new “freedom”).

As described, the process is rather complicated and long. What remains as an interesting consideration is to think that also the victim has to go through the same steps as the perpetrator, not because there may be a guilt in itself on the victim’s side, but to acknowledge

the possible emotions and/or perceptions that may emerge on the one hand, and to stress the process, time and different steps that a victim takes to be in the position to forgive an evildoer, on the other.

Collective trauma, nationalism, and religion

Finally, Dr. Srdjan Sremac reflected on ***Collective Trauma, Nationalism, and Religion***. He did so by exploring the case of Serbia and the Balkan countries, describing what has happened there during the 1990ies' civil war and what has resulted in a "frozen conflicts": war is over, but there are ongoing conflicts and issues in society which could be seen or described as collective trauma. In such a context, the experience of collective trauma is energized or fueled by the phenomenon of nationalism - as it became visible by watching a documentation on interviews with people and their perceptions on history and the current context.

One of the interesting things to be stressed in reflecting on the dynamics of trauma, collective trauma, and trans-generational trauma is that, as seen in the Balkan conflicts, collective trauma does not necessarily emerge from a traumatic experience per se, but it could also be the result of social construction with time. Here the role of culture and how culture is shaped and shapes people and new generations is to be considered and studied with more attention when addressing trauma and trauma healing.

3. Visits and personal experiences

As stressed during the summer-school, dealing with the topic of stress, trauma, trauma healing, and collective trauma can be a rather personal exercise for the participants, either because each person's background is present, referred to, or touched by the discussions and cases, or by experiencing traumatic experiences him/herself. This placed a special attention on analyzing oneself and where one is standing to explore the overall topic of trauma. Having this in mind, a considerable part of the summer-school time and energy was given to community building - creating trust among the participants - in order to develop an atmosphere where exploring these emotions could be shared - if necessary.

Another important fact in connecting with the topic were the visits, both to different monuments in Amsterdam that represent a memory of trauma and wounds of the past and by "moving along with music" with the *Musicians Without Borders* (the participants were invited to play music along with this NGO that uses music in different contexts of traumatic experiences around the world, as a therapeutic element).

4 Literature

The required reading for this Summer-School included the following titles:

MacKinnon, Laurie, 'The Neurosequential Model of Therapeutics: An Interview with Bruce Perry', in: *The Australian and New Zealand Journal of Family Therapy*, 33:3, 2012, pp. 210-218.

Pervanidou, P., 'Biology of Post-Traumatic Stress Disorder in Childhood and Adolescence', in: *Journal of Neuroendocrinology*, 20, 2008, pp. 632-638.

Glaesmer, H., Reichmann-Radelescu, A., et al., 'Transgenerationale Übertragung traumatischer Erfahrungen: Wissenstand und theoretischen Rahmen und deren Bedeutung für die Erforschung transgenerationaler Folgen des Zweiten Weltkrieges in Deutschland', in: *Trauma & Gewalt*, 5:4, 2011, pp. 330-343.

Maercker, A., Hecker, T., 'Trauma- und Gewaltfolgen - psychische Auswirkungen', in: *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz*, 1, 2016, pp. 28-34.

Gobodo-Madikizela, P., 'Remembering the Past: Nostalgia, Traumatic Memory, and the Legacy of Apartheid', in: *Peace and Conflict: Journal of Peace Psychology*, 18:3, 2012, pp. 252-267.

Gobodo-Madikizela, P., 'Transitional justice and truth commissions: exploring narratives of repair and healing in the post-Holocaust era', in: *Psychology, Crime, & Law*, 18:3, 2012, pp. 275-297.

Ganzevoort, R.R., *Violence, Trauma, and Religion*. Presented at the 2006 conference of the *International Association for the Psychology of Religion*, Leuven, 2006.

Ganzevoort, R.R., Sremac, S., *Masculinity, Spirituality, and Male Wartime Sexual Trauma*.

Documentaries about the conflict in the former Yugoslavia:

<http://www.icty.org/en/in-focus/documentaries>