Rethinking mission:

God's call to peacemaking through the healing of the nations

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Writing from the perspective of a clinical psychologist, Gladys Mwiti challenges the Church to respond more adequately to the needs of those suffering from the many traumas that Africa has known in recent decades.

Transformational mission cannot but be holistic in policy and approach. For too long, many of us have preached the gospel fitting people for heaven but poorly preparing them to live on earth. What does living on earth today look like? We live in a broken world with too many struggling to survive against many odds. For example, we cannot preach the gospel in Southern Sudan today without addressing the seesaw of pain and trauma that has followed that nation for many decades. *Wound upon wound* is an understatement when we try to capture the ethos that makes Sudan a nation. Sudan is not the only open wound in Africa. Pictures of Rwanda's genocide may be a decade away, but painful memories still follow many who have yet to find healing.

Africa crawled into the dawning of the twenty-first century, like a huge giant covered in rags and bleeding wounds. Faced with this reality, there is no way the Church worldwide can preach a gospel that neglects to address the wounds of Africa. The call to care touches every attempt to rebuild Africa because traumatized communities undercut any peace building process. Violent conflict shatters community resiliency, and in the aftermath, peace is not simply the absence of violence. Communities which have experienced conflict need to experience healing that is more than economic and/or political empowerment.

The remedy has to take place in transformed relationships amongst both victims and victimizers. Failure to deal adequately with memories of pain locks people into the past of hurt of mistrust and betrayals. Often the result is intentional or unintentional transmission of anger and bitterness to

other generations. The rising generation in turn become players of events they did not propagate, thus producing a see-saw of suffering, the kind which is common in several African communities where conflict seems never-ending, and destabilization of the ordinary people continues to compromise peace and development. Faith communities, represented in every nation from top government to the grassroots, have a critical role to play, not only in education for participatory governance, but even more in facilitating the kind of healing that breaks the chain of mistrust and betrayal, and so creates new communities for peace and development.

The call to rethink mission

Although many Christians pray for peace, little work has been done in developing specific ways for the church to address mass trauma, especially in the developing nations. Each time I have been involved, as a Christian and as a psychologist, in the work it has been by accident. Soon after the onset of the Rwandan genocide, the United Nations asked me to debrief their expatriate personnel airlifted into Nairobi shortly after the onset of the killings. Many readers who have watched *Hotel Rwanda* will remember the day of that evacuation from the Kigali hotel. As I worked with

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the UN Staff, my burden grew for the Rwandan nationals, numbering six million plus, victims of the utmost horror. I soon discovered that the emotional trauma of the Rwandan population did not feature in any one's books at the time. Neither the UNHCR, nor the church agencies at the onset of the genocide seemed to have any preparation for helping the great mass of ordinary people deal with the massive grief and loss. While various agencies airlifted food, tents, blankets, medications, and so on, the Church seemed helpless in knowing what to do with millions who mourned and wailed. We were caught unprepared.

The second call was to respond to the Nairobi bombing of the USA Embassy in August 1998. 250 were dead, and thousands injured. Massive grief locked the city into silence. As doctors and our few psychiatrists tended the wounded in hospitals, I was aware that more than five thousand people outside the hospitals needed help. These people did not necessarily carry physical wounds but emotionally, they were traumatized. Many others were the

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vicariously affected. Where was the Church, organized like the paramedics to offer emotional support to the grieving? Many individual congregations did their best but once again, it was clear that we had to gather the few resources we had to mobilize and train a caring team because, as a matter of principle, the Church had no mechanism in place to guide Kenyans into trauma healing and peace building.

The third call came from India after the 2001 Gujarat earthquake. *Time* magazine reported 150,000 dead, many more injured, and in one city, 400 school children buried alive. A call from India, 'Come over and help us.' We flew to India and found the Church in disarray. Apart from joining in relief and individual congregational care, there was no united front able to respond to the trauma of the earthquake. Once again, the Church was caught unawares, losing a great opportunity as the body of Christ to give a cup of water to the thirsty. On the other extreme, a few individual churches while trying to respond to the need, erroneously began to evangelize among the wounded, forgetting that 'weep with the weeping, and mourn with the mourning,' does not mean: 'convert then first!'

Healing should precede evangelism because many are too wounded to hear the gospel. I remember once visiting a refugee camp in some African country, where for years, people have languished in limbo. Torn away from their country and communities, they hang in nothingness, belonging to the new land but never quite belonging. Many of their children had been kidnapped to serve in the enemy army, their wives had been raped, the men wounded, their community shattered, and all livelihood gone. In and out of the little group roamed a 'mad' man almost naked, and someone whispered in my ear, 'that man was tortured so much by the enemies. How he survived, no one knows. Now, he's quite crazy but all of us know that he cannot help himself.' Will the trauma of this refugee community just go away and dissipate on its own?

Of wars and natural disasters: A world in need

Why should the church talk about trauma healing? Contrary to the assumptions of some that time heals

wounds, research indicates that post-traumatic stress disorder persists in the population long after a critical incident. Many studies indicate that across the whole world, generic symptoms of posttraumatic stress disorder (PTSD) present in various communities and populations after a critical incident.[1]

War and strife are primary causes of pervasive trauma which endures over a period of time. This should raise concern among the caring Christian community particularly because of its destructive impact on children. One of the reasons why the seesaw of hatred and retribution in Rwanda and other nations persists is because the pain of the children is never healed as shattered communities pass a legacy of pain and revenge from generation to generation. Mollica, Wyshak, and Lavelle[2] make a case for war trauma years after disaster. In a study of refugees from South East Asia, of whom 700,000 have settled in the USA since 1975, they found that in spite of their serious past trauma including torture, few current clinical reports include PTSD symptomatology. This was the case in spite of evidence that many of these patients had experienced an average of ten traumatic events and presented with major affective disorders as well as various social disabilities associated with their traumatic past. A more accurate diagnosis is by Hubbard, George, Realmuto, Andrea, Northwood, and Masten[3], who in a study of 59 Cambodian young adults who survived childhood trauma found 59% of them presenting with various complications of PTSD. The same findings were true for 209 Khmer adolescent refugees where 92.8% presented with various PTSD factors.[4] PTSD does not spare children either. A study of South Sudanese children in refuge camps in Northern Uganda found that this population reported more PTSD-like complaints, behavioral problems and depressive symptoms compared to Ugandan children.[5] Dyregrov, Gupta, Gjestad, and Mukanoheli[6] describe PTSD among 1830 Rwandan children 13-20 months post genocide where 67% of the children were still experiencing avoidance symptoms, and 57% tried not to think of the event, and so on.

Besides wars and other human-related causes of trauma, natural disasters leave pain and community devastation in their wake, with many wounds among survivors, both adults and children.[7] Factors associated with development of PTSD after critical incidents include loss and devastation, distance from the incident, degree of exposure, age, gender, perception of life threat, and loss of social environment, for example, access to social support. The presence of community support is one of the most important mediators against

the development of PTSD in children.[8] The inference is that the effect of fears and anxieties after critical incidents continues to haunt many and some of these develop problems related to PTSD if no help is found, especially in building of community support networks.

Although the examples of traumatized populations shown above include some specific studies, many more remain unexplored, especially in the developing nations. The fact that we have no documented empirical research on the extent of PTSD in many international populations does not negate the fact that they too suffer quietly, hoping that someday help will be forthcoming. I perceive mass trauma especially in these developing nations rather like the result of the shattering of a clay pot dashed to the ground by a giant force. Besides psyches in confusion and the search for the meaning of life among the dead and dying, communities too are split apart. Families disintegrate in places where, as in Rwanda today, one of our major programmes is the building of communities to support small projects for child-headed households. In an African country where the adults in the extended family take over the care of orphans, those very same adults are gone – dead after the genocide, deceased through AIDS or in prison. At such times, the community as a whole is in trauma. Hopelessness becomes pervasive, helplessness takes over, and conflict thrives.

Situations like the Rwanda genocide; Kenya after the 1998 bombing; Sub-Saharan Africa and layers of grief and loss related to the AIDS pandemic; Southern Sudan, a quiet oozing wound of trauma, a product of years of civil war, religious persecution, hunger and starvation, child slavery with sexual exploitation and child soldiers; and many more, demand that the Church around the world re-think mission in Africa. Visiting a camp of amputees in Bo, Sierra Leone a few years ago, I was struck by the sorrow and the trauma of hundreds of men and women whose limbs had been placed on chopping blocks and sliced off. Many had lost everything – homes, and possessions. Family members are dead or missing. Now, as they learn to use prosthetics in a rescue camp, I realize that help is needed to assist them move on, to once again create community, and find meaning and survival as physically challenged individuals.

Oasis Africa response: The ripple effect model

At Oasis Africa, we use a *Ripple Effect Model* for community empowerment leading to healing and transformation as the first steps towards peace building.[9] Working with church leadership, our

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training programme takes wounded community leaders through a process of recovery and then equips them to be channels of healing in their communities. The approach sets up a ripple effect that spreads through the population bringing emotional healing, conflict resolution, and outcomes of peace and transformation. The call to Rwanda, for example, came at a period when I was very exhausted. Having just ended a three-month debriefing with United Nations personnel, I received a fax from Kigali with a request to be a main speaker on healing and reconciliation in the first Episcopal Church national pastors' retreat after the onset of the genocide. The retreat, held in February 1995, led to the invitation for Oasis Africa to begin a church-based trauma counseling training in Rwanda, a programme that has given birth to more than 850 trauma counsellors in that nation and still continues to bear fruit. Obedience and sitting with those who suffer is difficult and not much fun. Yet, as God begins to heal and transform lives through the multiplication of his grace, there is an outpouring of his wonder, love, and presence that no money can buy.

The Oasis Africa model can be referred to as an act of reaching out a helping hand to people in crisis. A crisis here is defined as an experience of danger that affects masses of people, disrupts life, causes pain, accelerates anxiety and brings about loss or suspense. Many are wounded physically, mentally, and spiritually amid many more traumatized long afterwards. There is shock, unbelief, anger, a feeling of betrayal, broken trust, loss, and shattered sense of security. Community ties are often shattered and the sense of security broken. In normal times, the strength of community is the containing environment that hastens recovery for individual trauma. However, when the whole community is in trauma, cultural means of managing pain are disjointed leaving chaos akin to the aftermath of a tornado. The greatest need that is foundational to the healing of individuals and the re-establishing or rebuilding of family structures is reconnecting community ties so that people can start regaining a sense of order out of the chaos and then move on towards community reconciliation and peace building. This way, peace building interrupts and breaks the

Remembering the genocide in Rwanda (USPG/Leah Gordon)

The Oasis Africa website

chains of evil creating many peacemakers, generating a ripple effect of peace building, and so fulfilling God's mandate to the church to be a vessel of the gospel of peace.

Practical applications of the Oasis ripple effect model

Faced with the disruption, chaos, terror, and disconnection that follows community disaster, the Church can be prepared to respond very much like paramedics entering a disaster scene. The Oasis Africa model is therefore an organized response working in an informal setting though the church as an organ of care.[10] With overall objectives of trauma prevention, healing and community resiliency, the Church can be prepared to enter any traumatized community with the goals of:

- Empowering local congregations to become centres of healing after crisis.
- Training pastors and church-based lay trauma counsellors and helping them develop their own self-care patterns
- Walking with the community in their grief, loss, and pain;
- Communicating comfort and hope;
- Legitimizing their experiences so that they can normalize their response to the crisis;
- Reinforcing culturally-appropriate ways of mourning, loss and closure;
- Communicating a message that united communities can stand together as healing takes place to support one another through the period of rebuilding and reconstruction.
- Training the counsellors in recognizing symptoms of post-traumatic stress disorder (PTSD) and complicated cases of grief and loss.
- Helping the community to make a referral list of professionals and facilities for referrals to deal with cases of PTSD and deep grief.

- Developing a supervision network within the Christian body for the paraprofessional team
- Setting up sustenance groups in the church and local community
- Networking with community leadership and care-providing organizations to enhance their contribution in the healing process.
- Providing opportunities to assess, evaluate, and enrich the interventions.

The advantage of utilizing church-based grassroots trauma counsellors in the Oasis Africa ripple effect model is that the counselors belong to the traumatized community and they themselves have suffered through the critical incident. The Oasis Africa model incorporates: first, a professionally driven and biblically grounded understanding of trauma as it affects communities after critical incidents. Secondly, a strong community and cultural orientation, with an emphasis that trainers should listen carefully so that the model can be adjusted as need be to incorporate factors that reflect cultural and community values, especially in enhancing community healing and resiliency. Thirdly, we emphasize the biblical value system as part and parcel of the healing process. This will mean that the community will need to be empowered to utilize their means of dealing with grief, loss, anger, and so on in a biblically-sound way under community spiritual leadership. The church-based trauma counsellor acts as a catalyst within this process of healing. The fourth focus is a tier involvement of the community in the healing intervention from trauma counselors in grassroots and church-based counseling to therapists and other mental health professionals in training and supervision. The fifth point is the church's commitment to the motivation of ongoing training and professional supervision for the length of the intervention, including follow-up. Finally, Oasis Africa recommends a commitment to ethical practice and accountability in crisis intervention within communities facing the aftermath of critical incidents.

The Church – Called to peace building

The Church of Christ in today's society has no alternative but to provide holistic care to her flock. A church that does not mourn with the mourners and weep with those who weep will find herself alienated from the deep needs of society. Such a church will end up with no message to the wounded and broken. Instead, masses will exit our doors and seek help elsewhere, whether in the dark halls of spiritualists, the offers for wellness from New Age, or the escapism of the addictions. The Lord

Jesus, our God of compassion and God of all *comfort* '*comforts* us in all our troubles, so that we can *comfort* those in any trouble with the *comfort* we ourselves have received from God. For just as the sufferings of Christ flow over into our lives, so also through Christ our *comfort* overflows,' (*2 Corinthians 1.4-5*). Such demands will leave us exhausted physically, mentally, and spiritually, and so the need to self-regulate and remaining spiritually enriched through practicing the disciplines of the Holy Spirit.[11] This also involves taking time to rest and replenish, making sure that our families and marriages are healthy, and remaining connected to a caring group of Christians in a Bible believing and preaching Church. Answering the call to become peacemakers takes us out of our comfort zone. However, we have to be convinced that healing is not the sole monopoly of psychotherapists. Even shattered communities have resources to heal and with God, the psychologist and other mental health professionals are just catalysts that link the Healer with a hurting world. The rest belongs to him.

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