

REPORT ON THE
INTRODUCTION AND ADAPTATION OF
SOMATIC EXPERIENCING® TRAUMA TREATMENT INTO
GRASSROOTS COMMUNITY DEVELOPMENT PROGRAMS IN
FORMER WAR REGIONS OF THE
DEMOCRATIC REPUBLIC OF CONGO

A partnership project between Fastenopfer/Action de Carême Suisse,
Consultant Anthony “Twig” Wheeler and Hoskinson Consulting.

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Everyone who helped our delegation with logistics showed their brilliance and capacities of adaptation. Principally, Maitre Gaston Mulongoy and Lievin Ngamayamu. In a country where the infrastructure is in critical disrepair, it was amazing to arrive at our many destinations safely and in a timely fashion.

Furthermore, appreciation is offered to the donors of Fastenopfer; without their contributions projects like those described in this report would be unfeasible, despite the need. A hand of applause to Justice and Peace Commission Officer Henri Muhiya and all others working so passionately with the commission, may your dreams of lasting peace come true.

If I have anything of value to share with the association movement and trauma survivors in DRC it is due in large part to the training and encouragement, both personally and professionally, of senior SE faculty Steven Hoskinson of Hoskinson Consulting. I should also like to thank Dr. Peter Levine for his insight and dedication in developing Somatic Experiencing®.

Finally, and with great warmth, I extend my appreciation to the association movement animators and villagers I met throughout my travels. Their insistence on remaining human despite the horrific times surrounding them reminds me of the truth at the center of it all: "There is a secret person undamaged in each individual."

Project Timeline

Timeline for Twig's 2008 Visit to DRC

August 20 — Twig Arrives Kinshasa DRC

August 21 — Kinshasa meetings (Fastenopfer representatives, church and government officials)

August 22 — Travel to Kabalo (North Katanga)

August 23-31 — Travel to villages visiting with associations

September 1 — Rest in Kabalo

September 2, 3 & 4 — Training for association movement animators: introduction to SE

September 5 — Travel from Kabalo to Bukavu (South Kivu Province)

September 6 & 7 — Bukavu meetings (Fastenopfer, JPC, and partners)

September 8 — Travel from Bukavu to Goma (North Kivu Province)

September 9 & 10 — Goma meetings (Fastenopfer, JPC and partners)

September 10 & 11 — Kinshasa meetings with JPC and Fastenopfer representatives

September 11 — Twig leaves DRC

Synopsis

Introduction

This report reviews the joint project work of trauma treatment specialist Anthony “Twig” Wheeler and Fastenopfer/Action de Carême Suisse in the Democratic Republic of Congo (DRC). Twig traveled in DRC with a Fastenopfer delegation made up of Lothar Seethaler of Switzerland, Toss Mukwa of DRC and multiple Congolese partners from August 20 to September 11, 2008. The primary goals of Twig’s involvement in this collaboration were to:

- Assess the degree and manner of traumatization in former war regions of DRC. Special attention was directed toward the women of DRC, who have endured epidemic levels of sexualized assault during and after the civil war. As expected, this assessment confirmed the often reported claim that the people of DRC are highly traumatized with limited access to resources to address related symptoms and conditions.
- Evaluate Fastenopfer and their partner projects’ ability to remediate this traumatization. Primary focus was given to the Association Movement, which Fastenopfer initiated and continues to support. The resources this movement is helping village communities to develop (i.e., food security, solidarity, empowerment, self-reliance, and others) were considered in relationship to the needs of a meaningful community-based trauma treatment protocol. The opportunity for the association movement to make significant contributions to the resolution of trauma in DRC is believed to be highly favorable. Another focal point was the attempt by Fastenopfer’s partner, the Justice and Peace Commission, to develop a nationwide peace and reconciliation process. If this project includes a well-formulated trauma treatment component, its potential for success will significantly strengthened.
- Provide consultation and education to Fastenopfer delegates and partners on how to improve efforts at community sensitization for the prevention of sexualized violence without re-traumatization. This was done by the introduction and adaptation of the trauma treatment modality Somatic Experiencing® (SE). SE principles would improve upon and augment the present “psycho-social accompaniment” approach used by Fastenopfer representatives in DRC.
- Develop a trauma treatment and prevention protocol relevant to the DRC context compatible with the psycho-social accompaniment approach and accessible to the association movement in rural DRC. Initial action in this direction was taken during a three-day introductory training of association movement animators. Further efforts will be made during Twig’s 2009 visit to DRC.
- Offer informed counsel to DRC Fastenopfer project leaders concerning goals, approaches, and challenges to addressing past and ongoing traumatic stress within DRC. Of particular interest is the feasibility of training Fastenopfer representatives and partners in the entire Somatic Experiencing® protocol, either in DRC or Europe. This would provide local communities with highly effective trauma treatment specialist.

Though the challenges to trauma recovery and prevention in DRC are in the extreme, all of these actions were taken in good faith and showed substantial signs of success. This report details these challenges and the indicators calling for hope and further action. Though much of this report will speak of troubled times, troubled places, and troubled people, readers should be aware that amidst the difficulties in DRC, the irreducible vitality of the human spirit remains. Indeed, despite the hardships they have endured, the people of DRC retain their good will, their intention to survive an untenable situation, and their desire for a lasting and meaningful peace and way of life. Though there remains unimaginable hardship and brutality within the Congolese context, the genuine reality of human warmth, interest, and hidden resiliency remains. Given the *prerequisite* of stabilized national security, it is my position that, by supporting this resiliency wherever it is found, peace and well-being can return to the long-suffering people of the Democratic Republic of Congo.

This document is meant to describe the intention and rationale for the inclusion of Somatic Experiencing® methodology in Fastenopfer projects in DRC. Consequently it reviews: historical and firsthand accounts of conditions in DRC, the workings and function of the grassroots association movement for community self-reliance, information about Somatic Experiencing® and the biological aspects of trauma, and Twig's informed assessment of the nature and prevalence of trauma in DRC, including potential paths toward its remedy. Together these elements cross the divides between education, reporting, and advocacy.

About the Author

Anthony “Twig” Wheeler is an internationally recognized trauma treatment expert specializing in Somatic Experiencing® (SE) and the education of helping professionals. He has an extensive professional training in psychobiologically based therapeutic practice and an academic background in human ecology, evolutionary psychology, and the psychophysiology of trauma. He has helped train hundreds of SE practitioners on three continents and acts as a presenter, consultant, and senior assistant for the U.S.-based Foundation for Human Enrichment, the nonprofit organization responsible for education and research in SE. Additionally, Twig has comprehensive knowledge of the wilderness living arts. This provides him with the necessary preparation for long-distance rural travel and living. His work with Fastenopfer is in partnership with Hoskinson Consulting. Twig is dedicated to wholeness and liberation: his and others.

Initial Conditions

Recent History in the Democratic Republic of Congo

Most readers of this report are aware that the prevailing human rights conditions in the DRC are among the worst on our planet today. This assessment continues to gather weight, despite the anticipated stabilizing effects of the national election in 2006. Tragically, as these words go to press in late 2008, renewed fighting, including rebel, militia, national, and international forces, has again engulfed the resource-rich eastern region of DRC. We can hope that this does not set the stage for a replay of the nightmarish First and Second Congolese wars (1996, and 1998–2003) though unquestionably the renewed fighting adds to the challenges faced by an already distressed civilian population. Most of the population has spent the last several years focusing on rebuilding both the social and physical infrastructure.

This report primarily focuses on communities and development projects removed from the present eastern conflict zone. A quick review is offered of the dynamics surrounding the current hostilities and past wars. This review provides a basic understanding of the context and concerns in which the people of rural DRC find themselves. The review also outlines the challenges faced by any attempt to cultivate a meaningful and lasting community-level “peace and reconciliation process,” including trauma recovery, in former war regions.

The present conflict is an extension of at least 12 years of intrigue, political subterfuge, and armed combat. The organizing directors have been rebel leaders, national generals, elected officials, multinational corporations, foreign governments (European, American, Chinese, and African) and the United Nations. Though ethnic and tribal identity are often used to justify or explain the hostilities, including presumed continued prosecution of those responsible for the Rwanda genocide(s), there is no question that control over valuable natural resources and geopolitics are at the center of the conflict.

Biogeographically, the DRC can be considered one of the richest countries in the world, with tremendous natural resources that include one of the world’s largest rivers and the world’s second largest tropical rainforest, as well as vast deposits of minerals, ores, petroleum, and precious metals. This great wealth has been a driving force behind the ongoing conflict. For example, Uganda and Rwanda are said to have extracted billions of dollars in minerals, diamonds, and timber during their involvement in the Second Congolese War. Even in recent peacetime, an estimated 80% of the country’s wealth leaves untaxed every year, largely passing through lawless eastern borders to Europe, the Americas, and China. Continued instability in the region supports the continuation of these dynamics, with so much money to be gained by non-Congolese entities.

Additionally, the DRC borders three countries to the East that have suffered catastrophic internal conflicts over the last thirty years: Uganda, Rwanda, and Burundi. All of these have spilled out of their national territory and to a greater or lesser extent into the eastern portion of DRC. Indeed Congo’s “civil war” is reasonably considered primarily a consequence of the infiltration of eastern DRC by both the Hutu and Tutsi after the Rwandan genocide(s). Indeed the chaos in eastern DRC can be seen as proxy civil war for Rwanda, where issues of Rwandan concern are played out on Congolese soil, subsequently drawing in DRC’s military, militias, and so forth. Rwanda at least benefits from this situation by limiting conflict within its own territory and simultaneously gaining access to DRC’s natural resources. These dynamics are not new, their pattern having been set by more than one hundred years of colonial control by the Belgians, who used the Congo for resource extraction.

These factors point to the reality that DRC suffers its current distress as a product of its biogeography, colonial history, and physical location adjacent to other troubled Central African nations. Despite being masked by the rhetoric

of generals and constantly shifting political-military forces the predominance of these themes greatly overshadows any attempt to frame the conflict solely as a result of competing ideologies or internally generated belligerents. By acknowledging the international nature of DRC's woes we can recognize that resolving them requires more than that internal forces be pacified. It is also necessary that international pressure be placed on Rwanda and other geopolitical and economic players influencing events within DRC. Without such pressure, instability—with its wealth-generating capacity for Congolese elites and foreigners—is likely to continue or return, and, as is the case today, the Congolese people will be caught in the crossfire.

Though there certainly are sophisticated architects responsible for the original and ongoing conflicts in DRC, the drama on the ground has been played out by an almost unbelievable combination of participants, including fanatical rebel groups, untrained militia forces, undisciplined national armies, and child soldiers. These forces have consistently terrorized local populations by the systematic (and retaliatory) use of rape as a weapon of war, recruitment and conscription of children into armed service, unrestrained murder of civilians, attacks on aid and relief agencies, plunder and looting, and wanton destruction of local and national infrastructure. Indeed, if one aspect of the last 12 plus years of conflict in DRC describes its atypical degree of brutality, it is the consistent targeting of civilian life as viable objectives of war. Consistent with these objectives has been the common destruction of entire villages, loss of food stores, crops and fields, the displacement of untold numbers of people whose safety is sought by hiding in the forest eating termites and tubers or in overcrowded under-provisioned refugee camps that are themselves considered potential targets, and, of course, consequent widespread traumatization. The record is clear: the civilian population of DRC has had to endure an unwanted war that has consumed much of the country, leaving many of its inhabitants dead, displaced, wounded, and significantly traumatized.

A series of statements and statistics have attached themselves to reports concerning DRC in an attempt to show the magnitude of the problems faced there. Staggeringly, the conflict has consumed more than 5 million lives—more lives than any other conflict since World War II. The latest fighting means that this number continues to rise. As with most wars of this nature, these deaths largely result from wide-scale disruption of daily life, which leads to starvation, poor sanitation, and inadequate access to basic services.

In 2007, John Holmes, the UN undersecretary general of humanitarian affairs, stated that “the sexual violence in Congo is the worst in the world.” Echoing this claim, the Harvard Humanitarian Initiative estimates that in the eastern portion of the country upwards of 70 percent of females of all ages have been raped or sexually mutilated. Though primarily driven by the war, rape has become a fundamental aspect of life for women in DRC, both inside and outside the family, around which a culture of shaming the victim and impunity for the perpetrator has developed.

In late 2008, eastern DRC was identified as the worst place in the world for children. Of the estimated 250,000 people displaced by fighting in late 2008,¹ approximately 60 percent are thought to be children: some 160,000 children either hiding in the bush or living in refugee camps separated from their parents, communities, and safety. Though these statistics are new they reflect long standing conditions for children. At risk for disease, malnutrition, and sexual assault, and highly vulnerable to psychological distress, children clearly suffer the most in these conflicts. They do all the more so because of the recruitment, and at times conscription, of children as soldiers. During the second Congolese war, DRC was estimated to have the largest number of child soldiers in the world; though reduced, this practice continues today and seems to be escalating. The use of children as soldiers threatens more than the safety of the child; it also corrodes the coherency of the family and village structure by turning children against adults, and vice versa. It has been suggested that less than one-third of child soldiers are repatriated to their former communities

¹ This brings the estimated number of displaced people in DRC to 1 million, 750,000 of them still not having been able to return home since the official closing of the war.

after wartime. The rest either remain in the armed forces or find themselves in alienating urban centers with limited resources and suffering from extreme levels of traumatization.

Attempts of DRC Civil Society to Recover from War and its Aftermath

The closing of hostilities in 2003 did not mean the return to normalcy in DRC. Fighting continued in the eastern reaches of the country until 2006, and then recently returned. Meanwhile, large portions of the country where fighting did cease then turned toward reconstruction, both material and social, quite often literally from the ground up. The associated challenges have been almost unimaginable, including pervasive sexual assault; a dramatic prevalence of traumatic stress symptoms; extreme poverty; lack of infrastructure; dislocation of families; the necessity of rebuilding entire villages; reclamation of agricultural fields; continued animosity between neighboring villages that clashed during the war; disharmonious gender relationships; poor access to medicine; and persistent threat of the return to war. These have all served to continuously stress the rural populations of DRC. Foreign aid, such as the 30 billion USD spent annually by the World Food Program in DRC, has had an arguably minimal affect in improving the well-being of rural Congolese. With the national infrastructure in critical disrepair and widespread corruption at the leadership and intermediary levels, little aid reaches the disenfranchised rural poor. Despite these challenges, monumental efforts with signs of success have been made toward the recovery of a functional civil society.

While some of these efforts have been instigated by international organizations, including the UN, NGOs, and the Catholic Church, many are homegrown or animated at the national and local level.

For example, the UN-supported general election saw a voter turnout estimated at 80% in the DRC's first multiparty election since its independence from Belgium 46 years ago. This is a remarkable number of voters in a non-industrialized country emerging from 10 years of war. Many within the rural populations needed to travel several days by foot in order to cast their ballots. Through outreach and education on participatory governance, largely directed by the UN, the populace was convinced that the best road to a lasting peace was through a national election where the popular vote could determine the course of the country's political future, putting an end to the feigned legitimacy of belligerents who claimed to be fighting on behalf of the people and national liberation. The majority of Congolese responded in good faith to this proposal by supporting the voting process.

The Catholic Church's DRC Justice and Peace Commission is another example of popular engagement on behalf of security and recuperation. With unrivaled representation in every corner of the country and membership that includes large numbers of Protestant, Muslim, and otherwise non-Catholic affiliated persons, the Justice and Peace Commission groups have acted as de facto social service agencies in a country where a coherently functioning government simply does not exist. The Commission has filled a variety of organizational roles including providing access to unbiased information on participatory governance; trusted independent news and reporting for local populations; a forum for public discussions on neighborhood and regional concerns and solutions; educational services; at times local policing; and community sensitization and advocacy for the prevention of sexual violence. One of Justice and Peace's ultimate aims, on which they are diligently working, is the development of a peace and reconciliation processes that will be meaningful at the community level and that can be implemented nation wide.

Additionally NGO's have played a vital role in the emerging reconstitution of Congolese society. One particularly promising effort among these has been that of Fastenopfer/Action de Carême Suisse, whose program of initiating and supporting grassroots associations to work toward self-sufficiency, empowerment, and food security has been particularly appropriate for the Congolese context. Their methodology has shown remarkable effectiveness at improving the material well-being of rural farmers, about which this report now turns its focus.

The Association Movement

The Association Movement for Community Self-Reliance

The Congolese context described above was the initial setting for Fastenopfer / Action de Carême Suisse's introduction of a unique non-dependency reinforcing development model advocated by project directors Lothar Seethaler of Switzerland, Toss Mukwa of DRC, and Blanchard Ayinza of DRC. The project initiated by Fastenopfer follows an organic process of community development that places decision making responsibility directly in the hands of those who are most informed about their needs and concerns—the Congolese people in the villages themselves (with reflective support from Fastenopfer delegates). The success of this program can be largely attributed to its consistent use of a psycho-social accompaniment paradigm whereby individuals and communities are supported to take participatory control of their organizational processes. This is done primarily by forming associations that cooperatively work toward securing sufficient food production, food storage, and joint seed and financial savings. The psycho-social approach emphasizes respect for the individual, local empowerment, and appreciation of issues of loss, grief and past trauma, all the while providing accompaniment support for individuals and communities redeveloping the skills necessary to attend to their particular challenges. This methodology encourages the identification and strengthening of local capacities and fosters a culture of solidarity whereby participants find strength and safety in shared effort and success. Ultimately the positive affects of this paradigm extend beyond the associations and out into the village as a whole and eventually to neighboring villages where products, seeds and—most importantly—ideas can be shared. By means that are profoundly human centered this Fastenopfer project has mobilized the latent enthusiasm in troubled village communities. The result is an emerging grassroots movement that is sweeping the two pilot project areas where it began. In the North Katanga and Sankuru regions there has been a doubling of participating associations over the past two years now total approximately 600 associations. Below I will discuss various elements of the association movement, its approach and affect, particularly the aspects that I see as most relevant to our work of prevention and treatment of sexualized violence and trauma.

In an environment where development aid is seen as the prerogative of outside sources to bestow upon a troubled, needy and waiting populace the Fastenopfer approach is revolutionary in its vision, operation and success. Rather than passing through villages with lists of hollow promises from foreign aid agencies, providing credits that destitute people cannot hope to repay, or handing out food that can only be eaten once, Lothar, Toss, Blanchard and their partners enter the villages intent on listening to the concerns of the local population and establishing a dialogue around the most pressing of them: typically food security, nutrition and safety. First though, they insist, truthfully, that they have no money to distribute. They then acknowledge that anyone who is dedicated to what has become a typical path of asking and waiting for foreign aid are, of course, absolutely free to continue to do so. Ultimately they offer a series of suggestions meant to start a conversation for those interested in working toward improving their material and psychological well-being in the absence of sufficient outside aid. Unquestionably participants find these suggestions compelling for this conversation tends to grow long after Fastenopfer delegates leave and are often in full bloom upon their return visits which happen multiple times a year.

Fastenopfer's central theme is the creation of member run associations that pool work and resources to improve the gains from their efforts. The establishment of these associations is a self directed process whereby people of like mind join in affinity groups of anywhere from 6 to 70 people, though during my visit the average association I met with was about 14 persons. An association may be made entirely of men, women or a mix of both. It may include entire families, or just individuals, and any one person may be involved in a number of associations. Group names describe the feeling state accompanying these collective efforts with titles like: "Love Exists," "Hands Together," and "We Are Not Alone." Along my eight day journey visiting associations in the North Katanga region I met a

number of people who had relocated primarily so they could join in this movement. It seemed that this was more commonly done by widows or women victims of sexual violence who had been shamed and abandoned by their spouses. These examples show that the association movement provides a structure of support for economically isolate people to help meet their basic needs.

The associations' primary focus is the development of joint agricultural fields whereby association members can augment the proceeds from family fields and develop cooperative savings of grain and seeds as well as currency after some of the crop is sold. This gives members a greater margin of safety for times of scarcity, crop failure or other emergency. Once this margin is established it also provides a capital reserve participants can borrow from with the promise to repay a small credit which then enhances the association's total reserve. This access to capital is a great benefit for members. It allows them to pay for children's schooling and medical services for family members in need. In well developed associations enough capital has accumulated to make possible the purchase of cooking and eating utensils, clothing and in at least one case an association bicycle. All of these implements were plentiful before the war and are now rare indeed. Importantly this financial cooperation challenges the practice of usury in the communities with its tendency to consolidate resources in the hands of the few rather than provide access and opportunity for the many. The potential for rejuvenating the local economy is thus enhanced rather than depleted.

Each association manages their projects collectively based on principles that are chosen and refined as a group. In a setting where distrust has become a central theme of interpersonal relations due to war and past traumas this effort at community building where individuals invest their time and energy through acts of reciprocity is rebuilding the potential for mutuality and solidarity among villagers.

One of the more interesting aspects of this movement is the nature of the conversation between Fastenopfer and villagers. The larger of these may attract upwards of 200 people during visits of Fastenopfer delegates who travel by motorbike through the countryside on former roads turned trail. They are enthusiastically received by local villagers and are often greeted by visiting representatives of associations from distant villages. Some of whom walk upwards of 80 kilometers in each direction to attend a four hour meeting with the delegates. Such expressions of sincere commitment show the peoples' vitality that has been reawakened by the movement and the promise it represents. The meetings, inclusive of village chiefs, children, women, and men, association and non-associations members, are a time of great interest and enthusiasm by the participants. And they are unusual in their participatory nature. For even though Fastenopfer spokespersons are clearly seen as experts and their advice initially solicited, they consistently fill the role of moderators and eschew the position of authority. Delegates skillfully turn direct questions from association representatives, such as how to best manage an association's capital reserves, back out into the group inviting the community to suggest a suitable answer. Often enough another association has mastered a similar problem and has advice to share. This process of "accompaniment," where support is given while prescription is avoided, reinforces the underlying tenet of the association movement: the empowerment of local people to attend to their own needs. Not-surprisingly, when properly supported and animated the communities are almost always able to see their way through to unique and vibrant solutions. If they get stuck Fastenopfer delegates are available to share examples from far away associations or to help frame the investigation as an opportunity for future exploration and experimentation.

Not that Fastenopfer doesn't have concerns and suggestions based on an informed working model of how the associations can best move forward, there is leadership and guidance here, it is simply diffused so that the associations are free to choose their own direction as much as is possible. The logic behind this thinking is critical to appreciate for it acknowledges that the active participation and empowerment of individuals gives them the greatest chance of attending to their own problems when so-called experts are not present. Thus it reinstates a community's ability to rely on itself rather than looking toward outside help in a dependency driven paradigm. As long as the associations are not failing due to a critical lack of insight, which Fastenopfer would then make direct efforts to address, a dedi-

cated path of allowing the villagers to find their own solution is followed. This dynamic counters the conditions enforced by war and destitution where individual and community sovereignty is usurped by military force or aid agencies. During my visit the effects of this process were readily apparent and striking. Though based solely on my own observations and participant self-report, I feel confident in saying that village meetings lacking strong association representation were characterized by disorganization, limited cooperation, generalized discouragement for women to speak, considerable argumentation, conflict, negativity and expressions of distrust and distress. Conversely in villages with a strong association movement meetings participants were decidedly more animated, curious, inventive, engaged, jubilant and positive. Furthermore, women were far more likely to be encouraged, rather than discouraged, to speak. Certainly other factors may play a role in these observed differences, such as relative degree of traumatization due to differing proximity to the war.² While accepting that other factors may be influencing these observed differences I think it is fundamentally logical to accept the analysis of countless villagers who consistently reported to me that the associations are the reason for dramatically increased civic participation and dynamism.

Participants consistently reflected on the value of Fastenopfer providing space and encouragement for the associations to find answers to their own problems. When viable solutions were found participants often exultantly insisted that by solving the problems themselves communities became more trustworthy of their own experiences and engaged with one another. Though I will reflect on it further, this attention and engagement with problem solving by the associations members is as valuable for trauma healing as any foreign trauma healing modality could possibly hope to introduce. After over a decade of having essentially no control over the conditions of their lives—control having been taken by the conflagration surrounding them—association members are reengaging the primary faculty that trauma takes away: personal agency. Restoring this agency is key to the process of renegotiating trauma. For this reason and many others to be explained later, throughout my visit to DRC I could repeatedly say, “The association movement itself is trauma recovery.”

The pulse of the movement is enhanced by a group of dedicated men and women called “the animators.” These people self select to deepen their involvement with the movement due to their special interest in the associations. These animators attend Fastenopfer trainings that teach various aspects of the psycho-social accompaniment model, keys to effective grassroots organizing and otherwise prepare them to facilitate the type of conversation described above. They then act as animators or activists in their home and nearby villages, breathing life into the questions, discussions and solutions the associations develop. These people often travel great distances by bicycle to facilitate meetings, share information from distant gatherings and otherwise catalyze the growing movement. Many of them are local priests, Justice and Peace Commission participants, or farmers whose passions have been galvanized by the potential of the movement. I could not help but see them as classic “messengers of goodwill,” for ultimately their primary function is the spreading of encouragement to people who have long been without it. In many ways the animators have become de facto social workers in an environment where professional help is all but absent. Due to their interactions with fellow animators, trainings with Fastenopfer and travels to other villages they are becoming trusted individuals with access to knowledge not easily found in the villages where information exchange is limited to what is endemic or the rare bit of news that passes by on foot or bicycle. Furthermore, generally speaking, they are exceptional people who clearly show the dedication necessary at the heart of a meaningful social movement. For

² The war held different challenges for different people resulting in widely different expressions of traumatization. The villages where armies established bases were noticeably less socially engaged than villages where the war swept through time and again but which did not establish permanent bases thus allowing villagers to flee advancing soldiers and return home once they had retreated. This provided the latter with a relatively greater degree of safety and what appears to be an associated lower degree of traumatization.

the most part they are self directed, interested and engaged. Without question the association movement would remain little more than idea without their tireless efforts.

A word should be given to the principle animators and organizers Toss Mukwa, Lothar Seethaler and Blanchard Ayinza. These men, the original architects of this particular empowerment oriented program, show remarkable courage, insight and dedication to action on behalf of the people of DRC. Toss, with many decades experience in the field of development has long been a leading proponent of what was once seen as a controversial practice of encouraging the poor to pool their knowledge, effort and resources, as meager as they may be, and thus work toward building their future from within their prevailing context rather than relying—and waiting—on outside assistance. This breaks what has become a cycle of dependency on aid agencies whose efforts to help large amounts of isolated people, however well intentioned they may be, cannot possibly hope to address the concerns of the rural poor throughout the world. His model, which is showing ever-increasing success in DRC, has gained the interest from development experts everywhere. Blanchard, Toss's protégé is an organizational backbone within the movement, attending to details that left in less than fully competent hands would limit the success of the entire project. Lothar, a Fastenopfer project leader ("desk") and Swiss native regularly travels with Toss and Blanchard to the villages of DRC, living with locals, sharing his expertise while talking with people as an equal. His role extends across the entire spectrum of personal, practical and organization matters bridging the gap between European and Congolese entities. His multiple four to six-week long visits a year are widely anticipated by villagers, intellectuals and officials alike.

Together these three men have garnered a remarkable amount of respect from villagers and association members (as well as government, aid and church representatives in urban centers). Key to their success has been their ready grasp of and attention to the dynamics of local village life and their willingness to work within this context rather than act as outside authority superimposing an abstract ideal of aid and development that does not account for local conditions, traditions, or concerns. As such these three take great pains in their work to give appropriate and culturally sensitive consideration to tribal leaders, elders, and the family structure in the village setting. This often neglected humility is vital to the success of the movement which ultimately rests on the approval and participation of local populations, particularly those in traditional roles of authority. The generalized consensus of support for the association movement from village chiefs, elders, church leaders and people speaks to the care taken by Fastenopfer to find appropriate ways to join the goals and demands of the associations with traditional practices. The importance of this cannot be overemphasized. This sensitivity and subsequent partnership between traditional village life and the new association movement have the potential to play a critical role in the effort to address sexual violence and trauma in DRC. After all, the association movement *is already in* the communities. It is not an abstraction in an office somewhere waiting for the ideal conditions for implementation. It is an active and dynamic process that is attracting people to it. What Fastenopfer delegates have to say is readily accepted as worthy of consideration. Furthermore because villagers are encouraged to make up their own minds, to find their own direction, they feel respected and return this respect in turn. If community sensitization for the prevention of sexual violence is ever going to happen in DRC it is entirely logical to assume that the association movement and Fastenopfer are in a position to play a critical and positive role in its development.

Much of what will need to be addressed in that sensitization campaign will be the dynamics of daily life in the villages, particularly in relationship to the treatment of women, such as how much women work in comparison to men. Though the conditions around the war are the primary cause of most of the trauma and sexual violence in DRC, the present organization of village life exacerbates and sustains the resulting symptoms for many people. Furthermore in the context of sexual violence the prevailing gender relations are the primary hindrance to effective sensitization programs and remission of traumatic symptoms for women who have been victimized and marginalized. Solutions to traumatic stress in the villages will almost certainly require adjustments in these relationships, a prospect that on its own would threaten the power dynamics in the villages. Without a respected venue to introduce these and related topics, attempts at sensitization, which inherently challenge the dominate social structure in the villages, can expect

to be met with consistent opposition by various community members and the elite. Fortunately, due to its material successes for participants and its sensitivity to cultural norm, the association movement shows a remarkable ability to negotiate these and related dynamics by harnessing broad support from all aspects of village society always with an emphasis on increasing empowerment, equality, solidarity and well-being. A prospect which serves everyone and by all indication is overwhelmingly well received. All of this combines to make Fastenopfer's intention to help in addressing sexual violence and trauma a logical and viable next step for the association movement to pursue.

Like other long term projects aimed at positive social change Fastenopfer in DRC began with a discussion concerning goals, intention and rationale. During those initial meetings with Toss, Blanchard, Lothar, key animators, village representatives, and amidst dialogue with the Justice and Peace Commission (JPC), the primary goals of the association movement were developed. Beyond the central concerns already mentioned the resulting mandate also called for the support of JPC efforts at developing a nation wide peace and reconciliation process and a commitment to resolving the issue of prevalent sexual violence, its traumatic effects and trauma in general. Without question these are related and interdependent goals: without trauma recovery a meaningful and lasting peace cannot be hoped for and as long as violence continues in the communities trauma recovery cannot hope to be effective. Toward these ends recognition was made of the need to address the rampant sexual assault still prevalent in the communities, traumatic symptoms arising from past violation and the war, and reparations to highly strained gender relations. Sensibly, success in these areas has consistently been seen as necessary for success in all other areas Fastenopfer projects in DRC. Together these goals constitute a well-conceived attempt at qualitatively increasing the well-being of the Congolese.

The association movement certainly seems to be headed toward something special. The numbers of participating associations is now doubling each year; requests from other villages to have animators visit are consistently increasing; and as experience is gained active associations are becoming more skilled at negotiating challenges and successfully reaching their goals. Though some associations are surely working better than others, due to the individuals involved and the experience the association brings to bear on its efforts, every association participant I met on my travels reported substantial benefit for being involved. When asked about their experience before and after joining associations men and women alike described having more food, more access to school and medicine, more support and more hope with less work, less struggle and less fear. Indeed it was easy, and vital, to note the way association members reflected on their dramatically increased sense of security, for themselves as individuals, their families and the village as a whole. They also spoke about increased mutuality, trust, reciprocity, acceptance, solidarity and an increasing hope for the future. This positivity from association members was palpable and contagious and offers welcomed relief to the common perception of Congolese living in unending despair. That despair is real and will remain for some time, but the picture painted here is the reminder that change can happen. From a trauma healing perspective the above self-reports from association members are words of recovery and renewal, spontaneously given, authentic in their expression and prescient of what further improvement, particularly if appropriately supported, may lie ahead.

The Danger of Re-traumatization: Fastenopfer's Search for Additional Tools

With these successes, and the community building taking place because of them, in early 2008 Fastenopfer representatives began making attempts to initiate community wide conversations around the issue of sexual violence. Not surprisingly they were met with bowed head, blank stares and the occasional furious outburst by one or two individuals who seemed to be out of control with their emotions. For the first time the psycho-social approach was found to be lacking for it did not include a clear methodology for instigating dialogue around traumatic material that would not—in itself—cause people to disengage or be re-traumatizing.

Given their exceptional rapport with the villagers Fastenopfer representatives were stunned when meetings that had been lively and full suddenly turned sullen and silent at the mere mention of sexual violence. To their credit, the delegates recognized that forcing the topic was not in the interest of the participants, especially the women, or their long term goals of community cooperation. Reasoning that these responses were likely related to trauma the delegates initiated an investigation to find better tools for addressing traumatic reactions hoping that by doing so they could fulfill their goals of community wide sensitization on sexualized violence and trauma.

Re-traumatization in these situations is a very real danger. Traumatized people are remarkably susceptible to “triggers” that recall the challenges of past events or increase the awareness of continuing distress. Without proper support when these reactions are elicited, trauma victims are likely to re-experience and reinforce deep seated feelings of distress. Historically trauma treatment has largely been based on “exposing” trauma victims to narrative or imagery related to the precipitating cause of the symptoms, such as by having victims “tell the story.” This was done under the assumption that exposure led to desensitization or catharsis and thus relief of symptoms. This philosophy was something like trying to fight fire with fire; a practice that anyone who has ever fought a real fire knows is quite likely to burn. Fortunately over recent decades more humane systems of trauma treatment have been developed that prescribe highly refined levels and types of exposure to traumatic material. These refined procedures facilitate victims’ mobilization of internal capacities to respond to danger, thus providing new neural signals of success in threat response and the possibility of “renegotiating” the trauma. The same therapeutic refinements that allow for this renegotiation process can be used in group settings to facilitate helpful discussions on sensitive and potentially overwhelming topics of concern.

It was from this awareness that Lothar and Toss began a search into various trauma-healing modalities, looking for one that would be an appropriate fit or that could be meaningfully adapted and applied to the Congolese context. As such they began close work with Sister Bibian of Goma, who now teaches aspects of the IFHIIM modality to animators of the association movement with Fastenopfer’s sponsorship.

It was also through this search that Lothar became aware of the psychobiologically based trauma treatment modality Somatic Experiencing® (SE). He attended one of its introductory trainings in Lausanne Switzerland with senior international SE faculty Steven Hoskinson. After this class he immediately instigated a joint project with Steven’s *Hoskinson Consulting* and SE consultant Anthony “Twig” Wheeler, with the goal to adapt SE methodology for Fastenopfer projects in DRC.

Subsequently Lothar and Toss attended the Beginning Level I Somatic Experiencing® training in San Francisco, CA in July 2008. They joined in this professional training with the intention of developing a solid understanding of SE’s model of trauma in preparation for future adaptation of SE in the DRC context. This adaptation effort was initiated by myself with Toss and Lothar’s help during our three week visit in August-September 2008. Again, the principle goals of this initial intervention of SE in DRC was to assess by what measure and means the SE methodology can be useful to Fastenopfer’s goals of attending to issues of sexual violence and trauma recovery within the communities. Critical to this was my own understanding of recent DRC history, the workings of the association movement, personal interaction with association members and villagers, involvement in Fastenopfer/village wide meetings (including my own attempts to engage the challenging subjects of trauma and sexual violence within the group setting), the gathering of personal history of trauma survivors, witnessing of interpersonal dynamics within the villages and associations, performing Somatic Experiencing® sessions with villagers (primarily with women), meetings with groups of women to discuss their concerns and test SE’s relevance to them, and personal engagement with the animators, including a three day training with them where initial attempts to translate SE to the local context were made. Now, with the general context established in which these events took place I can share my professional reflections about the degree of traumatic stress within the village context, the potential of the association movement to address this, and offer suggestions on what further actions might be most helpful.

Somatic Experiencing® in the DRC

Introduction of Somatic Experiencing Therapy

Somatic Experiencing® is a biologically based trauma treatment modality that has shown itself to be effective for the resolution of traumatic stress in a variety of clinical and field applications. SE works from a novel insight into the nature of stress and trauma. This is derived from observations of how nervous systems across the animal kingdom respond to danger and, if they live, what they do afterward that makes them essentially immune to accumulating stress or traumatization. SE has found that humans share a similar hitherto unrecognized capacity to rebound from traumatic stress if certain conditions are present. The explication of these necessary conditions is one of SE's greatest gifts and can greatly inform the interventions of the association movement and other psycho-social projects in rural DRC.

In the late 1960's Dr. Peter Levine, the originator of Somatic Experiencing®, noted the absence of traumatic stress symptoms, such as hyper-vigilance, avoidance, or depression, in wild animals despite the potentially life threatening encounters common to nature, such as between predator and prey. Through subsequent study he came to understand that the mammalian threat response, technically the autonomic stress response (ASR), has both activation and deactivation phases, the successful completion of which limits the effects of stress on animals and humans. The ASR is a coordinated sequence of body-wide events initiated when one perceives danger. Its sole intention is to mobilize threatened creatures to regain a condition of sufficient safety. Though it is a highly complex process, critical elements of this response are easily understood. Understanding these quickly leads to a broad appreciation of the nature of trauma, why certain events tend to cause it, and why some people are susceptible to it while others are not. Most importantly for our purposes here, this understanding also informs us of what is necessary for trauma resolution.

Science has established that the autonomic nervous systems (ANS) develops predictable reactions based on differing assessments of relative threat or safety of a novel stimulus. This means when something new happens we determine how safe or dangerous it is and depending on that appraisal; our ANS tells us how to respond, such as by fighting, fleeing or freezing. The nature of these responses is universal for all mammals, *including humans*. Of course humans and animals differ greatly on the particulars of their survival responses, as does one human to another, however the template or blueprint of responses is universal. Hence, when threatened, you and I might flee differently than a rabbit or gazelle but we all go through very similar underlying neurophysiological processes that are patterned by the ANS. Thus for the remainder of this discussion when I refer to animals I am speaking scientifically of the Family Mammalia, and thus also including human beings.

The eminent psychophysiologicalist Steven Porges calls the faculty and functioning of threat assessment “neuroception.” He has combined the words neurology with perception to describe this assessment’s nervous system-based, involuntary, and non-cognitive nature. As mentioned, the sole intention of these reactions is to return the threatened animal to a neuroception of sufficient safety as quickly as is possible. These responses are arranged hierarchically with *engagement* being the generalized state when relative safety is present, while *fight* and *flight* behaviors are mobilized and mobilizing responses when a neuroception of danger develops. When the prospect for survival is curtailed resulting in a neuroception of life-threat, the *freeze* or *immobility* response is enacted. These responses are produced by specific structures and pathways within the ANS, each inclusive of its own neurophysiological and behavioral correlates. For instance the fight response necessarily invokes the emotion of anger, corresponding muscular tension, rapid heart and breath rate. Immobility affects the body in radically different ways, acting as a generalized shutdown state with accompanying collapse in the musculature, shallow breathing and an emotional tone of apathy and numbness; together these often lead to a collapse in the body typically called “death feigning.” These responses and their correlates are highly adaptive when appropriately deployed, limiting harm as much as is possible

given a threatening situation. For example the numbing effects of immobility attempts to protect the psyche from too closely experiencing life-threatening situations; it is a mental flight when physical escape cannot be achieved. Thus dissociation is the last defense of an extraordinarily frightened person. To reemphasize, these biologically-based responses to threat are universal in mammals (including humans), involuntary, non-conscious and adaptive.

When neuroception triggers one of these stress reactions a series of neurological action plans or instructions are developed. These coordinate the body's effort toward recovery of safety, for instance by running. They direct body movements and call forth physiological resources, such as increased blood pressure for greater oxygenation and access to released adrenaline for energy. All of this is adaptive and necessary for avoiding the danger that excited the response. It is also metabolically costly and therefore needs to end as soon as possible. For a stress reaction to complete, any unused instructions must be "extinguished." If not completed, these plans continue to provide an internally generated signal for action that is necessarily tied to the sense of danger, and unnecessarily maintaining the neuroception of danger and prolonging the stress response. Since responding to danger holds primacy within the concerns of the ANS these instructions will influence subsequent behavior until they are shed. Consequently animals need some way to quell any unused instructions before they become internally generated cues of threat.

Levine noted that once threatened animals regain sufficient safety they can be seen trembling, shaking, or otherwise involuntarily convulsing. When seen in slow motion video these movements are seen to involve coordinated self-protective movements associated with fight and flight. He reasoned that this "discharged" the remaining "survival instructions," essentially re-calibrating the ANS to a deactivated state. This deactivation phase of the ASR is as vital to the ultimate health and safety of the animal as is the capacity to mobilize for the avoidance of danger. The successful completion of the *entirety* of this process increases an animal's overall "resiliency" and thereby improves response for future challenge. Conversely, disruption of this process decreases resiliency making an animal, or person, more susceptible to harm during future challenge.

We can see this sequence in our imagination when we reflect on an experience common to city dwellers throughout the world. You are walking across the street and spontaneously—without thinking about it first—you jump back up onto the curb at the same instant a car screeches to a stop just in front of you. You stand there filled with anger ready for a fight until you notice the driver is signaling to you apologetically. At the moment you realize the danger is over you begin to feel a little shaky. If you allow these sensations to process the unused energy and information that was mobilized for your defense you will eventually "come down" and once you feel calm you continue on your way. What has happened is that you've just gone through the autonomic stress response and it has once again done its best at keeping you safe from harm. Entirely out of your awareness, your neuroception was actively assessing the relative safety of your surrounding environment. When danger was detected your body responded automatically by fleeing to get you out of harms way. Once on the curb you have taken a moment to assess whether more response will be necessary but found that the danger had passed and so now your body is "discharging" the remaining instructions and energy until you are back to normal. If you don't complete this entire reaction you are likely to walk down the street agitated over what has happened, even if it was only a simple mistake on either your or the driver's part. These "self-protective reactions," will be unique each time and will be instigated whenever your neuroception perceives danger. The scope of response simply reflects the relative perception of danger.

SE theory has extended the discussion of what is supposed to happen to include the consequences of what happens when something goes wrong, such as when the ASR does not, for any reason, complete. The startling conclusion is that incomplete ASR is the underlying cause of what the medical sciences call trauma. This reorientation turns our attention from the fixity of the last 100 years in psychiatry—the assumption that the nature of the event is what causes trauma—to focusing instead on the nature of the reaction to events (e.g. ASR) *and what happens after them* (i.e. completion or not). This reorientation is often summed by the words "Trauma is not in the event, it is in the nervous system." Ultimately this counters the long held belief that trauma is permanently damaging and that man-

agement of distressing symptoms is the best one can hope for. Instead SE suggests that traumatic symptoms can be resolved, or at least greatly reduced, by supplying the conditions necessary for an incomplete autonomic stress response to deactivate—in a similar way to what wild animals do after they are threatened.

We can identify at least three necessary conditions for the stress response to complete. Though separating these elements is important, we should remember that they are all essential aspects of a singular process. That is to say, they go together. First, there must be a sufficient neuroception of safety. This does not mean that the person must be completely safe, only that their system must perceive their *immediate situation* as sufficiently safe. Fundamental to this assessment for human beings is the proximity of other trusted people who are themselves displaying a neuroception of safety. Second, there must be sufficient execution of the action plans for response. Essentially a “threshold” must be reached that triggers the deactivation phase within the nervous system. This is reached by the execution of a sufficient degree of movement action plans. Finally there must be sufficient “allowance” for involuntary behavior, typically expressed as warmth, gentle trembling or shaking. This extinguishes the remaining instructions and as with wild animals essentially resets the nervous system to a more settled orientation. These uncontrolled movements and accompanying sensations are often perceived by humans to be unsettling and thus, unfortunately, we tend to stop them. This allowance then must come from both the inside and the outside. We must not stop them internally and those around us must not hinder our free expression, which would necessarily disrupt the necessary sense of safety.

Sensibly, SE sees the disruption of one or more of these necessary conditions as being the root cause of trauma. For if these instructions remain in the nervous system they hold attractive force due to their signal of danger. They then compel the disorganization of the ANS by providing mixed messages of the relative threat or safety of a given situation, instigating the metabolically costly stress response when it is not needed or vice versa. This results in a myriad of challenging symptoms and expressions. If this is true then incomplete ASR is among the greatest causes of suffering in the world today, negatively affecting health and psychological state of countless individuals. Furthermore, it is likely one of the strongest factors influencing repetitious cycles of violence.

When ASR completion is thwarted, regardless of the reason, survival instructions and their message of threat remain within the nervous system. They “wait” there anticipating completion, but they do not wait passively. Often they compel unconscious repetitious behavior reminiscent of the original stressor. Tragically this repetition tends to simply repeat the earlier performance, including the inability to complete the deactivation sequence. This often deepens the feeling that something is deeply wrong and nothing can be done about it. These incomplete processes also color responses to new challenges with action plans from the past. For these reasons the trauma expert Bessel Van der Kolk defines trauma as “the inability to distinguish relevant stimuli” or “an inability to be in the ‘here and now.’” This obviously lessens the chance for making adaptive responses to new challenges, increasing the risk of further traumatization. It also challenges social relations by compelling hyper-reactive responses where they may not be needed (as with fixated fight/flight responses), or conversely accepting a dominating social dynamic that would otherwise be challenged (as with freeze/immobility).

The traumatized nervous system is susceptible to more than excessive reactivity to outside sources. It is also highly agitated by internal experience and can, at higher levels of distress, lead to systemic conditions such as chronic pain, gastrointestinal disorders, migraine headaches, paranoia, chronic fatigue and so forth. When organic causality can be ruled out, these “syndromes” are seen by Levine to be constellations of symptoms that can be directly attributed to the nervous system dysregulation otherwise known as trauma. Not surprisingly these complaints reflect the predominant response that is essentially begging the body for completion. For example chronic fatigue syndrome (CFS)—a debilitating condition where a person suffers a global and seemingly unending exhaustion is seen to be heavily influenced by the freeze/immobility response. Furthermore, this condition describes an internally generated, non-

cognitive neuroception of potential life threat. The internal experience of people who suffer this and similar conditions—and there are plenty of Congolese who do—is unquestionably one of extreme distress.

As suggested by neurologist Robert Scaer the vast range of these responses can now best be placed along a “trauma spectrum” inclusive of emotional, psychological, physical and physiological consequences. On one side of this continuum we can anticipate generalized expressions of well-being while on the other we see the debilitating affects of traumatic stress. It is best to think of this continuum in relative terms (i.e. less and more) rather than fixed points that do not move. Similarly the arrows are meant to imply directionality, indicating the likelihood that there are no known endpoints.

Trauma Spectrum/Relative Resiliency



Because the nervous system state largely dictates behavioral expression well trained persons can see relative traumatization essentially at a glance. Clinically visible indicators provide a general appraisal of a person’s overall self-regulation or position along the trauma spectrum. These include things like displays of anxiety, aggression, depression; signals of physiologic demand such as pupil dilation, breath and pulse rate; and of course physical behavior such as facial expression, posture and social engagement. One can identify with remarkable reliability the “dominant” state a person lives in, states that can be roughly categorized as “well-being/engagement,” “fight/flight” or “freeze/immobility.” This assessment can be done for an individual or generalized to communities. Of course many of these indicators can be heavily influenced by cultural preference and socialization practices. Thus attributing any single expression solely to trauma should be done with considerable caution and principles of cross-cultural sensitivity retained. It is accepted within the field of psychophysiologically based traumatology that due to our universal human nature a well trained clinician can identify the relative well-being of individuals by paying special attention to postural, physiological, psychological, emotional and social behaviors.

Where any given person ends up on this continuum is determined by a host of contributing factors including: genetics, early life experience, type, scale, duration and frequency of stressors, access to safety and support, and cultural conditioning that either facilitates or inhibits the completion of involuntary behavior. These combine in novel ways for each person and do so out of conscious control of the individual. For those whose circumstances send them in the direction of lasting traumatization the experience of living can be horrible indeed. The internal experience is often that something is terribly wrong, potentially even life threatening, accompanied by a sense that nothing can be done about it. Often trauma victims look frantically for some reasonable explanation that will account for these disturbing feelings. Almost certainly these explanations will be tainted by incomplete stress response and hence lead to over or under reaction to immediate reality. This obviously tends to increase the overall sense of distress since the resulting response is likely to be maladaptive. The ensuing spiral or “vortex” of repetitiously inaccurate neurocep-

tion fundamentally challenges a person's capacity to break the cycle and turn in another direction. Remarkably when this negative feedback cycle is disrupted and a neuroception of sufficient safety reestablished in combination with other mediating steps the nervous system quickly moves toward stress response completion and trauma renegotiation.

Interestingly this suggests that remembering or retelling traumatic stories is not necessarily a prerequisite for trauma recovery. This runs counter to many common therapeutic trauma treatment practices. It also suggests that the attraction to tell the story common to trauma survivors is not necessarily helpful. Though there are *definitive* political and psychological values to placing traumatic events within the frame of a coherent narrative, reclaiming the story alone is insufficient to extinguish nervous systems processes that are sub-cortical and have little to do with the executive functions in the brain. In other words, we cannot think our way through our recovery. Furthermore there is a very real danger in repetitively retelling or "rehearsing the distress" of traumatic stories. These stories are themselves highly arousing, and thus the unresolved nervous system is likely to respond to them by the over or under reaction described above, further entrenching traumatic symptoms. Instead what is necessary is the direct participation with the present-moment-events happening within the nervous system. If our previously mentioned conditions can be established whereby the troubled person becomes willing to allow these signals to instruct involuntary behavior, just as they would if they were responding to an actual physical threat, the stress response will complete and the person will move toward the well-being side of the spectrum.

Levine's Somatic Experiencing® has formalized treatment protocols that help establish these conditions while maintaining the necessary flexibility to address each individual and culture as unique. This flexibility is of course paramount to the establishing the sense of safety, which may be biologically based but is most certainly tuned by culture, conditioning and personality. Thirty years of clinical efficacy has given rise to SE training programs for helping professionals taught on five continents. It has been used in every therapeutic context conceivable, from the standard western clinical setting to field applications in non-industrialized countries. Furthermore evidence of SE's beneficial use in mass casualty and disaster settings has recently been published in several peer reviewed journals. These studies detailed the success of modified versions of Somatic Experiencing Therapy in India and Thailand after the 2004 tsunami and in Louisiana USA after Hurricane Katrina. At eight month and one year reviews of trauma victims who had received only one or two brief SE sessions, up to 90% showed significant improvement of trauma related symptoms. Recently SE has been invited into China to help deal with the traumatic symptoms resulting from the 2008 earthquakes in Sichuan province. SE's ability to span the divides between clinical and field application, culture and human biology, science and practice makes it ideally suited for non-developed countries where professional therapists are not common and where trauma healing must be animated at the community level in order to be successful.

The SE therapeutic modality includes many component parts: education and normalization of the dynamics surrounding traumatic stress, refined understanding of what helps a human being feel sufficiently safe, and how to help a person "allow" the aforementioned involuntary behavior despite its—at first—unsettling qualities. Its primary focus is the resolution of inhibited stress response in a non-distressing manner. This gives the troubled nervous system the opportunity to deactivate and return to a sense of well-being—the birthright of all human beings. The tools SE has developed for achieving this goal can be used in countless different contexts, the vast majority of which have yet to be imagined. By establishing the biological ground rules for what needs to happen for the ASR to resolve, plenty of room is left for experimentation pertinent to various contexts.

By including the above understanding and corresponding SE techniques in Fastenopfer's projects in DRC the psycho-social accompaniment model that has already proven so helpful will be armed with its missing—yet essential—component: an appreciation of the biological aspects of trauma. Thus it is hoped that Fastenopfer will adopt a biopscho-social approach that will provide vital direction for animators and villagers in their attempt to negotiate traumatic material, starting with the imperative community wide sensitization on issues of sexual violence.

Throughout my journey in DRC it was apparent to me that villagers are keen to appreciate these and related dynam-

ics about trauma if the explanations and their significance are pertinently translated and modified through local metaphor. SE, because of its grounding in universal human nature, holds the flexibility necessary to make these modifications. The inclusion of this knowledge at some level in Fastenopfer projects, if not ideally throughout the entire association movement, can greatly influence the direction and success of their interventions. The remainder of this report reflects on how we have begun to introduce and adapt SE to the Congolese context.

Contributing Factors to Continuing Traumatization in Former War Regions of DRC

With an understanding of how trauma functions in the nervous system it is now possible to describe the degree and reasons why trauma continues to plague villagers within DRC. This is not meant to be an exhaustive analysis but a guide for future exploration. As a therapist with extensive training and experience with SE protocols I feel confident in making the following assessment of the state of trauma in DRC.

My Overall Impressions

As a note to the reader: I do not intend to relate the particulars of the many horrific personal histories I encountered in DRC. This is done out of respect for the people who shared their very private experiences with me as a care professional not as a reporter or researcher. Occasionally when necessary I will stray from this prescription to underline various points of significance.

As I've made clear throughout this entire report the people of DRC suffer from significant degrees of traumatization. Since my visit there I have struggled in an attempt to find the best way to explain the sheer inertia of the nervous system dysregulation I witnessed there. Indeed I have been asked many times by colleagues to share my impressions. It seems to me the best I can do is echo words I've heard repeated from a well-known psychologist who has done extensive work in Burundi in recent years. She reportedly said, "When I think of the people there, my body hurts." This is also what happens for me when I think of the people in the Democratic Republic of Congo—my body hurts.

From start to finish during my visit some substantial expression of discomfort was at or near the surface of every individual I encountered. This was true of people in the cities and villages who I talked with at length or just in passing; who I worked with doing personal therapy; who participated in my talks during association meetings; who attended my classes; who traveled with me on motorbike from village to village; who I met in office buildings in the nation's capital and so forth. From priest to bishop, peasant to businessperson, man to woman to child, in a seemingly ubiquitous sense, distress was readily apparent. There are of course many good reasons for this, the most universal to them all the insufficiency of a neuroception of safety and thus the continuation of stress response which as the war grows more and more distant becomes less and less necessary to maintain. Of course, as with everywhere, each person I met fell into their own unique place along the trauma spectrum. Each with their own story to tell—or avoid telling. Some areas or population groups fell more to one side than another, such as villages closer to the front lines displaying more freeze reaction than those farther away. To be fair this generalized expression of trauma is not unique to DRC, we could find many places in the world, even in so called First World Nations that display similar nervous system patterns and characteristics. Still in all it was particularly startling to me how prevalent and obvious the experience of distress was throughout my extensive travels in country.

To be clear, and I hope I have been, the Congolese are not mired in their traumatization. The people I met are not joyless or otherwise dominated by hopelessness—though there are plenty of expressions of despair. Remarkable illustrations of positivity could be seen everywhere as if at some level it was immune from the ravages of all that has happened. This however does not erase the reality that the situation of trauma in DRC is, simply said: extremely bad.

Undoubtedly the leading cause of continuing traumatic response is the nature of the war. Its length and style were absolutely catastrophic to social relations in villages where one village was often turned against another with par-

ticipants hardly knowing why. The resulting fragmentation of society, which is only just now beginning to mend, was the ultimate insult to the base of safety that could reinstate a neuroception of safety. The distrust fostered by the war has certainly challenged the recovery of many people. Of course the generalized attacks on civilian life also demanded extreme coping strategies for many years. These survival responses are not easily let go of without either significant amounts of time immersed in safety or refined therapeutic intervention to speed the process of recovery.

Throughout the country there remain countless reminders that actively recall the war. These “triggers” have special power to reignite the incomplete stress response with all its accompanying torment. Much of village life has necessarily been rebuilt amidst signs of wreckage and waste caused by the war, including broken bridges, unusable roads, remnants of tanks and artillery, and bullet holes in the walls of the few remaining churches. Living amongst these constant reminders of the ravages of war acts as a perpetual signal of danger.

Additionally the continuous threat and rumor of the return to war, an entirely legitimate concern, also acts as a fundamental challenge to the sense of safety. War for rural Congolese is not an abstract notion or prospect that takes place on distant battlefields. The killing fields are often the villages themselves and the soldiers often conscripted children from a village up the road. It is difficult to turn ones attention toward trauma recovery and well-being when there is a looming sense that fighting will return at any time.

Poverty has long been appreciated as one of the greatest stressors a human can endure. When unable to meet basic needs the signal of danger is ever present. When poverty is repeatedly enforced by circumstances out of ones control, such as drought, theft or domination, it easily presents as potentially life threatening. The reactions noted amongst poverty-stricken people such as stress illnesses, domestic violence and generalized malaise are almost certainly representative of a stress response that cannot complete precisely because the challenge does not end. Herein there is hope on the horizon for the association movement is making dramatic improvements to the material well-being of the people. As long as the war does not return there is every reason to expect this will continue.

Another critical contributor is the ubiquity of traumatization in the villages. If neuroception is continuously monitoring the surrounding environment for relative threat and consistently sees other people in distress there would be little reason to “let down.” Indeed it may be maladaptive to do so. The stress response is meant to turn on and stay on until the signals of danger are over. If everyone is signaling to one another—via hyper-reactivity, aggression, depression, etcetera—that the situation is not yet safe then everyone will simply retain their stress response. This supports the suggestion of bringing in outside visitors to help initiate the expression of safety. Once seeded and properly supported it is sure to grow.

Lastly interpersonal sanction is a common feature of rural Congolese culture. Men regularly disapprove of women speaking in public forums, women are not permitted to fight with their husbands, mothers speak for their children, groups routinely rebuke their fellows in ways that inhibit free expression and so forth. Indeed individuals often radically restrict their own behavior to avoid reprimand from others. These dynamics clearly challenge the neuroception of safety and discourage the cultivation of the necessary allowance of involuntary behavior and sensation described earlier.

Special Concerns for Women

As every report emerging from DRC indicates the condition for women there is particularly dire. I was privileged to have many different types of encounters with village women that informed my general impression about their nervous system state. These included private sessions, always with the help of translators; women-only meetings that I facilitated; village wide association meetings; my introductory SE class in Kabalo; and observation of daily life from a distance, both in the villages and on the trail. Throughout the women I met showed phenomenal poise and strength. They also showed, when taken as a whole, acute distress that has clearly become endemic and systemic.

Though I did personal SE sessions with only a small sampling of women they all showed significant signs of the most severe expressions of traumatic stress. During my work with them each displayed the signs of radically disorganized nervous system processes and complained of syndromal or otherwise highly disturbing conditions. Since the majority of these women either self-selected or were brought to me by their family for care we should be cautious of the conclusion that they are representative of all village women. They certainly may be, though they may also be exceptional cases. However other evidence suggests to me that had I worked with any other group of women my impressions would have been the same. If this is the case then women in DRC have it very bad indeed.

The precipitating causes of much of this traumatization in women has been well documented and was referred to in the earlier sections of this report. Less well understood are the conditions of daily life that work to maintain the stress response and thereby entrench these traumatic conditions.

By all accounts the women in the villages do the vast majority of the physical work including tending the fields, maintaining the home, gathering firewood and water, child bearing and care giving. It is no exaggeration to say they work harder than anyone I have ever seen. Their exhaustion was keenly felt in our women only meetings where typically at least half could not keep their eyes open but would instead drift off into sleep. I am sure this was not due to lack of interest in the discussion but a result of exhaustion and the primary process of “shut down” governed by the chronic freeze response which takes the opportunity to rest whenever it becomes available. Indeed the indicators of freeze, fatigue, depression, etc, are all attempts of the nervous system to compel sufficient rest to replenish depleted body systems caused by chronic stress response. Without significant changes in the amount of reprieve these women get this healing simply cannot happen.

The continuing threat of sexual violence was the most frequently expressed concern of the women during our meetings. Rural villages are entirely without light at night and women feel unsafe walking or being alone in their own homes. Walking to and working in the fields alone poses a similar concern. Attacks are frequent in all these circumstances, which means at both work and home women cannot feel safe. The challenge to a neuroception of safety is obviously immense. This violence continues to today, despite the end of the war. Clearly there is a pressing need for a nation wide sensitization program that will intervene on behalf of women. Equally clear is that this program must make every attempt to avoid re-traumatizing participants.

Certain aspects of the dynamics surrounding rape are of particular importance. Principle among them is the associated brutality, frequency and stigmatization of women who have been raped. This brutality has been documented to take the most extreme forms, such as gang rape, violation with implements and weapons, body mutilation and the shaming of being assaulted while family members are forced to watch. The perpetrators of these acts have come from all sides of the conflict decreasing any real hope of a safe haven. Village wide terrorism using rape as the principle weapon was common during the wars. While I have not heard of any recent cases of such extreme cases rape remains a daily threat throughout the country and is committed by military and non-military persons alike. Humiliation of women who have been raped is a tragic issue in the communities. A 2004 report by USAID/DCHA on the nature and prevalence of rape in eastern DRC noted that their husbands, families, and sometimes even entire communities often reject rape victims. This is of course a catastrophe for the women for countless reasons not the least of which is the denial of safety from social support after horrific events. This abandonment, I would argue, is as responsible for lasting traumatization of rape victims in DRC, as is the original transgression.

Women clearly do not feel encouraged to call upon help from men for their aid or protection. When I asked why the women in my class in Kabalo did not seek the help of men to walk them home through the dark streets after class, even though they wanted assistance, the women simply replied, “Because they won’t help.” That night, after we’d discussed this in our group, the men and women did walk home together but the incident clearly defined the wide divide between the sexes. Women do not see men in rural DRC as a consistent source of safety.

It is obvious that substantial changes in gender relationships will have to be affected if village women are to have any meaningful hope of recovering from their traumatization. They must be guaranteed the safety they deserve; they must have sufficient rest and their workloads diminished; and they must be treated in dramatically different ways if they have been victimized. Though it is likely the women who will have to press for these changes it is men who will need to grant them. It is in supporting the transformation of dynamics like these that Fastenopfer's rapport with villagers and the elite will become most useful.

Special Concerns for Youth

There is a noticeable age gap that can be seen every time villages gather as a group, as when greeting visitors or during the association meetings. One cannot help but notice the lack of teenage boys and young adult men. Apparently this reflects the use of child soldiers during the war.

While I did not knowingly meet any child soldiers and indeed had limited contact with any youth outside of a series of "therapeutic games" I would initiate after our meetings I can say that the young people attending my talks were particularly keen on understanding what I was saying about the nature of stress response and the necessary steps for its conclusion. My most poignant moment throughout our journey was when a rare group of youths insisted that I meet with them before the delegation left for the next village. In our brief meeting they urged me to stay to treat them for their trauma symptoms. I believe that the gravity of their request was the sincerest I have ever received. They accepted my deferral when I insisted that my task was to teach the animators all I could about how to help them and other villagers so that our efforts could spread as wide as possible. They wished me well along my way but the weight of their special appeal remains.

Intergenerational Trauma

As can only be expected the specter of intergenerational trauma has become a deep challenge to family life in DRC. As mentioned in the discussion about the trauma spectrum early life experience plays a critical role in influencing a person's susceptibility to traumatic stress. When parents are chronically stressed they have limited ability to provide the necessary signal of safety to deactivate a frightened child. As in many parts of the world today villagers seemed unlikely to distinguish between a child that was settled and calm because she felt safe or one that was in freeze due to fear of the caregivers' wrath. These and other dynamics tune the developing nervous system toward hyper-reactivity and effectively pass the symptoms of trauma down through the generations.

As is the case everywhere parents in DRC do not necessarily *want* to hurt their children. Many of our actions compelled by incomplete stress response happen reactively, as if they are out of our control or at the least, out of awareness. One village woman approached Toss after one of my talks on the nature of trauma and declared, "That's why I beat my children!" She went on to explain that when her husband batters her she can not fight back against him because of cultural sanction. She then finds herself beating her children for the next several days for essentially no reason. She shared her sudden realization that she needed to find another way to express her anger at her husband.

Intergenerational trauma has wide and varied effects on the health and well-being of future generations. The children of Nazi-Holocaust survivors, even after being raised in the post-war affluence of Europe and the US are often diagnosed with Post Traumatic Stress Disorder. Even though it was there parents and even in some cases their grandparents who were engulfed by the events of WWII. The costs, from every angle, of a society whose children grow up traumatized is simply incalculable.

To highlight the nature of this "passing on" one woman I worked with in a private session was beset by extreme depression and what in the West we would call chronic fatigue. Her body was completely exhausted causing her to be unable to work in her fields or tend to her family. She shared stories of having been raped by multiple soldiers, impregnated and finally having a miscarriage. Since then she had married and borne a child who she named simply enough: Suffering.

Black Magic

As mentioned, on the far end of the trauma spectrum are a host of highly distressing somatic conditions such as chronic digestive upset, recurrent headaches, extreme fatigue and so on. To reach this level of severity so that symptoms become chronic requires time for nervous system dysregulation to deplete and otherwise hinder proper bodily functions. For this and many other reasons it can be very difficult for trauma victims to intuit the actual underlying cause of their symptoms, though they certainly do not stop trying. Historically in the West, and even till today, these are often considered psychosomatic complaints. When doctors cannot find a precipitating illness or “organic” cause they generally prescribe that this is unresolved psychological issues or “all in their head.” The actual underlying cause of these conditions, nervous system dysregulation, and beneath that, unresolved autonomic stress response, is only just beginning to be appreciated by the most forward thinking physicians around the world. Many others, when faced with extreme expressions of bodily distress that seem to lack a cause, continue to misattribute and misdiagnose in response. This pattern is not much different than what we find in DRC today. It is quite common in the villages for people who suffer chronic or unusual pains to travel great distances to seek medical attention. Often they are then told that there is no reason for the symptom to exist and are sent home. Both the travel and expense of these excursions are a tremendous burden on villagers who pay out of pocket for medical attention. When left with no viable medical explanation for conditions that feel perfectly real the cultural norm in Central Africa is to attribute these to black magic. From the many stories I heard told of this it seems reasonable to say that this explanation for trauma symptoms is a leading cause of disharmony within the villages.

We can see the challenges posed by the black magic explanation by considering the prevalence and reaction to nightmares in the villages. Nightmares are a common aspect to trauma, a potential reflection of the disquieted nervous system controlling the imagination from within without censorship from conscious functioning. In the villages the use of black magic is held as the cause of such horrific dreams. Undoubtedly the worst part of this is that if a person recognizes another person in their nightmare it is the recognized person who is believed to have sent the bad dream. This belief extends out to include all such symptoms of trauma that local doctors cannot explain in terms of illness. This then leads to considerable strife between villagers and villages.

Once I had built sufficient rapport with participants during association meetings I would ask leading questions to help me understand how many people were having recurrent nightmares. From the response it seems clear to me that nearly everybody is. For example, when I asked who wanted to know how to get rid of their nightmares the response was instantaneous, boisterous and essentially universal. This indicates the clear and unnecessary strife remaining in the villages. In one way or another everyone is having nightmares, or their unexplainable equivalent, and at some level cultural custom is telling them that someone else is out to get them. Obviously if people believe they are being attacked by people they know but cannot conclusively identify they their access to a neuroception of safety is fundamentally limited.

To be clear, while I was in DRC it was not my place or my intention to challenge indigenous cultural forms. My intention and mandate was to help people as best I could given the context they are in and the tools I have available to help with. As such I offered explanations for the symptoms of distress that people were complaining about with the intention of helping people facilitate the three necessary conditions for completion that I described earlier—from within the local context. By all indications these explanations were extremely well received, even though they were novel and, though I did not do so directly (or even intentionally), they challenged or modified local belief systems. How (and if) these explanations will be integrated into village life in DRC remains to be seen, however initial responses were certainly positive.

Implementing a Bio-Psycho-Social Approach: Putting SE Theory into Practice in DRC

A primary purpose of my visit to DRC was to improve Fastenopfer's psycho-social accompaniment methods for community sensitization on sexual violence and trauma. A complete description of my work toward that end is beyond the scope of this report. However, a brief review of a critical aspect of the working model I employed, which is heavily informed by SE theory, will help readers understand the general structure of the approach I am advocating.

At the heart of the experience of trauma lies an interesting paradox, which, if exploited, can quickly improve the relative well-being of a traumatized person, at least temporarily. As a general-rule, those who suffer lasting traumatization feel that things are never going to change, that "ever since that horrible day" their distress has been all encompassing and ever present.³ This feeling of fixity is entirely understandable given that internally generated cues of danger are continually reinforcing the stress response. While this is what trauma feels like, the fixity is not in fact permanent. To be alive is to be changing, everywhere and always: even if only a little. Calling attention to these changes, particularly those that indicate potential safety and thus deactivation, can begin the critical first step to letting down the stress response and finding the resolution of trauma symptoms.

At some level, then, the issue is where one places his or her attention. As long as attention is focused on signals that reinforce danger, a hyper-focus on danger will continue. Conversely, when attention can be redirected, even for a short while, toward signals of safety, the incomplete threat response can move one step closer toward its resolution. The fact that everything changes—even disquieting sensations—makes it possible to provide reprieve from an excessive focus on danger. That is to say, at any moment "something is better and something is worse." This "two sides to every coin" means that everybody's nervous system has the potential for not being "stuck." The beginning of liberating this fixation is to shift attention from experiences that are considered wholly unpleasant to include, at the least, those that are *not as* unpleasant.

The point is that when, where, and how practitioners of psycho-social accompaniment direct people's attention is of critical importance. To begin a conversation with a group of traumatized women by asking them to relate their experiences of sexual violence and what they think should be done to stop those experiences is to send them headlong into harm, reinforcing all the dynamics of the traumatic reaction. You will see exactly what Fastenopfer reported: blank faces or furious outbursts, which are representations of the freeze and flight response, respectively. If instead you start by asking people questions directed toward a reflection on relative safety, you will often see a very different response. As an example, you might try asking, "Can you tell me when in recent days you felt safest or safer?" If you can successfully guide their attention into the subsequent investigation, you will see them become more spontaneous and engaged. Of course, without extinguishing the nervous system instructions, this will be a temporary state change. However, the more often it happens and the more attention that is brought to bear on the experience, the stronger the signals of safety will become and the sooner one necessary condition of stress response will be made available.

One of the simplest ways to reinforce a developing neuroception of safety is to invite people to feel the internal sensations that correspond or "echo" the experience being talked about. If properly approached, these are generally found to be pleasurable feelings of expansion, warmth, relaxation, and so forth. These begin to provide a counter experience to the unpleasant sensations associated with trauma.

This is not a proposal for insisting upon "positive thinking." To deny traumatized people the reality that they feel distress is counterproductive, insincere, and simply infeasible. The incomplete stress response will prove much stronger than any force of will to try to "not feel bad." By instead establishing a counter pole for the fixated nervous

³ The relative degree of this impression is of course directly related to a person's relative position on the trauma spectrum.

system to oscillate back and forth between as necessary, or in SE parlance, to “pendulate,” we can reestablish the rhythm inherent to a self-regulating nervous system. That rhythm is the aforementioned activation and deactivation processes of the autonomic nervous system whose significance SE theory makes so clear.

When first presented with this prospect many people are inclined to ask, “What if they say they never feel safe?” Which, sure enough, many people will say! The answer is simple, you just ask the same question again this time reinforcing that you are looking for a relative answer, i.e., more safe. Though it may take some effort with highly distressed people, at some point everyone can discern that one thing was safer than another: that, for example, it feels better to be with a friend rather than a stranger, and so on. It should be emphasized that for empowerment reasons, which itself reinforces greater safety, answers to these and similar questions should come from the person, not from a facilitator. The facilitator can invite, or even make, suggestions, but if the traumatized person does not experience the ownership of his or her answer, it will remain hollow and unproductive. Furthermore, we are not looking to find something that *is* safe, or even perceived as fully safe. We are simply interested in noticing a difference, sometimes any difference, that this is not as bad as that.

As mentioned, successfully communicating in this way tends to move people toward the less distressed side of the spectrum, giving them, at least temporarily, a greater sense of well-being and agency. To discuss issues of community safety and sexual violence, this is a more ideal position than when everyone is shut down and afraid to speak. We are much more likely to find community-centric answers if the community is comfortable enough engaging in the conversation. Additionally, solutions to problems reached from the well-being direction of the spectrum are likely to be filled with potency and agency, unlike answers from the freeze reaction, where the generalized feeling is one of hopelessness and despair. Once sufficient safety is introduced, the pendulum can swing more freely between the examples of the horrible things that have occurred and a discussion of what can be done to prevent reoccurrence.

All of this points back to the need to include in psycho-social accompaniment models at least a rudimentary understanding of the biological nature of trauma. When the associated dynamics are sufficiently understood, efforts at accompaniment of troubled people can be improved. If those rules are well understood, interventions can be “reverse engineered” so as to intentionally supply the necessary messages that will help the nervous system resolve stuck traumatic reactions. While my language here seems sophisticated, the meaning is simple enough: if you know how to treat scared people you can help them feel safer, which will help everyone feel better.

Shifting one’s attention from a focus on danger to one on safety is often as challenging for care professionals as it is for traumatized people. This reflects the seductive nature of danger. It also suggests that conscious attention to making this shift is necessary and that establishing protocols or activities that structure exchanges in this direction are likely to be beneficial until the process can become more organic after smoothly pendulating activation and deactivation cycles are established. Developing such a protocol for the association movement is a task that our SE/Fastenopfer partnership is working toward. Of course, being able to notice what side of the pendulum a person’s attention is focused on and then engaging that attention in a meaningful and productive way takes time and practice. For those who might say that the process seems manipulative, we note that all communication is at some level manipulation. The question is where are we manipulating it toward: are we reinforcing distress or reinforcing safety? That we need to make such a conscious effort to focus first on safety shows the dearth of such a focus in the modern world today.

During my time with the association movement, these and related dynamics were at the forefront of my thinking. A central question I wrestled with was just how traumatized are people within the communities. The more specific this assessment, the more specific you can be when intervening to reduce distress. Also, the more distressed a person is, the more care and sophistication required.

I was fortunate to have many opportunities to test this question in my engagements with villagers, especially in the association and women-only meetings, and also in my three-day class with about 25 animators.

My conclusion, which remains open to revision, is that the level of traumatization in the villages requires a fairly strong degree of sophistication to make consistent contact in the direction of safety, particularly when talking about distressing subjects. Either that, or it requires a well organized and consistently followed protocol for animators to follow when engaging with villagers who are attempting to enter the heart of these topics. Most likely a combination of the two will be required to make significant progress with trauma in the village communities.

Field Testing the Model: Experimentation with Bio-Psycho-Social Accompaniment in the Villages

Fortunately we have already made substantial progress by coming at the issues of sexual violence and trauma from the other side all together. Indeed, when sharing with the villagers I never once used the word trauma, or any other word denoting it not wanting to instill a catch all definition that would pigeon hole survivors. Instead through the use of metaphors that would be meaningful to village life I explained the experience of having not being able to come back to normal after something frightening had happened and then explaining would it takes in order to feel safe enough to “let go.” I did this through animation, humor and always with the focus of orienting the groups attention to the creation of a stronger sense of safety. I should state that within the animators’ introduction to SE I did use the word trauma and explained the more particular aspects of it as described in this report.

Throughout our many exchanges with villagers in various settings, we found substantially more safety present than expected. Undoubtedly, this increased safety resulted from the association movement’s work, and during my time in DRC I capitalized on that work as best as I could. This reflection on the increased security provided by the associations tended to increase the general interest in them by villagers not yet involved. During one candlelight dinner, we learned that numerous new associations had been created in the village the day after a long day of meetings. The new participants reported acknowledging that they finally fully understood that the associations were bringing an improved sense of living and that they wanted to be a part of that. This was a huge sign of success, because it showed our message touching villagers previously uninterested in the movement. The expansion of the associations’ primary concerns of food production and reserves to include increased social well being was attractive to and appreciated by villagers.

Being able to engage this investment from reluctant community members is critical if we intend improve their conditions, particularly regarding institutionalized sexual violence and gender conflicts. These changes will only be meaningful if directed from within the communities and supported by traditional village life. To facilitate the conversations that will initiate such an effort, various forms of sensitivity will be necessary, such as that already expressed by Lothar and Toss in garnishing the support of chiefs and elders. Similarly, everyone will need to be invested in these changes, because the prevailing dynamics have become so systematic that they will resist change by any single group. Women cannot hope to effect such a change on their own. With so much accumulated trauma in their nervous systems, the prospect of putting themselves in harm’s way to argue for a different social arrangement they cannot yet imagine is an unfathomable burden. Men are similarly fixated on their position, and trauma plays a role in the response they choose. Some are repeatedly engaged in violence, reenacting their own trauma stories, while others are in freeze, burdened, I strongly suspect, by their past inability to protect family members from events altogether overwhelming and out of their control. The conversation of social change seems to be needed to be brought in from outside, but to be picked up and incorporated into daily life it will need to resonate with people’s desires. The conversation will need to indicate that they will be better off for the changes. To tell the women that they should fight for their rights when past experience has shown them that fighting back is unwise will not galvanize their passions. Likewise, to openly tell the men that they are bad and must give up their power is pointless.

The fact that the conversation is not beginning spontaneously in the villages does not mean that the people do not want things to change. The opposite is definitely true. The people are hurting and they know it. Any and all sugges-

tions that potentially increase their well-being are open for discussion. If the process providing those suggestions meets them as human beings from within their context, they are keen to try new things.

Toss, Lothar, and I therefore developed a process of engagement during our travels that brought us right into the heart of these critical themes while receiving the full engagement of the men, women, chiefs, elders, and others. Our general paradigm followed a flexible format congruent to villagers' interests while providing opportunities for novel suggestions and intervention.

Meetings with Villagers

During our village-wide meetings, Toss and Lothar would begin with the requisite greetings and salutation in keeping with Congolese custom. Lothar then would animate a discussion with the associations, in which we learned about the struggles and successes they were having. During this time Lothar made conscious efforts to incorporate many of the accompaniment strategies indicated by SE theory that showed a strong tendency to increase participants' positivity and vitality, particularly during reflections on the increased sense of safety that the association movement has supported.

Next, I would give what might be called a dramatic rendition of the pertinent information on the nature of stress response and trauma described in this report. As noted, I did this without relying on technical descriptions. I focused on how villagers can help each other feel better, safer, and more at ease, relating such efforts to the troubles that plague many people and are, consequently, of great interest to them. Hence, during these talks I did not shy away from war, trauma, sexual violence, and other challenging topics. I simply made sure that I had properly established the rhythm of pendulation between challenging and settling subjects, always beginning with the positive side. This pendulated movement allows contact with distressing material without allowing people's attention to be consumed by the attractive force inherent to signals of danger. Never did I use the word "trauma," but instead I searched for and, after a number of attempts, found local metaphors sensible to the participants.

The story line I used may be interesting to readers. It was of an imaginary event where you see a crazy dog running after you and instinctively you run to and climb up into a very tall tree. [In my story Toss was the crazy dog that would chase me around the village.] You are of course trying to get away from the danger and get to where you feel safer. Now up in the tree you feel safer from the dog down below but you cannot live your life the way you want to up there so you are essentially waiting for the dog to go away. If the dog goes away, one hopes you feel safe enough to come down out of the tree and see what is happening down there now. When you first come down you feel a little shaky and nervous, not knowing for sure if the dog will come back or not, but after some time you realize that the dog is gone and the danger really is over and if you let this nervous feeling happen inside your body in just a little while you will finish "coming down out of the tree" and go on with your normal life, essentially as if nothing has happened. On the other hand, if the danger stays, as with the war, or you have to climb extremely high up in the tree because the danger is so extreme on the ground, then sometimes you find it very difficult to come down out of the tree even if the danger goes away. Eventually if you stay up there long enough you become terrified of being up there and at the same time afraid of coming down. Then the only way you feel safe is to stay in exactly the same position you are in. But there is a problem with this, because you can't control the world, and so when the wind blows, your tree moves in the wind, and you can feel like you're going to fall because your position is being changed out of your control. Sometimes this makes you climb higher because you are afraid of the sense of falling and then the situation becomes even worse. Every time the wind blows, or every time some little thing happens that bothers you, you feel like everything is going to fall apart and you overreact to it. This is a very challenging way to live. And of course the longer you stay up there the more your body hurts, the more tired you become, the more agitated and afraid you are, the more bad dreams you have, and on and on. And worse, the longer you're up there the harder it is to let go and come down.

I then described how you needed someone to come up there near you and tell you, show you, that it was okay to come down out of the tree now: that the ground is safe enough now to let go. But it's really important when these people try to help that they don't try to help too much, because if the person is really afraid they can only come down out of the tree a little bit at a time. And each time they come down a little bit more they have to stop and adjust to all the feelings of fear so that the feelings can pass and the people can become more comfortable and ready to do more. Coming down out of a really tall tree might take a long time for someone. But here is the best part: each step you take closer to the ground helps you feel less afraid each time the wind blows.

Transitioning from that story to a discussion of how the community can find ways to help each other down out of the tree by helping one another feel safer was then an easy intellectual step to make. My primary starting suggestion then was that they begin to share with people they trust when and where they feel safest, or at least safer, and to begin a dialogue around what can be done for one another when they do not feel safe.

In another important example, I explained the "freeze" response. For example, if a person was chasing you and you couldn't get to a tree or somewhere else safe, maybe you would try to fight back. But if during the fight you were losing then you would become more and more afraid until finally your body couldn't take the fear anymore and you would fall to the ground and "give up." The really important part about this is that you don't *decide* to do this; your body does it for you as an instinct. The amazing thing is that when this happens it often helps you survive better than if you kept fighting. When you "play dead" like this it *usually* makes the attacker less aggressive toward you because they are not having to defend themselves from you at the same time as they are attacking you. [I say usually here because a truly disturbed person can continue a vicious assault even after the freeze response has been initiated by the victim. However, it is almost certainly less vicious than if the victim continued to fight back when doing so was futile.]

Sharing this freeze story, and emphasizing its involuntary nature, is particularly important to trauma survivors who have been overwhelmed by interpersonal violence and have been unable to fight back or sufficiently defend themselves. People in this situation are often wracked by feelings of guilt and shame, thinking that had they fought back perhaps these horrible things would not have happened. This is simply not true; in those remarkably dangerous situations where neuroception reads life threat, the immobility response is the only viable option. *After* explaining the rationale, it is a remarkably effective intervention to ask trauma survivors of violent assault what would have happened if they had continued to fight back. Almost inevitably the answer will be: "He would have killed me." The victim's body did the very best thing it could have done in the situation. Though further accompaniment to address the feelings of shame may be required, this is often a significant revelation for trauma survivors.

Those are some of the contributions I made to our meetings. Then Toss would close the gathering by explicating much of the meta-meaning of the words from Lothar, the associations, and me. Because Toss is seen as an honored elder and guest in the villages, he was able to share some conclusions that Lothar and I, as foreigners, were not in the position to share. Therefore, he would reflect on his impressions of the meaning of the increased safety developed by the associations and about how people's willingness and ability to cooperate together seemed to dramatically increase their sense of well being. He also would suggest that my explanations of the tree and all the fear, pain, and discomfort around that might explain many of the struggles people have had in the villages since the war. He would speak about the many fruitless searches for help that people engaged in when trying to deal with their discomforts, seeking medical attention and being told that nothing is wrong, or fearing black magic, or having constant nightmares, and so on. Toss also would gracefully enter into the realm of gender relationships and family dynamics, describing how much of the tension in the family was being compelled by people who were too high up in the tree. He did a lovely job of noting that people were still high up in the tree not because they wanted to be there but because they didn't feel enough support from their family and the village to allow them to come down. Toss always included special consideration for the women, taking the opportunity while the entire village was listening to plant a seed that things should be different in the gender relationships. He would talk of how women are treated poorly, how

much they worked in the field and in the home, how unsafe they felt at night, and how much it would benefit the men if the women felt better. Toss was once again pointing to the first and most necessary aspect to transforming these dynamics: a conscious intention to reorient attention away from danger and toward safety.

This combination seemed to get our collective points across to the villagers beautifully. They engaged with us the entire time, asking questions and making comments. After, people would gather in groups to discuss the themes we had presented. Many times new associations were organized immediately afterward. Toss and Lothar, who had more access to local languages than I did, were always held over, sometimes for hours, being asked question after question. At least a few times village chiefs instantly gathered after we disbanded to speak with one another about the relevancy of what we had shared; each time they then requested a special private meeting with Toss to carry the discussion further.

Meetings with Women

Typically we followed the group meeting with a women's only meeting that we held in the village church, chief's house, or one time in an empty medical center on the edge of a village indefinitely waiting for staffing and supplies. I facilitated these meetings while Lothar translated from my English to French and then one of the female animators would translate into Swahili. These meetings were decidedly more challenging to facilitate than were the village meetings where I had more space to work and where the audience displayed a more varied trauma spectrum, and thus more engagement. The women, as mentioned before, were tired and very ill at ease. Certainly some of this can be attributed to the novel setting of them being in a room with two foreign men. Still, our rapport was quite good and we were received with noticeable enthusiasm. Every effort was made to offer a space where the women could feel at ease, for instance our meeting sites were always secured outside by fellow animators who insured we would not be disturbed or spied upon. Thus, words shared by the women were meant to stay in the room with us unless they desired otherwise. Though the meetings were challenging, many showed significant signs of value. We often had a very good discussion around safety and security, again approaching through a more positively shaped inquiry. There was a substantial draw to subjects of distress that often threatened to spill out of control; however, through simple interventions and questions designed to draw out the corresponding side of the pendulum, the conversations generally were able to stay on track, exploring both sides of the issue at hand: what was wrong and what could be done about it.

As noted elsewhere, a substantial percentage of the women could not remain in contact with the proceedings, drifting off in sleep or looking out into the distance. It is important to recognize the significance of this behavior and not challenge it directly but instead provide space for this "freeze" response to have some time to complete. To insist upon the women maintaining their attention with our conversation simply would be to reinforce the trauma pattern that does not allow them to rest as they clearly need to do. I strongly believe that their rest was more important than anything they could contribute or receive from the meetings, given the state they were in.

We discussed how the women could increase their sense of safety, such as by walking to and working in the fields together; gathering in groups to share ideas on the themes discussed in the meetings; selecting a group of young men they felt comfortable with to police the village at night, checking in with the women who wanted it (these men would then be offered public gratitude from the women, raising the young men's prestige as a reward for good service, ideally inviting other men to do the same). When the discussion was lively, a challenge to get going but possible, I had to do very little but to keep the pendulum swinging on its own from positive to negative and back again. When the discussion lagged, I would follow the psycho-social accompaniment model by making a suggestion, such

as the one requesting the help of young men and thereby reinvigorating the discussion that the women would then carry on.⁴

These meetings with the women were also important opportunities for me to experiment with various trauma treatment techniques that SE commonly employs in groups settings and the initial stages of trauma recovery. As anticipated, some worked better than others, and in all cases the more refined approaches that required more skill to achieve showed the most promise. This result fits with the women's general placement along the trauma spectrum and the refined interventions their position requires. These initial meetings taught me much about what is necessary to smoothly engage the women in the villages, and I am very grateful for the patience participants shared with me while I was getting to know them.

Meetings with the Animators

Lastly, I had a very special opportunity to delve deeper into the dynamics of sensitization with the group of animators that I traveled with in our Fastenopfer delegation and then with the 25 or so animators who attended our introduction to SE in Kabalo.

Upon my arrival, my traveling companions had little to no idea who I was or what purpose I had being there. Beyond Lothar, Toss and Blanchard, who had invited me, these key animators and organizers of the movement had essentially no understanding of what my role would be. Though they greeted me with warmth, they were noticeably skeptical. It was their eventual contribution to our later discussions that fully convinced me of the value in coupling SE principles with the association movement. For instance, during our three-day animator class after our journey into the villages, the delegate animators showed a near complete grasp of the themes we discussed. They also demonstrated a ready ability to adapt the theoretical material I was presenting to the particulars of their context as priests, organizers, animators, doctors, nurses, and so forth. Many of them expressed enthusiasm and the necessary capacity to immediately implement changes in the way they do their work within their communities.

Likewise, by the end of our three-day course, the last day of which I was ill and Lothar did a marvelous job of leading, all the animators in attendance showed significant signs of understanding what we were introducing into the association movement, why, and to what end. They also demonstrated in group practices initiated by Lothar the foundational ability to facilitate their association meetings in a way similar to the one described above, where a primary focus is first placed on the establishment of sufficient safety and then a pendulated conversation is maintained that keeps conversations from turning into opportunities to unnecessarily recapitulate the stress response.

All of these indicators, among many others, tells Lothar, Toss, Blanchard, and me that we are very much headed in the right direction. We have a host of contributors to thank, not the least of which the enthusiastic people of rural DRC who have repeatedly acted on their own behalf to embrace models for positive change; Fastenopfer for their financial contributions; the insights derived from the psycho-social accompaniment model; my training with Dr. Peter Levine and my SE mentor Steven Hoskinson; the vitality and success of the association movement; and last but certainly not least the wisdom of human cultures and biology that provides, if appropriately applied, a road map to well-being and recovery.

⁴ This suggestion was developed from a story I had heard of a very similar arrangement in a village in the Sankuru region.

Development of a Trauma Treatment and Prevention Protocol for DRC

With the increased clarity offered by SE on how to effectively support highly distressed people, the association movement, animators, Fastenopfer representatives and those following similar empowerment-focused psychosocial approaches in DRC are in a unique position to positively influence the recovery of well-being and a sense of safety for survivors of the war.

Adaptations of Somatic Experiencing Therapy have been proven effective in a wide variety of field applications, as described above. A similar endeavor is underway in DRC and will be refined during Twig's follow-up August 2009 visit.

This protocol will be organized in such a way as to anticipate, as much as is possible, the special requirements of people who display the level and categories of traumatization found in former war regions of DRC. As there is no endemic professional class of therapists to draw upon, this protocol will be built around a community healing model facilitated by animators trained during a six-day course. This will not be a professional training as such, given the lack of experience in therapeutic practice of the animators and therefore will not prepare participants for the essential work of facilitating the inhibited stress response through to its completion. It instead will concentrate on the stabilization of nervous system dysregulation by the establishment of sufficient safety, increasing access to free attention, and the reestablishment of pendulation, all in the service of providing a forum for community wide conversations on the subject of sexual violence, gender relations, and trauma. It also will include a distilled version of the material presented during the 2008 trip, concentrating on the aspects of our work seen as most significant and successful.

During the six-day training, a series of critical skills for bio-psycho-social accompaniment will be presented. It is anticipated that participants will leave with at least a rudimentary ability to recognize relative traumatization of an individual based on behavioral expression; initiate the sense of safety for an individual and group; stabilize and maintain group cohesion while discussing sensitive or volatile subjects; stabilize acutely agitated people through a trauma first aid protocol; and make intelligible presentations on the stress response that are relevant to the lives of villagers and help them better understand what they need to consider changing in their social structure for people to feel differently.

All of this work also will prepare the way for future efforts toward full renegotiation of traumatic material once a group of Congolese can be trained more thoroughly.

Potential Challenges to Developing a Trauma Healing Program within the Association Movement

In any project such as this, one must anticipate the potential challenges so as to best prepare for any foreseeable eventualities. Many of the challenges to a successful trauma-healing program in DRC have been mentioned. Collecting them is useful for future conversations about the best steps forward. Below I will mention potential problems and thoughts about their significance, and solutions.

The continuing war is the largest challenge to our success and the one we have the least control over. If safety is the first intervention, then a looming, or worse yet, a raging war clearly challenges our hopes of success. As mentioned in the beginning of this report, international pressure from civil society is almost surely the only lasting solution to the war in eastern DRC. We can only hope that this pressure, which is mounting, continues to do so and succeeds.

Training a group of novice care providers who are themselves traumatized poses special challenges. First, technical information has to be translated into intelligible language for those without a background in psychological and scientific themes. Second, neuroception, the governor of nervous system states, is highly refined at detecting the non-volitional behavior of other human beings, particularly those who display aspects of distress. Therefore, if someone

is trying to be in an accompaniment role while him or herself are disturbed the chances of having a positive effect are greatly reduced.

Fortunately, because SE is based on universal human biology, it is highly adaptable to widely different contexts. Once these biological factors are appreciated they also make human stress response relatively predictable. Hence, it is probably entirely possible to train non-professionals the salient points of SE in a timely and efficacious manner like translating scientific theory into locally appropriate metaphor. Indeed, it may in some way be easier to train truly motivated non-professionals. With the insights offered by SE and other psychophysiological based systems, much of the therapeutic community is having to unlearn previously common practices that are now seen as non-effective and even potentially detrimental. Non-professionals have the advantage of not being ideologically dedicated to one therapeutic system or another and therefore can start with a beginner's mind. Additionally, SE is about accessing processes that are basic to our human nature. It is therefore entirely reasonable to believe that humans everywhere can do this if appropriately introduced, regardless of their background and training.

It is also likely that a group of support people, if properly oriented and resourced, can provide the requisite signal of safety that a traumatized practitioner may not yet be able to provide alone. Developing a process to establish this community held safety will likely be one of the primary adaptations to the SE model for DRC. For example, there could be a melding between SE practices and the drumming, dancing, and singing already common to village life, all three of which signal safety. It is just such adaptations that will allow the Congolese to own their healing process and find their own best way through their transformation of trauma.

Almost universally and certainly among the majority of women, the degree of traumatization indicates syndromal states. These are the most advanced and entrenched expressions of nervous system dysregulation to be found among people who are still relatively functional. Resolving these states often requires the most refined level of work, patience and care, as these nervous systems are highly friable and prone to re-traumatization. The utmost care must be taken to attend to thwarted survival energies in a progressive fashion over time, and too much contact with traumatic material at one time can worsen symptoms.

To address the syndromal nature of much of the symptom expression, a protocol developed around syndrome conditions can diminish the need for advanced clinical interventions. However, such a protocol would require more time and investment from all participants, as the renegotiation could not be guided as precisely as by a seasoned practitioner.

Some of the demands of community and individual healing will change structural aspects of village life and culture, particularly relating to power. There is a risk, then, of those who wield power feeling their position threatened and responding by increased violence against women out of fear of losing their privileged positions. While truth to this concern, it seems a risk that will have to be taken to have any qualitative change in conditions for women in DRC. Fortunately, from the example of the association movement, villagers have been very open to new ideas when their foundation has been properly presented and explored. Toss's reflections during village wide meetings of the increased rather than decreased benefit to men if their wives are feeling better is a logical starting place for discussion.

One challenge not already mentioned in this report is the nature of the transition between the freeze response and the fight/flight response. Because these responses are ordered hierarchically, it is typical for a person who has been in freeze to go through a period of extremely acute distress when the numbness associated with freeze lifts and they become acutely aware of how distressed they are. This is often accompanied by extreme emotions correlating to the response, such as on the flight side panic or terror dominated by fear, or on the fight side rage driven by anger. The suddenness with which these feelings can come on can be startling for individuals and those around them and often radically alters what had become accepted or at least normalized patterns of social interaction. This is a time of risk for individuals and communities because these intense feelings, without proper accompaniment, can turn the person in on themselves or outward with aggression or panic. Suicides and fights can be common. The degree of repressed

fight response that I witnessed in the private sessions I had with the women in DRC suggests to me that they are absolutely filled with rage. If conditions ever change such that the immobility response is allowed to lift, the liberated anger is likely to cause substantial disruption in the gender relationships within the villages.

Though these challenges are considerable, they are not necessarily insurmountable. While still other challenges may exist, none seems sufficiently severe—except for the potential of war—to warrant any disregard for the viability of our project.

Conclusion / Reflection

The people of DRC have demonstrated in countless ways their determination to attend to the tasks of daily life and reconstruction of their culture and society. However they need to be allowed to, and sufficiently supported, in order to be successful. Fundamental challenges to these efforts exist, including the continuing war, traumatic stress, and disharmonious gender and community relations, which itself receives a significant impetus from prevalent trauma symptoms. This is the time for something to be done. The specter of intergenerational trauma is looming and if permitted to take hold will make the war's effects felt for generations to come. Now is the critical moment to avoid this outcome while victims of the war are interested in being made cognizant of what is happening around and within them. Every individual I met along my travels showed deep interest in being offered meaningful ways to orient their attention away from traumatic recapitulation and toward healing.

Throughout this report I have attempted to share the dimensions and dynamics of trauma in DRC. While doing so I have avoided as much as possible the sensational retelling of the trauma histories of men and women. Those stories are of course as important as they are horrific. They are also deeply personal. Retelling them here does little good for the people who suffer their effects and runs the risk of desensitizing readers to their harsh reality by giving the impression that we “know what happened.” We can have the facts and stories, photographs and reports but the experience of living through the shocking violence in DRC is something that only the Congolese can truly understand. In this way they know something terrible and special about the human condition and have important things to teach us all. The full scope of those lessons cannot emerge from DRC until they are integrated within the lives of the people who have been through so much. And that will require, among many other things, trauma healing. Rather than recounting personal history in this report I have emphasized the universal biological nature of trauma and its malleability when certain conditions are manifest. It is the ultimate goal of this report to enjoin readers to invest their support and solidarity with Fastenopfer and the association movement's efforts to achieve these conditions.

This requires, at a minimum:

- The ending of hostilities in Eastern Democratic Republic of Congo. The Congolese are in no position to stop the war themselves, which is clearly driven by outside influence and financing. Only once sufficient pressure is placed on the belligerents and organizers involved will the war end. It is pointless to talk about trauma recovery when threat feels imminent. When one is challenged, or about to be challenged, it is time to mobilize for defense, to run away, hide or otherwise “climb the tree.” Under the conditions of a threatening war the sense of safety will be continually challenged and hard to come by.
- The continued support of the association movement and other non-dependency reinforcing psycho-social development programs that engages the positive forces of villagers supporting their will to act on their own behalf. The associations have shown to be a highly effective means to increase the productivity and quality of life of the rural poor in DRC. These improvements are acting as a counter force to the fragmentation of society, one of the most damaging and potentially long lasting consequences of the war. Only by reuniting people whose economic and social conditions absolutely demand continual exchange can true material well being be felt by more than elite sections of society. The association movement is showing the value of solidarity and mutual exchange, of “not going it alone”; the message has clearly been felt.
- The development and integration of a trauma treatment protocol within at least the association movement, if not also included in other psycho-social projects. It is Twig's highest recommendation that any such protocol address the biological underpinnings of trauma as a first order concern. Dissemination of such information could immediately benefit social relations in the communities by providing a more neutral explanation to the causes of distressing experiences. If the people sharing this model, such as the animators, are also adequately trained in accompaniment skills that allow them to capitalize on the elements of safety already present in the villages, they will help

trauma victims move more quickly toward the resiliency side of the trauma spectrum. With such a movement we can anticipate speedier recovery of relational capacities, e.g. pro-social engagement. This in turn would improve the material conditions of villagers by reinforcing the emerging solidarity spurred by the associations. Together we should expect to see increased psychological, physical and material well-being.

For now the fact remains; sufficient safety, support, allowance and so forth are simply not present in the village communities. It is my firm contention that until these elements are re-integrated into Congolese village culture expressions of deep-seated trauma will continue, if not worsen. On the other hand, if these necessary conditions can be introduced and integrated into the village environment we are likely to see a radical transformation of traumatic symptoms that is probably above and beyond what has been imagined possible for the Congolese people after the war. As mentioned earlier, when animals successfully protect themselves *and* complete the stress response they are made more resilient for future challenge. Accompanying this completion is a deep psychological feeling of agency, the powerful message that: “I can survive.” The more it is reinforced the more resilient an animal or person becomes. The fact of course is that the people alive in DRC today *have survived*. They have survived some of the very worst conditions that humans have ever known. They’ve done this through their tenacity, intelligence and what Sister Bibian calls “engagement with their positive forces.” And under all of these they have survived because at critical moments their autonomic nervous system knew what to do and did it. Those nervous systems still know what to do; they only need the right conditions to be present to do what happens once the immediate danger is over: deactivate. Once the troubling internally generated signals of threat are extinguished from the traumatized nervous systems of villagers and a generalized neuroception of sufficient safety regained we can anticipate that the recognition of what they have accomplished will be made and the people will be all together transformed.

Establishing these conditions in the village communities will require the active help of the men. The women simply must have more reprieve from the demands placed upon them. They must have more rest, less work, more food, more security and more respect. With these their bodies can begin the recovery process; without them they will continue to live lives fraught with astonishing amounts of pain and discomfort.

What we know about trauma is that its victims cannot easily choose new behaviors. The incomplete stress response and its correlates are continuously attempting to complete. They are thus compelling the reenactment of inhibited responses; we strike out when we don’t need to, we freeze when we shouldn’t. The more this process reinforces itself the more of a downward spiral it becomes. Some type of mediating intervention *must be introduced from outside* of this vortex. The association movement is one such intervention that is showing remarkable success and there are others besides. In all there is a unique opportunity-taking place within DRC today. Through the combined efforts of Fastenopfer and the association movement, the visionary actions of the Justice and Peace Commission, other positive social change projects and a mobilized society, the chance of peace and reconciliation grows despite the continuation of war, trauma, poverty and all the rest. If a working bio-psycho-social model is integrated within these projects a much greater chance of success will be gained.

Ultimately the stress response is playing a disproportionate role in DRC, a situation that does not have to remain this way. Because of its biological nature, the stress response follows a coordinated sequence of events that anticipate certain conditions. There is a stressor, an activation response, the return to safety and subsequent deactivation. When the danger recurs repeatedly or signals continuously—from either internal or external sources—stress response becomes chronic disorganizing the nervous system and behavior while making the sense of safety remarkably hard to come by and experience. Remarkably, even when the intended sequence is disrupted the process waits for completion. If sufficient safety and other requirements can be established—and made neuroceptively aware—what is waiting to happen, will: the traumatized person will come down out of the tree and put their feet firmly on the ground. My intention throughout this report has been to supply sufficient theory to enable readers to feel comfortable investing their energies in this process. A process that is yearning for the proper support to manifest its healing effects. The future well-being of the people of DRC, if not the whole of Central Africa, may depend on it.

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