

*Steps towards empowerment for community healing*  
*Intervention 2003, Volume 1, Number 2, Page 40 - 46*

# Steps towards empowerment for community healing

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*After surviving a recent massacre in the north of the Democratic Republic of Congo, a group of 22 staff members of a community health nursing programme requested the assistance of the author. During a three-day meeting, the traumatic experiences of the participants were discussed. Several steps, including performing a ritual ('burying the dead') and psycho-education on stress and trauma, were developed using the resources of the group. In view of the high numbers of traumatised communities, participants felt the need to pass on what they had learned. At a later stage, they began to view these issues in the context of community health work and prepared to change the mental health curriculum of their programme.*

**Keywords:** Mass trauma, 'burying the dead', community healing, community health, mental health, traumatised community.

## **A team that survived a massacre**

Currently, one of the most atrocious of the world's many armed conflicts is being fought in the Democratic Republic of Congo (DRC, formerly known as Zaire). On the fifth of September 2002, the village of Nyankunde near Bunia was assaulted by a 7000-strong local Congolese militia group of Lendu tribal origin. This attack resulted in well over one thousand deaths. It also led to the flight of the surviving population to

Oicha and Beni in Northern Kivu, in a 10-day journey on foot through insecure forest areas. Among them there were a team of 12 Congolese teaching, administrative and logistics personnel of the Panafrican Institute for Community Health Nyankunde (IPASC Nyankunde) and a number of their students. Nyankunde has since been made inaccessible by the planting of land mines.

In October 2002, seeing they could not return, the staff of IPASC Nyankunde transferred their teaching programme approximately 200 km to the north-east, to the village of Aru near the Ugandan border. One by one former students found their way to Aru. Classes started again on November 1 2002 with about 30 students. There were many problems: teachers and students had to share crowded living quarters. Many students were unable to pay their school fees. There were hardly any books or teaching aids. However, the motivation of the team was to survive, together with their students, by maintaining a normal daily routine as far as possible. The administration helped financially as much as they could. Later that month this team invited me to visit their programme. There had been good connections in the past.

As a former district medical officer and sub-

sequently medical co-ordinator of the protestant churches of South Kivu in Bukavu, DRC, I am familiar with the Congolese health system, with the French and Swahili languages and with the culture and spirituality of the people of Eastern Congo. As a founding member of IPASC, I am also familiar with the senior staff, with the programme of the Institute and with their participatory approach in community health, without ever having been a staff member. This was an advantage for the intervention described here as there was no direct hierarchy involved.

Evacuated from DRC in 1997 because of the war, I am now working as a medical doctor in Germany with the NGO Refugio Stuttgart, examining traumatised refugees and torture victims, and writing medical reports for the law courts. In this context I regularly listen to the stories of torture survivors and traumatised refugees, offering counselling and psycho-education. Most patients are then transferred for psychotherapy within the therapeutic network of the organisation. For the staff there are professional training seminars as well as regular supervision by an experienced psycho-traumatologist.

### **A three-day retreat**

The IPASC team had expressed the need to have an informed visitor from outside present at their annual three-day retreat when they would look back at the year 2002. As they put it, 'We do not know how to face the pain.' This feeling was shared by staff and students alike.

The prospect of meeting with a team who had recently survived a massacre was daunting - I felt quite inadequate as a helper. As a friend I could not but go to grieve with them. During my preparations,

I had to take into account the following:

- There would be limited time, my subject being one among others in a full three-day schedule.
- Symptoms of traumatic stress were to be expected, and there might be cases of post-traumatic stress disorder in the group.
- A forceful approach had to be avoided as it might trigger intrusive memories, emotional breakdowns and loss of control.
- For those who suffered from traumatic stress there would probably be little or no psychotherapeutic or psychiatric treatment available under the circumstances. This was later confirmed: There was only one psychiatrist with a small psychological team located in Bunia, a city inaccessible by road because of tribal warfare. His team was trained to identify and treat children of dysfunctional families and support families of the physically and mentally handicapped. At the time there was only one psychosocial programme by a Dutch NGO in a refugee camp some 300 km to the south. It was in the start-up phase and not yet fully operational. None of these was an option for this group.
- There would be expectations on the side of the team regarding fellowship and spiritual input, as these had been major resources under the circumstances.
- I would have to draw on prior experience in counselling and psycho-education, as well as on my own spiritual resources. Combining the two would result in an activity I had not had opportunity to test.

In this context my primary role would be that of a counsellor. The doctor would be 'on call', so to speak, and mobilised if necessary. I identified the following priorities: to remind participants of the good times we

*Steps towards empowerment for community healing  
Intervention 2003, Volume 1, Number 2, Page 40 - 46*

had shared in the past; to spend time grieving for the tremendous losses; to offer assistance to the entire group through information and psycho-education regarding stress and trauma; and to be available for individual counselling when the need would arise. Before leaving I asked for expert advice. The answer in a nutshell was: 'Go as a friend, share what you have and look for their resources'.

### **The participants**

The teaching staff of IPASC Nyankunde works together with staff members in a corresponding university level programme in Bunia. In times of peace both programmes together train a total of approximately 100 students at a given time. The 22 participants of the retreat were staff members (teachers, administrative and logistics personnel) from both programmes. Two of them have obtained university degrees. The group was made up of members of six tribes from the area, some of which were still at war. They were meeting as a group for the first time after the massacre, twelve of them flying into Aru by plane from Bunia and Beni. At their initial meeting, there was lively interaction, spontaneous embracing and a sense of wonder that none of them had perished. It was obvious that they were not bent on conflict, but, to the contrary, anticipated a time of sharing. However, they were remarkably shy about their losses. Even the most outspoken would answer my initial questions with a hardly audible '*Tuko*' (Swahili for 'we still exist'). A hint here and there indicated that everybody had been bereaved, although to different degrees. All had lost somebody of importance - community leaders, pastors, neighbours, friends, students of the institute with wives and children. Many had lost family members. Some were faced with

uncertainty about the fate of their relatives who had not yet been found. Almost all had lost property. Half of them had been living in ongoing insecurity. One young woman, let's call her Marie, said, in a private encounter, that she had lost thirty of her kin in the course of the four-year war; that her male relatives would bring the mutilated bodies into her house without a word; that she had had to wash these bodies before burial. Nothing outwardly indicated her suffering. In her tribe, not even the women cry. However, she was feeling deeply troubled since her mother had let her know that she did not expect either Marie or her younger sister to live through this war. She had also chosen as her close friend a young girl who had recently been diagnosed with HIV. At the time of the visit both of them were busy initiating the first HIV campaign ever in the town of Aru.

### **The programme**

There were four units titled 'Stress and Trauma Healing' in the schedule - two sessions on the first day and one each on the second and third days. The programme was a combination of my plans and improvisation that responded to clues and reactions from the audience. After each session, there would be a short evaluation on my part, and a preparation for the next session. There would also be individual counselling sessions in the afternoons at the end of the day's programme.

The programme developed as follows: during the first sessions the priority was to acknowledge the losses and allow the participants to express their grief and sorrow. The most pressing need was to 'bury the dead'. After this, it became possible to teach the participants by giving them information on stress and stress-related symptoms, on trauma and the consequences for the indi-

vidual and the group, and on psycho-education. In the last session there was recognition of the primary importance of teaching material on stress and trauma for the work of IPASC. A list of ten priorities was drawn up to form the beginning of a revised course on the subject of mental health.

### The interaction

The basis for interaction within the group and between the group and myself was provided by a sense of friendship and trust, a participatory working style and a common spiritual foundation in Christian religion. The latter allowed us to make use of the strong imagery of the psalms such as, *'Journeying together through green pastures, by refreshing waters; looking back on the valley of the shadow of death (Ps.23); lifting up one's eyes to the mountains ahead, looking for orientation while in difficult terrain (Ps.121); pursuing a river towards the fortified city, the destination of the journey (Ps.46).'* Images were needed that would truly represent the process of what had happened to the participants and also the insecurity they still had to face in the ongoing war situation. The sessions would have to be interconnected by a common motive, to give a sense of coherence. I therefore chose the metaphor of a 'mountain hike' to illustrate what we were going to do.

Session 1 would start out in 'low country' where there are places to rest and enjoy a good time - easily recognisable as symbolising the prospect of three days of good fellowship, plentiful meals and an interesting programme (the retreat).

Session 2 would be a steep climb up a 'mountain' and a view back at the 'valley of the shadow of death'. This would probably be difficult to do. However, there would be spiritual resources ('water') to draw from, there would be the special setting of a ritual and the encouragement members of the

team would be likely to give each other.

Session 3. The group would have to turn from there to face an uncertain future. This would be represented by the 'range of mountains', well known to the people of Eastern DRC. To enable participants to make it at all, there would have to be orientation and re-orientation ('light'). Teaching on stress and trauma as well as psycho-education would constitute only a beginning. The participants' own experiences would be needed to shed light on the way on a daily basis.

Session 4. Using a 'river' towards the goal ('the fortified city') provides a sense of direction. Several sources forming a river can carry participants along, like on a raft. There are the team members' and IPASC's own spiritual, professional and material (re-)sources, there are outside (re-)sources through visitors like myself. They all may contribute to bring elements of healing and peace into severely damaged communities. Offering trauma counselling and psycho-education would be part of this process. To Christians the fortified city is a place of lasting peace (Ps.46). Although this is what participants already try to represent by their interaction and lifestyle, the city of peace is not merely a human project. It rather puts human endeavours in a divine perspective.

During the meetings participants were sitting in a large circle. I started the first session of 90 minutes by giving a short introduction to the methods to be employed. Participants were asked to write down and share their expectations regarding the sessions. They were then encouraged to share positive recent experiences. These were called 'rations' as they served to 'build up' the group. The session was lively, with spontaneous singing, laughter and joking. This time and place of mutual encourage-

*Steps towards empowerment for community healing  
Intervention 2003, Volume 1, Number 2, Page 40 - 46*

ment and refreshment was named 'pastures', in accordance with Ps.23 verse 2. We finished the session with one of the *Breema* exercises presented by Reddemann (2001). It is called 'Touching the Mountain'. With the help of this structured and simple exercise a traumatised person may learn again to distinguish non-violent from violent touch to his or her body. Participants stand with feet close together, gently placing both their hands on the upper abdomen while breathing quietly three times. Then they slowly move their hands to heart level, breathing as before. Moving the hands to the face without touching it, they rest their fingertips on the front, closing the eyes and again breathing quietly three times. Gently and slowly, they move their hands back over the top of the head to the neck and then back again to the chest and the original position, finally resting their hands at the side of the body. Participants found this exercise agreeable and soothing. It was repeated several times and served us well for the beginning. The group was not at all familiar with this kind of exercise, but accepted it as a sort of ritual.

Participants were encouraged to prepare written messages, flowers or small gifts for the second session. This was to be a ceremony of remembrance of the dead.

The second session lasted 45 minutes. It was introduced as, 'a climb from the low pastures to a rocky, safe place,' from where to look back at the events at the time of the attack. A box draped with a beautiful cloth was placed in the centre of the circle. There was meditative singing, while members of the group placed what they had prepared into the box. One asked why men had to die such violent and vicious deaths. Some wept silently. The group had also prepared a long list of the dead which was now read

out loud, in turn with verses of Psalm 23 (The NIV Study Bible, 1985): *The Lord is my shepherd, I shall not be in want. He makes me lie down in green pastures (...) He restores my soul (...) Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me. You prepare a table before me in the presence of my enemies. You anoint my head with oil; my cup overflows(...) And I will dwell in the house of the Lord forever.* At the end it was decided that the box and the list should be buried next to the living quarters at Aru. This was surely the hardest of the sessions. Marie and one other person later reported a sense of numbing. There was no subsequent critical incident or emotional breakdown. Some said that for them it was bearable only because of the comfort afforded by the psalm readings.

Session 3, on stress and trauma, started out as a lecture followed by a discussion, with a strong emphasis on psycho-education. The topic of the lecture was, 'How to live with stress and stress-related disease, and how to recognise trauma symptoms.' The interest of the participants was all the greater as many recognised their own state, acknowledging it as a fact and as related to trauma. The main reaction was one of relief. They then asked what to do about it. Based on their own experience of the last three months a list was drawn up of helpful strategies, from 'using chewing gum' to 'spiritual exercises', and was completed by psycho-educational measures. The exercise called 'Egg of Light' was introduced (see Reddemann, 2001). Its intention is to help a person connect to a source of warm and gentle light imagined to be positioned above the head and flowing through the body to rid oneself of destructive thoughts and memories and to experience again

wholeness and warmth, radiating light into one's surroundings. In this session participants first expressed the need to help the many others living in their respective communities who they now saw were presenting with stress and trauma symptoms. These issues were discussed in further detail throughout the retreat.

Session 4 put the subject of stress and trauma healing into the context of community health. The participants had not made this connection themselves, although mental health as one of the components of primary health care is a regular subject in IPASC's teaching programme. Once the link had been suggested to them, they immediately awoke to its implications and drew up a number of objectives. The participants decided that the mental health course was underrated in their training programmes. They made up a list of priority items that should be added to the mental health curriculum: for example, HIV, loss and grieving, stress and trauma. A discussion started about training methodology: How should these subjects be introduced? First steps were drawn up on how to conduct a rapid appraisal regarding the mental health status of a traumatised community. All this was recognised as of primary importance to the future work of IPASC.

A third exercise was introduced, called 'the Safe' (which Reddemann (2001) calls '*Tresor*'). It serves to establish control over constant unbearable memories. Participants imagine a chest, a drawer or a bank safe where to put the inner films, violent images and hurtful memories and store them towards a time when the material will be looked at again if necessary. This exercise is useful as it empowers people who have found themselves helpless victims of intrusions to do something to manage these.

Control may not be achieved fast, but even short-term relief is beneficial and the exercise may be repeated as often as necessary.

The afternoon counselling sessions were used by five staff members, one of whom showed symptoms of post-traumatic stress disorder such as intrusive memories, nightmares, and avoidance behaviour. Others presented with different degrees of anxiety and depression. Hesitant about coming for counselling, students were gently encouraged by their teachers. When talking about matters of grief and loss they much preferred the familiar Swahili to the official French, thus putting my language skills to the test. One of the students had lost his wife and two young children in the massacre. When he first joined school again, he had hardly been able to speak. However he had wanted to participate in class 'in order to forget'. When we met he was able to tell his story and cry.

## Conclusions

In a three-day retreat with the IPASC community health staff several components were allowed to work together: the mobilising of internal, external, organisational and shared spiritual resources, in order to deal with the past, present and future. The bonds of the team, the prior diverse experience of the author, a participatory working style and a common spiritual basis combined to result in a dynamic process.

The situation in DRC is characterised by an almost total absence of professional and preventive psychiatric and psychosocial services. Three months after the traumatic event the presence in this group of symptoms such as numbing, intrusive memories and avoidance, and anxiety and depression indicate that there is a need for further psycho-diagnosis and treatment. Seeing that

*Steps towards empowerment for community healing  
Intervention 2003, Volume 1, Number 2, Page 40 - 46*

post-traumatic stress disorder (PTSD) may develop within months or even years after the traumatic event, more maladaptive symptomatology may be expected in this group in the future. However a number of self-help strategies had been developed and at the time of the visit participants presented with a mixture of adaptive and maladaptive reactions.

Prior to the visit, they had already developed some healthy adaptive measures: reopening the school, developing new initiatives such as an HIV campaign, keeping up a daily routine and offering fellowship. During the sessions, the group was given the opportunity to grieve for losses and to begin working through their own traumatic experiences. They grasped how essential it is to spread knowledge of the effects of trauma and loss, as a contribution to community healing.

In the future, the participants will have to use what they learned in their contacts with members of the traumatised community and their equally traumatised students. As Eastern Congo has no professional counselling and treatment services, the team is in need and should be offered further external support in working with these students and communities.

Plans to correct the mental health curriculum, adapting it to the current needs of a society traumatised by war, constitute a further step. They highlight the role IPASC may have to play in the development of appropriate teaching materials and, by way of training the new generation of health professionals, in the implementation of community-based counselling services in post-war DRC.

In the meantime, a psychologist could be identified who is currently doing trauma work in another crisis region, Palestine. She may spend some time at IPASC Aru. It

would be her task to offer treatment to those most severely affected with PTSD and to continue training, empowering and supervising the team.

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