

EMOTIONAL HEALTH CARE

Participants' Workbook



Everyone deserves a caring friend



Transform4Life

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Dear Participant,

Welcome to T4L!

We are blessed to have you as part of the team. It is our prayer that this training will equip and encourage you to train those in your sphere of influence to care for others in the name and spirit of Jesus Christ.

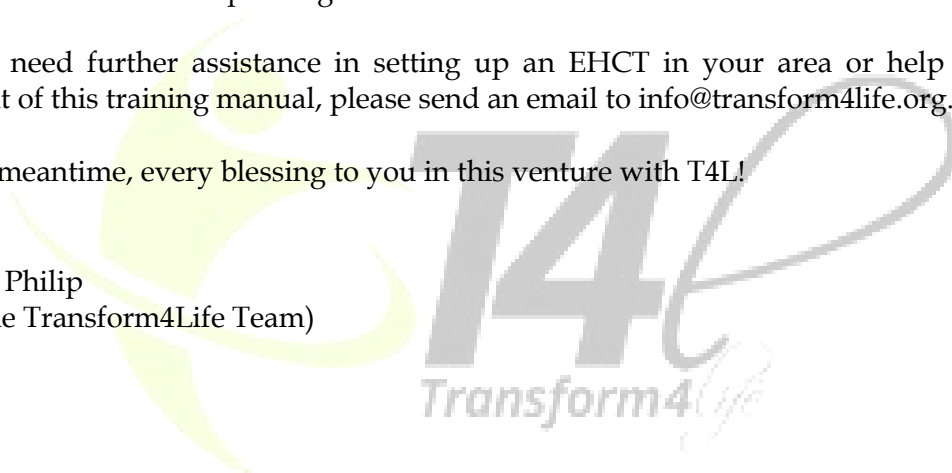
Emotional Health Care Training (EHCT) is a condensed version of *ALIVE* - Trauma Awareness and Care training developed by Transform4Life with the explicit purpose of enabling friends to care for friends. The content is specifically chosen for the healthcare setting.

We are grateful to Maggie Matheson who has contributed and co-edited this guide. We also acknowledge the contribution of Valsa Augustine on the topic of stigma and Vinitha Ravindran for helping us understand the complex nature of the trauma healing journey. Jibi Thomas and several others have spent many hours proofreading and Augustine Koshy has overseen the printing.

If you need further assistance in setting up an EHCT in your area or help with the content of this training manual, please send an email to info@transform4life.org.au

In the meantime, every blessing to you in this venture with T4L!

Sunny Philip
(For the Transform4Life Team)



Session 1

Windows of Opportunity and Spheres of Influence

OUTLINE OF THE SESSION

- A picture of caring
- Activity: To belong or not to belong
- Activity: Who are we?
- Windows of opportunity and spheres of influence

AIMS OF THE SESSION:

- To familiarise participants with the philosophy and purpose of *friends caring for friends*.
- To enable participants to appreciate the significance of *windows of opportunity and spheres of influence*.

PRAYER:

Say the following prayer together.

Dear God, we want to follow you. Guide us today into the life you have for us, no matter how unexpected it might be. Teach us to hear and obey your voice, no matter how difficult it might be. Give us the grace to listen to the voices of each other. Our life is yours not our own. Amen.



A picture of caring

Imagine yourself caring for someone. Spend five minutes alone, creating a picture of what caring looks like to you. (Don't worry about what your picture looks like. This is not an art competition. Stick figures will do.)

After five minutes, form into groups of three or four. Share with the group the meaning of your drawing.

My Picture of Caring

Some questions to think about:

1. Why do I care?
.....
2. How did someone care for me?
.....
3. How did I feel when another person cared for me?
.....
.....



Activity:

To Belong or Not to Belong

Reflections:



Activity:

Who are we?

Let us spend a few minutes considering the role of a caring friend.

ALIVE practitioners must not be unrealistic about their role. They also should not give the wrong impression of themselves or their role to others.

Read together the following statements taking time to grasp the meaning and importance of each statement.

ALIVE Practitioners ARE...

- ✓ People who are prepared to enter the joys and sorrows of other people
- ✓ Committed to walking beside a hurting person (a person in need)
- ✓ Caring friends who listen
- ✓ People who have adopted a healing rather than a curing paradigm of caring
- ✓ We are friends who care for our friends
- ✓ We always stand by our friends and never give up on friends
- ✓ People who uphold the importance of professional ethics

ALIVE Practitioners are NOT...

- × Problem-solvers
- × Faith healers or prophets
- × People with any kind of hidden or personal agenda
- × Salespeople
- × People who feel that they have got all the answers the world needs

Healing is a process. It is focused on the whole person rather than one ailment or defect. When we are healed, we are restored to the purpose for which God has created us.

Curing is focused on the result without a great deal of consideration for the process. It has a narrow focus and a specific outcome. It is mostly related to disease and remedy. Curing simply means the elimination of the symptoms and evidence of the disease.

It is possible to experience healing without a specific cure. Similarly, a disease can be cured without the person experiencing healing.

Windows of Opportunity and Spheres of Influence

Personal Sphere of Influence Model¹

Awareness of Self and Empathy with Others

Q. What is a sphere of influence?

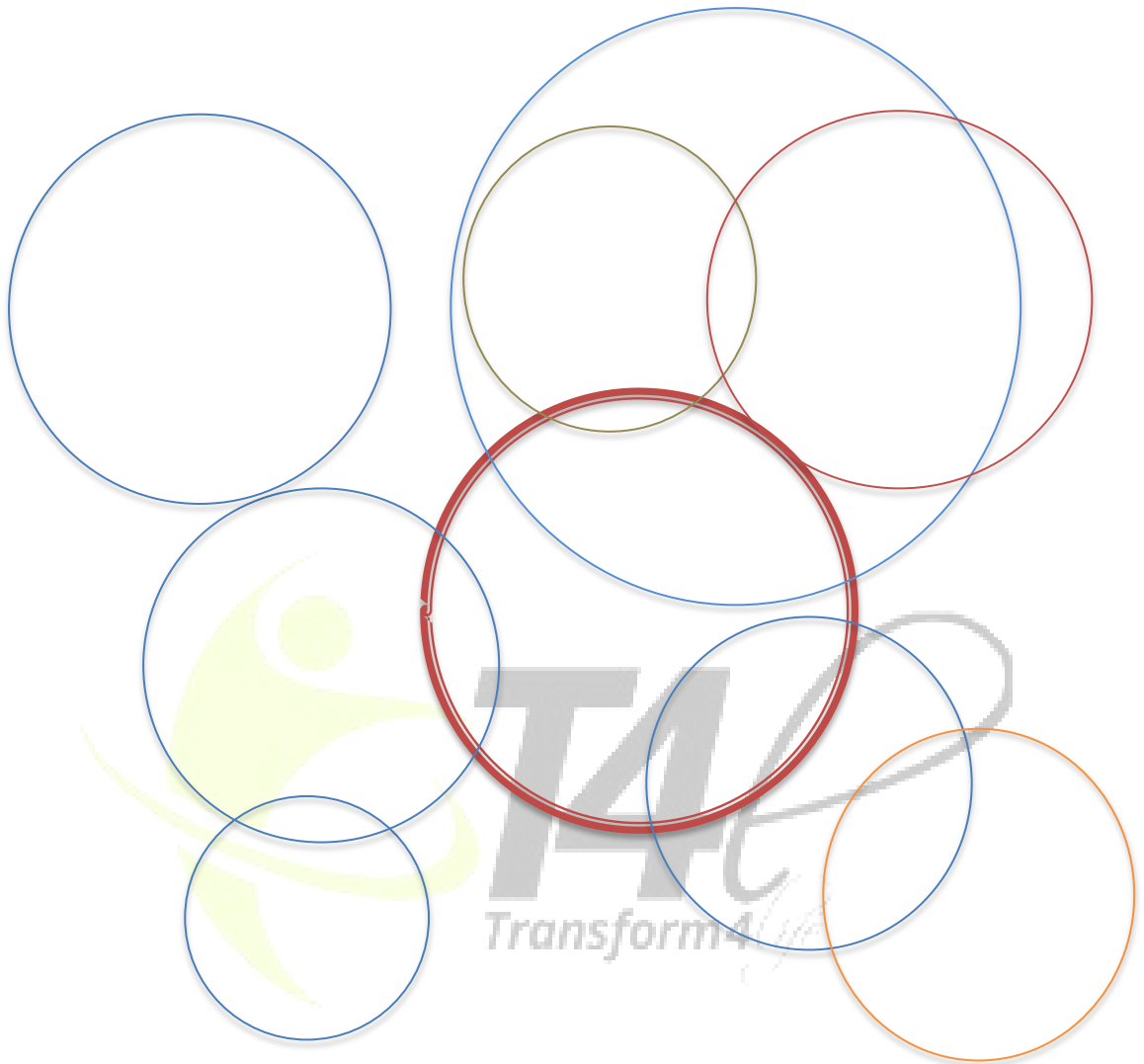
.....
.....

Q. What or who do you find in your sphere of influence?

.....
.....

¹ **Source:** Wagner, W., Ostick, D. T., & Komives, S. R. (2007). *Leadership for a Better World: Understanding the Social Change Model of Leadership Development Instructor's Manual*. San Francisco: Jossey-Bass.

Spheres of Influence



Some Spheres of Influence:

- Family
- Social/Political
- Professional
- Religious
- Historical
- Interest groups
- Sports/Recreation

Session 2:

The Many Faces of Trauma, Abuse and Victimisation

OUTLINE OF THE SESSION

- Activity: Learning to understand
- It's complicated - Chaos Game
- Trauma, Abuse and Victimisation – A case study
- Who is a victim?
- What is trauma?
- What is abuse?
- Summary and conclusion

AIMS OF THE SESSION:

- To explore and understand various aspects of trauma, abuse, and victimisation.
- To identify the various types of victimisation.
- To identify certain imageries associated with being and feeling victimised.
- To apply the knowledge to their situation in life.

PRAYER:

Say the following prayer together.

Dear God, we want to follow you. Guide us today into the life you have for us, no matter how unexpected it might be. We live in a hurting world. We cannot even begin to imagine what other people are going through. Sometimes we are too preoccupied with our concerns, we don't have time to care about others. Give us the grace to listen to the voices of each other. Our life is yours not our own. Amen.

Introduction

The focus of this session is to distinguish between abuse, victimisation, and trauma. We will also explore the impact of trauma, and victimhood on individuals and communities.

THERE MAY BE PEOPLE IN THIS ROOM WHO MAY HAVE WITNESSED OR EXPERIENCED VIOLENCE. SUPPORT WILL BE AVAILABLE IF THE PRESENT SUBJECT MATTER IS TOO PAINFUL OR IF ANYONE WISHES TO DEBRIEF AFTER ANY SESSION.



Activity: Learning to Understand

Discussion Questions:

1. What have you learned from that activity?

2. Were you tempted to look at others in the group and join with the majority?

3. Were you tempted to force/convince others why you were right and they were wrong?

4. How do the lessons we have learned from this activity help us in our interactions in this group?

In *ALIVE* training we emphasise the importance of understanding, not judging or condemning people based on how different they are from us. During the next few weeks, we will make every effort to understand and support each other by listening to each other's stories and affirming our life journey (history). When we disagree, we will do that in the spirit of gentleness and love. We are here to build each other up, not to tear each other apart.

*Remember, You may be the only person who agrees
with you on everything*

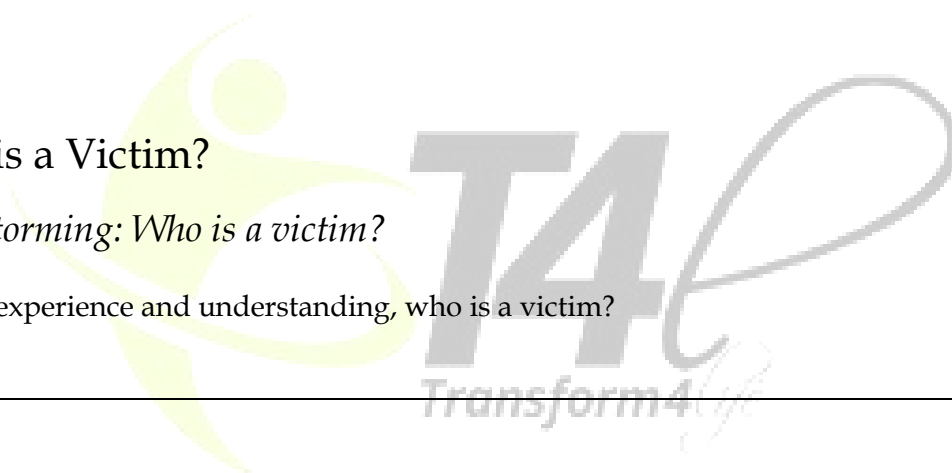
Trauma, Abuse and Victimization

A case study: The bus

Who is a Victim?

Brainstorming: Who is a victim?

In your experience and understanding, who is a victim?



"A victim is a person, community or nation harmed, injured, abused, or destroyed by crime, violence, or emotional and physical torture intentionally or unintentionally. It can be the result of actions and inactions (negligence)."

Victims of Crime

A person or community who suffered physical, emotional or psychological injury or material loss due to a crime committed by another person, organisation or nation.

Victims of Misfortune

There is also another category of victims known as “victims of misfortune” who are thought to be oppressed by the “five giant evils of society” - want, disease, ignorance, squalor, and idleness.²

Vicarious Victimization

Besides those who are besieged by the five giant evils, some people are burdened by other people’s pain or misfortune. They also feel victimised because they are caught up or have volunteered to be in this situation.

Healthcare professionals are constantly in touch with the suffering and misfortunes of others. For that reason, they are also susceptible to compassion fatigue, another term for vicarious victimisation. We will deal with this in some detail later in this study.

The Ideal Victim

In 1986 Nils Christie introduced the idea of ‘the ideal victim.’³

What are the characteristics of an ideal victim according to Nils Christie?

Can you think of some recent examples of “ideal victims”?

Victim Visibility

There is more *victim visibility* now than ever before. We are more conscious of victim feelings and victimisation now than in previous times.

What is the downside of too much emphasis on victim visibility?

² In 1941, the British government commissioned a report into the ways that Britain should be rebuilt after World War Two. William Beveridge published his report in 1942 and recommended that the government should find ways of fighting the five 'Giant Evils' of 'Want, Disease, Ignorance, Squalor and Idleness'.

³ Nils Christie, 1986 “The Ideal Victim” in Fattah, E. (ed), From Crime Policy to Victim Policy, New York: St. Martin’s Press.

What is Trauma?

Trauma can be any experience that leaves a person overwhelmed, helpless and alone. It is described as a rupture in time, a violent event or series of events that destroy individuals, families, communities, and countries. It is a reaction to an emotionally or physically disturbing event that is experienced or witnessed by a person, a community or even a nation. Trauma can be caused by human violence, intentional or unintentional. Natural disasters such as famines, epidemics, earthquakes, and tsunamis are also viewed as traumatic events. The most common word used to describe those who have experienced trauma is, *victim*. The word originated in the 15th century from the Latin, *victima*, meaning sacrificial animal.

Write down your definition of trauma.

Trauma is what happens "when our ability to respond to threat is overwhelmed."

Peter Levine

Different Types of Traumas

1. Single-event trauma is an intense one-time event, which causes serious threat, harm, or death. This can be natural or partly or fully caused by humans.

2. Prolonged, continuous, and cumulative trauma occurs when the same trauma continues or repeats itself. Different traumas occurring one after another. Prolonged adverse situation.

3. Collective trauma is the psychological effect of a traumatic experience on a group of people or an entire society.

4. Structural trauma. Policies of governments that result in discrimination and victimisation. E.g., apartheid, caste.
5. Generational trauma. Abuse and victimisation that are passed on from one generation to another.
6. Historical trauma. E.g., Ethnic cleansing.
7. Participatory trauma. This is caused by active participation in causing trauma. A good example would be military personnel who engage in bombing civilians.
8. Secondary trauma. People feel traumatised by witnessing traumatic events, though they are not the direct victims. Examples would include those who witnessed rape or murder. Often children are subjected to secondary trauma. Professionals who are required to assist and deal with victims of trauma may also experience secondary trauma themselves.

"Trauma, by definition, is the result of exposure to an inescapably stressful event that overwhelms a person's coping mechanisms."

Carolyn Knight

"Working with Adult Survivors of Childhood Trauma"

What is Abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons and may result in significant harm to, or exploitation of, the person subjected to the abuse.

Abuse can be:

- Physical
- Verbal
- Sexual
- Financial
- Social and Cultural - Caste, class, religion
- Emotional or Psychological
- Neglect or Acts of Omission
- Discriminatory
- Institutional
- Spiritual - coercion, manipulation, power-over

Abuse can also:

- Consist of a single act or repeated acts
- Be intentional or unintentional or result from a lack of knowledge
- Be an act of neglect, an omission, or a failure to act
- Cause harm temporarily or over a long period of time
- Occur in any relationship. Even a relationship that may appear to be healthy.
- Be perpetrated by anyone, individually or as part of a group or organisation
- Often constitute a crime, i.e., physical, sexual, or emotional abuse
- Go un-noticed and un-reported

For discussion in small groups

Questions:

1. Do these terms (listed above) fit in with your beliefs about abuse?
2. Is there anything you would disagree with or add to the list above?

3. Choose two situations of abuse from above and give an example of each (not identifiable).

Summary

- A victim is a person, community or nation harmed, injured, abused, or destroyed by crime, violence, or emotional and physical torture intentionally or unintentionally.
 - Victims of crime
 - Victims of misfortune
 - Vicarious victims
- Abuse is a violation of a person's rights. It invariably has an abuser - a person or system that causes it. There are many kinds of abuse. Abuse can be physical, emotional, social, etc.
- Trauma is what happens when a person feels helpless, isolated, and overwhelmed. A person may feel traumatised without another person causing it. Trauma feeling is subjective. Not everyone responds to a traumatic experience the same way.

Session 3:

The Blame Game - Cycles of Violence and Trauma

OUTLINE OF THE SESSION

- Introduction
- Cycles of violence and trauma
- Typology of victims
- Summary & Conclusion

AIMS OF THE SESSION:

- To explore the reality that victims do not always remain in a state of victimhood.
- To create awareness that most of the people who victimise were/are victims. Hurt people hurt.
- To analyse the negative impact of categorising people according to what we think is their guilt/responsibility in being victimised.
- To affirm the fact that we do not compartmentalise victims and then decide who deserves our compassion and to what degree.

PRAYER:

Say the following prayer together.

Dear God, we want to follow you. Sometimes we find it easier to blame others for our mistakes than accept responsibility. Sometimes we dishonour you by blaming ourselves unnecessarily. Enable us to walk in your light and not in our shame and blame. Teach us to hear and obey your voice, no matter how difficult it might be. Give us the grace to listen to the voices of each other. Our life is yours not our own. Amen.

Introduction

Last week we considered different terminologies used to describe a person or community who feels victimised. We learned that victim feelings can be unpredictable, complex, and confusing; yet real and painful. We also learned that it affects people differently.

It is not unreasonable to assume that a person feeling victimised or abused would want to move out of their situation and live in a safe, abuse-free environment. But the reality is often far from it. For many people, victim - victimisation can become a trap - a vicious self-perpetuating cycle.

Today we want to look at the topic further, from a different angle. We will see that the two cycles of victim and victimiser are similar and sometimes indistinguishable. Victims can become active victimisers by hurting others. Refusing to abandon the state of victimhood is also an act of victimisation. It is a form of punishment. It can be directed against a person, a particular community or even a specific ideology.

Cycles of Violence and Trauma

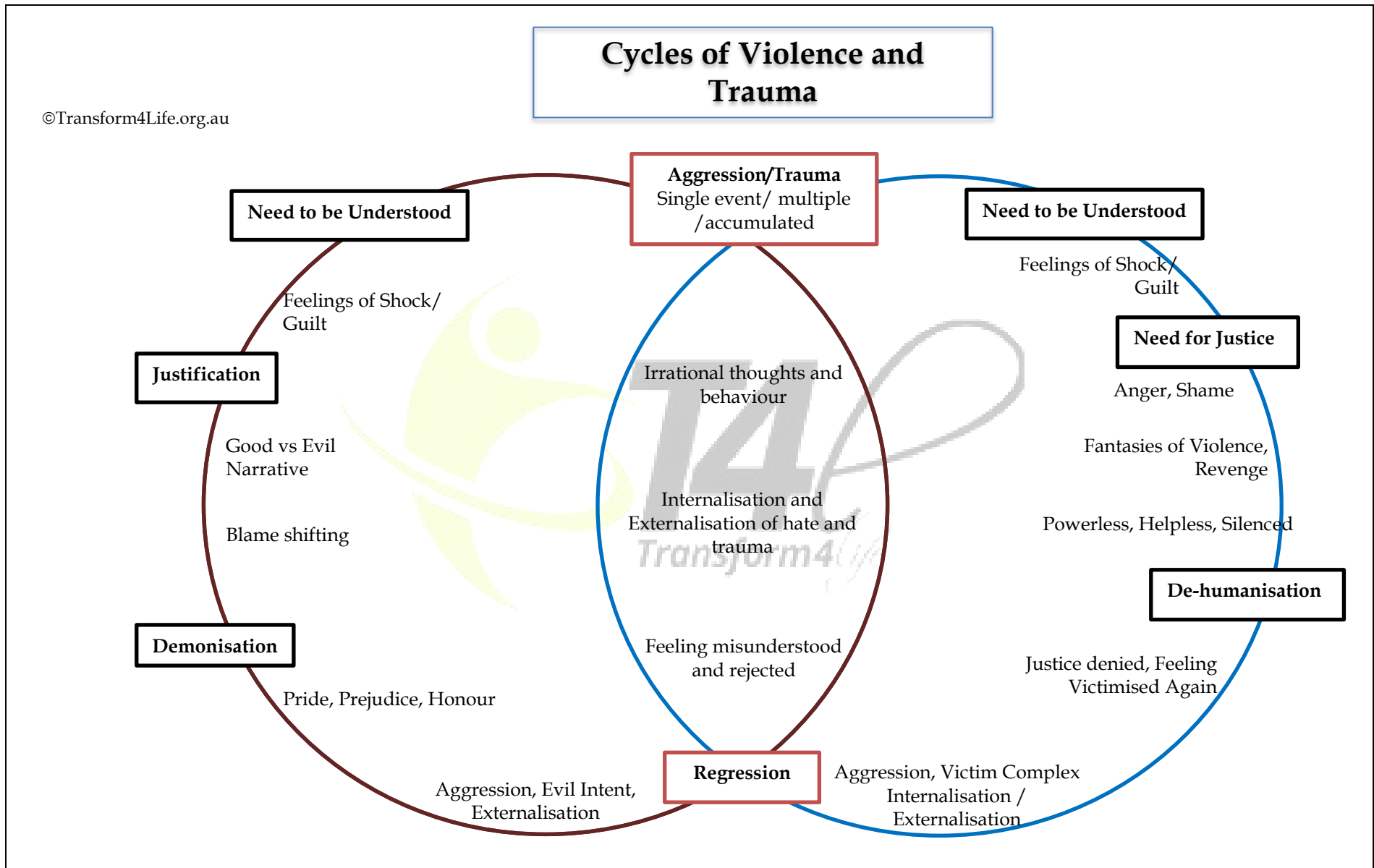
Turn to the page titled, Cycles of Violence and Trauma in your workbook. There are two circles. Can you see the difference?

Describe the victim cycle?

Describe the aggressor cycle?

What are some similarities between these two cycles?

What are the differences between these cycles?





Activity: The cycles of violence and trauma

1. Look at the cycles again. Have you experienced anything similar or do you know people who have experienced things that are not presented in the cycle? Describe.

2. Share an experience from your life/your community/another community that illustrates the Cycles of Violence and Trauma.

One of the aims of this training is to help people to break out of the cycles of victim-victimisation. Later in this training, we will consider it in some detail. For the time being, it is enough for us to understand that both experiences run in cycles and these two cycles run parallel to each other and at some stage overlap.



The infinity cycle of victim - victimisation

Mobius Strip



<https://www.youtube.com/watch?v=BVsIAa2XNKc>

“Thus, the torturer reaches through his victim to torture the next generation. We are bound by the chain of events – unless the chain can be broken. And by and large, it is broken not through moral effort, but through grace.”⁴

Not all victims become victimisers

There is **no** clear evidence that all victims will become victimisers.

Studies show that the transition from victim to victimiser is directly proportionate to several factors. Some have demonstrated (hypothesised) three variables as having the most significant impact. ⁵

Many youths develop Posttraumatic Stress Disorder (PTSD) secondary to sexual abuse and other severe traumatic experiences, manifesting clinical symptoms of:

What helps a person not to get caught in the cycle or break out of the cycle?

⁴ Frank Cottrell-Boyce, Why are parables so powerful? A screenwriter gives the answer, 19 April, 2018 <https://catholicherald.co.uk/issues/april-20th-2018/why-are-parables-so-powerful-a-screenwriter-gives-the-answer/>

⁵ P. N. Gerber, Victims Becoming Offenders: A Study of Ambiguities (From Sexually Abused Male: Prevalence, Impact, and Treatment, V1, P153-175, 1990)

Typology of victims⁶

Introduction

Benjamin Mendelsohn, a Romanian defence attorney, is credited as the first person to develop a theoretical system of victimisation. In 1956 he created six categories based on the degree of the guilt or responsibility of the victims ranging from total innocence (no guilt) to 100% responsibility (total guilt). His primary purpose in creating this classification was to help him defend the offenders.

The following is Ofer Zur's (psychologist and forensic expert) attempt, based on Mendelsohn's original formulation, to classify victims according to their relative degree of responsibility and power to control or affect situations.

Typology of victims (Ofer Zur)

1. Non-guilty - innocent victim:

This category includes victims who do not share the responsibility of the offence with the perpetrators. These are innocent victims whom we cannot expect to be able to avert the offence by anticipating it or by preventing it.

Examples:

- Children who are sexually or physically abused or neglected.
- Rape or murder victims when the crime is unforeseen, unprovoked, and perpetrated by strangers.
- Severely mentally ill or disabled adults who get hurt or exploited.
- Those who suffer a crime while unconscious.
- Victims of random or rampage shootings.
- Victims of unexpected natural disasters: victims of earthquakes in a non-earthquake zone.
- Victims of corporate greed, such as those perpetuated by corporations that sell genetically modified foods that cause cancer, or corrupt banking practices, which scam people of their savings or homes.

2. Victims With Minor Guilt:

This category includes victims who with some thought, planning, awareness, information, or consciousness could have expected danger and avoided or minimised the harm to themselves. They 'could or should have known better.'

Examples:

- Adult victims of repeated domestic violence where shelters are available (after patterns are established and it is no longer unpredictable).
- Marital rape victims after the first few episodes (when the pattern has been established and it is no longer a surprise).

⁶ Ofer Zur, Rethinking "Don't Blame the Victim": Psychology of Victimhood, Journal of Couple Therapy, 4 (3/4), 1995, 15-36. Ofer Zur is clinical psychologist and an academic based in California, USA.

- Women who are raped after choosing to get drunk (the minor responsibility is for electing to be completely helpless and unconscious, at the full mercy of others, in a situation that has the potential to be dangerous).
- Adults who were victimised due to being in the wrong place and at the wrong time, where with some awareness, preparation, and caution they could have prevented the assault.
- Jews who suffered during the Holocaust (are of course not responsible for the Nazi's evils, but they could have resisted more, been less cooperative, and not gone like lambs to the slaughter. They could have read the situation better and left in time, as many of them (40%) did).

3. *Victims who share equal responsibility with the perpetrators:*

This category includes victims who share equal responsibility with the offender for the harm inflicted on them. These are people who are conscious and aware of the situation and chose to be part of it. They are not caught by surprise, and common sense could have anticipated the damage that occurred.

Examples:

- A man who contracts a sexually transmitted disease from a prostitute.
- Victims who seek, challenge, tease, or entice the perpetrator.
- Willing participants in a Chicken Game, gun duel, or double suicide.
- Co-alcoholics, co-addicts after the initial phase of their relationship (after it has been established that the partner is an addict).

4. *Victims who are slightly more guilty than the offender.*

This category includes victims who are active participants in an interaction where they are likely to get hurt. While they seek the damaging contact, the offender can easily withdraw from the situation, unlike those in category #5, to follow. Unlike those in the previous category #3, the offender is less responsible for the damage than the victim is.

Examples:

- Drunk people harass sober bystanders and get hurt.
- Cult members chose to enter the cult as adults and then were brainwashed and harmed. (i.e., Jonestown, Waco).
- An abusive husband who is killed by his battered wife (he is primarily responsible but, as this paper states, the abuse must be viewed also as an interaction, and some responsibility shared between the couple).
- Citizens who collude by passivity in their country's atrocious acts and get hurt by other countries' armies (i.e., politically inactive German civilians who did not fight the Nazi regime and got killed by the allies' army attacks).

5. *Victims who are exclusively responsible for their victimization:*

This category includes victims who initiated the contact and committed an act that is likely to lead to injury. In these cases, the one who inflicts the damage is not guilty and acts in pure self-defence or as expected from his position. This category is reserved for legally and clinically sane adults.

Examples:

- Rapists who are killed by their stranger victims in self-defence.

- Mercenaries who are wounded or killed.
- People who smoke and get lung cancer.
- Suicide by those who are not mentally ill. (Mentally healthy and competent individuals can choose to commit rationally planned suicide for which they bear the full responsibility).

In your groups answer and discuss the following questions.

1. Does this categorisation help or hinder support for victims?
2. Do you agree with any of these categories of victims? Give your reasoning.

3. Do any of these statements make you feel uncomfortable about your attitudes? If you can, please share with the group.

4. In the place where you live/work, do you think many people hold similar attitudes about victims? Give an example or two.

Conclusion

The above categories represent an attempt to differentiate among many situations of victimhood. It is rather surprising and alarming that of these five categories only two ascribe less guilt to the victim than the offender. In the other three cases, the victim is equally or more guilty than the victimiser. **We do not believe that such categorisation and blaming of the victims in any way would help us in our effort to care for the abused and victimised. In caring for a friend, we do not apportion compassion based on the degree of guilt or personal responsibility.**

But, when it comes to caring for a person who feels victimised, we are not concerned with any of these. We are committed to staying with people irrespective of the level of their guilt.



Session 4

Journey Through Betrayal, Pain and Shame

OUTLINE OF THE SESSION

- Introduction
- Trauma and Abuse (Review)
- Relationship Abuse
- Walker's Cycles of Abuse
- The River of Life

AIMS OF THE SESSION:

- To analyse the complexity of victimisation and to apply it to their socio-cultural context
- To learn how abuse happens in close relationships.
- To encourage participants to become more self-aware by examining their life journey.

PRAYER:

Say the following prayer together.

Dear Lord, we want to follow you. We have passed through many different experiences in life. Sometimes the floods overwhelmed us. Sometimes our streams were dry and lifeless. Thank you for staying with us. Lead us into the life you have for us. Teach us to hear and obey your voice, no matter how difficult it might be. Give us the grace to listen to the voices of each other. Our life is yours not our own. Amen.

Introduction

In the previous session, we explored perceptions of what/who a victim might be. In the next few weeks, we will consider more deeply how trauma affects individuals and communities. Prejudice, stigmatisation, and discrimination can cloud our ability to be supportive, and even though we may not consciously say it, any judgment we unconsciously hold on to, will show in our body language and speech. The person we are supporting may well pick up such signals and react to them or withdraw from us. This week we aim to learn more about self-awareness by examining our own obvious/hidden trauma experiences by taking a peek into our life’s journey and the events that have influenced and moulded our thinking and lifestyle.

God teaches us to support the weak and defenceless in our communities. There is every possibility that there is a woman/girl/man/boy in your community who is or has been at risk of assault or has been abused.

Q. What would stop you from helping this person & letting them continue to be a victim?
(Please be as honest as you can.)

Review - Trauma & Abuse

The journey through pain, shame and betrayal can be long and lonely. Let us consider it for the next few minutes.

Q. What is the difference between a poor Dalit girl who was raped and lynched in a remote village and the film star who was molested in a private car?

First, the trauma and pain of being betrayed and victimised. The actual event may have resulted in, and hurt and pain.

Second, the trauma and pain of being It is not uncommon for victims to feel further victimisation even after the original trauma has ceased. For example, a woman

who has been raped might be blamed for “dressing like a slut.” Thus, the victim becomes the provocateur as if she deserved to be raped.

Third, the trauma pain of being In many cultures, a person who is victimised is the one who is stigmatised rather than the perpetrator of evil.

Fourth, the trauma and pain of being The victim’s pain is not recognised or legitimised. Their voices are not heard.

As a result, the victim feels disempowered and disconnected. Loneliness and powerlessness begin to overpower every other feeling.

Trauma & Abuse - A worksheet

- 1. How would you define trauma?

- 2. How would you define abuse?

- 3. Where do you usually find trauma and abuse?

- 4. What does your community do to address the problem of trauma and abuse within your community?

Relationship Abuse

What is it?

Abuse can happen in many and varied contexts. Today we will try to understand how abuse happens even in what appears to be close relationships. Relationship abuse is a pattern of behaviour used by one person to maintain power and control over another intimate partner. It may be a person or several persons. The relationship may be former or current. Abuse can be emotional, financial, sexual or physical and can include threats, isolation, deprivation, and intimidation. Abuse may be continuing or may have ceased over time. Abuse and violence in a relationship are always part of a larger pattern of control.

Physical violence in intimate and family relationships is a serious criminal offence and is never acceptable as a response to conflict or provocation.

Once physical violence occurs in a relationship, it can easily become a pattern. It often becomes more frequent, and usually becomes more serious the longer the dysfunctional relationship continues. It can ultimately lead to serious injury or even death. Violence in an intimate or family relationship is a sign that the relationship is in crisis. It should be taken seriously, and assistance should be sought.

Relationship Abuse - How it happens

- Physical assault -
.....
- Sexual assault -
.....
.....
- Using coercion and threats -
.....
- Using intimidation - making a person afraid by using looks, actions or gestures.
- Psychological/emotional/verbal abuse - using words and other strategies to insult, threaten, degrade, abuse or denigrate the victim.
- Using children, for example, by making the other parent feel guilty about the children; threatening to take the children away or reporting the partner to Child Protection authorities.
- Using isolation -
.....
.....

- Economic abuse - controlling and withholding access to family resources such as money or property.
- Behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of:
 -
 -

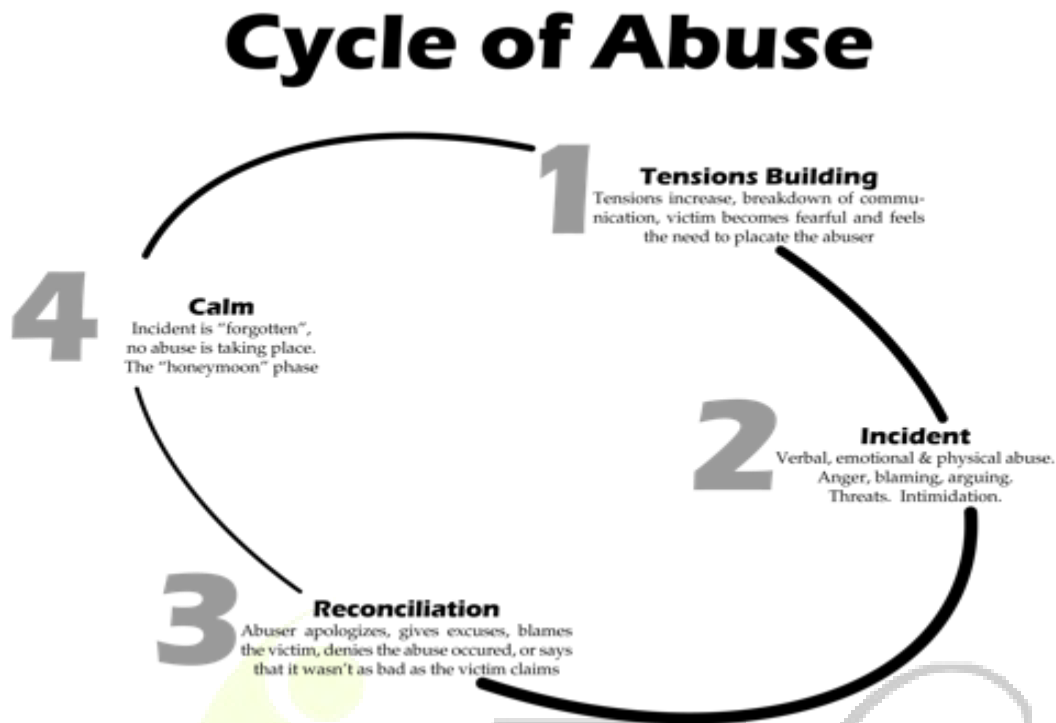
Why are people reluctant to talk about relationship abuse?

In an abusive relationship, a victim is often powerless to leave. What are some reasons for their powerlessness?

As a caring friend, how can you make it easier for your friend to talk about relationship abuse?

Relationship abuse happens in a cycle and there are several phases in this cycle. After the sad events, there are happy moments. These good times give the victim false hope that things will improve. But then the cycle of violence starts again.

Walker's Cycle of Abuse⁷



When it happens:

1. Relationship abuse can lead to a loss of confidence and harm the future of all parties in the relationship.
2. Initially, the victim feels afraid of upsetting their abuser and changes their behaviour to avoid it.
3. The partner (wife/husband) puts them down or humiliates them constantly in private and in public.
4. There will be dysfunctional behaviour in the children (we will consider in detail some of these in Level 2).
 - a. Co-dependency
 - b. Mental illness
 - c. Depression
 - d. Anti-social behaviour
 - e. PTSD (Post Traumatic Stress Disorder)
 - f. Self-harm
 - g. Suicide

Remember, it is not easy for a victim to break out of the cycle of violence in which they are caught up. For that very reason, it will not be easy for you to convince a person who is in an abusive relationship that their situation is going to get worse. In your attempt to help, you may be accused of trying to break up family relationships and marriages. So, any caregiving must be done with much prayer and sensitivity.

⁷ Walker, Lenore E. (1979) *The Battered Woman*. New York: Harper and Row



River of Life⁸

To reflect and share.

This activity is designed to facilitate introspection. The caregiver needs to understand and appreciate personal wounding experiences and vulnerabilities so that they may care with understanding.

After completing the drawing of your River of Life:

1. Would anyone like to share one significant insight you have gained as a result of this exercise?

2. How does it help you to care better for a person who is/ feels victimised?

Conclusion

Any person you care for will have their own River of Life with its dry spells, waterfalls, rocky rapids, and slow, murky estuaries. Like you, they may have lived through circumstances from which they could have swum away but didn't. Maybe there were times when they felt their head was being held underwater and they didn't know how they would ever breathe again. Perhaps you will be the lifeguard on the riverbank with a rope and a float. Or sitting on a rock holding onto a spare canoe. Whatever your role is at the river, remember your journey, who rescued you and how you learned to flow with freedom again.

⁸ This exercise is adapted from 'River of Life' exercise in Community Organizing curriculum published by New Mexico Department of Health, Public Health Division, 1994.

Session 5

Reflection – A Caring Community

OUTLINE OF THE SESSION

- Reflection – A Caring Community – PP Presentation
- Experiencing community
- Exercise: Truth, Mercy, Justice, and Peace

AIMS OF THE SESSION:

- To explore further the rationale for caring.
- To apply the biblical model of caring as a paradigm for caregiving attitudes and actions.
- To analyse the complexity of engaging with people who feel victimised.

PRAYER:

Say the following prayer together.

Loving God, we want to follow you. Guide us today into the life you have for us, no matter how unexpected it might be. We want to be a community of caring people. But we fail miserably. Teach us to hear and obey your voice, no matter how difficult it might be. Give us the grace to listen to the voices of each other. Our life is yours not our own. Amen.

Caring Community - Three Parables



Experiencing Community - For Reflection

Think back to a time when someone in your community was not caring or supportive. That person may have been you, or someone you know. How did that impact you, and your relationships? How did this affect communication, feelings, and attitudes? How was this situation resolved, or is it still an issue for you?





Activity:

Truth, Justice, Peace, Mercy

“Truth and mercy have met together: Peace and Justice have kissed.” (Psalm 85:10)

1. If Truth, Mercy, Justice, or Peace were persons and arrived following a traumatic conflict, what would he/she speak for? Stand for? Fight for?

2. What questions or concerns would be raised by this person?

For example,

I am TRUTH. I am concerned about

Amid conflict, I need or require

3. What is your relationship with the other three persons?

4. Who is your closest working partner and who gives you a bit of trouble?

5. If you were siblings, in what order were you born?

6. What happens when your voice is silenced or you are not allowed to be a part of the conversation in post-trauma work?

7. Do you have a song or motto that helps others to understand who you are and what you are about?

Summary:

The kind of community we belong to has implications for the way we will relate to and care for those who need our support and care. We need to be transformed both individually and as a community to become a place where healing can happen. It is also a fact that we may tend to emphasise one of the aspects of truth, justice, peace, and mercy. This may be because of our value system and beliefs. However, that can hamper us in holistic caregiving, and it can also lead to a lot of clamour and disagreements on what needs to be done in response to victimisation and trauma.

Session 6

Transgenerational Trauma

OUTLINE OF THE SESSION

- What is transgenerational trauma?
- Transgenerational trauma - A Case study
- A parable from nature
- Caring for people suffering from inherited trauma

AIMS OF THE SESSION:

- To gain an appreciation for the complexity of victimisation and trauma. That trauma may remain hidden (invisible) in one generation, (skip a generation) and re-appear in subsequent generations.
- Appreciate the fact that people can successfully adapt to various kinds of trauma, though it is still at work behind the scenes.
- To learn how to develop genuine empathy and compassion for those who are caught up in transgenerational and systemic trauma.

PRAYER:

Say the following prayer together.

Eternal God, You know our past and our future. You understand our present situation and stay with us through this journey of hurt and pain. Some of us carry with us heavy burdens from generations past. We try to pretend that these burdens don't bother us. Sometimes we are afraid. Sometimes we are ashamed. Open the eyes of our understanding so that we may see your love for us today. Help us to see you the way you see us. Give us the grace to forgive all those who have brought shame and pain to us and our families. Heal our wounds so that we may live our lives breathing freedom and love. Teach us to hear and obey your voice, no matter how difficult it might be. Give us the grace to listen to the voices of each other. Our life is yours not our own. Amen.

What is Transgenerational⁹ Trauma?

"The children of the traumatized have always carried their parents' suffering under their skin."

"Transgenerational transmission is when an older person unconsciously externalizes his traumatized self into a developing child's personality."

- Vamik Volkan

Trauma is generally defined as an event (or series of events?) that induces intense fear, helplessness, or horror. This can be passed on from one generation to another through stories, behaviours, or even subconscious thought patterns. A person experiencing



ongoing trauma. Sometimes, people may not realise that they are suffering from transgenerational trauma because it has become the normal and accepted part of their collective memory, experience, and the very social fabric of their community.

transgenerational trauma need not directly participate in the trauma event(s). But they may continue to feel the effects and impacts of the original or

At a wider level, transgenerational trauma occurs when people have been subjected to repeated and often centuries-long violence, discrimination, racism, prejudice, and other forms of injustice. These traumatic experiences are passed on from one generation to another. Some examples are African-Americans, Native Americans, Australian aboriginals, Tribal and the Dalit communities of India. Prejudice, disadvantage and other forms of discrimination are stitched into their subconscious thought patterns and affect their life experiences and expectations.

Transgenerational trauma may stay hidden in one generation and re-emerge in subsequent generations.

⁹ In this study terms such as, intergenerational trauma, inherited trauma and transgenerational trauma are used to mean the same thing.

There are other causes of transgenerational trauma. The impact of parental involvement in witchcraft, sorcery, and black magic can be passed on from one generation to the next.

Certain habits, personality traits, mental health problems, behavioural tendencies and addictions can also get transferred from generation to generation. The parent who unreasonably punishes their children may not even know why they do it; there is just a vague memory of the discipline they received in childhood.

Role modelling may also have an impact. For example, a child may never have seen their parents or grandparents do a full day's work. As an adult, they may also find it difficult to hold on to a regular job, often being fired because they are unreliable.

Many professionals observe that the tendency to have ADHD (Attention Deficit Hyperactivity Disorder) is inherited. It can run in families from one generation to another.¹⁰ This is not to be misunderstood as a parenting defect. Unfortunately, parents with ADHD who were never diagnosed or treated may struggle with marital and family problems, problems in parenting and violence. The consequences of these can be passed on from one generation to another.



Sharing in small groups

In your groups, one person read out (loud enough for everyone in your group to hear) each of the following descriptions of transgenerational trauma.

- Transgenerational trauma lives within the unresolved issues of grief and loss passed on from one generation to another. The transmission can be conscious, subconscious or forceful (persuasive, coercive, manipulative).
Give one or two examples for each description from your community/culture.

¹⁰ No single cause for ADHD has yet been identified. Most of the evidence seem to point to genetic and environmental factors. Smoking during pregnancy and low birthweight are cited as having some correlation to ADHD. No studies support the idea that poor parenting can cause ADHD.

- Briefly describe and discuss how these experiences affect individuals and communities.

- In the process of transmission, not only the trauma but the negative effects of trauma are also passed on.
Give one or two examples for each description from your community/culture.

Briefly describe and discuss how these experiences affect individuals and communities.

- It can be a cumulative effect - the trauma and its memory intensify with each generation, as new forms of trauma are experienced. It can be repetitive - the same trauma emerges in subsequent generations. It can be *mysterious* because no one, including the sufferer, knows why it is happening. The sufferer may not even know it is happening.
Give one or two examples for each description from your community/culture.

Briefly describe and discuss how these experiences affect individuals and communities.

- It is also known as “deposited representation.” Parents may knowingly or unknowingly transfer their shame, pain and hurt to their children, who are forced to experience these things as if first-hand and re-live the consequences.
Give one or two examples for each description from your community/culture.

Briefly describe and discuss how these experiences affect individuals and communities.

The burdens we carry:

We inherit and carry with us known and unknown burdens

We carry guilt and shame for our offences

We carry the pain of betrayal from others

We carry historical injustice and victimisation

Transgenerational trauma: A case study

Anita and Ravi are 14-year-old twins. They live with their paternal grandmother, mother and younger siblings in a small town. Their father works away in Bangalore most of the time, and they rarely see him. They are quite relieved about this, as their father drinks a great deal.

Their grandmother, Dādī, is never still. She paces around the house and often appears to be looking for something. She once told Anita that she had lost her mother a long time ago when India was being divided up. The twins don't understand what she means. Dādī didn't tell them that when she was separated from her mother, her mother was forced to stay in Pakistan; Dādī was only 5 years old at the time; they never saw each other again.

If the twins are cheeky, she gets very angry, always asking them why they want to hurt their Amma, behaving so badly. She says they will regret being naughty, as one day Amma will be gone and it will be their fault.

In their last history lesson, Ravi and Anita learned about the 1947 partition of India. They begin to piece together their family puzzle, realising that Dādī may have been a refugee from Punjab. The twins decide to try and find out as much as they can because they think that if they can understand and help Dādī and Amma, then life at home would be much better.

Anita and Ravi are hardworking school students, but they are both being bullied because their father is never at home. A lot of the bullying is on social media, and it is extremely offensive at times. Some of this is because, one day last year, their father showed up at school drunk and swearing at the class teacher.

Ravi wants to tell Amma about the bullying, but Anita can see she is already very anxious trying to keep Dādī happy. It seems like Dādī's unhappiness fills their whole lives and there is no room for anyone else's problems. The twins are glad they have each other to talk to.

Ravi doesn't know that Anita has started to cut herself. She finds it helps her to get rid of some of her emotional pain and anxieties. Just recently she met an anonymous friend online with whom she shares some of her problems. She believes this new friend is a 17-year-old girl who lives in Kochi. Meanwhile, Ravi is secretly buying strong painkillers which make him feel warm and relaxed; for a short time, he can forget the bullies and the fact that his drug debts are building up.

Keeping secrets is at the core of this family's life.

1. The twins' teacher is the one person in this story who may be able to help them. You are their teacher – what would/can you do as a T4L carer?

2. Suggest how this (almost inevitable) chain of events can be prevented. If you can start the story with Dādī's separation from her mother, what could have stopped this trauma from stretching down the generations?

A parable from nature







Living with persistent trauma

The tree adapts and grows around the wire fence despite the persistent trauma. It is alive. It will survive. But the ever-present trauma will make the tree weak and destabilise it eventually. The tree is also scarred for life.

Living with early life trauma

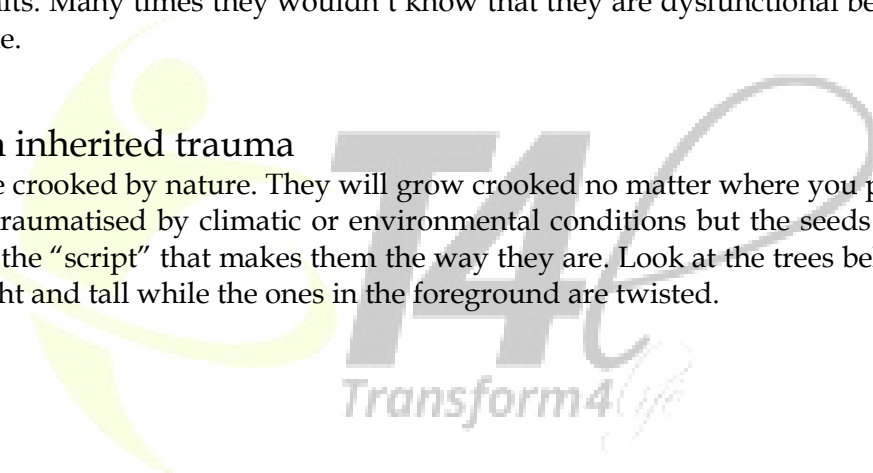
The Crooked Forest is located in Poland. There are 22 rows of uniquely shaped trees. As young saplings, this entire group of trees was affected by some form of trauma.

They have learned to adapt and survive. They may not look odd or different because they are all alike. But they are still crooked and not as strong as they could have been had they all been straight.

This is a good illustration of how many can be affected by the same trauma experience. For humans, war, epidemics, and earthquakes are examples of trauma that impact thousands of lives. Caste discrimination, racial prejudice and abusive parents can also bring about the same or similar dysfunctions in families as well as communities. In these situations, the entire community learns to adapt and survive but they may share similar dysfunctional personality traits. Many times they wouldn't know that they are dysfunctional because they are all the same.

Living with inherited trauma

These trees are crooked by nature. They will grow crooked no matter where you plant them. They are not traumatised by climatic or environmental conditions but the seeds they grew out of contain the "script" that makes them the way they are. Look at the trees behind them, they are straight and tall while the ones in the foreground are twisted.



Caring for people suffering from inherited trauma

 *Activity*



Use the imagery of the Russian doll to help you visualise how a person suffering from inherited trauma might be feeling.



Summary

Sometimes healing is just allowing the light to fall on the dark side of our being. A trusting friend can provide a safe environment to facilitate that process.

Session 7

Prejudice, Stigma and Discrimination

OUTLINE OF THE SESSION

- Introduction to prejudice, stigma, and discrimination
- Creative ways of countering prejudice & discrimination
- Personal reflection: Many faces of blame and prejudice
- Challenging blame and prejudice

AIMS OF THE SESSION:

- To examine and analyse the various ways victims get blamed for their suffering.
- To understand the devious and sinister nature of prejudice, stigma and discrimination.
- To apply the learning in caring for those who suffer from various forms of prejudice, stigma and discrimination.

PRAYER:

Say the following prayer together.

Dear God, we want to follow you. Guide us today into the life you have for us, no matter how unexpected it might be. You have created us the way we are. We look at the face, but you see the heart. We are guilty of judging others without trying to understand them. Help us to go beyond the outward appearance. We are also victims of discrimination and prejudice. Thank you for loving us the way we are and accepting us with our faults and failures. Teach us to hear and obey your voice, no matter how difficult it might be. Give us the grace to listen to the voices of each other. Our life is yours not our own. Amen.

Prejudice, stigma & discrimination

Exercise 1 - Brainstorming

List some of the factors which influence our prejudices.

Exercise 2 - Labelling

After the activity (Follow the leader's instructions)

- Discuss how our assumptions and preconceived ideas about each other may lead to prejudice and discrimination.
- Share an experience from your life where you felt you were a victim of prejudice.

Many of us determine who we are based on how others treat us.

Exercise 3 - The Blame Game

- Who/what is to blame for the continued spread of HIV among injecting drug users?

- Who is to blame for corruption in politics?

- Who/what is to blame for the thousands of road deaths every year?

- Who is to blame for child labour?

- Who is to blame for the trafficking of children?

Creative ways of countering prejudice & discrimination

Transform4Life

In your small groups, read the following biblical passage, and discuss the questions.

1 My brothers and sisters, do you, with your acts of favouritism, really believe in our glorious Lord Jesus Christ? 2 For if a person with gold rings and in fine clothes comes into your assembly, and if a poor person in dirty clothes also comes in 3 and if you take notice of the one wearing the fine clothes and say, "Have a seat here, please," while to the one who is poor you say, "Stand there," or, "Sit at my feet," 4 have you not made distinctions among yourselves, and become judges with evil thoughts? 5 Listen, my beloved brothers and sisters. Has not God chosen the poor in the world to be rich in faith and to be heirs of the kingdom that he has promised to those who love him? 6 But you have dishonored the poor. Is it not the rich who oppress you? Is it not they who drag you into court? 7 Is it not they who blaspheme the excellent name that was invoked over you?

8 You do well if you really fulfill the royal law according to the scripture, "You shall love your neighbor as yourself." 9 But if you show partiality, you commit sin and are convicted by the law as transgressors.¹¹

What are the subtle ways by which we demonstrate favouritism?

¹¹ James 2: 1-9 (NRSV)

What does this passage say about countering discrimination?

What can we do to create awareness about this social evil?

What can you do to reduce prejudice at your workplace?

How can we develop a new thinking pattern about people we regard as different from ourselves?

The many faces of prejudice and discrimination

Think beyond the example of rich and poor. Consider how favouritism is demonstrated within and between the following categories.

- Educated and uneducated
- Professional and unskilled workers
- Physically fit and physically out of shape
- Heterosexual and homosexual
- High and low caste
- Christian, Hindu, Muslim

1. Prayerfully discern the origin of favouritism in your life.

2. Discerning the origin is not to know whom to blame. Not at all! We are responsible to dig out and rid ourselves of the pride and prejudice we hold.

3. How do you feel now? Do you think you need to do something about how you feel?

Challenging blame and prejudice

Being supportive does not mean that you agree with everything your traumatised friend has told you. However, it is also crucial that you can help without judging or negatively criticising your friend. The next exercise will explore this in a little more depth.

Person 1 has chewed *paan* all their adult life. They have a painful abscess on their tongue and have talked about giving up *paan* many times. Now they are very scared - too scared to go to the doctor. They are chewing *paan* in front of you who is a dear friend right now. They tell you that they may have mouth cancer.

Person 2 is feeling very depressed. They tell you they are in a violent relationship with someone of the same sex. They want to get out but still say they love their partner. This is news to you, as your sister works for & has a good relationship with the violent partner. The violent partner is a highly respected manager.

Questions for Discussion

1. Was it difficult to be objective?

2. If so, what were the barriers to being objective?

3. Did you find yourself blaming the person for their situation?

4. How do you think better objectivity could be achieved?

5. Some people can overcome trauma and live life meaningfully; others suffer at length and continue to be victimised or become victimisers. Why do you think this happens?

Conclusion

Prejudice and stigma appear in many shapes and colours. None of us is entirely free from its powerful grip. We are both victims of prejudice and stigma and victimisers depending on the situation and people. We cannot control the way other people think about us or act towards us but we can decide how we want to respond to them.

What separates those who overcome the trauma and live life meaningfully from those who suffer at length and continue to be victimised or morph into victimisers?

1. How do they view their situation
2. Available support
3. Social conditioning

Even in our caring for another person, we can act based on our prejudice. Then, subconsciously, we mistreat these people who are the objects of our compassion and love. We must take care to avoid this mistake.

Session 8

Caring for the Victim

OUTLINE OF THE SESSION

- Ingredients of caring
- Caregiving: Attitudes and actions
- Caring within your sphere of influence

AIMS OF THE SESSION

- Learn that caring is not solving people’s problems. There are several ingredients to caring and these must be applied with discretion and sensitivity.
- Explore caregiving attitudes and actions that can be practiced in a caregiving interaction.
- Help participants to learn a few basic skills in caring for another person in an informal setting.

PRAYER:

Say the following prayer together.

Eternal Lord, we want to follow you. Guide us today into the life you have for us, no matter how unexpected it might be. You understand our brokenness and pain. Teach us to stay with people whose struggles are beyond our understanding. Help us to hear and obey your voice, no matter how difficult it might be. Give us the grace to listen to the voices of each other. Our life is yours not our own. Amen.

Introduction

In this session, we shall start by considering the three ingredients of human relations. Remember, a couple of weeks ago, we did the "Truth, Mercy, Justice, Peace." Do you remember the purpose of that activity and what we learned from it?

We learned that a person or community cannot survive with just any one or two of these virtues. All four must come together for wholeness and harmony. Let us see how we can use the ingredients of human relations in caring for a person in our sphere of influence.

Ingredients of Caring¹²

Understanding. We must always seek to understand each other. Without understanding we cannot care. Understanding is not the same as accepting. It is also not the same as compromising your values or ideals.

Accepting. We must accept the story we have heard. Some of it may be credible, some may be hard to believe. For the person who has shared their story, the fact that you believe and accept them is crucial. Rather than rejecting what we find difficult to believe, we must become aware that we have so much more to understand.

Q. What is the difference between understanding and accepting?

Involving. We must involve ourselves according to our skills, circumstances and limits. We should realise that we cannot be involved to the point of needing to rescue our client/friend. There is only so much we are equipped to do.

Q. What can happen if we involve too much?

**Aim to understand all
Accept what is credible
Involve where possible**

¹² What is described here may take many weeks or even months. We are not aiming to solve a person's problem but to walk with them and to seek other sources of help if and when necessary.



Activity (in small groups)

SCENARIO 1

An older man in your sphere of influence is forced to sell his house because of huge gambling and alcohol debts. His family members say they have nowhere to go and no one to help them. Describe how you would apply the above principle in this situation in your first meeting with your friend/colleague.

How would you *understand* him without prejudice?

How would you feel if his story didn't sound credible to you?

What would be the level/limit of your *involvement* in this situation?

SCENARIO 2

A young woman in your sphere of influence has disclosed that she lives in fear of a violent man. No one in her circle of friends and family has ever seen or spoken to him, and her brother has told you that he doubts this man exists. He says his sister's fantasy (as he sees it) is just attention-seeking behaviour. Describe how you would apply the above principle in this situation.

What does it mean to understand her?

On what basis would you accept her story?

Is it possible to care for her though you may not fully accept her story?

**We are not solution providers.
We are fellow travellers.**



Caregiving: Attitudes and actions

| The Attitude | The Action |
|---|---|
| <p>Hearing the story with empathy, without judgement. At this stage, we are not trying to understand but showing understanding. What the person feels right now is more important here than the truth, genuineness, or rationale for the feelings.</p> | <p>Compassionate body language Leaning forward</p> |
| <p>Empathising – standing with – solidarity. At this stage, caring means reducing the impact of loneliness and isolation created by the feeling of being abused/victimised.</p> | <p>STAY Physically, emotionally Encourage the person to talk as much as they can. Do not force information out of people.</p> |
| <p>Giving legitimacy to the grief by validating culturally acceptable “grieving for the loss” behaviour. Every culture has its unique ways of experiencing and expressing grief. Victims of abuse need to grieve their loss. This “ritual” must be conducted in a form that is congruent with the understanding of the victim. It may or may not be rational to anyone else, but it is rational to the victim and at this stage that is what matters.</p> | <p>Permitting to weep, reminisce at length. Observe any signs of shame or guilt.</p> |
| <p><i>Most victims of abuse feel that they are alone and that no one understands or cares. The feeling of isolation comes to the victim because they feel that they may have done something to cause the abuse to happen. Similarly, they may also feel that they are the only person in the world to whom such terrible things have happened. So, what the caregiver has done so far is to try to dispel the feeling of isolation. At least by now the one who feels victimised, hopefully, understands that you stand with her/him in her/his feeling of pain, rejection, and isolation. It gives the victim reassurance that she/he is not alone in her/his journey through pain.</i></p> <p>Refer back to the victim cycle in Cycles of Violence and Trauma.</p> | |
| <p>Identifying the facts. Whether it took place, how and why it took place; where, when and who might be responsible. Remember, it is not an inquisition but a process to help the victimised recognise the bare facts and face reality. The consequences of what happened. What happened, what more could have happened?</p> | <p>Positive, hopeful body language. Making eye contact, “look at me.” Encouraging and supportive.</p> |
| <p><i>At this stage of caring, caregivers usually take one of the following paths - “the downward comparison” of Taylor or the “positive comparison” of Lazarus and Lazarus. The downward comparison says there are so many who were not as fortunate as you. What happened to them was worse than what happened to you. Positive comparison says your situation is not as bad as you think. It is a lot better than you think. When you think of all the dreadful things that could have happened, you are in a privileged position though what happened to you is painful. I am not sure either one is helpful, especially when practised by untrained caregivers.</i></p> <p><i>In the T4L care-giving model we follow the principles of understanding and acceptance. We are not professional therapists or solution providers. The message we want to communicate here is simple – YOU ARE NOT ALONE. In the next stage (Caring for the Survivor), we will see how we can help the victim to move from dwelling on the past to make the most out of the present. This will not happen unless there is a merging of the facts and feelings of the victim. To be able to do that we need to do more exploration. In other words, more journeying together.</i></p> <p><i>Trust comes through understanding and understanding through trust. Let us see how we can help a friend</i></p> | |

| | |
|---|---|
| <i>identify the facts behind their feelings.</i> | |
| <p>Assessing and addressing the dissonance between feeling and facts. We don't want to be too clinical here. But it is an important process in the journey forward.</p> | <p>Asking gentle probing questions to help the care receiver to come to an agreement between her feelings and the actual impact of the events.</p> |
| <p>Sources of Harm and Self Harm Identify the source of harm. It may not be possible, at this stage, for the care receiver to identify or name the persons or situations that cause them harm. Sometimes they may never be able to do that. At this stage, the primary concern of the caregiver is to keep the care receiver away from immediate harm and negative influences. Identify the duration of abuse. Victimisation can be subtle and covert, often not easy to identify. Look for patterns of behaviour. Examine defences and coping styles. Assess the risk. Determine to what extent the care-receiver is at risk - time and intensity.</p> | <p>Identify the different sources of harm. Assess the risk. Control the risk. Discuss survival strategies.</p> |
| <p>Sources of Assistance What other help is needed? Who can help?</p> | <p>Make notes of resources needed: Professional Material help Someone to watch over.</p> |
| <p>Prayer (If and when appropriate).¹³</p> <p>There are many types of prayers. I suggest that depending on where the person is on their healing journey, write out an appropriate prayer or encourage them to write a prayer for themselves. Remember, God can handle a lot more than we think.</p> <p>Some sample expressions of pain, shame, guilt, anger, etc., in prayer:</p> <ul style="list-style-type: none"> ➤ The pain is too much. I am angry. A part of me yearns for revenge. ➤ I feel ashamed. I have been shamed. It is too much to bear. I am concerned about what people think of me. I am concerned about what YOU think of me. ➤ I forgive all those who offended me, and I also forgive myself, in Jesus' name. I believe that the death of Jesus Christ on the cross not only forgives and cancels my sins but also all the sins that have been committed against me. ➤ Lord, set me free from all negative consequences of my past life - the things I have done and the things that have been done against me. ➤ Lord, repair any damage done to my spirit because of what I have done and what has been done to me. ➤ I thank you for your gentle spirit of cleansing and liberation. ➤ I thank you for helping me to have faith in you and for giving me hope for my future. | |
| <p>¹³ Besides prayer, there are many other symbolic ways to express pain, shame and healing. Do not hesitate to use any one of them or a combination of two or more, as appropriate.</p> | |

Role Play: Caring Within your Sphere of Influence
Sarah and Karen

BACKGROUND - THE CARE-GIVER

See Appendix 3

(Choose a person from your group to play the role of Karen and prepare her to act the role of the caregiver.)

Consider the following points:

1. Why are you concerned about Sarah? (What is the nature of your interest?)

2. What do you think is the problem? What are your fears (concerns)?

3. Caregiving and receiving can happen effectively only in a caring, trusting environment. How will you approach the situation?

4. Your feelings (guilt/prejudice) will affect the way you care.
Do you feel bad that you hadn't spent time with Sarah earlier?

5. Do you feel that if you had taken time to be with her earlier you could have saved her from the present crisis?

BACKGROUND – THE CARE-RECEIVER

See Appendix 4

Choose a person from your group to play the role of Sarah and prepare her to seek help from Mrs Karen.

Caregiving and receiving can happen effectively only in a caring, trusting environment. You will not volunteer information unless Karen gives you confidence in her ability to understand and accept you without prejudice. You are not looking for an answer to your problem but a sympathetic friend who is prepared to listen to your story and may or may not give you some words of wisdom.

At the end of the interaction, you will be asked to comment on how well you feel you were:

- Understood
 - o Empathy
 - o Hearing the story without condemning and interrupting
 - o Asked caring questions
 - o Gave affirming responses

- Accepted
 - o Giving legitimacy
 - o Identification (Empathy)
 - o Non-judgemental and non-condemning

- Helped
 - o Feel empowered to do something about the situation
 - o Referral
 - o Any new course of action

Action plan for this week

What difference can I make in my spheres of influence this week?

Session 9

Journey with the Survivor

OUTLINE OF THE SESSION

- Unhealed trauma - Acting in, acting out
- The trauma healing journey
- A case study: Michael Lapsley
- Staying with people along their journey

AIMS OF THE SESSION

- Help participants to understand the feelings and thoughts of a person who is at a survivor stage.
- Introduce the dynamics of caring for a person who is prepared to move forward from the victim stage.
- Provide the participants with some understanding of the danger of regression.
- Develop strategies to prevent the repetition of violations and hurts and break the chain of victims becoming victimisers and victims remaining in a state of victimhood.

PRAYER:

Say the following prayer together.

Dear God, we want to follow you. Guide us today into the life you have for us, no matter how unexpected it might be. You understand our brokenness and pain. Sometimes we become confused and anxious about the pain of those around us. Teach us to stay with people whose struggles are beyond our understanding. Help us to hear and obey your voice, no matter how difficult it might be. Give us the grace to listen to the voices of each other. Our life is yours not our own. Amen.

Introduction

You are learning to walk alongside traumatised people. They may have told you some parts of their story, a story that may contain fascinating, unbelievable, and horrific events. What they have shared with you may be just bits and pieces that they feel comfortable telling you. The real story could be much bigger. On the other hand, they may have exaggerated and made up some sections of it. Although you may want to, being too inquisitive about their experience may not be helpful and may be damaging in some cases.

Unhealed Trauma

1. A survivor is still very much in danger of regressing to the victim stage. You will remember, some weeks ago we considered Lenore Walker’s CYCLE OF ABUSE. You would think survivors will not go back to a brutal situation, but sometimes that is exactly what happens.

- A wife returns to the abusive husband.
- A person in recovery returns to drinking.
- The prostitute returns to the pimp.

2. A physical survivor can remain an emotional victim. Some victims of abuse and trauma suffer from a paradoxical identity crisis. Though the violence has ceased, they would continue to believe that the only way they can survive is as a victim. In their mind, their identity is inseparably entwined with their victimhood.

3. We also learned that people could get stuck in a victim-victimiser cycle. Here the aggressor becomes the victim, and the victim moves on to become the aggressor. Sometimes it happens simultaneously. This is often described as *Acting in* and *Acting out*.

a. *Acting In* is when:

b. *Acting Out* is when:

- c. As we can see *Acting In* and *Acting Out* can be the same. One may *Act In* (self-harm) as a form of revenge on a loved one, family, or even the community one belongs to. For example, a child may do self-harm to punish their parents. One may *Act Out* because of their trauma.

Indicators of unhealed trauma

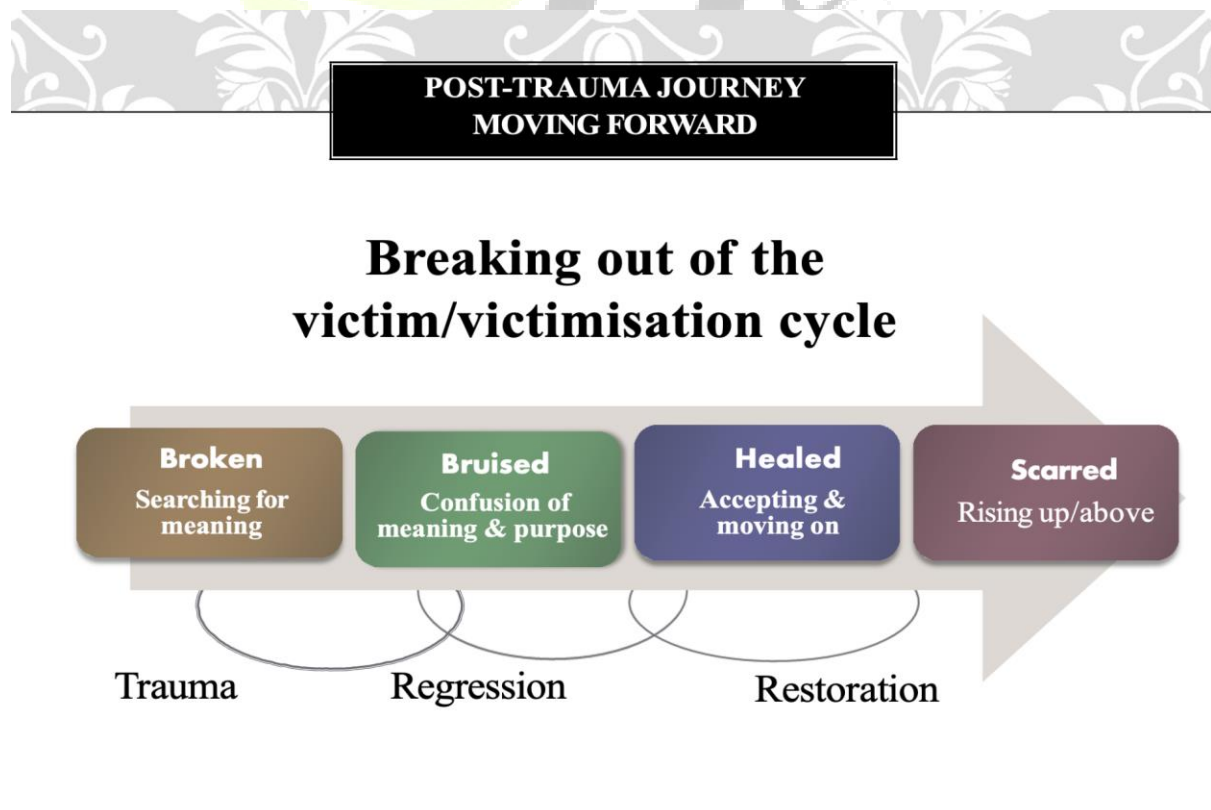
Unhealed trauma may stay hidden for long periods and manifest itself in unexpected and unpredictable ways. Some common symptoms are.

- Feelings of anxiety, guilt, shame, self-blame, and self-loathing.
- Inability to connect with everyday life.
- Adopting undesirable behaviours.
- Associating with dysfunctional people, and unhealthy relationships.
- Inflicting self-harm, harming others.
- Excessive angry outbursts.
- Various kinds of addictions
- Depression, excessive rumination, introspection, moodiness.

But there is another option – *Breaking Out* of the vicious cycle - to move forward to healing and restoration. We call this The Trauma Healing Journey. The purpose of this training is to encourage people (victims) to break out of the victim-victimiser cycle and choose to travel the road to healing and restoration and stay with them in their journey.

The Trauma Healing Journey

In the next session, we will consider this process in detail. For now, it is sufficient to know that healing is a life-long process of many ups and downs. It is unique to each person. For some, it is two steps forward and one step backwards. Right through the journey we will be confronted by various feelings we had assumed we had overcome.



A Case Study: Michael Lapsley

Let us consider the journey of Michael Lapsley as an example of someone who refused to remain a victim of physical and emotional trauma.

Father Michael Lapsley is an Anglican Priest from New Zealand. He lived and worked in South Africa during the height of apartheid. The South African Government exiled him in 1976. He went to live in Lesotho, a neighbouring country. There he joined the African National Congress (ANC) and became one of their chaplains. While living in Zimbabwe he discovered he was on the South African Government's hit list. In April 1990, he received a letter bomb in the post. In the explosion, he lost both hands and sight in one eye. He was also seriously burned. He now runs the Institute for Healing of Memories in Cape Town. He has also written a book about his experiences: *Redeeming the Past: My Journey from Freedom Fighter to Healer*. I had the pleasure of attending the 20th anniversary of this traumatic event in Cape Town.

The following passage gives us a glimpse into his journey of healing and restoration.

"Very early on after the bomb, I recognized that if I was filled with hate and a desire for attacking and punishing the people who hurt me, I would be a victim forever. If someone harms us, we are victims. If we physically survive, we are survivors. Sadly, many people never travel past this. I did travel past this point. I went from victim to survivor, to victor. My victory was to move from being an object of history to become a subject of the present once more. That is not to say that I will not always miss what I have lost... Yet I believe I have gained through this experience. I recognize that I can be more of a priest with no hands than with two hands." M. Lapsley

- ◆ How do you understand Lapsley's initial feelings? If he were your friend, how would you have responded?

- ◆ What are the main points of transition in Lapsley's experience? How would you guide (walk with) a friend in a similar situation?

- ◆ Is it possible for Lapsley to regress and return to hatred and revenge? How would you help your friend in a similar situation from regressing?

Staying with people along their journey

Henri Nouwen said the following;

“Compassion asks us to go where it hurts, to enter into the places of pain, to share in brokenness, fear, confusion, and anguish. Compassion challenges us to cry out with those in misery, to mourn with those who are lonely, to weep with those in tears. Compassion requires us to be weak with the weak, vulnerable with the vulnerable, and powerless with the powerless. Compassion means full immersion in the condition of being human.”

According to Nouwen, what are the characteristics of compassion in caregiving?

Do you think there is a risk you could do too much? In your “caregiving walk” with a friend, what do you think you should/shouldn’t do or can/can’t do?

What do you think makes you want to do too much?

Are there things you are afraid of – do you think you might do/say something wrong?

Conclusion

Our Methodology

We aim to:

- √ Allow victims to tell their stories in a safe, caring, and respectful atmosphere.
- √ Empower victims to make positive changes in their personal lives and/or in their communities.
- √ Enable victims to explore their personal histories and gain insight into and empathy for the experiences of others.
- √ Enable victims to experience healing through community listening and to understand that sharing brings new knowledge.

Session 10

Trauma Healing Journey Explained

OUTLINE OF THIS SESSION

- Stages and transitions along the healing journey
- Victim feeling at each level of the healing journey
- Activity: Applying the learning
- Staying stuck or breaking out

AIMS OF THE SESSION

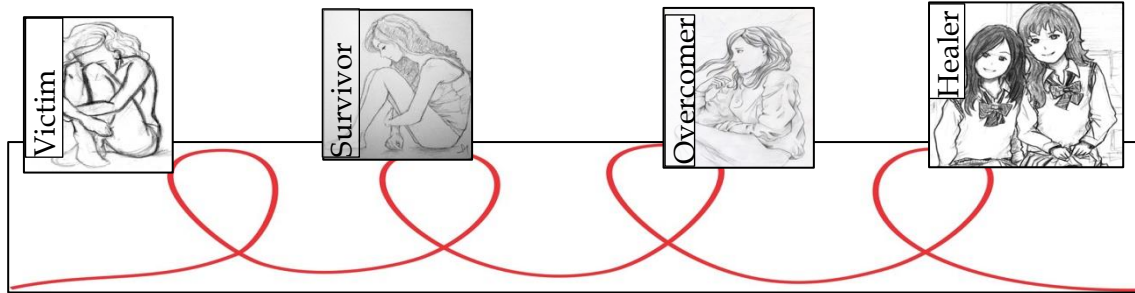
- To identify the dynamics of the four stages and the three transitions in the trauma healing journey.
- To develop an understanding and appreciation for the different levels of trauma feeling at each stage.
- To analyse the interactive nature of trauma healing stages and the victim feeling at each stage.
- To analyse the implications of re-living and re-visiting trauma experience.
- To apply the principles of the trauma healing journey to a real-life situation.

PRAYER:

Say the following prayer together.

Dear God, thank you for being our light and guide. Thank you for giving us your grace and mercy. We live in a ragged world full of unfulfilled dreams and broken promises. Yet we know that this is your world and that you love this world. We come to you because only you can make us right again. Hear the secret yearnings of our hearts and keep us close to your heart. Amen.

The stages and transitions along the trauma-healing journey



| The Four Stages of ALIVE | The Healing Journey | |
|--|---|---|
| | Moving From | Moving To |
| Victim (Bitter) | Pain (living in) | Purpose (living with) |
| | Hate (revengeful) | Hope (survival) |
| | Fear (hurting, shameful) | Freedom (from hate, shame & fear). Pain may remain. |
| <p>Imagery: The Tomb. Shut up in a tomb of despair, betrayal, hatred, fear and shame. In the tomb but alive. Alive but not living. Living in pain. Transition: From past to present.</p> | | |
| Survivor (Sour) | Pain (loss, betrayal) | Purpose (taking stock of the situation) |
| | Hate (damaging & hurting) | Hope (to live) |
| | Fear (of betrayal and repetition of violence) | Freedom (to let go and move on) |
| <p>Imagery: The stone is removed from the face of the tomb. Light entering, beginning to feel life. A new script and a new creation story. Living with pain. Transition: Hurt but not haunted by the past. Seeing God's purpose. Rejoicing in the healing without glorifying or dwelling on old wounds or scars.</p> | | |
| Overcomer (Sweet) | My story | Our stories |
| | My healing | The pain of those around me |
| <p>Imagery: Abundant life, deep roots, bearing fruit. Living above pain. Transition: The purpose of the past is rediscovered. Seeing my dreams come true as I get involved in the dreams of those around me.</p> | | |
| Healer (Fragrant) | My dreams | Dreams of those around me |
| | My victory | Restoration of the community |

Trauma Healing Stages and Victim Feeling

Victim feeling at each of these stages differ. Victim feeling decreases as we make the journey towards becoming a healer.

Victim Stage

There is a difference between living in pain and living with pain. A person living in pain is controlled by it. On the other hand, for a person living with pain, pain is not the total of their life. It is there but it does not control their life. Then there is the pain-free life, where a person may be able to recall the painful event or even the feeling of pain but is no more affected by it.

Remember, hurt people hurt. Victims victimise.

Transition

The focus slowly turns from the past to the present. It moves from, "What has happened to me?" to "What is happening to me?"

1. A person at the VICTIM stage has a heightened sense of victimhood, especially if he/she comes in contact with or hears stories of other victims and victimisation. They have the potential to become a victimiser if not appropriately cared for. They can also develop a *victim mentality* and can become dependent on their victimhood. Victim mentality affects a person in several ways making them feel incapable of doing anything about their situation in life.

- a. Seeking attention and validation.
-
-

- b. Unable or unwilling to take responsibility.
-
-

- c. Addiction to the "pleasure" (benefits) of being a victim.
-
-

Some human behaviour experts believe that "in the present cultural era, victimhood is almost a status symbol" because "it provides a sense of visibility and attention not found elsewhere in life."¹⁴

¹⁴ Michael Hurd, <https://drhurd.com/2011/07/18/the-pleasure-of-being-a-victim/>

While it is true that victim mentality is counter-productive to healing and restoration, a caregiver will recognise that this is also part of the care receiver's identity. The caregiver's wisdom and understanding should enable them to support their friend without being drawn into their negativity. This takes skill and should come from experience.

2. A person at the SURVIVOR stage is still conscious of their victimhood but it no longer dominates their lives to the same extent. To be emotionally safe, they may be defensive/self-protective. For example, when survivors meet someone with a similar story, they may experience a high level of anxiety, which can result in personal identification or hostility.

a. Lingered trauma is the long-term residue of abuse and victimisation.

b. Lack of appreciation.

c. We aim to reach that state/place where we may still feel pain without the feeling of hate, shame, self-loathing or revenge.

3. The OVERCOMER is not anxious or personally traumatised by other victims or stories of victimisation.

a. Gratitude.

b. Forgiveness.

4. A HEALER has overcome their trauma and has become emotionally healthy. Now they can empathise with a fellow sufferer and care for them. They can hear another victim's story without being re-traumatised. Instead, they can empathise and enter into the feelings of the victim without feeling victimised. They are not afraid to be back in the community of hurting people. At this stage, the risk of relapse to their former identity is not as profound as in the earlier stages.

The healer is like a fragrance. What they feel is not hidden. It is not their own only. Others enter into their experience. They benefit from their healing.

 *Activity*

The next 20 minutes (3 minutes per person) you will spend narrating your understanding of a person you know who may be at any one of these four stages.

(Please be careful not to use names. In our sharing, we must be careful not to hurt or cause offence. This is not an opportunity for gossip.)

Use the following questions as a general guide for your narrative.

Why do you believe this person is at this particular stage?

What do you think can help this person to move to the next stage?

Is there something you can do to help them progress along their healing journey?

Trauma healing is a journey from the tomb of victimhood to the open space of being a healer and a builder of communities.

Staying stuck or breaking out

Re-Living Trauma – Why?

- The victim feelings not properly identified and recognised.
- The victim feels their story is not fully understood or unpacked.
- Internalisation and externalisation of pain.
- No proper healing. Stuck in revenge and demonisation.
- The meaning of victimisation and pain is not discovered or accepted.

Re-Visiting Trauma – What?

- The way forward is understood. The victim is journeying to a destination.
- Feels like déjà vu – but nothing is always.
- Pain’s purpose is identified.
- Builds resilience.

Re-Living Trauma – What?

- The victim oscillates between VICTIM – SURVIVOR stages.
- Déjà vu, Groundhog Day – everything happens all over again.
- Everything remains the same.
- Travelling on the same spot/going nowhere.
- The way forward is unclear/uncertain.
- The more one tries to unravel, the more one gets entangled.

Re-Visiting Trauma – Why?

- The victim feels understood and accepted.
- The purpose of victimisation is recognised and accepted.
- Timely and appropriate support from caring friends, family, therapist.

Remembering – Why?

Trauma is imprinted in the body. In order to heal one needs to create a sheltered/safe space from which one can safely observe the horrific past.

- Remembering for vengeance
- Remembering for healing
- Remembering to celebrate the healing
- Remembering to help others experience healing

Session 11

Redeeming the Past: Learning to Forgive, Letting go, and Remembering

OUTLINE OF THIS SESSION

- Zawadi Mongane and the many faces of trauma
- Understanding the role of forgiveness in the trauma healing journey
- Many facets of remembering
- Activity: Leaving behind or carrying with us
- Choosing to remember the right way

AIMS OF THE SESSION

- To expose participants to the truth that when those with power are wicked, the weak and helpless suffer the most.
- To consider in-depth the need for forgiving as a major step in the healing process.
- To analyse the negative power of anger and the positive power of forgiveness.
- To learn to understand the importance of remembering painful memories of the past without bitterness and hatred.

PRAYER:

Say the following prayer together.

Eternal God, we want to follow you. We have hurt and we are hurt. Forgive us for the hurt we have caused to others especially those within our family. We also want to forgive those who have hurt us deliberately and unknowingly. Guide us today as we learn more about freeing ourselves by letting other people go. Teach us to hear and obey your voice, no matter how difficult it might be. Give us the grace to listen to the voices of each other. Our life is yours not our own. Amen.

Today is partly about the courage of one woman who survived and learned to live again. She was a victim and is a survivor, and has, in many ways, overcome brutal violence. Her account is deeply disturbing and may be very upsetting.

It may be helpful for you to take some notes as you listen.



Listen to the audio clips, interviews with a Congolese woman called Zawadi Mongane.



*Interview with Zawadi Mongane
Oct 2008 (AUDIO)*

http://news.bbc.co.uk/today/hi/today/newsid_7657000/7657774.stm

have after hearing Zawadi's story.

Your Feelings:

Individually, write down the feelings you

Share your feelings with the rest of your small group?

Why do you think you feel these feelings?

Are your feelings remarkably different from other members of your group?

Questions

1. How do you think Zawadi first found the strength to tell her story to Mike Thomson?

2. Use two adjectives to describe how her story has made you feel. Share these words with the group.

3. After hearing Zawadi's story, what do you think restoration means?

4. What were the factors which enabled her to recover?

5. At one point, Zawadi says "I can't meet evil with evil." How was she able to say these words after all that had happened to her?

Zawadi's story is one of unbearable trauma and unbelievable hope. She will always carry those physical and emotional scars with her, but she seems to have found a place of peace.

Understanding the role of forgiveness in the trauma healing journey

Forgiveness

1. To remain resentful and hurtful is my
2. To forgive is my
3. We must always forgive but we cannot always
4. We must always forgive but we may not always relationship.
5. The wound (pain) will heal but the remain.
6. To forgive is to let go - To release the offender from the bondage of hatred and retribution.

Application:

1. We are all in need of release from our offences today and we need to release those who have offended us.
2. The degree to which we “let go” is the degree to which we experience God’s forgiveness.
3. When we forgive, we share the character of God.

Three components of forgiveness

1. Recognizing the injustice.
2. Acknowledging the need for redemption/restitution
3. Establishing terms of restoration
Reconciliation and restoration of relationship is not the same as forgiveness. Not all relationships can be or need to be restored.



To forgive is to let go

“Forgive us our sins as we forgive those who have sinned against us.”

Another way to translate this prayer would be to say, “Untie me as I untie others and let them go.” The imagery here is rather powerful. For every person we refuse to forgive, an

imaginary string from us is attached to that person. The stronger the resentment, the greater the binding! The more people we refuse to forgive the more strings attached to us!

Are you able to see those imaginary strings stretching from you in many directions? If you look carefully, you will find certain events and certain people at the very end of those strings. It may not be possible to detach all those strings together in one go. Take your time and ask God to give you the grace to forgive and let go.

Many Facets of Forgiveness:

1. Forgiveness as a life-style choice. A decision we make once about a principle in life we want to live by. Then forgiveness becomes 'my' culture
 - a. No matter what, I will forgive. I will not retaliate with evil for evil. My ethic in life.
2. Forgiveness as a case-by-case choice
 - a. Depending on the nature of the offence
 - b. Depending on the offender
 - c. Depending on the state of mind of the victim.
3. Forgiveness removes the urge/need for revenge
 - a. A person who has not extended forgiveness is always focussed on revenge and retaliation. Sometimes justice is confused with revenge.

Many Facets of Remembering

Forgiving is not the same as forgetting.

Being able to remember and recall is important for emotional and physical well-being.

We can learn from every experience in life – not only ours but also others. Usually, painful memories leave deep scars. Painful memories also induce different kinds of responses from the one who suffered the pain.

What are memories?

Memories, in their simplest form, are mental and emotional recordings of events from our past. What we remember are not just events but our interpreted thoughts and feelings. This is based on our personality, cultural conditioning, religious values and other overriding factors that make a person a human being.

What are the helpful feelings?

What are the unhelpful feelings?

What am I going to do with these feelings?

TO FORGET CERTAIN THINGS AND EVENTS IS DETRIMENTAL TO OUR WELLBEING. THE SAME GOES FOR REMEMBERING AS WELL. IT IS UNHEALTHY TO REMEMBER EVERYTHING.

There are two kinds of memories. (Peter Levine)

1. Every-day ordinary memories.

2. Traumatic memories.

Why do we remember?

- Remembering – for protection/preservation.
- Remembering for vengeance.
- Remembering for justification.
- Remembering for healing.
- Remembering to heal (last phase – the healing). As a diagnostic tool.

What do we remember?

We remember those things that are important for our identity.

We have been told from an early age, "Don't dwell on the negative things." But the reality is, we remember negative things more readily than positive things. Apparently negative stimuli have a greater impact on human minds than positive ones. We don't exactly know why this is so.

"Human beings are better at remembering and reconnecting with traumatic events and experiences with more clarity and frequency than pleasant experiences." - Elizabeth Kensingler

Everyone develops his/her essential narrative about their experience:

- Of trauma
- Of the trauma healing journey
- Of trauma memory

There is a difference between remembering facts and remembering emotions. Usually what we remember is proportionate to its significance to us.

Let us take a moment and write down some of our memories. We will put them into two categories.

1. Think of a time when one of your friends was hurt by someone.
 - a. How did that make you feel at that time?

 - b. How does that make you feel now?

2. Think of a time when someone you know deliberately hurt another person.
 - a. How did that make you feel at that time?

 - b. How does that make you feel now?

This raises the question, what do we do with these unhappy, distressing memories? We cannot forget unhappy events. In fact, studies show that we are more likely to remember traumatic events than pleasant experiences. The choice, then, is *how* we want to remember the traumatic experiences? The answer to this question forms a major part of the emotional trauma healing process.

Activity: Leaving behind or carrying with us

Leaving behind is just as powerful as carrying with us. What you have discovered in the second scenario is that what was your favourite is also the favourite of several others. On the contrary, you may have found that you are the only person who likes a particular item. We have learned two things:

1. Something can be dear to me, but I don't have to "own" it.

2. Other people also have experiences like mine.

Why is it difficult to "let go" of our painful experiences?

Conclusion

Forgiving is not the same as forgetting.
Being able to remember and recall is important for emotional and physical well-being.
We can learn from every experience in life - not only ours but also others.
Leaving painful experiences behind is just as powerful as carting them with us.

Session 12

Caring for those on the edge

OUTLINE OF THIS SESSION

- Activity: Desert Island Group
- Looking deeper
- Video - The Black Dog
- Role play - Subashni and the farmers
- Conclusion

AIMS OF THE SESSION

- To explore and understand the nature of anxiety, stress and depression.
- To explore and understand what can drive people to suicide.
- To understand the reality and nature of compulsive thoughts.
- To develop an understanding of how you can “walk with” someone who may be depressed and/or contemplating suicide.

PRAYER:

Say the following prayer together.

Dear God, we live in a world that is wounded and hurting. We often feel confused and troubled. Sometimes darkness takes over our lives and we feel overwhelmed and helpless. Still the storms that rage within us. Quieten our hearts so that we may hear your voice. Walk with us as we learn to walk with our friends. Amen.

Activity: Desert Island Group

Your team is marooned on a desert island. List all the things you think you should take – try to think of at least three things each.

Unfortunately, the whole team can only take three things in total. Discuss amongst yourselves which are the three most important objects in your lists?

Why are they the most important? Explain your team’s choices.

Anxiety

Worry and concern for various things in life are part of normal life. These stressful feelings help us to plan better, avoid unnecessary complications, and even enable good outcomes. Anxiety, if excessive, and prolonged worry results in various kinds of phobias.

Learning from Life

When I was a nurse back in the 1980s, two people I knew killed themselves. One was a woman who had completed her nurse training with me. The second person was a medical student who had been part of my Bible study group. The first woman, Karen, took an overdose of strong painkillers with a bottle of wine. It was her second known suicide attempt. The second woman, Lily, hanged herself during her final medical exams. She had also tried to kill herself previously.

I didn’t know either of them particularly well, but the deaths occurred quite close to each other, leaving me with big questions and wanting to act in some way. Lily’s death especially hurt me, and I talked about it with my pastor, a very supportive, empathic man. These are some of the questions Lily’s death raised for me and her friends at the time:

1. If I/we had been praying for Lily at the moment she was preparing to hang herself, would God have saved her?

2. Lily was a religious person. Why would a person with faith in God kill themselves?

3. Why didn’t Lily tell someone about her pain before it became so overwhelming?

According to World Health Organisation, India has highest number of suicides in the world.

ACCORDING TO NATIONAL CRIME RECORDS BUREAU: 1,64,033
PEOPLE DIED BY SINCE 1995, 296,438 FARMERS KILLED THEMSELVES
BY SUICIDE IN INDIA IN THE YEAR 2021

Worldwide more than 800,000 people die by suicide every year – around one
person every 40 seconds.

Depression

What is depression? It is an illness evidenced by excessive sadness, inertia, low morale and motivation. People who suffer from depression are unable to participate in life and enjoy it with other people.

Research shows that people will experience depression sometime in their life. But most people will get over it without medication or prolonged therapy. It is estimated that people will experience moderate or severe depression. Depression is a major suicide risk.

Some symptoms of depression



Looking deeper



Group Activity

Discuss the following statements/questions.

Note:

Our aim in conducting this discussion is not to seek *correct answers* but develop understanding and empathy. If we are to walk with our friends who may be experiencing depression, we need to have some understanding of what they are thinking and feeling.

1. Name the most common methods people use to kill themselves in your area/ state/ country.

2. What do you think is needed to help prevent suicides?
3. In your experience, what strategies have worked well to prevent suicide?
4. Do you think **all** suicides are preventable? Please give reasons for your answer(s).
5. Can suicide really be a choice, when it seems no other choice is available?
6. In India, suicide was considered illegal and a survivor could face a jail term of up to one year and a fine under Section 309 of the Indian Penal Code. The Government of India had announced in 2014 its decision to repeal the law and the Mental Healthcare Act, 2017 has decriminalised the act of attempting suicide. What do you think about this development?
7. Name the symptoms/ behaviours/ warning signs which a suicidal person might disclose/ show.

Suicide

The following are quotes which offer some insight into how a depressed and/or suicidal person may be feeling.

“The so-called ‘psychotically depressed’ person who tries to kill herself doesn’t do so out of ‘hopelessness’ or any abstract conviction that life’s assets and debits do not square. And surely not because death seems suddenly appealing. The person in whom its invisible agony reaches a certain unendurable level will kill herself the same way a trapped person will eventually jump from the window of a burning high-rise. Make no mistake about people who leap from burning windows. Their terror of falling from a great height is still just as great as it would be for you or me standing speculatively at the same window just checking out the view, i.e. the fear of falling remains a constant. The variable here is the other terror, the fire’s flames: when the flames get close enough, falling to death becomes the slightly less terrible of two terrors. It’s not desiring the fall; it’s terror of the flames. And yet nobody down on the sidewalk, looking up and yelling ‘Don’t!’ and ‘Hang on!’, can understand the jump. Not really. You’d have to have personally been trapped and felt flames to really understand a terror way beyond falling.” — **David Foster Wallace**

“While you may feel physically and mentally strong, you still experience a forceful undercurrent of anguish. You sleep well, you work well, but there are few waking moments

when you do not feel that throbbing pain in your heart that makes everything seem up in the air. You know that you are progressing, but you can't understand why this anguish keeps pervading everything you think, say, or do. There is still a deep, unresolved pain, but you cannot take it away yourself. It exists far deeper than you can reach." - **Henri Nouwen**

David Foster Wallace died by hanging himself in his garage in 2008. He had lived with depression for many years. His quote looks at life as unendurable, that death is better than life, even though it is just as scary.

What do you think of his statement?

Henri Nouwen's pain was also deep and enduring, but he did not kill himself. On the contrary, he spent the last decade of his life being a friend to the disabled and mentally challenged people. Can you identify why some people are able to endure, and others cannot? Going back to a previous question, what does this say about choice and about prevention?

Depression is a sign of illness not a sign of weakness.

I had a black dog; his name was depression - video

<https://www.youtube.com/watch?v=XiCmniLQGYc>

What not to say or do?

- It's all in your
- Be a
- Don't jolly them
- Don't compare. "There are people worse off than you."

What to say and do?

- ✓ Be
- ✓ Grow your and open your
- ✓ Be non-judgemental
- ✓ Encourage to seek help
- ✓ Offer to find a good doctor, make an appointment, go with them.
- ✓ Encourage
- ✓ Develop a strategy to simplify life
- ✓ Remember, is one of the biggest drivers of depression.

Embracing the black dog

- Agree to a course of action.
- You alone don't have the power to rescue your beloved one.
- Professional help is often what is needed.

Self-preservation for the caregiver

- Recognise your own needs, limitations and
- Friends can offer, wisdom and laughter.
- Constantly remind each other, it will pass.
- Always hold on to

Role play: Subashini and Bindi

(Two participants can be chosen and given a little time to prepare if you think that is important. This drama should last 5 to 10 minutes.)

Subashni is a 30-year-old community nurse. She has been supporting several widows of farmers who have killed themselves with poison. Debt, poor harvests and a lengthy drought have been the contributing factors, and the suicides have become more frequent over the past two years. Two of the farmers also killed their baby sons before killing themselves.

Some of the widows have been blamed for their husbands' deaths and are being shunned by their neighbours. It has been reported that some of the village girls have been trafficked because their widowed mothers can no longer afford to care for them. Subashni has had enough of the depressed widows and the sad faces of the children she sees. She is overwhelmed by the pain she witnesses and can no longer face going to work. She has taken some time off, and before this she secretly stocked up on strong painkillers from the clinic pharmacy. Sometimes her anguish is so awful.

Bindi is her friend. Although Subashni has never talked about the stress and anxiety she has experienced, Bindi is aware of her situation. She invites Subashni to come for lunch, and whilst they wait for their food, begins to ask a few questions.

Some important points to remember.

Bindi is enabling Subashni to move from death to life.

(Bindi needs to de-escalate the situation. This may be by encouraging Subashni to make a positive decision, offering to go with her to her house and be with her when she dumps the tablets down the toilet, making sure someone who Subashni can trust is going to be with her over the next few hours, promising to call her a couple of times a day over the next few

days. It is also essential that Subashni decides to get professional help to enable her recovery. Most of all, Bindi needs to listen.)

Do you think Subashni will live? Why/why not?

If Subashni recovers, what should she do about work where the situation has not changed?

If Subashni had threatened to kill herself while she was with you, what action should you take, bearing in mind you want to keep confidentiality? Would this present a dilemma for you?

Is there any service where you live, for people who are feeling suicidal? A crisis phone-line, a drop-in, a self-help group?

Conclusion

Let us return to the desert island.

Instead of physical objects, you now need emotional support to survive your time on the island. Caught between life and death, what emotional/spiritual tools do you need to hold on to for survival?

Talking about suicide is hard work but knowing how to help gives you a really good toolkit so that you can reach out with some confidence. You may wish to continue with further training if any is available where you live, and there is a lot of helpful information online.

If anything in this session has troubled you or raised up difficult feelings, please approach any member of the T4L team for further support or talk to another person whom you trust.

Session 13

Understanding Stress and Burnout

OUTLINE OF THE SESSION

- What is stress?
- Strategies for stress reduction
- Caring for a person who is feeling stressed
- Difference between burnout and stress
- Stress Diary

AIMS OF THE SESSION

- To understand and analyse the various ways stress affects individuals and communities.
- To consider strategies for stress reduction.
- Explore ways of caring for a person experiencing stress.

PRAYER:

God, each day is a struggle – struggle to survive, to be alive, to understand and to be understood. Some feel it more than others. Give us a special place in our hearts for people whose names we know, whose language we understand, who live among us and with us, yet whose thoughts and feelings we do not know. Amen.

What is stress?



Activity: Brainstorming

| Creative Stress | Ill- Managed Stress | Untreated Stress |
|-----------------|---------------------|------------------|
| | | |

Stress is the body's natural response to pressures or stressful situations we find ourselves in; we are uncertain we can cope effectively.

It is both external and internal. For example; if you lost your job because you were incompetent, your stress would be internal. But if it was because your dominating boss was harassing you, your stress would be external. If you became sick as a result of drinking water contaminated by a nearby factory, the stress you feel would be both external (factory) and internal (sickness).

Stress is part of everyday living. Everyone feels some form of stress each day.

Examples:

We feel stress differently. Some people may find a particular situation stressful while others find it relaxing and pleasurable.

Examples:

Not all stresses are the same.

Acute stress is a normal reaction to a real or perceived threat.

Examples:

Prolonged stress is the same stressful situation continuing for a long period of time.

Examples:

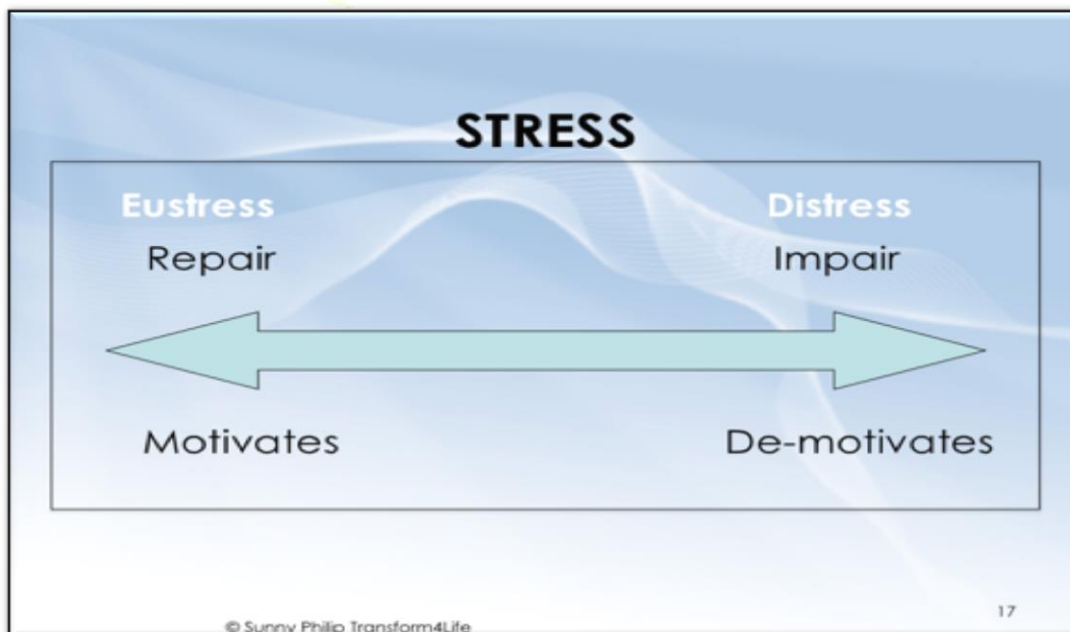
Perpetual stress is the same stress repeating itself as if in a never-ending loop.

Examples:

Cumulative stress is different situations adding stress one on top of another in an ever-increasing pattern.

Examples:

Not all stress is bad. A certain amount of stress is needed and useful for productivity and achieving goals.



Can you think of some examples for each?

| Eustress | Distress |
|----------|----------|
| | |

Looking at the list we have created, would you say that some stress may be good at some time, but can be counterproductive at another time?

Eustress is the good stress or the discomfort which gives one the feeling of wellness and euphoria. This is where the experience itself and the outcome are more beneficial than the stress itself. It has positive connotations and is highly motivational.

Examples:

Distress is when one not only feels stress, but also feels helpless and even hopeless about the situation they are in.

Examples:

What is important for us is to note that there are certain things that are naturally stress producing for most people, and there are certain people who are possibly predisposed to feeling stress in most situations - more than others.

Work and Stress

Carey Cooper, specialist in Organizational Psychology and Health, has categorised work-related stress as follows.¹⁵

- stress

¹⁵ Carey Cooper L., (1983) "Identifying stressors at work: Recent research developments." Journal of Psychosomatic Research, 27, 369-376.)

- stress
- development
- structure and development
- Home - work interface

Warning signs of trouble

Strategies for Stress Reduction

Preparation

Identify stress-producing situations for you and anticipate those situations before it happens. Don't wait until you are in a stressful situation to combat it but prepare before hand. For Example, if public speaking is stressful for you and you have to give a business presentation, then prepare and rehearse in advance. Those of you who have watched the movie, "The King's Speech" will understand what I am talking about here. Studies also show that those who are proactive towards stress inducing situations and events are more likely to cope better with the situation than those who adopt passive, avoidance strategies.¹⁶

Expectation

Be realistic in your expectation of what you can do and what are beyond your capability. Unrealistic expectations and unmet desires can compound stress even for the most self-assured person. Unrealistic expectations produce acute feelings of guilt and shame which often results in anger, helplessness, etc.¹⁷

Align your expectations with the realities of life. I am not suggesting that we should not do challenging jobs or set high goals. Practicality is not the same as mediocrity.

Role alignment

When individuals are put in mutually incompatible positions where compliance in one area would make compliance in another area difficult, they suffer from role ambiguity induced stress.

¹⁶ Pareek, 1983, cited in D.M.Pestonjee, 1999, *Stress and Coping: The Indian Experience* (2nd edition), Sage Publications, New Delhi, p.220

¹⁷ Appelbaum, Steven H. 1981, *Stress Management for Health Care Professionals*, Aspen Publication, Rockville, Maryland, p.25.

Problem solving

Amongst the approach styles or strategies, the most functional is the one in which the individual shares stress with other significant persons and jointly finds ways of managing it.

Relaxation

Approach or effective strategies of coping include efforts to increase physical and mental preparedness for coping (through physical exercise, yoga and meditation, diet management), creative diversions for emotional enrichment (music, art, theatre, etc.,) and strategies of dealing with the basic problems."¹⁸

- √ Deep abdominal breathing
- √ Focus on a soothing word (such as peace or calm)
- √ Visualisation of tranquil scenes
- √ Repetitive prayer, yoga, and tai chi

Physical Activity

Exercise, such as taking a brisk walk shortly after feeling stressed, not only deepens breathing but also helps relieve muscle tension.

Social Support

Assurance that I am not alone is a great stress reliever. In Psalm 23, King David is comforted by the confidence that God is with him. On the other hand, in Psalm 88 the Sons of Korah remained depressed and without hope because they felt abandoned by God. The Psalm ends with a heart wrenching accusation levelled against God, "You have taken my companions and loved ones from me; the darkness is my closest friend" (v.18). We all need confidants, friends, acquaintances, co-workers, relatives, spouses, and companions at all times. But we need it more when we feel stressed and helpless.

Research has shown that social and emotional support available to the person helps him/her to effectively cope with stress. Persons maintaining close interpersonal relationships with friends and families are able to use more approach strategies. Social support includes both material support (providing resources) and emotional support (listening to the person and encouraging him/her). However, studies have also shown that unsolicited support may have negative consequences.

Caring for a person who is feeling stressed

Connect. Make contact. Reach out, talk to them. Notice their pain. There is no reason why anyone should go through the darkness alone.

Listen. Take the time and really pay attention. You don't have to have all the answers. Just listen actively and compassionately.

Understand. Nod, pay attention, let them know you appreciate what they are going through. Do not condemn or prescribe solutions to their problems. A stressed person does not need our advice. People under stress cannot just snap out of it or stop feeling stressed.

¹⁸ D.M. Pestonjee, pp.219, 220)

Express Concern. Say that you care, you are worried, and you want to be helpful. One way to express concern is to affirm the person. Even if you don't believe their story, still acknowledge it, and support the person.

Seek Help. When your friend needs more than you can offer, find out who else can help. Tell them you want to go with them to talk to a third person with experience and the ability to help. Don't agree to be secretive. Enlarge the circle of support. Just a word of caution - seeking help is not the same as gossiping about a person who is experiencing difficulties in his/her life.

For discussion in small groups

What mechanism is there in your living situation (workplace, home, neighbourhood) to address the issues related to stress and to:

- Sensitivity to stress and stressors?
- Seek help?
- Provide help?

Difference between burnout and stress

| Burnout | Stress |
|--|---|
| <ul style="list-style-type: none"> ➤ Burnout is a defence characterised by disengagement. ➤ In burnout, the emotions become blunted. ➤ In burnout, the emotional damage is primary. ➤ The exhaustion of burnout affects motivation and drive. ➤ Burnout produces demoralisation. ➤ Burnout can best be understood as a loss of ideals and hope. ➤ The depression of burnout is caused by the grief engendered by the loss of ideals and hope. | <ul style="list-style-type: none"> ➤ Stress is characterised by over-engagement. ➤ In stress, the emotions become over-reactive. ➤ In stress, the physical damage is primary. ➤ The exhaustion of stress affects physical energy. ➤ Stress produces disintegration. ➤ Stress can best be understood as a loss of fuel and energy. ➤ The depression of stress is produced by the body's need to protect itself and conserve energy. |

| | |
|--|--|
| <ul style="list-style-type: none"> ➤ Burnout produces a sense of helplessness and hopelessness. ➤ Burnout produces paranoia, depersonalisation, and detachment. ➤ Burnout may never kill you, but your long life may not seem worth living. | <ul style="list-style-type: none"> ➤ Stress produces a sense of urgency and hyperactivity. ➤ Stress produces panic, phobias, and anxiety disorders. ➤ Stress may kill you prematurely, and you may not have enough time to finish what you started. |
|--|--|

The Stress Diary¹⁹

If you feel that you have to live with prolonged and recurring stress, keeping a Stress Diary might help you identify the nature and causes of your stress.

For four weeks write down every day all the things that make you feel stressed. At the end of the fourth week, try to identify recurrent events, people, situations, etc., that make you feel stressed. Identifying a pattern, if such a pattern exists, is helpful in dealing with it. Instead of feeling helpless about your situation or being confused, you could develop the power to do something about it or at least seek help.

¹⁹ This exercise based on ideas presented by Marjory Foyle in her book, *Honourably Wounded*, (Monarch Books, Oxford, 2001), p45.

Stress Diary

The things that make you feel stressed:

The situation. What actually happened:

The people involved:

How you felt and behaved:



Session 14

Compassion Fatigue – The Cost of Caring

OUTLINE OF THE SESSION

- Where do we go wrong?
- Compassion fatigue
- Figley’s model of compassion fatigue
- Other terminologies
- Self-test
- Prevention and recovery

AIMS FOR THE SESSION

- To explore and understand what we think compassion fatigue (CF) means.
- To understand why it is important to identify CF in ourselves and others.
- To evaluate the extent to which we may be susceptible to CF.
- To learn to apply preventive strategies.

PRAYER

Say the following prayer together.

Dear God, help us see that we are not the saviours of this world. There is a limit to what we can do. Instead of thinking about how we can serve you, help us focus on how we can obey you. Often, we are dissatisfied with ourselves. We strive to please you and fail again and again. Sometimes we try to become all things to all people. Help us to rest in you and remain in your care. Amen.

Where do we go wrong?



Two Stories

Group 1

Sunita - You are working nights in A&E, where you are a senior doctor. Just before you went on maternity leave, many victims from the collapse of a local 5-storey factory came to A&E. It was a horrific time, and the memories are still very sharp and painful.

Your child is now 18 months old & you went back to work 2 weeks after the birth. You have hardly seen your child this last fortnight, and your husband's mother, whom you really can't stand, wants to come and stay for 4 weeks. Your boss has asked you to work another 2 weeks of nights because you are the most senior member of the team. Three nights ago, victims from a landslide came in for treatment, and only 5 out of 20 people survived. You knew 3 of them very well. No-one has asked you how you are coping.

Honestly, how are you feeling right now?

Group 2

Rajesh - Your wife has been depressed for many years, and recently the crying, anxiety and arguments have become much more frequent. You often recall your own mother crying when your father left the home and had a child with another woman. It was a very tough time, and you swore you would never be like your father.

Some of the current stress is due to debts you have both accrued, meaning you are working much longer hours in order to pay off the biggest loan. You love your wife, but you feel so lonely in your marriage. You often think about how Christ loves the church in all its mess and all its beauty. You wonder if you can really call yourself a Christian, because secretly you want to abandon your wife and responsibilities and think constantly about being free.

Honestly, how are you feeling right now?

In one group (Discuss):

It is clear that both Sunita and Rajesh need to seek help, but why?

Compassion Fatigue

What is it?

Compassion fatigue is the result of repetitive, frequent and cumulative exposure to trauma. It is another name for the burnout experienced by people involved in the care of people under stressful circumstances over long periods of time. Labour of love becomes labour without love.

Empathic responses produce powerful emotions such as fear, anger, and sadness. These feelings are experienced on behalf of the client/loved one - the supporter begins to feel the same way as the person they are supporting. There is nothing wrong in any of these emotions, provided they are within the control and conscious knowledge of the one who experiences them.

How does it happen?



What does it do?

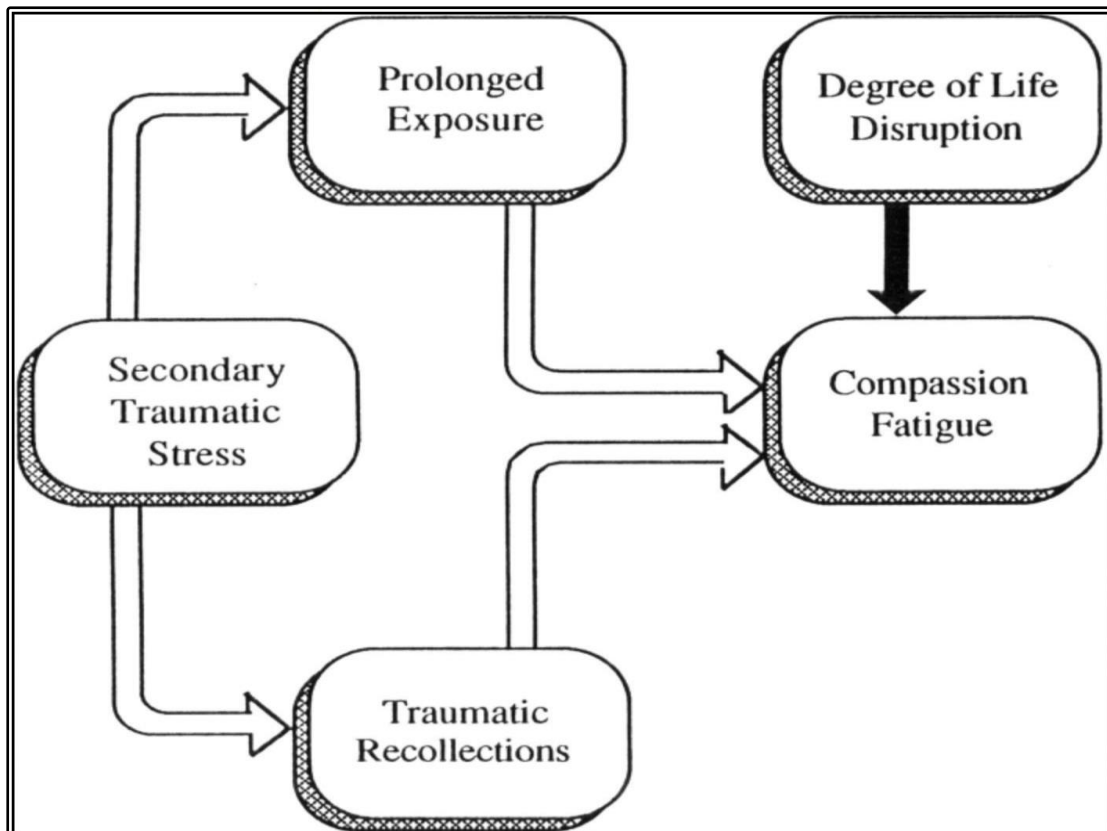
How do I know I may be suffering from Compassion Fatigue?

(The Symptoms)

- Emotional blunting - Inability or unwillingness to feel with others
- Focusing more on self (feeling sorry for self)
- Worrying about personal survival
- Feelings of being victimised, used, abused
- Reacting to situations differently than normal
- Feeling depressed
- Feeling angry
- Feeling disinterested in self and others (don't and can't care)

Returning to the story of Sunita/Rajesh. See if you are able to identify any of the features listed above in these stories.

Charles Figley's model of compassion fatigue (1995,2002)



Charles Figley (2002) asserts that, like any form of stress, compassion stress can have a negative impact on an individual's psychological and physiological health. However, two factors are included in the model that may moderate the relationship between the empathic response and compassion stress: satisfaction and disengagement.

Satisfaction is equated with an individual's sense of achievement regarding his or her efforts to help a traumatised person.

Prolonged exposure is the ongoing sense of responsibility for the care of a traumatised person.

Traumatic recollections are memories that may trigger traumatic stress symptoms; these memories may be related to a supporter's personal experiences with trauma, or to an individual's previous involvement with other traumatised people.

Life disruptions are identified as stressful events, such as getting sick or moving, that would typically cause a tolerable level of distress; the chances of developing compassion fatigue increase when combined with the other variables in the model (Figley, 2002a).

Personal history. The literature on compassion fatigue indicates that survivors of traumatic events are at an increased risk of developing secondary traumatic stress reactions, as their unresolved conflicts may be triggered by the traumatic experiences of others.

Using our beleaguered pair, Sunita & Rajesh, as our example, go back to the notes you made when exploring their situations earlier on.

How do their stories compare to Figley's model?

Other Terminologies

Vicarious Traumatization (VT)

VT is one person consciously or subconsciously feeling the pain of another person and being negatively affected by it because he is not able to deal with it at a personal level.

Secondary Traumatic Stress (STS)

Earlier known as Vicarious Traumatization, STS is the cumulative effect of working with a traumatized person or persons.

Some common symptoms of secondary trauma

- Intrusive thoughts
- Chronic fatigue
- Sadness
- Anger
- Poor concentration
- Second guessing
- Detachment
- Emotional exhaustion
- Fearfulness
- Shame
- Physical illness
- Absenteeism

Compassion Fatigue
Self Test

- Personal concerns commonly intrude on my professional role. Yes /No
- My colleagues seem to lack understanding. Yes /No
- I find even small changes enormously draining. Yes /No
- I can't seem to recover quickly after association with trauma. Yes/ No
- Association with trauma affects me very deeply. Yes/ No
- My clients' stress affects me deeply. Yes /No
- I have lost my sense of hopefulness. Yes/ No
- I feel vulnerable all the time. Yes/ No
- I feel overwhelmed by unfinished personal business. Yes/ No

- Henry Pfifferling, and Kay Gilley

If you have symptoms of Compassion Fatigue:

Talk to a friend about it.

Don't medicate yourself.

Don't use drugs or alcohol to ease your distress.

Seek help from a professional counsellor or therapist.

If needed, change your work place, work habits, or your profession.

Prevention and Recovery

Healthy living

Start the day with some form of physical exercise followed by a period of quietness and reflection.

Keep a journal (Of your reflections/recovery).

Eat healthy food in a relaxed, happy environment.

Read something light-hearted (novels, comics, etc.)

Keep one day a week sacred (no work, no work-related emails).

Spend time with family, visit a friend, help a person in need, and volunteer in a social activity.

Time Management

Maintain a work-life balance - without an adequate work-life balance, individuals may lose their ability to maintain appropriate boundaries with the people they help, which subsequently results in psychological distress and compassion fatigue.

Empirical research exploring the relationship between time management and the development of compassion fatigue shows that individuals who spend more time at work are more likely to experience secondary traumatic stress than their counterparts who maintain a balance between their work and home lives.

Social Support

There is a strong connection between social support and work-related stress and has been found to play a vital protective role in the development of compassion fatigue.

Good family relationships and support are known to reduce the risk of developing compassion fatigue.

Review and Re-orient

Limit the decisions you have to make.

Associate with people who encourage and support rather than condemn and criticise.

Meet with a trusting person regularly.

Cherish your relationships and friendships.

Celebrate small achievements and "victories."

Press the "RESET" button annually.

Conclusion

We are all affected in one way or other by the work we do. Compassion fatigue is a stress related disorder that affects both mind and body. It is what happens when a caring person cares for others at the expense of caring for themselves.

Self-care is just as important as caring for others.

Session 15

Resilience for the Caregiver

OUTLINE OF THE SESSION

- What is resilience?
- Building resilience
- Resilience Video

AIMS OF THE SESSION

- Recognise the characteristics of resilience and reflect on these characteristics in relation to their own resilience.
- Assess their personal strengths and skills to achieve a positive outcome in a range of changing situations.

PRAYER

Say the following prayer together.

God, we live in a world that is wounded and hurting. Sometimes we feel overwhelmed and helpless. Walk with us as we learn to walk with our friends. When we are wrong, give us the grace to accept it and the willingness to seek help. When we need to stop, give us the humility to do so. Amen.

Introduction

Why are some people better at bouncing back after a season of hardship or adversity? Why do some people give in or give up? Some people are able to get over difficulties in life and move forward. They may even come out of it with strength and poise. People such as these are considered resilient. They seem to possess the following five characteristics:

1. They are resourceful and have good problem-solving skills.
2. They readily seek help.
3. They believe in themselves and their ability to manage their feelings and emotions though their situation in life may not be any different.
4. They have social support available to them.
5. They are connected with others, such as family or friends.²⁰

What is resilience?

- Resilience is the ability to bend without breaking. It is one of the primary qualities of a caring person. They can feel with another and if necessary, become vulnerable.
- Being able to regain balance after a set-back. The capacity to spring back into shape quickly and at will. Being able to identify and empathise and at the same time regain shape/original state of mind. Identity and self-esteem intact.
- Being able to tolerate and at the same time withstand stress – both external and internal. Here it is a stable state of being as opposed to bouncing back.
- Ability to absorb without being consumed. Able to 'take in' without being contaminated or absorbed into the very thing that one is fighting against.

The concept of resilience materialises in the context of adversities. There are certain factors that interact between adversity and resilience.

1. The at which the adversity happens.
2. The level of to normal life. This disruption can be physical, mental, psychological and/or a combination of several.
3. The that the individual/community feels/experiences. While there is a link between the disruption and the confusion, it is not exactly proportionate or consequential.
4. The of the adversity.
5. The level of of the What we are talking about here is how well is the person prepared for the crisis event. When something is unexpected, the feelings of shock, helplessness, uncertainty, etc. are more heightened than had it been anticipated.

In the context of caregiving, resilience is more about character than raw courage or hardiness.

²⁰ Suniya S. Luthar, Dante Cicchetti, and Bronwyn Becker, "The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work," *Child Development* 71, no. 3 (2000) 543-62.

- Flexibility in temperament. Ability to adapt emotions, thoughts, and behaviours to unfamiliar and unpredictable situations.
- Humility reflected in self-respect. An arrogant person would find it difficult to empathise with another person. Thankfulness is an important aspect of humility.
- Sensitivity to the predicament of others is a sign of mutual respect and an important caregiver quality. Altruism is strongly related to resilience and is an important factor of caring.

Building Resilience

Resilience is not developed during adversity. How a person responds to adversity depends on how well they have been prepared for adversities. Those who have identified reasonably well the basic existential questions of life are better prepared for adversities. They have a heightened sense of self-identity and cope better in times of adversity. The following summary is based on *The Resilience Prescription* developed by D. Charney.²¹

1. Positive attitude
Optimism is strongly related to resilience. It is the mark of positive attitude to life in difficult situations. It is being hopeful even when all hope seems to be gone.
2. Cognitive and emotional flexibility
Being prepared to re-evaluate negative events by altering the perceived value and meaningfulness of the event. The adage, "All things work together for good," comes into effect here. No experience, however negative, is meaningless. Even if there are no obvious benefit there are lessons to be learned. Failure is an essential ingredient for growth.
3. Embrace a Personal Moral Compass
Negative experiences can help develop a set of core beliefs that very few things can shatter. Faith in conjunction with strong religious and/or spiritual beliefs is associated with resilience. The assurance that there is a good God, and that God is in control of life events helps people to face even the most daunting adversities.
4. Find a Resilient Role Model
Imitation is a powerful mode of learning and inspiration. Therefore, role models can enhance the journey of resilience by giving the assurance that we are not alone. Other people have been through this path before us. For example, stories of freedom fighters, civil rights activists, people who survived or simply endured great adversities (illness, misfortunes, persecution) are both inspirational and empowering.
5. Face Your Fears
Fear is normal and important for survival. But it can also be debilitating, blocking progress. Facing our fears can increase our self-esteem. Those who learn and practice skills necessary to move through their fears become resilient.
6. Develop Active Coping Skills

²¹ Dennis S. Charney, Dean Icahn School of Medicine at Mount Sinai Department of Health Evidence and Policy Grand Rounds Tuesday, April 22, 2014 "RESILIENCE: THE SCIENCE OF MASTERING LIFE'S GREATEST CHALLENGES"

Resilient individuals use active rather than passive coping skills. They adopt a collaborative coping strategy rather than trying to do everything on their own or abdicating responsibility.

7. Establish and Nurture a Supportive Social Network.

Social support is important for survival. Considerable emotional strength accrues from close relationships with people and organisations. Developing healthy social network provides confidence and a sense of safety during times of stress.

8. Attend to Physical Well-being

Healthy body and healthy mind are interconnected. Physical exercise is known to have positive effects on physical hardiness, mood, and improves self-esteem.

Self-care

The World Health Organization (WHO) provides us with the following definition of self-care:

“Self-care refers to activities individuals, families and communities undertake with the intention of enhancing health, preventing disease, limiting illness and restoring health. These activities are derived from knowledge and skills from the pool of both professional and lay experience. They are undertaken by lay people on their own behalf either separately or in participative collaboration with professionals. Seeking professional advice in Self Care is part of the continuum of trying to maintain good health and prevent disease.”

Activity (to be done individually)

Take a moment to think about the work/study you do at present. Answer the following questions as honestly as possible.

Why do you do this work? What are the hidden springs that motivate, compel you to do what you do?

How do you measure success in your life?

What can you control and what is beyond your control?

What are the consequences if you change your lifestyle?

Summary & Conclusion

Reality of life teaches us that we experience different levels of adversities in life. Those who already have some form of meaning and purpose in life are able to better cope with these traumatic experiences and come out of them stronger and better prepared to face the next set-back in life.

Resilience is not avoiding difficulties but facing difficulties and going through problems in life, coming out of them, not unchanged or unaffected but strengthened and empathetic.

Social support in the form of caring friends can enhance resilience.

As caregivers, we need to cultivate resilience, if not, we will suffer from our care-receiver's crisis. We also need to build resilience so that we can enable it in our care-receivers.



Session 16

Retreat and Looking Ahead

OUTLINE OF THIS SESSION

- Silence
- The whole person approach to life
- Next steps in caring within my sphere of influence

AIMS OF THE RETREAT

The purpose of this retreat is for each participant to reflect on their journey with God in the context of the past several weeks of learning and to create an action plan which would help them put into practice what they have learned in their sphere of influence.



Silence

During the first fifteen minutes as we sit facing inwards, we will reflect on how we have come together as a community and what each individual means to us. Take a moment to pray for each person in the group and also for anyone who may be absent. Think how you have grown in your understanding of yourself, your God and the world around you during these past weeks. Take time to thank God for His grace and mercy in your life.

For the second 15 minutes, we turn around and face the world. During this time, we will think about what it means to be an individual in the community that is outside us, yet within our sphere of influence. Think of the challenges of your community outside and the responsibilities associated with that.

Recapping & Reminding

1. As a result of you being here, and interacting with each other during the course of these studies, what values have you developed?

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.....

2. What skills have you acquired?

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.....

3. What characteristics have you started nurturing?

.....
.....
.....

My Mission Statement

In writing a personal mission statement you need to consider the following questions.

1. What do I want to do with my life? (My life's purpose)
2. How do I want to do it? (My life's values)
3. Why do I want to do it? (My life's fulfilment)

A personal mission statement (having it clearly written down) will benefit you in many ways.

- Gives you meaning & purpose
- Clarifies the direction of your life
- Helps you distinguish between values and non-values
- Helps you prioritise how you use your time and resources

First make a list of the values and non-values of your life.

| VALUES | NON-VALUES |
|---------------------------------------|--|
| Compassion Creativity Integrity | Guilt/Self loathing Selfishness Laziness |

Next make a list of your gifts and talents in one column and your passions and calling in the other

| MY GIFTS AND TALENTS | MY PASSION AND CALLING |
|---|---|
| Ability to communicate Negotiation and management Ability to remain calm and composed | To teach To serve those who are serving others To help families that struggle |

Based on what you have listed above; you may write down your mission in life as follows:

My mission in life is to love the Lord God with all of my heart, soul, and mind, and to love my neighbour as myself.

Or,

My mission in life is to glorify God by acting as a gentle and persuasive instrument of positive change in my family, my work and my community using my God-given gifts and talents remembering that each day is a gift of God.

Now, write your own personal mission statement.

My mission in life is to

.....

.....

.....

.....

.....



My Personal Development Plan (Goals)

Your Name Date

What do you want to do? (Your specific goal)

What strategies will you use? (At different stages)

How will you know when you have achieved your goal? (Final indicator)

What skills are needed? (If you don't have them, how will you acquire them?)

Who will you share your goal with?

Name of the person:

How often will you meet (share) with this person: Weekly/Monthly/Bimonthly/Quarterly

.....

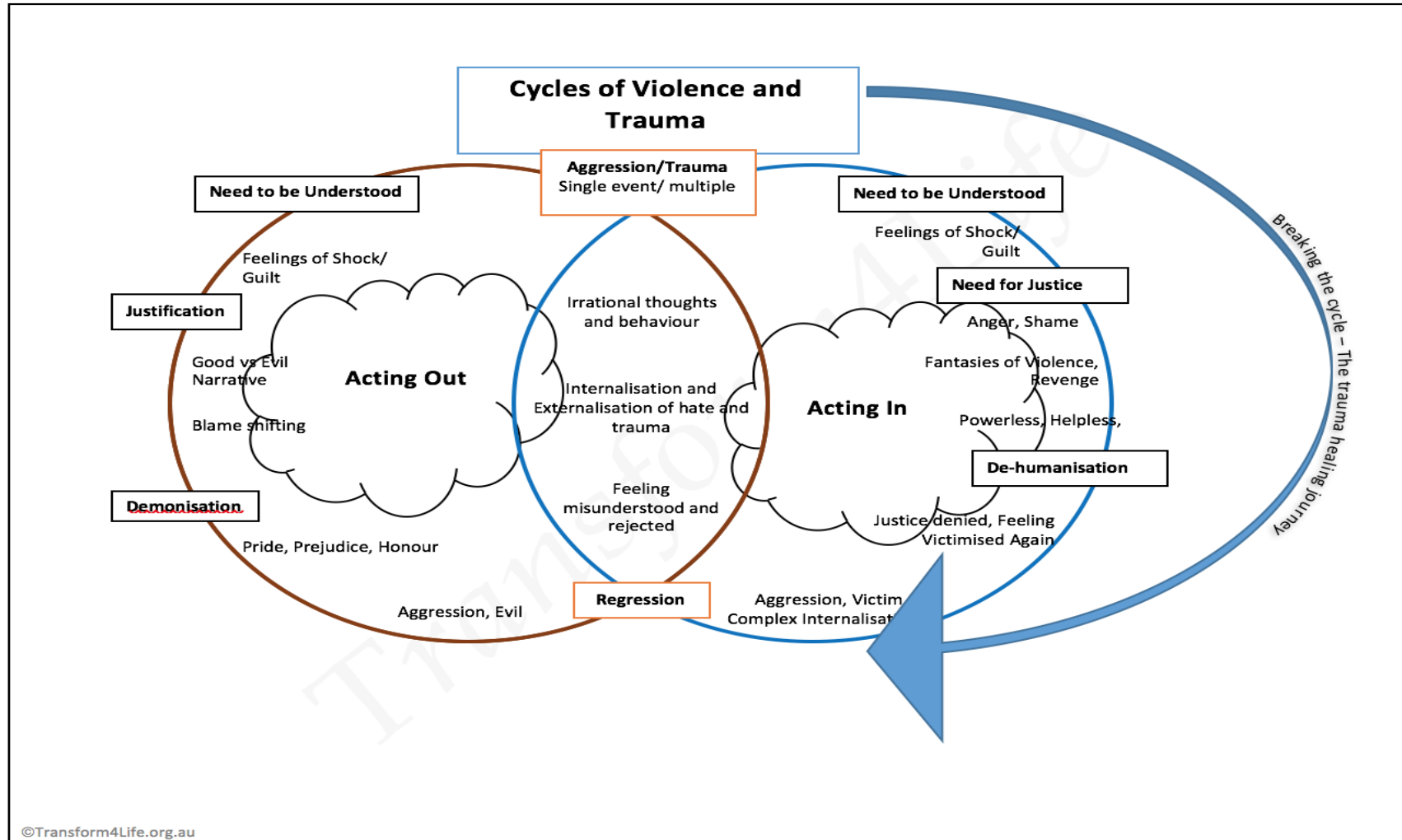
Activity: Experiencing Prayer

Purpose: to emphasise the truth that we must surrender our plans and goals to the sovereign will of God.

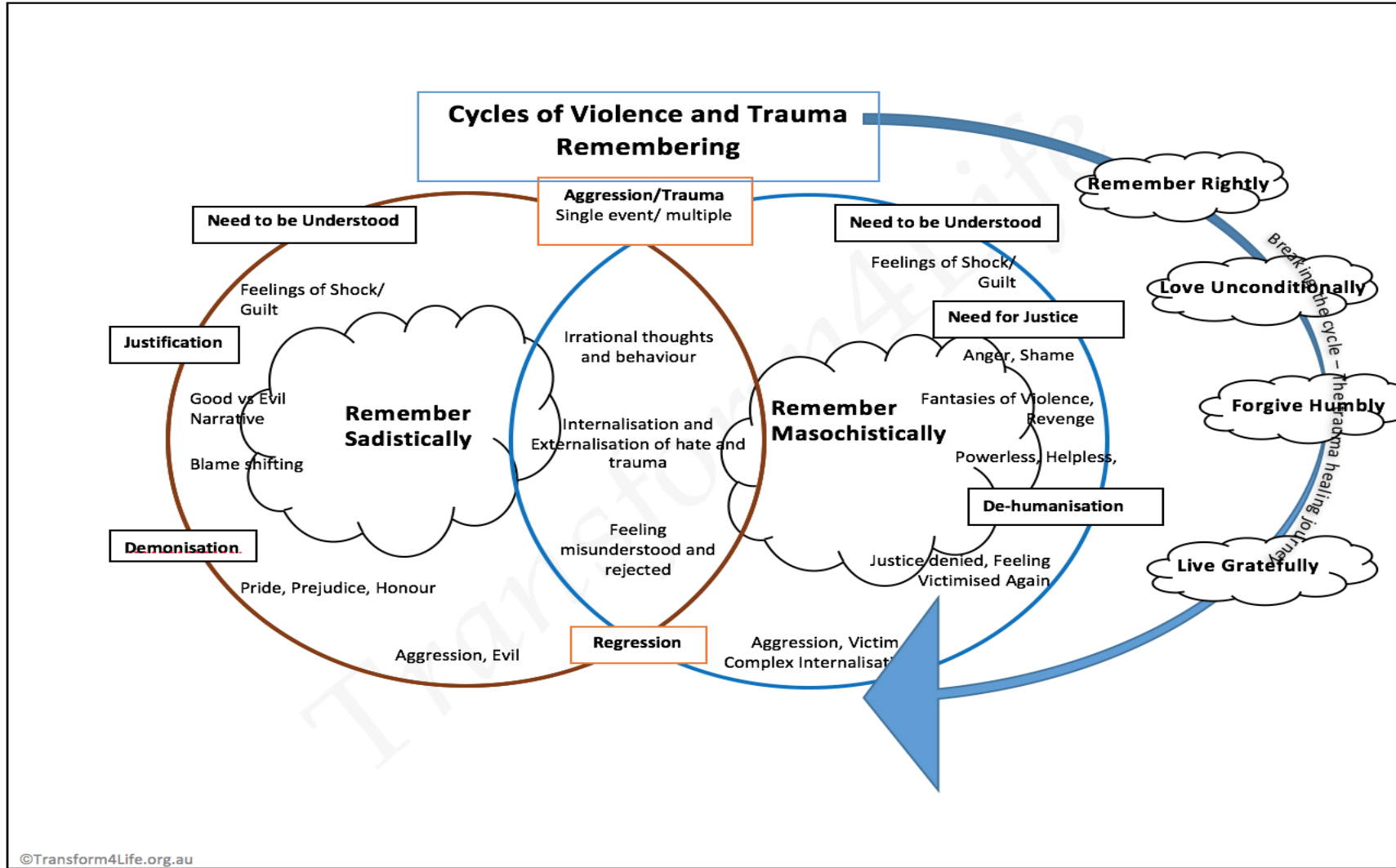
Spend a few minutes in silence committing your Mission Statement and your Personal Development Plan to God

Caring for others is not just an activity we undertake because we are caring people, but it is a reflection of the character of the God who lives within us. It is our worship of obedience. Ultimately, we seek God's glory and honour. We need the Holy Spirit to guide and lead us in this "ministry" of caring for those in our sphere of influence. With this in mind, let us spend a few minutes reflecting on the character of God. Let us turn our attention back to Week 5- A Caring Community.

Appendix 1 - Cycles of Violence and Trauma



Appendix 2 - The Trauma Healing Journey



Appendix 3 - Case Study Caregiver Copy

BACKGROUND - THE CAREGIVER

Your name is Karen, a lecturer at a well-known College. You have been teaching for about fifteen years and enjoy your work. Your colleagues and students like you and look up to you. They often come to you for advice on professional as well as personal matters.

Sarah is one of your junior colleagues. In fact, you supervised her during her postgraduate studies. You knew her as a hard-working student. When she applied for a job, you had no hesitation in recommending her. Some of your colleagues are envious of Sarah - mainly because she is such a good teacher, and everyone likes her.

Now Sarah is the mother of two lovely girls. Her husband, Guna, a good-looking gentleman is employed in the city as a junior manager of a very large company. They look like a perfect, happy family.

Recently Sarah has become rather withdrawn and irritable. She has put on a lot of weight and has become rather slack in her dress standards. A couple of days ago you saw her coming out of the principal's room in tears. You felt like going up to her and asking if everything was all right. But, you did not feel it was the right time. Yesterday you heard that Sarah did not return the answer paper of some of her students and that the students have complained to the principal.

You feel you should help Sarah in any way possible. You also have a policy of not getting involved in "internal politics."

FOR GROUP DISCUSSION

(Choose a person from your group to play the role of Karen and prepare her to act the role of the caregiver.)

Consider the following points:

1. Why are you concerned for Sarah? (What is the nature of your interest?)
2. What do you think is the problem? What are your fears (concerns)?
3. Care giving and receiving can happen effectively only in a caring, trusting environment. How will you approach the situation?
4. Your feelings (guilt / prejudice) will affect the way you care.
Do you feel bad that you hadn't spent time with Sarah earlier?

Do you feel that if you had taken time to be with her earlier you could have saved her from the present crisis?

Appendix 4 - Case Study Care Receiver Copy

BACKGROUND - THE CARE-RECEIVER

Your name is Sarah, a lecturer at a well-known college. You have been teaching for about ten years and enjoy your work. Your colleagues and students like you and look up to you. They often come to you for advice on professional as well as personal matters.

About six years ago you married Guna a very handsome, enterprising young man. It was an arranged marriage. You have two lovely daughters. You are staying with your in-laws at their house. Your husband is employed in the city as a junior manager of a very large company. He comes home only during the weekends but almost every day he rings you on the phone and has long chats. Yours was a happy marriage until about a year ago when you discussed with your husband about having a tubectomy. At first he also thought it would be a good idea but later it seemed that he changed his mind.

Your mother-in-law has categorically told you that unless you have a male child you are not a good wife. You are wondering if that is the reason why Guna has changed his mind. Recently he has not been coming home during the weekends. He hardly ever rings during the week. You feel that something is going wrong in your marriage and you feel helpless. You have lost interest in yourself. You have also put on a lot of weight. Last weekend when Guna came home, the first thing he said was that you are looking ugly. You were so badly hurt; all you could do was to go to your room and cry. Later in the day when you were looking for some money in his wallet, you found a photo of a very attractive lady in it. You began to wonder what is going on. In the same evening, you confronted him about the photo. He became furious and began to shout at you. You yelled back. Then he picked up the students' answer papers you were correcting and tore some of them.

Yesterday the principal asked you for an explanation regarding the missing answer papers. You told a lie. Today you feel bad about the whole thing. You are also angry with your husband and may be your in-laws as well. You wish if you could talk to someone about it. You are wondering if Mrs. Karen, your old teacher and now one of your senior colleagues, may be willing to hear your story and advise you. But you don't feel you can tell her everything. Maybe, if she asked, you will tell her. Oh, it is all so confusing and sad.

FOR GROUP DISCUSSION

Choose a person from your group to play the role of Sarah and prepare her to seek help from Mrs. Karen.

Care giving and receiving can happen effectively only in a caring, trusting environment. You will not volunteer information unless Karen gives you confidence in her ability to understand and accept you without prejudice. You are not looking for an answer to your problem but a sympathetic friend who is prepared to listen to your story and may or may not give you some words of wisdom.

Further Reading

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