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To be a victim no more – the progressive aim of post-conflict transformation

David Bolton
Northern Ireland

The Initiative for Conflict-Related Trauma
&
The Northern Ireland Centre for Trauma & Transformation Trust

In the next few minutes I want to address the theme of how we can understand and address the traumatic and adverse mental health impacts of war and conflict - both out of compassion and necessity and as part of the process of making and building peace.

On humanitarian grounds there is a clear case for addressing such needs as part of the post conflict challenge of building peace, to ensure that as many as possible are enabled to become stakeholders in the process. There is also the necessity of recognising the health and economic burden of unaddressed trauma on a newly emerging nation or region and its politics, and, importantly, in the interests of social progress and sustainability. The ambition is to, as much as possible, ensure that those we call victims of violence, are enabled to be victims no more, and can become an integrated and vital part of the emerging post conflict community.

Some years past I had a conversation with a relative whose father had fought with the British forces at Gallipoli. As a teenager, he had joined the army with his brother in response to the outbreak of the war, each signing up to a different Irish regiment. They went off to Gallipoli in Turkey. In August 1915 their location was shelled and, terribly wounded, his brother was killed beside him. The surviving brother, was buried alive and would otherwise have been left for dead but for his hand, which was above ground, and was seen to move. He was pulled from what otherwise would have been his grave. I had known this old soldier for some years before he died and in my conversation with his son we agreed that his experiences of war and in particular this event had probably had a life changing impact on him for the rest of his life. He seemed detached. During thunderstorms he would retreat to bed. He never went to ceremonies where his experiences and his colleagues

were remembered. His personal relationships were blighted by his hardness of character. He had graduated from the university of the battlefield. Frozen in the circumstances that had taken him from childhood and formed him as an adult, he carried himself with a military air all his days, directing his family as though they were under command. The old man had seldom talked within his family circles of his experiences and many of the details were only known because they had been shared with others outside the family, and had made their way back through conversations. He was a traumatised man. And he was the same as many who survived the Great War. As the old soldier's son said, "Like the rest of them, he was different. He was always looking over his shoulder."

And so it seems that for traumatised survivors some wars and conflicts are slower to end or never really end - even though the violence has ceased. The war or conflict continues in other forms and is played out through enduring adversarial politics, structural clashes of cultures and identity - and in many ways those who are the surviving casualties of the violence can be, in varying degrees appropriated, overlooked, unacknowledged or forgotten in the post-violence period. Writing about the Great War, Eric Leed talks of how "the end of hostilities did not mean the end of the war experience, as much as the beginning of a process by which the experience was framed, institutionalized, celebrated and relived in political action …" [1]

In1998, after thirty years of civil conflict in Northern Ireland (referred to by many as the Troubles), the British and Irish Governments with the support of most of Northern Ireland's political parties signed the Good Friday Agreement (more formally, the Belfast Agreement). Four months later the deadliest atrocity associated with this period of conflict occurred when a car bomb exploded in Omagh. The 'worst of many' tragedies[2] the Omagh bombing was an immediate threat to the new political and peace processes. Its significance also lay in the fact that the bombing and its immediate consequences impacted upon many people – local people of course, along with others from Donegal in the Republic of Ireland, and families in Madrid, and those who came to help. Thirty-one people were killed; hundreds injured and thousands were exposed to, or were witnesses to, traumatic experiences.

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[1] Leed, Eric J; No Man's land; Combat and Identity in World War 1; Cambridge University press; 1979

[2] Froggatt P. Medicine in Ulster in relation to the great famine and "the troubles". *BMJ*1999;**19**:1636–9

The immediate and unfolding psychological impact of the bombing was striking. Thousands sought help with emotional distress and mental health problems in the first month after the bombing. Faced with this need we put in place a number of initiatives to respond to the psychological impact of the bombing. This included the Omagh Community Trauma and Recovery Team, which over the course of 3.5 years responded to requests for help from 670 people (as young as 2 years and as old as people in their late 80's) most of whom had emotional, psychological or mental health problems linked to their experiences. The team was faced with providing a therapeutic response to the distress and trauma of the bombing.

Whilst much was known about the mental health and psychological risks of such events little was known about how precisely they impact on us and on how people who suffer trauma-related disorders might be helped. The Omagh Team was fortunate to be in early contact with two professors at Oxford University and their colleagues. Professors Anke Ehlers and David Clark had just completed a ground-breaking trial of a new therapeutic intervention for post traumatic stress disorder[3]. Key to their work was a scientific description based on research of the way in which traumatic experiences impact adversely on our minds, about what maintains the adverse traumatic reactions and, critically, what then could be done therapeutically to help sufferers. Its importance lay in its scientific approach and its precision of concept and language. It offered a way of helping us move beyond ideological and imprecise understandings of experience and need.

They described how traumatic events impact on:

- Our memory and recall of events, with consequences for our integration, recollection and understanding of our experiences
- How such events can adversely and profoundly change the way we think of ourselves, of others and of the world, with implications afterwards for how we see ourselves, others and the world in general.
- On how understandably we often develop unhelpful ways of managing the distress we feel, particularly in the wake of vivid, uninvited and distressing recollections of the traumatic event. Such responses might help contain the distress but often stand in

[3] Ehlers, A & Clark, DM; A cognitive model of posttraumatic stress disorder; Behav Res Ther 38: 319–345. doi:10.1016/S0005-7967(99)00123-0. PubMed: 10761279; (2000).

the way of ultimately resolving the adverse effects of trauma on our minds.

Ehlers and Clark also highlighted the role of memory triggers, often if not usually subtle and barely observed cues in the world around us that precipitate such distressing flashbacks of our experiences – like a smell, a sound, a colour or a song on the radio.

This research became the basis for the therapeutic approach for PTSD and other trauma disorders provided through the Omagh Team. Later, the work developed after 2001 when the Northern Ireland Centre for Trauma and Transformation was established, and a further study, a randomized controlled trial, of the effectiveness of the approach for people with chronic and multiple conflict-related trauma was undertaken. The results were published in the British Medical Journal in 2007 and showed that people suffering conflict-related PTSD as a result of multiple traumatic experiences and with associated additional mental health disorders could be treated effectively, with sustained benefits for sufferers in their symptoms and in their daily living difficulties, specifically with benefits for families, and for social and economic roles. Through our therapeutic work we sought to promote the wellbeing of individuals their families by use of mental health concepts in a way that made sense to people's lived experiences, that enabled meaningful conversation about their experiences and the consequences of trauma, and to build hope, life skills, recovery and resilience through therapeutic partnerships. Over 700 people - most of whom had experienced multiple traumatic and life threatening events linked to the conflict, and had suffered serious and chronic mental health problems as a result - were referred to the Centre over the ten years it existed. Most of these engaged in the trauma focused therapy programme with transforming personal and family outcomes. The Centre also developed an extensive training programme based on its treatment outcomes and research findings for a wide range of mental health practitioners and policy developers within Northern Ireland and the border counties of the Republic of Ireland.

One of the problems in responding to the impact of the years of violence was that the full mental health impact on the population was not well understood. In 2003 the Northern Ireland Centre for Trauma and Transformation formed a partnership with the Bamford Centre for Health & Wellbeing at University of Ulster (Northern Ireland). We began to research the impact on the population and to investigate of the prevalence of conflict-related disorders in NI. From 2008 to the present

the research partnership has published six key epidemiological papers and reports on the impact of the conflict which for the first time describes the degree of exposure to the violence (39% adults have had at least one tratumc expericnes linked to the conflict) and the direct and secondary mental health consequences. We found that:-

- NI has the highest PTSD levels across a series of similar studies undertaken as part of the World Mental Health Survey Initiative;
- The risks of having mental health problems in association with a traumatic experience was significantly higher than for those who had not had a traumatic experience, and that additionally, trauma associated with conflict had even higher risks;

Our research went on the reveal much about the experience of trauma and its consequences on health and wellbeing including the association with poor physical health, and on the experience of seeking help and receiving services. In part at the prompting of our politicians, who broadly represent our deeply divided community, we presented an economic analysis, providing a different and common language for our divided politics – this time, the language of economics - for considering and resolving the impact of the violence. In this way we were trying to support and enable policy making, the commissioning and delivery of accessible services and the development of therapeutic practice.

Building upon this work we have sought to integrate the evidence from research with the lived experience of the violence, and with the vital political, diplomatic and social efforts that have undoubtedly brought Northern Ireland to a much better place. We aimed to support the recognition of the mental health needs of victims of violence, often overlooked in the political and societal quest of dealing with the past where the focus has been on concerns such as justice, rights, commemoration and acknowledgement.

Our conclusion is that alongside the work of politics and diplomacy, of economics and the promotion of social justice, we need the therapeutic. Politics cannot heal all our hurts and therapy cannot address all aspects of exclusion and injustice. Each has its place and both are needed.

What we have aimed to do through our work is to help us all understand the mental health needs in a way that makes sense to the individual whilst offering tangible approaches for policy makers and service providers. Our experience and the work of others in other places is helping to identify effective practices which are and transferable to areas

of different conflicts and cultures. Through this we have found that the scientific approach has much to offer in the search for, the making and building of peace.

In the history of conflict, and especially in mental health terms, we have not been good at looking after the surviving human causalities of war and conflict - the armies and the civilians - who need to be helped to find their place in the emerging post conflict community. Eric Leed's assessment of the frozenness and institutionalisation of the war experience alerts us to the need to rediscover our imagination after hostilities end - otherwise we will remain frozen. Surely we need to exhaust all our efforts in understanding what has happened and to make sure it does not happen again. As part of transitional processes aimed at ensuring stability and social sustainability, therapeutic and mental health needs must increasingly have a place at peace tables in the wake of conflict.

David Bolton
Northern Ireland

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Correspondence to: ICRT.info@gmail.com

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