

**Closing a gap in conflict transformation:  
Understanding collective and transgenerational trauma**



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“Who does not realize a trauma, is forced to repeat or to re-act it“.  
(Pierre Janet 1902)

## Introduction

If we think of the current fragile contexts and protracted violent conflicts, one feature is very striking: We are often confronted by vicious circles of never-ending structural, direct and cultural violence. A huge part of humanity is exposed to violence, which is creating its own system with a normative strength that is overtaking and influencing political, economic or cultural systems. The current international discussion on religious and political extremism and radicalisation also reflects to varying degrees that traditional” (international) tools of analysis and strategizing fall short of capturing the complex dimensions of individual and collective violence.

One lens which adds a new perspective to the multiple factors that inform individual and collective violent behaviour is the one of *collective trauma*. Traditional (international) context and conflict analysis and strategies for development cooperation, migration work and conflict transformation ignore to a great extent collective trauma as key driving dynamics of for violence and the protractedness of conflicts. We believe that large parts of society are affected by both, collective and individual trauma, and a better understanding the connection between trauma and violence is necessary in the future.

This paper explains how the lens of collective trauma broadens our understanding and analysis of protracted and intractable violent conflicts, fragile contexts and vulnerable societies and enriches strategies for conflict transformation, migration work and development: All strategies applied by international organizations in these three fields benefit from becoming (more) responsive to collective trauma.

### Structure of paper

To the newcomers to the topic of trauma, it may come as a surprise that in the academic literature there is no consensus on the concept itself, its dimensions and effects. The aim of this article is to counter-act the current general tendency to seriously overuse the term and to quickly apply it to any deeply stressful situation.

At the same time, this article shows why resilience is important and that different forms of resilience should be identified and – wherever possible – be enhanced. We therefore turn to the concept of “resilience” in the first chapter.

The second chapter briefly reviews the concept and characteristics of individual trauma as much of the focus on conflict transformation has lied on psycho-social<sup>1</sup> work with regards to individual trauma and PTSD.

The core of the paper is presented in chapters three and four: Going beyond individual trauma, these chapters will show why and how collective trauma and transgenerational trauma – as a particular form of collective and individual trauma – matters in conflict transformation: They explain the specifics of collective and transgenerational trauma and their consequences. Figure 1 shows that the different types of trauma have in part specific characteristics and overlap at the same time. Consequences like health issues impact individuals as well as groups or the society as a whole.

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<sup>1</sup> Psycho-social work is understood as the support of individuals in demanding situations of their lives.

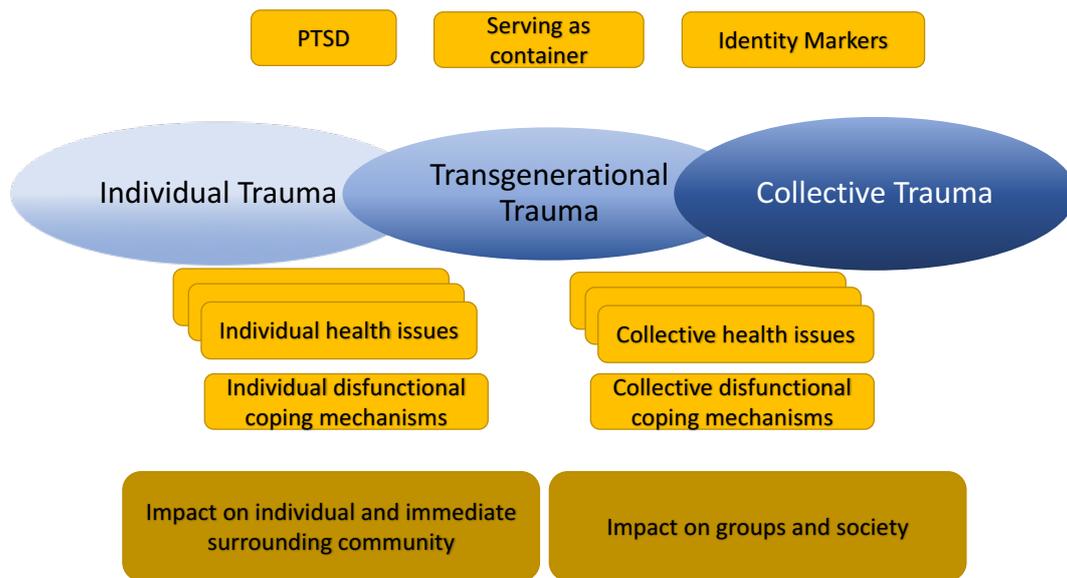


Figure 1: Overlap of individual, transgenerational, and collective trauma, consequences and impact

Based on these conceptual clarifications, we present a set of Theories of Change (ToCs) with examples for interventions on how to overcome the barriers and support effective change in various fields of development cooperation and conflict transformation. Finally, we summarize the added value of integrating the lens of collective and transgenerational trauma in conflict transformation.

## 1 Resilience

After dramatic events, not only traumatic consequences can be observed, but the exact opposite as well: Individual people, who have survived traumatic experiences, may work with enormous dedication for peace and reconciliation. Instead of reacting to the same event as others do with disruptive, dysfunctional patterns, they find a way to transform the experience into a motivation to grow and heal and turn themselves towards others. The same phenomenon can be observed on a group or societal level, where people survive and withstand crisis situations. The concept of societal resilience is now taken up in current international discussion on fragility and countering violent extremism.<sup>2</sup>

Similar to the concept of trauma, there is no uniform or easily agreeable definition of resilience (see also Valent 1998)<sup>3</sup>. On the one hand, resilience is an inherent or acquired condition, where inherent and acquired capacities help to act adequately in the face of a challenge. On the other hand, we see resilience not only as a condition but also as a dynamic learning process of an individual and collective. With regard to trauma, resilience is therefore a form of post-traumatic learning and development process that can empower

<sup>2</sup> In the UNDP Strategic Plan 2014-2017, resilience is defined as an inherent as well as an acquired condition achieved by managing risks over time at individual, household, community and societal levels in ways that minimize costs, build capacity to manage, sustain development momentum and maximize transformative potential. The concept of resilience is inseparable from that of 'risks' – specific factors of a magnitude and intensity able to disrupt development progress and inflict significant direct and indirect costs. In the perspective of development, resilience is not just applicable to disaster risks but also to risks related to political, social and other kinds of tensions that can escalate into outright violence.

<sup>3</sup> Resilience stems from a term used in physics to describe the capacity of a material to regain its original shape, accordingly a resilient person is one that regains her original capacity after a certain event.

individuals provided that adequate resources, techniques, attitudes and know-how are available<sup>4</sup>.

It was the German psychotherapist and trauma expert Reddemann<sup>5</sup> who stressed the respective individual resources and resilience in the light or in the face of individual and collective trauma. In further, latest research, various models of resilience have been developed, some focus on a systematic presentation of protecting factors, others try to analyse and design methodologies to strengthen resilience<sup>6</sup>. Some available concepts go beyond the individual level and focus on organizational resilience. Yet, research on approaches which deal systematically with the societal level is still in its infancy.

Transformation processes need to include both, resource orientation to open the learning processes around resilience, and awareness of inhibiting factors. This is valid not only for individual but also collective and societal transformation processes. In most of the current approaches, e.g. in conflict analysis and strategic interventions, the focus lies almost exclusively on working on the removal of inhibiting factors and dynamics.

Given the current research on trauma and resilience, two enabling factors or dynamics for resilience on collective levels seem to stand out:

Firstly, trauma research agrees on the importance and relevance of strong emotional attachments and bonds. They provide a secure psychological context, which allows to and strongly contributes to resilience and dealing with or preventing (different forms of) trauma<sup>7</sup>.

Secondly, Brunner – in reference to Simmel – underlines that irrespective of the existence or loss of the individual bonds and emotional attachments, a shared ideology provides psychosocial security (see Brunner 2012: 202): Soldiers and civilians in a totalitarian state are more resistant and immune to trauma than in socio-psychological contexts without a shared ideology (see *ibid*: 202-203). This finding raises the question on the fine line between and questionable connection between expressions of collective trauma and resilience: What if a shared ideology is based on collective victimhood, loss or despair and/or extremist or radical ideology? We may think of refugees who share the same extremist or radical religion or political ideology.

While conclusive data does not exist yet, it underlines the important link between trauma and shared ideology as coping mechanism (see, for example, Pargament 2007, studies on trauma and religion).

Thirdly, we may think of the shared humour and jokes across generations as part of collective emotional narratives which function as a coping mechanism and an enabling factor for resilience. An illustrative example may here be the Jewish humour and jokes which all in one or another mirror and reflect the discrimination and prejudices against Jews and their prosecution for centuries: Their humour “makes fun”, sheds a different, life-affirming light on these experiences, and functions as coping mechanism. Most importantly here, this sense of humour is self-directed and not based on exclusive thinking against another social or religious group (see, for example, Ostrower 2015).

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<sup>4</sup> With this definition, a positive connotation of resilience is established. As opposed to define resilience as capacity to regain the original state – which would oppose any learning process.

<sup>5</sup> Reddemann developed the so-called psychodynamic imaginative trauma therapy (PITT). It was developed for the treatment of complex post-traumatic stress disorders and has been further developed over decades. It has been clinically proven in the treatment of complex post-traumatic stress disorders, dissociative disorders and personality disorders. PITT is widely considered as a form of applied psychoanalysis, which makes use of the “ego-state approach” of Federn and Watkins.

<sup>6</sup> See Amann and Egger 2017.

<sup>7</sup> Different pieces in trauma research have underlined how secure emotional attachment within a community contributes to the enhancement of emotional resilience (see Van Ijzendoorn. *et al* 2003 and with regards to refugees see Frick-Baer and Baer 2016).

## 2 Individual Trauma

### 2.1 Definition and consequences of individual trauma

While there is no consensus on the definition of trauma, individual trauma is here defined – in reference to the trauma expert and psychologist Dellucci – as a not yet (fully) accomplished learning experience. Trauma occurs through the way our brain and body react specifically if emotions are so intense that they go beyond the so-called *window of tolerance* (for further explanation see Annex 1). It is not the event itself which defines trauma, but the process that follows the event that might or might not lead to trauma: A very general common feature of trauma is the loss of a basic sense of security accompanied by the experience of being extremely helpless and disempowered in a given situation.

Trauma research and latest research in neuroscience and epigenetics suggest the following five characteristics that describe trauma:

- Trauma on an individual level has an influence on the functioning of the brain network, brain cells and the body. It influences how we save and stock this very experience: A highly stressful situation is perceived as a matter of survival, all other interactions are stopped, the older parts of the brain take over for quick reaction, cognitive processing is blocked, and the body is flooded with hormones like adrenalin and cortisol<sup>8</sup>.
- Experiences leading to trauma have a strong impact on the brain structure and brain cells. The influences on the structure of our brain are particularly harmful in the early phases of the brain's development. The *hardware* is damaged. This is particularly harmful to those aspects of the brain which drive empathy. Due to the neuroplastic capacities of the human brain a lot (but not everything) can be recovered. Trauma also has a strong influence on gene-expression and the activation or de-activation of certain function of the DNA of human beings.
- Since the brain functions and works as an associative network, past experience(s) can be triggered by factors, which we might not be consciously aware of. If this happens, it affects our normal way of thinking and behavioural patterns without consciously making a cognitive connection of the present situation with past experience.
- The earlier extreme stress is experienced, the smaller the *window of tolerance* becomes in the future. Therefore, the probability that an experience falls out of the window increases. Concerned people oscillate between over-stimulation (aggression, extreme tension, explosive behaviour) and under-stimulation (depression, exhaustion and emotional numbness). In these states – beyond the window of tolerance – no learning takes place as the brain (and hence the individual) remains in survival mode.
- Other research shows the link between stress and the central nerve system, metabolic processes, the cardio-vascular system, the immune system and the aging process of cells. This leads e.g., to the development of illnesses such as diabetes 2 and/or to lower the life expectancy.

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<sup>8</sup> There are broadly speaking four different coping mechanisms for stressful events: flight, fight, freeze/fragment and fold. Flight means one tries to quickly physically and emotionally to withdraw from the situation and might show as fear, avoidance, withdrawal, or anxiety. And while fight refers to an intensive emotional battle expressed as anger, aggression, hatred, domination, or resentment., freeze/fragment can be observed as immobilization, dissociation, disembodied thinking, or paralysis. Fold might manifest as falling asleep, numbing, collapsing, depression, apathy, or torpor, see e.g., S. Gilligan 2012, pg 28 ff.: In Tibetan Buddhism these are considered to be the main poisons of the "original mind."

At a closer look, the key characteristics of traumatic experiences are different forms of the so-called *dissociation* (see van der Hart, O. et al 2008 and further elaboration in the Annex 1).

Very often intensive dissociative states and phases of PTSD (Post-Traumatic Stress Disorder) are characterized by troubles in bonding/emotional attachment distorted perception of reality hallucinations and “flashbacks”.  
On the surface people might function “normally” until the trauma is triggered or the capacity of dissociation is disrupted by new stressful events or simply a loss of strength e.g. through aging.

In the end, to understand the impact and short- to long-term handling of individual trauma, we have to be aware of the wider social and political circumstances and context: In reference to Becker and his concept of sequential traumatization, we have to assess the psychic and psychosocial prehistory, the wider socio-political and historical context, the actual triggered stress situation, and the available and socially accepted short- to long term coping, processing and healing mechanisms (see also Brunner 2012).

Most importantly, all research stresses in one way or another that there is no automatism or direct cause-effect link. The exposure to potentially traumatic experiences such as rape or physical violence itself does say very little about the long-term handling of it. That is also where again the concept of resilience comes in.

## 3 Collective Trauma

### 3.1 Concept, Consequences and Impact of Collective Trauma in a violent conflict and development/fragility context

#### 3.1.1 Definition of Collective Trauma

Academic literature does not offer a concise definition of collective trauma (see for example Kühner 2002). In fact, the use of the term is even more diverse than that of individual trauma (see again Figure 1 above). And there are different other terms used in the academic literature describing similar symptoms and effects.<sup>9</sup>

Clarifying the term “collective”, we focus on two different levels of collective trauma:

- Identity group level: Traumatization may occur among age, class, caste, religious and/or ethnic groups. Sizes and group coherence of these groups may differ. Different markers of identity may overlap, influencing the group dynamics and the dynamics of interaction with other groups.
- Society level: Societies may be affected by traumatization within a nation-state, sub-national or trans-national level, influencing the fabric of society, the interaction within societies and the interaction with others.

Some academic literature and research on trauma implicitly refer to collective trauma – and we do not – if many individuals suffer from different forms of traumatization showing the

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<sup>9</sup> The concepts of “Chosen Trauma” and “Cultural Trauma” are briefly presented in Annex 2, where we highlight similarities and differences to our understanding of collective trauma.

typical symptoms of PTSD and developing coping mechanism as discussed in the previous chapter (see for example Elsass 2001 and Summerfield 2001).

An example may here be the traumata experienced by a large group of individuals, which might be consequences of mass rapes or gang-rape – with rape being a strategy of warfare in violent conflicts. However, the consequences on the collective level, e.g., the rise of domestic violence or insufficient parental bonding, cannot automatically be called collective trauma. This implies that the traumatization of many individuals would not *per se* be considered a collective trauma.

Going back to the example above: If a group of raped women suffering from severe depression and PTSD use their traumatic experiences as key identity marker in public discourses and as a way of self-expression/-definition, we consider this as a form of collective trauma. Once trauma of many individuals is framed and used as a *collective identity marker*, we speak of collective trauma.

We distinguish between the three *collective identity markers*, which in practice are often highly interwoven:

- Collective narratives
- Collective emotions
- Collective mental models/norms and values.

### **Collective narratives**

- **Collective narratives of loss and despair:** This narrative may be invented or correspond to the real trauma(tization) of the group members. It is widely shared by many members if not all group members. The members of this group continuously refer to “the past” and topics of “atonement and guilt” of “the other”. At the same time, there is a silencing of shame, guilt and responsibility on the side of one’s own identity group. First, as the narratives are treated as truthful account of history, they lead to an inability to differentiate between “facts” and “opinions” about committed crimes and violence: The narratives become selective, prejudiced and distorted, presenting the own history in positive light. Second, silencing and dismissal of guilt and responsibility can be observed – due to in-group dynamics and (unconscious) cognitive biases.
- **Collective narratives of victimhood:** Victimhood becomes the point of collective reference, sustained by narratives of loss and despair. Becker (2009) speaks of an “ideology of victimhood” presenting the own society as a victim and delegitimising the rival group. Identity is constructed through negative delineation as opposed to identity-formation focussing on positive, inclusive and life-enhancing, dynamics and elements. As an illustrative example of the societal level may here be the education system, politics and public discourses which refer to and are based on these collective narratives of victimhood. A personal individual trauma may further enforce a personal belief and re-enforces the collective memory and narrative of victimhood. Collective victimhood is often part of narratives of loss and despair. The narrative of collective victimhood is used to explain and justify the own wrongdoings, acts of revenge like in the form of extended violence and the compensation for the own suffering and loss by the alleged perpetrators. In protracted, violent conflicts, often a competition for greater victimhood among collective (ethnic, religious and political) groups can be observed, making it more difficult to de-escalate the conflict and transform the conflict.

- **Collective narratives of guilt and shame**<sup>10</sup>: In contrast to the two narratives above, the “narratives of guilt and shame” are less explicitly and openly pronounced. This can be explained by the very nature of guilt and shame. They often lead to silence and taboos in a community: While not explicitly talked about, they inform thoughts, emotions and actions and are “the elephant” in the room. Many communities after the Second World War silenced their own responsibility in the Nazi regime and carried from one generation to the next “narratives of deep guilt and shame”.

### **Collective emotions**

With regards to **collective emotions**, we focus first and foremost on the phenomena of *collective angst*: The group finds it difficult to trust other groups and does not believe in a positive vision or a brighter future. Archaic motives are evoked, as e.g., we need to defend ourselves against a tyrannical world. Conspiracy theories are often propagated by greater numbers of identity groups and/or the wider social public. Collective angst among the constituencies of the different parties to the conflict feeds into deep mistrust and the dismissal of positive visions of the future.

### **Collective mental models/norms and values**

As far as **specific mental models** are concerned, we speak of exclusive values, norms, *world views or belief systems* that are characterized by a pronounced rigidity of thinking: showing in beliefs of “one” truth, ideologies, scapegoating, devaluating prejudices, a narrow tunnel vision and transferences on “the other”. Mental models/world views dominate the social norms, the public discourses, the media coverage and education. Most of those mental models implicitly give the often much needed and longed for orientation. It is important to note that these exclusive mental models are passed on without people being cognitively aware of doing so: As world views are implicit, they feel like part of one’s own culture. These dynamics are feeding into exclusive mental models and belief systems of conflict parties, the media and education systems. As these mental models are perceived as “normality”, it comes extremely difficult to question behaviours and ideologies. Conflict parties often use black-white thinking, scapegoating and stereotypes to legitimize their own behaviour and ideologies and to boost their war or violence propaganda. Exclusive mental models often form a breeding ground for conspiracy theories among the wider population and conflict parties and stakeholders further enhancing collective angst among the general population. In such a mind-frame, rational arguments will not be heard – not only because people refuse to hear them, but due to unconscious processes<sup>11</sup>.

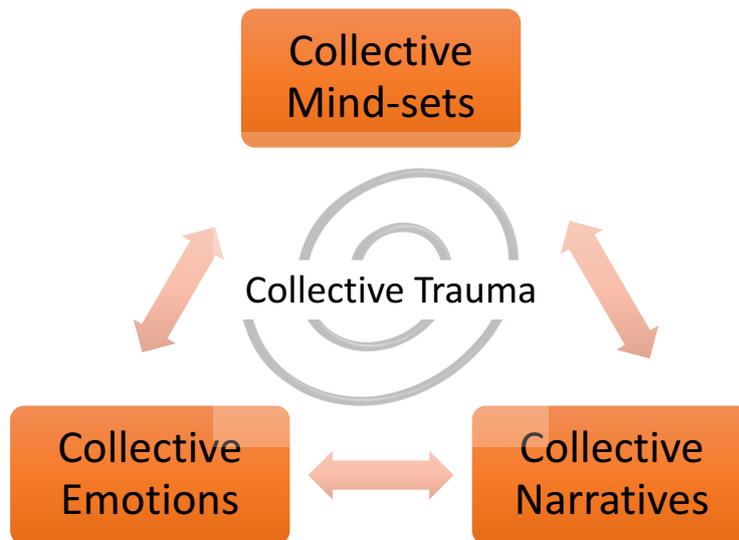
The mutual reinforcement of the three identity markers is shown in Figure 2 below:<sup>12</sup>

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<sup>10</sup> The “collectives narratives of guilt and shame” often overlap with the “narratives of loss and despair” or in fact exclude each other as a function of the context and inner-community dynamics: Dependent on the reading of the own history and the own trauma, different members of a community may prioritize and highlight their highly different versions of “the truth”: The feeling of guilt and shame may be ignored and their own suffering and burden may be prioritized: The burden for example of being forced to leave their homeland in the East and migrate to other parts of the country.

<sup>11</sup> For more details on the mechanisms of unconscious processes with regard to values systems see e.g. Haidt 2012.

<sup>12</sup> This triangle of mind-sets, emotions and narratives reflects a concept of structural systemic constellations called the triangle “polarization of beliefs and faiths”. This concept is particularly useful in conflict transformation if resources are difficult to access and trauma plays an important role. (Sparrer and Varga von Kibéd 2010)



*Figure 2: Interplay of the three identity markers defining collective trauma*

Similar to the diagnosis of individual trauma on the basis of several symptoms that occur jointly, we start to speak of collective trauma, when one or more of the above-mentioned characteristics are in place and they form an overwhelming social-psychological context for the collective.

### 3.1.2 Consequences of Collective Trauma

Collective trauma may trigger and escalate existing conflict dynamics, which are present in any transition process. This is best understood through the interplay of the three identity markers with each other and with other drivers of conflict already referred to above.

The following drivers of conflict and consequences may appear all at the same time or appear separately from each other in a given conflict – always highly dependent on the specific conflict, social and political context.

Many of the following issues have been raised in the past in the context of violent conflicts without the lens of collective trauma. The differences we see are that

1. while some of these drivers of conflict may on the surface be mitigated after the conflict is ended, they stay present and inform collective trauma
2. through the identity markers the destructive consequences of conflict are more pronounced. This turns into a vicious cycle where the consequences in turn enhance the force of drivers of conflict and the reliance on identity markers of collective trauma.

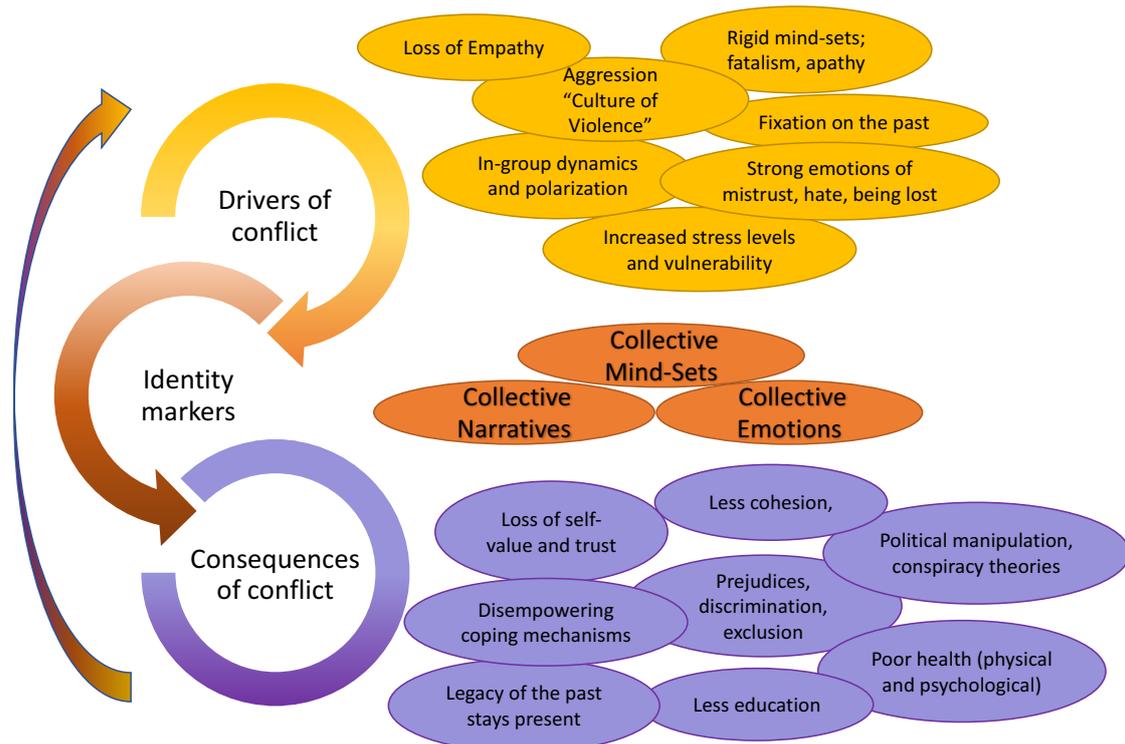


Figure 3: A vicious cycle: the role of identity markers in conflict dynamics

In the following the vicious cycle is explained vis-à-vis the interplay of several drivers of conflict with the identity markers and the consequences of conflict.

**Loss of empathy**<sup>13</sup>: The loss of empathy – as a well-known consequence of conflict escalation – is enhanced by collective trauma and has a wide-reaching impact on all other symptoms below. Like an individual, a community which is traumatized can hardly develop deep and healthy levels of empathy. We draw a parallel to trauma on an individual level, e.g., being exposed to deportation or forced migration and different forms of physical violence may not necessarily lead to a stronger empathy for other refugees or other survivors of violence. In fact, given the open wounds and trauma, e.g., the affected refugee or survivor of violence may be more receptive and open to prejudices and revenge – if she or he did not experience positive moments and opportunities of deep bonding and emotional attachment in the form of other fellow humans offering strong emotional support.

Loss of empathy on a group level feeds into a **culture of violence**, which, in turn accelerates the loss of empathy in the form of the protection, over-concern for self-interests and ignorance for “the other”/“the others” (see also Bar-Tal *et al* 2015).

**Defensiveness or aggressiveness** serves to ensure the existence of the own identity group. These patterns are reinforced by the role of victimhood and competition of victimhood, victim-perpetrator dynamics, and culpability and shame as framing of a conflict. And at the same time vulnerability to polemics and manipulation impacts on the **group dynamics**, builds on collective angst and other **strong emotions** and exploits collective needs<sup>14</sup> of the

<sup>13</sup> In medical terms know as hypo-empathy

<sup>14</sup> Other needs include needs for safe existence, health, predictability,

- comprehension, sharing the same reality, respect of differences and own-self, empathy
- forming identity, self-image and collective self-image,
- group coherence, unity and belonging within group boundaries,

participation and shaping the own future, making sense, higher goals of prospect future, sense of life and spirituality

identity groups such as safe existence, sharing the same reality, collective self-image, group coherence and shaping the own future. The definition of “winners” and “losers” in a society leads to social segregation and dissolving of social fabric.

Through strong emotions **archaic motives** are evoked to reduce the complexity of the situation, as, for example, the groups “needs” to defend themselves against a tyrannical world. Conspiracy theories are often propagated by greater numbers of identity groups and/or the wider social public enhancing uncertainty which opposed to reliability. Only the latter provides the frame for empathy. The more misinformation is used, the less a climate of reliability and empathy may flourish.

With **mind-sets of fatalism, powerlessness and apathy**, the group finds it difficult to trust other groups and does not believe in a positive vision or a brighter future. A narrative of collective victimhood, for example, will greatly influence the unequal access to education of an ethnic minority. **Fixation on the past** suffering and its burdens might lead to getting locked in disempowering coping mechanisms. If the legacy of atrocities cannot be dealt with, neither emotionally, historically, nor in terms of justice and sustains “protracted conflicts”.

**Rigid mind-sets and biases** that distort and negate facts, difficulties to forward and accept rational arguments, shaming and blaming leading to prejudices, discrimination and exclusion patterns. This might add ethno-political or religious dimensions to conflict and enhances the risk for political and religious radicalization, especially among the young.

The use of **political exclusive narrative** is powerful. It is observed as a strategy applied by leaders and groups in violent conflict contexts. It serves several collective needs through like shaping and protecting a chosen narrative. The newly created narrative ensures a given political status quo and political bargaining power. This kind of **strategy** imply control of information (censorship), shaping the social construction of narratives (e.g. restriction and access to archives, control of societal institutions and communication channels), and the continuous reinforcement of the conflict-supporting narrative. Punishment for dissenters, encouragement and rewarding for supporters of the narrative, monopolization of patriotism, indoctrination and ideologies and enforcing conformity stand against alternatives or opposing perspectives to the conflict-reinforcing narrative. Critical thinking is banned.

**Morals are diverted** from individual care and role towards a mass-culture homogeneous “we are all in” glamour. Mono-culture is emptied of its sensitivity and grace to favour strength, power and determination.

Lack of integration and cooperation enhances **mistrust**. Competition for power hampers integration and cooperation between groups within the whole of society. In parallel, building of alliances and loyalties against others is likely to happen. Setting up of friend/enemy profiles is probable. Social self-exclusion or/and reinforcing discrimination of others are harmful dynamics following those mind-sets. Weak social cohesion, problems of integration in society, and problems in building and maintaining relationships produce an all-encompassing climate of social fragility.

High stress levels of individuals in any affected group, e.g. caused by discrimination, the ridiculing of a certain culture in an everyday context might lead to a reinforcement of the three identity markers and from there to **increased stress levels and vulnerability**. Two particular aspects of increased stress and vulnerability are the deterioration of (mental and physical) health condition and lower levels of education and weak economic capacities. The deterioration does not only include the rise of mental illnesses but also the lower general health conditions, a series of physical illnesses, and higher prevalence to disease even generations after the original trauma. This, in turn, will put an additional stress on the health sector at large. Another consequence of increased stress and vulnerability are lower levels of

education and weaker economic capacities. Less access to education and resources, in turn, will further increase stress level and the perceived feeling of vulnerability and victimhood. The vicious circle results in less productivity and the weakening of human capital for development of the society.

These all are some of the key factors that enhance conflicts.

In the next chapter, we will present how these symptoms can guide conceptual thinking in conflict and development transformation processes.

### 3.2 Theories of Change for Working on Collective Trauma

In the previous chapter, we explained how the formation of the three identity markers reinforces the process of collective trauma. Given the consequences of collective trauma in a violent conflict context, the following question is: *how* to specifically overcome trauma consequences for successful change. In the following, theories of change (ToCs) are presented as the basic reasoning for why interventions should be shaped in a certain way to address collective trauma.

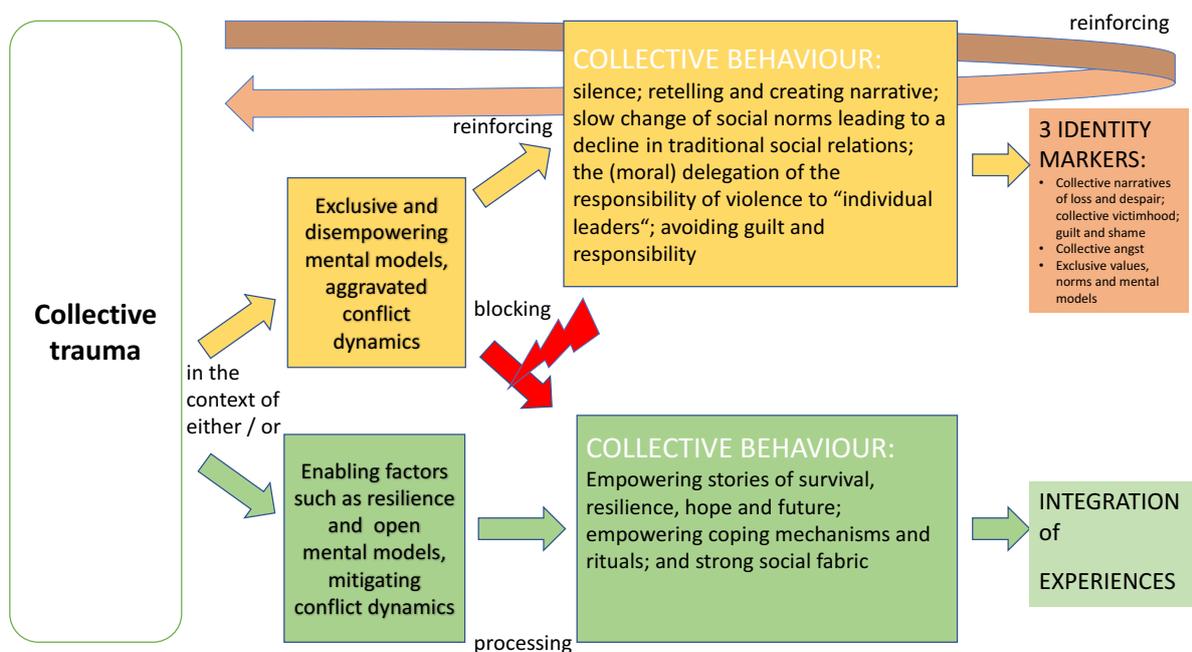


Figure 4: Collective trauma: the process of reinforcement and the process of integration

As this paper focuses on the collective level, ToCs and intervention hypothesis on the individual level are only integrated if considered relevant for understanding the collective level.

First, we introduce **four general conceptual ToCs** on trauma and change and based on them we present **seven ToCs driving interventions** in violent conflict and fragile contexts.

#### 3.2.1 Underlying Conceptual ToCs of Collective Trauma and Change

As all traumatization processes need to be understood in their respective socio-cultural contexts, the socio-political status quo before and after a violent conflict highly influence the traumatization processes, their intensity and dynamics. Ideally, they should be driven by local people, their knowledge and spiritual wisdoms respecting individual and collective rights.

Individual and collective trauma are perceived and understood and dealt with across cultures a different way<sup>15</sup>: Traumatized individuals in collective-oriented cultures find it difficult to approach their personal and individual trauma as focus on the individual is socially and culturally perceived as not acceptable. Along those lines, individual trauma can only be and is expressed as a supposedly collective incident – women only talk about trauma as a result of rape if they know that many members of their group have been sexually abused: The very idea to take the space and room to talk about one's own personal suffering, pain and grievances is in conflict with the collective frame of identity, sense and well-being.

Collective-oriented cultures may offer greater protection for the individual and his/her trauma-specific sufferings and mental health issues. At the same time, due to the culture-specific and propagated understandings of honour and shame and lack of knowledge on mental health issues in general and on trauma in particular, traumatized individuals shy away from speaking up or seeking any professional help. Intuitively, they know "something is wrong with them" but have no other way or means to express themselves and share their trauma with others. Hence, there is a risk of a greater sense of self-loss and identity crisis.

In assessing the impact of stressors, appraisal and coping strategies among First Nations people cultural factors play a prominent even key role in the evolution of psychological disturbances, as well as the intergenerational transfer of stressor effects. Depending on the role of religion or spirituality, healing processes are influenced by respective mental mind-sets, e.g. Buddhism in Cambodia or shamans in various cultures who favour collective rituals (Bombay, A., Matheson, K. and Anisman, H. 2009).

The intensity and dynamics of the traumatization processes, in turn, have an impact on how and when violent conflicts can be successfully transformed.

In the following, we propose ToCs when collective trauma already exists, since we are convinced that if this is not done in an effective, local-specific and timely manner the identity markers of collective trauma are reinforced.

Four conceptual ToCs:

- By addressing the past, there is an opportunity to address and understand the nexus of traumatization and the ongoing (physical and structural) violence in the private and public spheres, including the increasing discrimination against religious and ethnic minorities. The understanding of the nexus will lead to a different agency of various actors, e.g. actively influencing rather than staying a victim, but as well to build more resilient system to counter the system of violence. On the contrary, silencing of the past reinforces individual and collective trauma.
- Constructive, individual and collective coping mechanisms based on reliability and empathy to escape the vicious spiral caused by the three identity markers that draws people in, will enforce conflict transformation.
- Individual and collective resilience works to counter the negative impact of the three identity markers and will enforce conflict transformation.
- Effective strategies of conflict transformation focussing on collective trauma need to integrate both, conscious and sub-conscious levels and combine them – dependent

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<sup>15</sup> Local health NGO – often supported by Western donor and development agencies - have highlighted and published the context-specific and culturally different coping mechanisms and strategies in countries such as Cambodia, Sri Lanka, Columbia and Rwanda. See also König and Reimann 2017.

on the specific context and the quality of trauma.

### 3.2.2 Intervention Hypothesis

We distinguish between the following seven different intervention hypotheses in the context of international and local aid and development and conflict transformation practices.

Dependent on the mandate and capacities of the intervening actor, different intervention hypotheses apply. At a level of intervention of high level government institutions an actor might be more interested in public discourse and dialogue settings. At a level of working directly with vulnerable groups, creating safe spaces and healing mechanisms can be key strategies.

Working with the intervention hypothesis driving interventions will contribute to the following **outcomes**:

- reinforcing constructive collective learning process through developing symbols and rituals,
- developing common language of expressing coping and healing mechanisms,
- avoiding to re-enforce collective trauma or preventing collective trauma from the beginning,
- finding constructive and non-violent ways of dealing with trauma in society,
- encouraging local culture-/ and context-specific coping mechanisms for trauma and resilience mechanisms in the form of shared spiritual, knowledge and healing traditions,
- a more thorough and deeper understanding of the concept of individual and societal resilience in the context of trauma, allowing actors in conflict transformation to identify new, creative entry-points for transforming cultures of violence into cultures of peace.

At the same time, we understand the following intervention ToC hypothesis and examples as adding to the already existing intervention logic of “dealing with the past” debate, in particular design and implementation of dealing with the past processes with a focus on reconciliation and truth-telling initiatives (see Austin 2017 and Austin and Fischer 2016): Dealing with the past is a multi-faceted multi-layer process that can integrate in the process design the work on collective memory, empowering roles in society, and mental models in the public sphere.

**Intervention Hypothesis 1: Empathetic sharing of trauma narratives in communities deals with and transforms collective (and individual) traumatic experiences.**

*Example for intervention:*

Open and safe spaces should be provided which allow empathetic sharing guided by a facilitator focussing not only on individual experiences and learning processes but also on collective learning. Ideally, the facilitator has profound knowledge of trauma, group dynamics and dialogue facilitation (see for practical guidance D. Becker 2016). The spaces are also understood as open in the sense that the specific organization of these spaces should be adapted to the local specific culture and circumstances. The dialogue might provide a sense of collective meaning, dignity, belonging and identity: These “open spaces” could be community centres, where the affected individuals are given shelter and join in activities which make sense for the wider community.

Another form would be to think of a more “theatre of the oppressed”-type of process, where both the audience and the actors “work through their bodies” on a given trauma issue or dimension.

**Intervention Hypothesis 2: Resilience on individual and collective levels is strengthened through strong inner-group emotional bonds and relationships and open, inclusive mind-sets.**

*Example for intervention:*

Community-driven activities, which promote solution-oriented and life-affirming attitudes, could be sports, theatre and arts performances, realising concrete projects: They could take different forms given the prime target group and may vary across generations.

The challenge in activities with the aim of enhancing inner-group cohesion and collective resilience is that most refugees from war zones know only two types of agency: victims and perpetrators of violence. Trauma-sensitive work should help to find/form a new different identity and agency – neither as a victim nor as a perpetrator.

**Intervention Hypothesis 3: Resilience on collective levels is further enhanced by working on in-group and, at the same time, on out-group dynamics.**

*Example for Intervention:*

We may think of support activities with/for a refugees and survivors of gender-based violence, which promote constructive group identity-enhancing coping mechanisms. To address their collective need for identity and security, this could imply to work exclusively with the affected women and men and hence enhance the inner-group bonding processes.

Once, there is a form of group cohesion, bringing them together with other but differently affected groups might be a next step. Other interventions, for example, might aim at linking refugee communities with host communities in the form of joined sports activities and arts events. Another form of emotional support and bonding across communities could be through “food corners” where, for example, refugees offer their local food and cook with the host communities.

**Intervention Hypothesis 4: Strong emotional bonding and support in the phase after the (potentially trauma provoking) incident is more relevant and powerful for healing and learning.**

*Example for intervention:*

It is the early emotional support that makes the difference in bringing families or communities together again, strengthen trusted leaders, and work with existing functioning coping mechanisms within the community. Interventions which focus on the directly trauma-affected groups of people and individuals should ensure “open and safe spaces” mentioned in intervention hypothesis 1.

Another case in point is here Keilson’s research on Jewish orphans and their trauma and survival of the Holocaust regime (see Keilson 1979 and 1991): While the children emotionally suffered and experienced the post-war phase as brutal as the actual phase of the Holocaust, Keilson showed in this research that the post-war opportunity to continue living in foster families or orphanages was key to their personal healing and to process and to integrate<sup>16</sup> their traumatic experiences of personal and collective loss of family members, food and shelter, hunger, fear and death threats. A secure and emotional home in families had a greater impact on the prospect of healing than the actual severity of incidences experienced during the Holocaust.

Taking into account this research may argue that many refugees experience in the post-escape phase in their new surroundings a new level of great insecurity and uncertainty, which may reinforce the effects of individual and collective trauma. While there is yet any research on this nexus and how far new “life experiences” may reinforce or transform

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<sup>16</sup> To integrate here means to learn what has not yet been learned, to mourn for what has not happened and to let go for what will not be possible or feasible anymore.

existing trauma, the question arises how to organize/design the integration of the refugees in such a way that trauma can be transformed, addressed and not – unintentionally – reinforced. Frick-Baer (2013) stresses the great relevance of lived and early on solidarity, care, support and open spaces for learning how to deal effectively with trauma in the so-called “post-trauma-event phase” in recent research on the current situation of refugees in Germany.

**Intervention Hypothesis 5: Giving meaning to collective trauma, deeply reflecting on it, integrating it into a collective memory and a positive vision of the future are crucial ingredients to empower constructive coping mechanisms and resilience. Tapping simultaneously into the collective sub-conscious opens a great variety of new, creative entry-points for deep, successful conflict transformation.**

*Example for intervention:*

Beyond what is known and applied in individual trauma work, interventions should focus on “collective biography works”: An integral part of this “biography works” could be theatre/arts, painting and sculptures and body work: All these different techniques work with the subconscious levels, tap into deep emotional patterns and can offer new and reconciling and comforting new perspective/s not only on the own biography but on dealing with the communities’ traumatic experiences. Through symbols, metaphors and rituals narratives on collective level can emerge which counteract the three identity markers of collective trauma.

Empowering constructive coping mechanisms roles within society could be put centre-stage. One perspective is the problems of excessive demands, e.g., for children taking over adults’ roles or women breaking the traditional rules of society or parents’ ability to provide adequate bonding, interventions can aim at empowering actors through creating consistent narratives and developing alternative coping mechanisms. The trauma induced coping mechanisms are e.g., retreating from active participation or violence, alternative ones strengthen the capacity to deal with stress and build a robust image of identity. The nexus of transformation and structural and physical violence, even though there are many other factors playing into that, can be tackled from this new angle: specific vulnerable groups might be created by collective trauma, or members of certain groups are more vulnerable. They have less access to resources and activities within a society. This calls for specific interventions against discrimination and towards social cohesion, depending on the sector, e.g. health, access to justice, economic capacities, or health.

**Intervention Hypothesis 6: Working with symbols and mental models and open the space for open-ended discussion help to overcome rigid and exclusive “world views”.**

*Example for Intervention:*

Public discussion of art performances and exhibitions can open the space for new perspectives. Research, archives and monuments as part of efforts of dealing with the past may link efforts within society to the political level (see, for example, forumZFD 2016). Working with and on collective memories to further recognition within society of world views and problems of different groups in society; giving space for dealing with the history and the traumatizing events and create a diversity of symbols and manifestation of collective needs seem important.

One field of activity might be working with and on **collective memories** to further recognition within society of world-views and problems of different groups in society; giving space for dealing with the history and the traumatizing events. Memorials or archives, books, films, testimonials, scientific research actively approaching collective trauma and its consequences, going thus beyond dealing with individual trauma or the juridical or institutional side of dealing with the past processes. This allows for collective and trans-generational trauma to be processed within a society and transform emotions of guilt, shame and fear.

## **Intervention Hypothesis 7: Constructive public discourses allow re-framing mental models and values in the private and public spheres.**

### *Example for intervention:*

Since media, education and elections support are essential areas in terms of framing attitudes and mental models and of opposing manipulative strategies of fulfilling collective needs, they should be a key area of engagement. The aim is to prevent political misuse and instrumentalisation that leads to socio-psychological barriers that serve as the same time as identity markers of society – within and beyond a generation. This demands awareness of symbols, language, expression of values and belief systems that work on a sub-conscious level of media, political parties or individual leaders and publicly available information. As a second step concrete counter-measures aim at creating a broad space of (also contradicting) world views that are more inclusive and do not trigger emotions of victimhood, loss, despair, and collective angst.

The nexus of social transformation and structural and physical violence, even though there are many other factors playing into that, can be tackled from this new angle: vulnerable groups experiencing collective trauma have less access to resources and activities within a society. This calls for specific interventions against discrimination and towards social cohesion, depending on the sector, e.g. health, access to justice, economic capacities, or education.

Mediation and dialogue processes benefit from integrating a collective trauma lens by incorporating how conflict dynamics are aggravated. The possibilities range from dealing sensitively with taboo issues in groups and broaden the horizon beyond cognitive approaches to working with the creative sub-conscious, e.g. through introducing art or collective narratives as pathway to conflict transformation, in order to have more effective processes. Inclusiveness gains a new lens with regards to vulnerable groups and their specific topics calling for interventions against discrimination and towards social cohesion, creating a broad space of (also contradicting) world views, and measures depending on the sector, e.g. health, access to justice, or economic capacities.

## **4 Transgenerational Trauma**

### **4.1 Concept, Consequences and Impact of Transgenerational Trauma in a violent conflict and development/fragility context**

#### **4.1.1 Definition of transgenerational trauma**

Transgenerational trauma is here understood as a particular form of both, individual and collective trauma: Its particularity is the transmission from one generation to the next.

The specific characteristic features of transgenerational trauma are that embodied memories and the knowledge of what happened in the past are disconnected the current emotions of anger, fear and/or guilt and responsibility and physical reactions. These symptoms are comparable with symptoms of individual trauma and further explained below. The analysis below will show that transgenerational trauma are first and foremost *relationship wounds*: “I feel hurt and suffer by what happened to you“ or “it physically and emotionally hurts me what happened to you“.

The identity markers of collective introduced above (collective narratives, collective emotions, mental models/norms and values) matter in the sense that they are given to one generation to the next and become part of the family memory.

#### 4.1.2 Consequences of transgenerational trauma

Transgenerational trauma works mainly on two levels:

Firstly, individuals who are traumatized may transmit their trauma to larger identity groups or within families. Insufficient coping mechanisms with highly stressful and traumatic experiences become a (difficult) psychological legacy for the others. Illustrative examples of this form of family trauma may here be the

- psychological consequences of sexualized violence committed by a family member on younger members of the family: the experience of (sexual) violence as a child leads to patterns of either subconsciously seeking sexual partners who repeat the abusive pattern or being unable to enter a relationship allowing (sexual) intimacy and emotional commitment.
- psychological consequences of a sexually abused family member on younger members of the family: The daughters of the raped Bosnian women may experience flashbacks and may suffer from a severe loss of self-worth and anxiety while not being raped herself. The mother may silence the past, her pain and deep shame and fear, the daughter becomes the “container” of the past and hence the non-dealt issues of loss, fear and shame of the mother. This is to that learned and copied coping mechanism are transferred from the mother to the daughter.
- family<sup>17</sup> trauma in the form of a kind and warm mother expressing disproportionate rage and anger towards her child. The hatred towards the child was transmitted from one generation to the next. As an example, a mother died while giving birth to a boy. In the family, this child was considered the “murderer” of its mother. Hatred towards the child was transmitted from one generation to the next.

Secondly, individuals of the second or third generation may not have been necessarily experienced a traumatic event (e.g., violence, hunger or displacement), and yet still subscribe to the overall “collective memory of victimhood, loss and despair”. Illustrative examples may here be the 3<sup>rd</sup> or 4<sup>th</sup> generation of survivors of the Armenian genocide or members of the Jewish or the Palestinian diaspora: While they have not been directly exposed to the atrocities in the past or present and may have never experienced personally any form of individual trauma, they may subscribe and hold on to a collective memory and narrative of victimhood as key identity markers.

A transgenerational impact of trauma arises because individuals or groups become “containers” of the issues of non-accomplished learning processes e.g., heritage of culpability and the knowledge of suffering. Dealing with these issues will become and constitute the non-chosen “task/s” of the next generations.

If the event happened long ago or at a small age, the original event stays hidden, people experience unusual and surprising expressions of the body system, e.g., a sudden panic attack or anxiousness. A symptom of early trauma in childhood is that the actual experience in the present does not correspond to the state of being. Without explication, the individual switches from one state of being to the other, e.g. feeling nothing when it would be expected that extreme pain should be felt. This implicitly and subtly becomes part of the psyche or psychological make-up of a person.

The less a person succeeds in integrating the experience, the more likely become severe and destructive consequences in relationship patterns, for the mental and physical health of

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<sup>17</sup> We understand family not necessarily as the typical Western nucleus family of father and mother and one-two children. Most families in the South may consist of more than four-five children with grandparents and family siblings having a stronger emotional family role to play than in the typical family in the West.

the person herself, for the society. And if integration fails a person might (unconsciously) re-enact the situation<sup>18</sup>.

Different strands of research of the last five years stress the impact on the general health including mental health. Most recent research on Jewish Holocaust survivors showed the increased likelihood of stress disorders in their offspring<sup>19</sup>. Other research, which showed that girls born to Dutch women who were pregnant during a serious famine at the end of the Second World War had an above-average risk of developing schizophrenia.<sup>20</sup>

Latest research on the link between epigenetics<sup>21</sup> and trauma showed that exposure to trauma can have a lasting impact on the genes. It is important to underline that the research on epigenetics and trans-generational transmission trauma is still very much in its infancy. And while so far, no sound empirical evidence on the trauma of the war-affected refugees and populations of the last fifty years and the lasting impact on their and their offspring's genes<sup>22</sup>, the preliminary research highlights the relevance and impact of epigenetics for the ability of resilience and the subconscious and body-related level aspects of trauma.

Different pieces of research in neuroscience and epigenetics emphasise the importance and relevance of secure bonding, prenatal and post-natal, and emotional attachment between mother (or an adult)-child for the effective brain structure (e.g. Herman 2015). In times of forced migration and warfare, emotional attachment and bonding are challenged and deeply affected by a general context of deep fear of insecurity, violence, misery, starvation and/or rape.

The greatest and extensive (ongoing) research on how (historically) transmitted or transgenerational trauma has been so far conducted in Germany, Australia and Canada and among the Jewish diaspora: This psychological, trauma and historical research focused on individual members of different generations in families and communities – in Australia and Canada of the indigenous communities (see Bombay, A., Matheson, K. and Anisman, H. 2009), and in Germany of survivors and perpetrators of the Holocaust and Nazi regime (see Radebold *et al* 2008 and Reddemann 2015).

In the German context, the third generation (the so-called *war grandchildren*) who is not directly affected by the war events that led to the trauma of their grandparents or parents, feels an “emptiness”, suffers from the silencing of the past, starts asking questions about the *untold or hidden past*. Both generations may feel a diffused and mainly and highly subconscious sense of fear, trauma, guilt, and responsibility and/or reconciliation. Kellermann (2011) considers the second generation as both extremely vulnerable and extremely resilient – the tension is at play and if vulnerability or resilience is more powerful depends on the specific social-cultural context, social relationships, and other coping mechanisms (pp. 159-160). Kellermann considers – in reference to Yehuda 2006 – the second generation carries *vulnerability markers*.

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<sup>18</sup> This is currently explained by transfer mechanisms between perpetrator and victim. Probably due neuroception and/or to mirror neurons the victim also takes up how perpetrators “functions”. Not only the experience of the own self but also the other is taken up in a dissociated way and stocked in the archaic parts of the brain. The own behaviour becomes – ignoring own competences and the functioning side of every-day life – the one of the perpetrator in the past with somebody else.

<sup>19</sup> <http://www.biologicalpsychiatryjournal.com/article/S0006-3223%2815%2900652-6/abstract>

<sup>20</sup> <http://www.hongerwinter.nl/item.php?id=32&language=EN>

<sup>21</sup> In the academic literature, there seems to be two ways of using and referring to epigenetics. Firstly, it refers to the ways in which the packaging of DNA results in the transmission of information within a group of cells. Secondly, the terms capture the ways in which the modification of DNA might result in trans-generational transmission of information. While the former usage is based on a well-established and empirically sound theory, the latter use is only based on sketchy empirical evidence.

<sup>22</sup> See for one of the very few examples <http://www.pubpdf.com/pub/26358541/Epigenetic-Alterations-Associated-with-War-Trauma-and-Childhood-Maltreatment> .

Research about indigenous people in Australia shows that the system of child removal led to a vicious circle as traumatized parents were coping through e.g., drug abuse, which again led the authorities to remove their children from the family (see Sherwood 2015). The indigenous people suffer through an accumulation of emotional and psychological wounding, within a generation and beyond.

- Re-traumatizing through other grave incidents and therefore incapacity to constructively deal with the future and the lack of understanding from others for extreme reactions,
- Violence against others, domestic and sexualized violence.

When there is no conscious knowledge and acknowledgement about the past violence, committed atrocities and trauma in one's own family and community, collective trauma will be perceived, silenced and lived out as individual trauma.

The effect of individual and collective trauma on epigenetics is very little understood at the moment, recent research shows potentially large impacts on individuals and societies capacities of dealing with stress, health and longevity. Until the understanding of mechanisms is more explicit, caution is necessary to avoid negative, unintended impacts and the potential effects should form a field of observation for change processes.

As a general pattern, the transmission of transgenerational trauma seems to follow the following mechanisms and dynamics. All above characteristics deeply influence individual and collective patterns of learning, dealing with stress and human interaction.

- The most trauma-affected, first generation opts for avoidance as a coping or survival mechanism. The generation following, the second generation (or in the German context the so-called "war children") learns avoidance and keeping the silence as they feel the need to be loyal and "good children". If the first and/or second generation has been for example exposed to sexualized violence, the psychological consequences may be that both generations may transmit silence, fear, shame and guilt to the third generation.
- Another pattern – as opposed to silence – is the telling and (constant) re-telling of the collective narrative of victimhood, the general emotional fabric, and mental models and symbols used to transmit values across generations<sup>23</sup>.
- A (silent) and slow change of social norms leading to a decline in traditional social relations within families and an increase of substance abuse and physical violence in the form of alcoholism, drug addiction, and domestic violence.
- The (moral) delegation of the responsibility of violence to "individual leaders" outside the family context and avoiding guilt and responsibility give further way to (historically) transmitted trauma/trans-generational trauma: While the most affected generation does not deal with and/or address their own trauma, they pass the feelings of guilt and responsibility to the next generations (see Bar On 1989 and Rosenthal 1999).

## 4.2 Theories of Change for Working on Transgenerational Trauma

### 4.2.1 Underlying Conceptual ToCs of Transgenerational Trauma and Change

Conceptual ToCs underline that transgenerational trauma can only be satisfactorily addressed if

- secure forms of emotional bonding and psychological structures and infrastructures

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<sup>23</sup> See for an illustrative example [www.theguardian.com/world/2015/aug/03/holocaust-survivors-grandchildren-inherited-trauma](http://www.theguardian.com/world/2015/aug/03/holocaust-survivors-grandchildren-inherited-trauma).

are in place

- a process of integration helps overcoming dissociation, and
- otherwise inexplicable experiences and phenomena are given space and logical, rational meaning.

#### 4.2.2 Intervention Hypotheses

The intervention hypotheses for collective trauma discussed above also frame the identification and discussion of the following intervention hypotheses for transgenerational trauma.

Additionally, given the dynamics of transgenerational trauma, the following intervention hypotheses follow the logic of linking individual and collective transformation processes.

##### **Intervention hypothesis 1: Contextualize and enhancing a deeper understanding of the past events traumatizing family members are key.**

Example for intervention:

The work of the psychologist Dan Bar-On showed how to overcome personal and collective trauma by working with biographies and (personal and collective) trauma relevant narratives: Working with different generations of Nazi perpetrators and Holocaust survivors, Bar-On broke the silence of the past and opened the space for sharing conflicting historical truths: These dialogue processes enabled participants to re-interpret and overcome the trauma relevant collective narratives. These so-called “To Reflect and Trust (TRT)” dialogue processes began in 1992 and involved descendants of Nazi perpetrators and Jewish descendants of Holocaust survivors. Personal story-telling was used as a key method to work through personal and collective trauma.

##### **Intervention hypothesis 2: Shared experiences and tapping into the collective sub-conscious enhance the psychological sense of security and safety.**

Example for intervention:

Thinking of host countries and communities such as Germany and Lebanon, refugees meet a population who might have not addressed, ignored or dismissed their own traumatization or are still trying to cope with the transgenerational effects of their family trauma. Still, we know very little about how these different levels and intensities of trauma influence and shape each other. Yet, some promising and encouraging signs are coming from the very practical refugee work in Germany with Syrian refugees, where open and safe meeting spaces were created to enable and encourage exchanges for survivors of the Holocaust and Second War refugees and refugees from Syria and the Middle East. Frick-Baer and Baer stress the great relevance of talking and sharing their traumatic experiences for their own personal coping process and doing something together – like in these specific case – playing music together (see Baer and Frick-Baer 2016).

##### **Intervention hypothesis 3: A relational holding environment for mothers and children as early as possible creates healthy bonding.**

Example for intervention:

Developing a family program where social workers or mature women from the same community model attuned and attentive care for traumatized young mothers. Research showed that in high-risk families all children showed maladaptive behaviour in the classroom if they were not part of a least one year of family service programs, whereas in contrast for a group that has received at least a year of help before eighteen months, only a third of the children had troubles in second grade (Herman 2015).

## 5 Added-value of integrating the trauma lens

In summary, discussing collective trauma leads to and implies a radical paradigm shift in the understanding of the underlying dynamics of violent conflicts and fragility. Collective and transgenerational trauma does not only lead to individuals and groups that have less resources to engage in developing a society and in a weakening of social capital, but also to a reinforcement of conflict dynamics and violence.

Direct and structural violence can only be fully and comprehensively understood through the extended trauma lens we propose in this paper. In fact, the trauma lens shows and explains why most violent conflict and fragility contexts remain protracted and intractable and represent vicious circles of collective and individual violence. The vicious circle of conflict escalation enhanced through the identity markers can be interpreted as equivalent to re-traumatization on the individual level.

Understanding the overlapping of individual, transgenerational and collective trauma completes the picture of the systemic interactions and allows to develop additional ToCs and intervention hypotheses. We stay with the term trauma although collective trauma (if it is not overlapping with transgenerational trauma) is not state of mental dissociation as individual trauma.

<b>With a trauma lens and without a trauma lens</b>	
<b>Without a trauma lens</b>	<b>With a trauma lens</b>
Understanding dynamics and drivers of conflict	Understanding how collective narratives, emotions and mind-sets greatly influence dynamics and drivers of conflict and maintain and enhance conflict, violent extremism and fragility.
Understanding conflict effects	Understanding why the conflict effects remain protracted by looking at the collective narratives, emotions and mind-sets.
Understanding conflict actors and stakeholders as driven by needs, interests and positions	Understanding conflict actors and stakeholders as heavily influenced by individual and collective trauma, emotions and mind-sets and resilience, which, in turn, inform (collective) needs, interest and positions.
Understanding protractedness of violent conflict by focussing on dissatisfied needs and non-reconcilable positions of conflict parties and stakeholders	Unpacking and understanding the protractedness of violent conflicts by understanding the collective narratives, emotions and mind-sets driving collective needs and positions of conflict parties and stakeholders, the resulting (political) strategies and the impact on groups and societies.

A trauma lens helps to give space to and helps to comprehend the social-psychological, subconscious and emotive dynamics of protracted and deep-rooted violent conflicts.

A trauma lens offers us some pointers on the empowering/enabling and disempowering/limiting conditions and dynamics for addressing collective trauma. A particular focus should be on the enabling factors that promote or enhance resilience and constructive coping mechanisms on an individual and a collective level. This ideally also includes analysing the local culture and context specific coping mechanisms and resilience mechanisms provides the basis for tailor-made interventions. A trauma lens helps to develop a more comprehensive understanding of identity-formation and roles-formation and allows to

identify specifically vulnerable groups. The aim being to make conflict transformation processes more effective by reflecting a fuller and more complex picture of the socio-political dynamics driving them.

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## ANNEXES

### Annex 1 More Information on Individual Trauma

In *dissociation*, the integrative capacity of the brain is overtaxed and therefore the experience is split off – and not further processed. The limbic system plays a crucial role in stocking the parts of the experience. This part of the brain does not know time, everything is always in the presence, such explaining why triggered traumatic experiences are experienced with such an intensity as if present again even long after the initial event. The newer parts of the brain, which are responsible for speech are not involved, the bridge that connects the left and the right hemispheres of the brain to evaluate an experience is blocked. This means that the experience cannot be processed and understood, no words can be found to express.

Dissociation may be best reflected in two typical forms of breaking out of the *window of tolerance*: on the one hand, the so called *hot spots* i.e. overreactions like a *survival-ethos*, quickly highly escalating emotions, not respecting boundaries, and intrusive behaviour. And/or on the other hand there are so-called *cold spots* i.e. no emotions, coldness, lack or inability of empathy, amnesia, shame and fear. People undergoing a trauma may experience in different stages forms of hot spots and cold spots.

As we live in resonance with others, we are receptive and open to their feelings and sufferings<sup>24</sup>. This resonance is stronger and most pertinent among people where they have emotional attachments and/or family ties. While this resonance enables us human beings to transmit strong emotions, it permits also the transfer of trauma, physical pain (see Gallese *et al* 2004 and see also transgenerational trauma explained further below). We find in the literature the term *co-traumatization* to describe this phenomenon<sup>25</sup>.

Against this conceptual background, we could – in reference to Dellucci – differentiate between different kinds of trauma, where a grading is established related to the severity of the event. This is important because it will influence the way of dealing and healing process:

- *simple trauma* through events like end of a relationship, loss of a loved one, experience of physical harm, giving up a familiar setting and moving to another city (75 % of adults learn how to handle simple trauma)
- *multiple trauma*: multiple highly interrelated simple events accumulating to trauma or several unrelated events leading to several simple trauma
- *complex trauma* like post-traumatic-stress disorder (PTSD) and different forms of dissociation<sup>26</sup> like for example after experiencing and witnessing natural catastrophes, physical violence or torture, warfare and killings, loss of mother or father or own child.
- *vicarious trauma*: (mental) health and medical professionals get traumatized themselves through and by the work with traumatized clients, specially in conflict areas and natural catastrophes.
- *transmitted or historically handed down trauma* like collective or transgenerational traumata.

### Annex 2 Other Trauma concepts: Chosen Trauma and Cultural Trauma

In the international debate, we often find the terms *chosen trauma* and *cultural trauma*

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<sup>24</sup> Explanations for this resonance are given through the activity of mirror neurons specialized brain cells, which connect the brain structures among different people, neuroception, and through body-states. See Meltzoff and Moore 1983 as well as Meltzoff 2005.

<sup>25</sup> See for co-traumatization among refugees in Baer and Frick-Baer 2016, chapter 2.

<sup>26</sup> Theorie der Strukturellen Dissoziation der Persönlichkeit (Van der Hart, Nijenhuis & Steele)

instead of the here preferred term collective trauma as elaborated further below.

#### *Chosen trauma*

One of the first socio-psychologist and conflict resolution expert who engaged with trauma and its relevance for the analysis of protracted or deep-rooted conflicts and for the field of conflict resolution was Volkan (see Volkan 1997 and 2004). Volkan was also the one who coined the term chosen trauma which "...refers to the mental representation of an event that has caused a large group to face drastic losses, feel helpless and victimized by another group, and share a humiliating injury". To underline and illustrate the dynamics and characteristics of his understanding of a chosen trauma, Volkan refers to an "invisible spider's web" (Volkan 2004: 2).

Some critiques of the term have argued that the term *chosen* trauma is highly problematic as large identity groups do not *choose* to be victimized or suffer from humiliation. And while Volkan openly engages with the critique of the term chosen trauma (Volkan 2004), he underlines that large groups "choose" to mythologize and psychologize the mental representation of the event" (Volkan 2004: 3 (emphasis there)). Given that in our understanding collective trauma partly function subconsciously, Volkan's reference to a conscious and explicit process of mythologizing and psychologizing is considered problematic. At the same time, the political misuse and instrumentalization of trauma for political purpose is indeed an important feature of collective trauma on a society and identity levels. Brunner (2012) criticizes Volkan's concept of chosen trauma for being a deterministic one as it suggests that in deep-rooted violent conflicts, trauma and victimhood become the key identity markers for large groups and communities. And as a result and in that logic, Volkan would portray counter violence and revenge by respective groups as legitimate strategies. According to Brunner, Volkan's concept falls short of the complex relationship between the traumatic event itself, the individual traumatic experiences and the group or socio-psychological trauma processing (see also Brunner 2012: 3).

#### *Cultural trauma*

The term cultural trauma was introduced by Alexander (2004) and understands trauma as a "socially mediated attribution". The reference to social attribution underlines the different social dynamics and features which inform and influence the (re)production of trauma narratives. Yet, the link and relationship between specific trauma event, the traumatized groups and individuals and the socially constructed narratives become blurred and vague (see also Brunner 2012).