

# **Sri Lanka: Peace Building in Traumatized Society**

N. Wijegoonawardana

Department of History, University of Colombo

## **Introduction**

Post – conflict countries peace building confronts numerous problems, the most important of which is perhaps the need to merge together the shattered foundations of life of a victim of violence. Presently the main objective in post-conflict reconstruction and peace building in Sri Lanka has been focused on socio-economic factors, developing the infrastructure and re-establishing destabilized institutions. Mean while the development, of psychological aspects of peace building has not been given enough consideration. What is not in contestation is the idea that sustainable post-conflict reconstruction should happen at all levels including physical, economic, social and psychological levels. This is because violent conflict, especially of a bitter ethnic form like the genocide in Rwanda, destroys much more than just the infrastructure such as buildings and roads. The psychological aspect of healing is absolutely necessary since the victims who have undergone and witnessed the horrors of violent conflict are often left emotionally scarred and mentally traumatized. Furthermore, the advantage of healing at the psychological level allows for the rebuilding and mending of broken relationships, which is necessary for the human society to remain intact. Scholars and practitioners in the discipline of peace building have identified that psychosocial healing is an effective way to reconstruct and rebuild society with an improved quality of life. Until recently help has always focused on physical aspects and general economic development. What people feel within the context of political and social destruction seemed to be of modest interest. Therefore aim of this article is to focus on the psychological aspect as an important component of

the peace building process in a post conflict society.

The word, “trauma” originally comes from the Greek language where it means “wound.” Its first use in psychology and psychiatry began at the end of the nineteenth century as part of the effort to explain certain mental disorders. Trauma, therefore, was the cause of these illnesses and was understood as a point in which psychological breakdown caused by external events that surpassed the capacity of the psychological structure to respond to them adequately. During the Vietnam War, the United States established a set of identifiable symptoms, the so-called, “Post Traumatic Stress Disorder” (PTSD) which was included in the *Diagnostical and Statistical Manual of Mental Disorders (DSM)* of the American Psychiatric Society (APA, 1994). This resulted in the recognition of trauma by mainstream psychiatry. The negative impact, which occurred from the mainstreaming, was the categorisation of trauma as one more mental illness amongst many (Becker, 2004).

It is proven that generally countries emerging from long-term violent conflicts have troubled societies that may develop destructive social and political patterns. In cases as such, fundamental psychological adjustments in individual and group identity aided by reconstruction processes are essential to peace building. In conflicts as such victims are said to suffer from psychological disturbances (such as flashbacks and sleep disorder, learning difficulties, and physical disorders), as well as more fundamental identity and spiritual problems. Certainly, there are characterizations of individual trauma and healing, although the conceptualization and treatment of individual trauma remains an active subject of debate among scholars and Practitioners. If we are to consider a wider level, it becomes apparent that societies caught up in long-term violent conflict can also undergo severe changes due to the result of long-term exposure to violence. The specific type of Violence experienced within specific social and ethnic groups fabricates a sense of group identity and victimization, and can encourage the emergence of symbols of group identity, which are commonly expressed through dress, language, and social practices (Chase, 2000). Specific traumatic events, so-called chosen traumas, may become transformed or glorified when they are retold to subsequent generations and may be used to implant revenge and

validate efforts to restore the honour or dignity of the victimized group. Societies transformed in these ways by long-term conflict can become engaged in highly self-destructive political dynamics in which they become locked in an unending conflict with their hated enemies. In such cases, peace building will not be achieved through the signing of a peace treaty alone but will also require adjustments at a more fundamental psychological level (Catani, et al., 2009).

Trauma can only be understood and addressed with reference to the specific contexts in which it occurs. Therefore, this study mainly focuses on Sri Lankan conflict as a context which elaborates on the definition of Trauma and the process that should be carried out in order to make the peace building process complete.

## **1. Conflict Context**

In the trauma theory, it is necessary to differentiate between the traumatic situation, the trauma and the symptoms resulting from trauma. A traumatic situation is known as an event or a series of events of extreme violence that arise within a social context: exemplified by war. Such a traumatic situation is a needed but it alone is not a sufficient condition for trauma to occur. While trauma implies the annihilation of individual and/or collective structures, it does not always mean that such destruction causes immediate symptoms (Becker, 2004). PTSD is the best known classification of symptoms that persist with the victim of a traumatic situation. Traumatic situations may include accidental events such as natural disasters or instigated events such as combat, crime, rape, kidnapping and imprisonment. Work in Latin America has established that traumatisation is not only an individual process but also a social process that refers to the society as a whole therefore trauma can be considered as a social and political process. These studies have also shown that trauma can only be understood within a specific cultural and political context (Becker, 2004).

Trauma triggers highly complicated psychological processes that need to be understood. This can be represented by the therapeutic work with victims of the

Holocaust that was carried out primarily by psychoanalysts (Jucovy, 1982; and Bettelheim, 1943) explained that the torture victim, for example, can have PTSD but his wife and children can't, even if their symptoms can only be understood in the context of the destruction of the victim.

Freud provided the idea that trauma can also be a product of several experiences (Laplanche and Pontalis, 1977). This was further developed by Khan and led to his concept of "cumulative trauma" (Khan, 1977), through which the dimensions of time and relationship are introduced into the discussion of trauma. According to Khan, trauma can be a product of a series of individually non-traumatic experiences, which develop and accumulate within an interactive framework and finally lead to a breakdown. These ideas are highly important because, although initially limited to the mother-child relationship, they transfer the emphasis from the trauma to the traumatic situation. This converts the event into a process and, without denying the intra-psychic wound, focuses on the importance of the interactive framework.

Khan and Keilson (Becker and Castillo, 1990; Becker, 1992) analysing the situation in Chile defined extreme traumatising as an individual and collective process that refers to and is dependent on a given social context, a process that is marked by its intensity, its extremely long duration and the interdependency between the social and the psychological dimensions. It exceeds the capacity of the individual and of social structures to respond adequately to this process. Its aim is the destruction of the individual, of his sense of belonging to society and of his social activities. Extreme traumatising is characterized by a structure of power within the society that is based on the elimination of some of its members by other members of the same society. The process of extreme traumatising is not limited in time and develops sequentially. However in each different social context people should create their own definitions of trauma within a framework, in which the basic focus is not so much on the symptoms of a person but on the sequential development of the traumatic situation. Therefore, it is possible to differentiate between a person who has experienced torture in Chile, a Bosnian refugee or a Vietnam veteran much more than between depressive, hysteric or obsessive symptoms.

Therefore similarly in order to compensate for Sri Lanka`s need in an appropriate manner, by drawing attention to the other cases in the world it is apparent that a unique method should be adopted in order to handle Sri Lanka`s traumatized victims in the society.

## **2. Trans-generational Transmission of Trauma**

A chosen trauma is the shared mental representation of an event in a large group`s history in which the group suffered a catastrophic loss, humiliation, and helplessness at the hands of enemies. When members of a victim group are unable to mourn such losses and reverse their humiliation and helplessness, they pass on to their offspring the images of their injured selves and the psychological tasks that need to be completed. This process is known as *the transgenerational transmission of trauma* (Volkan, Ast and Greer, 2002). All such images and tasks contain references to the same historical event. In Rwanda, the 1994 genocide was such a vituperative form of conflict that scarred ethnic relations broke trust, exacerbated hatreds and promoted the intergenerational transmission of trauma, which will cause the cycle of violence to continue among future generations.

## **3. Methods of Treatment of Traumatized Victims**

There is disagreement over whether medical approaches to diagnosing and treating Posttraumatic stress disorders in individuals are relevant for transitional justice and reconstruction and peace building processes at the community and national levels. While we often use medical terms to describe “wounded” societies and their “recovery,” some believe that we should not psychopathologize the process of social reconstruction but instead should identify and strengthen the sources of resilience within societies (Becker, 2004). The processes of closure and healing psychological

and medical concepts that are used most often in reference to individuals rather than communities are poorly understood when they are used to describe social dynamics in societies emerging from violent conflict. It is difficult to define these processes in practical or quantifiable terms and problematic to apply them to widely different cultures. The term “reconciliation” is often used to describe processes through which societies recover from trauma, meet out justice, and engage in social reconstruction, but defining exactly what reconciliation means and how it is achieved remains a challenge.

While it is clear that societies exposed to long-term violence undergo profound psychological changes that affect the behaviour of those societies and particular groups within them, there is disagreement about how to address the resulting dysfunctions. Priority should be given to different strategies, ranging from medical interventions to constitutional reconstruction, judicial restructuring, economic revitalization, and educational system reorganization. Even when medical approaches seem appropriate, many societies emerging from conflict have limited medical communities and no means to provide psychological counselling to thousands, let alone millions, of citizens. Those who argue against “medicalizing” the focus of trauma relief suggest that reliance on terms such as “trauma” and “healing” divert attention away from the basic issue of how societies rebuild themselves after massive violence (Becker, 2004). From this perspective, the success or failure of those efforts depends primarily on establishing (or re-establishing) the rule of law and viable political institutions, security from violence, freedom of movement, access to unbiased information, economic and physical reconstruction, and the development of a quality educational system. All of these factors are likely to play a role in the restoration of individuals’ sense that they have control over their lives. Yet, arguably, while reconstruction and peace building along these lines is necessary to achieving stabilization and accountable government, fundamental psychological adjustments in individual and group identity aided by reconstruction processes are also essential to reconciliation and peace building in a traumatized society.

#### **4. Sri Lanka**

The victims of war in the two decades of an ethnic conflict in Sri Lanka have been profoundly affected psychologically and socially. Killings, disappearances, rape, forced displacements, and bombing and shelling became common. The Tamil community, especially in the North and East of Sri Lanka, experienced the brunt of the war's impact. Epidemiological surveys of the general population in war-affected areas of Sri Lanka (Somasundaram and Sivayokan, 1994; Somasundaram, 2001) showed widespread exposure to traumatic events. Repetition of the stories of rape, killings, displacement, and loss of jobs and homes in the riots against minority Tamils by the Sinhalese marked a sharp turn toward political violence among the Tamils. This collective memory of fear, anger, hatred, and despair has led the Tamils to embrace any means that may alleviate their distress. Stories about the traumatic events became both a powerful symbol and an effective tool to create new combatants by creating a new Tamil consciousness. Catani, et al, (2009) survey for treating children traumatized by war and Tsunami in North and East Sri Lanka ,stressed about critical questions that emerged from analysis explained that, it was a hard task to separate the clinical from the personal and political aspects of the trauma of war. It is a big challenge how should we address social trauma within the context of healing and peace building? Catani concluded by suggesting an alternative, personalized way of storytelling for traumatized people that offers a way to break the cycle of political violence (2009). Furthermore, the investigation highlighted that, consequences of war violence and natural disasters on the mental health of children as well as on family dynamics remain poorly understood. Aim of investigation was to establish the prevalence and predictors of traumatic stress related to war, family violence and the recent Tsunami experience in children living in a region affected by a long-lasting violent conflict. In addition, the study looked at whether higher levels of war violence would be related to higher levels of violence within the family and whether this would result in higher rates of psychological problems in the affected children and the majority of the Tsunami

affected children had already been victimized by the civil war or other traumatic events. 296 Tamil school children in Sri Lanka's North-Eastern provinces were randomly selected for the survey. 82.4% of the children had experienced at least one war-related event. 95.6% reported at least one aversive experience out of the family violence spectrum. The consequences are reflected in a 30.4% PTSD and a 19.6% Major Depression prevalence (Catani, et al., 2009).

Four study sites were carried out in the Eastern Province, Batticaloa District in Sri Lanka (Chase, 2000). During period of 1990's Batticaloa District in the Eastern Province where about 30,000 government armed personnel controlled most thoroughfares and towns while an estimated 1,500 militants operated in 'uncontrolled areas' and villages. Major fighting in 1989-1993, including the Indian Peacekeeping Force (IPKF) operation, was followed by waves of communal violence and displacement, first along Sinhalese and Tamil, then ethnic Tamil and Muslim lines, killing thousands of combatants and even more civilians. Under this condition fieldwork was conducted in four affected villages interviewing 170 children. 41% had personally experienced conflict related violence (e.g. home attacked or shelled, being shot at, beaten, or arrested). 53% had direct family members killed violently, including 'disappearances' of family member following abduction or detention. 95% of the children recalled events for which the definition of PTSD applied (i.e., personal experience or witnessing event(s) of actual or threatened death, serious injury, threat to integrity of self or others); 92% of these events were directly conflict-related, as distinct from domestic violence, or accident. Severe (20%) and moderate (39%) levels of post-traumatic psychological distress were found, as well as similar levels of depression and unresolved grief reactions. Many children disclosed experiences withheld from adults (Chase, 2000).

Furthermore another epidemiological survey (Murthy and Lakshminarayana, 2006) that, looked into the psychological effects of the conflict on the civilian population, reported that only 6% of the study population had not experienced any war stresses. Psychosocial sequel were seen in 64% of the population, including somatization (41%), PTSD (27%), anxiety disorder (26%), major depression (25%),

alcohol and drug misuse (15%), and functional disability (18%). The breakdown of the Tamil society led to women taking on more responsibilities, which in turn made them more vulnerable to stress. Children and adolescents had higher mental health morbidity. The occurrence of a wide variety of psychological symptoms and syndromes in the populations in conflict situations is widely documented by available research. However, this research also provides evidence about the resilience of more than half of the population in the face of the worst trauma in war situations (Murthy and Lakshminarayana, 2006).

Finally, this research, made some suggestions that, there is no doubt that the populations in war and conflict situations should receive mental health care as part of the total relief, rehabilitation and reconstruction processes. As happened in the first half of the 20th century, when war gave a big push to the developing concepts of mental health, the study of the psychological consequences of the wars of the current century could add new understandings and solutions to mental health problems of general population (Murthy and Lakshminarayana, 2006).

Therefore these surveys indicate that how vital and important is the traumatic situation in Sri Lanka, which shows how psychological aspects need to be addressed in post conflict peace building process in Sri Lanka.

## **5. Aspects that need to be addressed in Sri Lankan Context**

In order to make the peace building process complete it is of outmost importance that a strategy is compiled, that will provide the traumatized society of Sri Lanka with the appropriate aid. However the implications of seeking and achieving justice and reconciliation in both legal and psychological terms needs be taken into consideration. Along with this attention needs to be paid to whether peace building processes can be designed along with transitional justice mechanisms so that they are sensitive to the psychological needs of individuals and societies in order to dampen the desire for revenge and end cycles of violence. Moreover, under what circumstances do peace

building mechanisms address, exacerbate, or relieve trauma experienced by individuals or broader social groups? Furthermore it is vital to consider whether concern about the role and impact of societal trauma has been explicit in the design and operation of peace building mechanisms. Consideration should be focused to whether peace building mechanisms aspire to address the needs of traumatized individuals or do they generally aim at addressing the psychological needs of larger groups or whole societies. When peace building mechanisms are not designed focusing with societal trauma in mind, it will not have an impact for good or for ill on individual or societal trauma. Therefore the above aspects need to be addressed and are crucial for peace building in Sri Lanka context.

## **6. Conclusion**

The experience in Sri Lanka, demonstrates, the complexity of reconciliation and peace building process. Therefore the need to understand that reconciliation and trauma recovery are long-term processes that involve a series of carefully designed interventions and are influenced by complex events and relationships that are difficult to gauge or control is crucial. At best, a single reconciliation mechanism can begin these processes and may be successful only if carried out in tandem with other social reconstruction efforts. It is important for both governments and civil society actors to approach the problems of reconstruction and reconciliation from numerous angles and over an extended period of time. It is vital to note that the, connection between transitional justice, politics, and psychological trauma is that peace building mechanisms are intended to help victims regain a sense of dignity and self-worth feelings essential to a citizenship in a democratic polity.

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