

Topic 2: Trauma, stress and sexual violence

Living in disrupted areas and fragile states can cause a lot of physical, psychological and psychosocial suffering. This suffering can be expressed in many ways, through pain, psychological and social problems at the individual, the household and the community level. In this topical outline the concept of 'psycho trauma', stress, and the consequences of violence for women and girls are explored.

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1. Psycho trauma

One of the ways suffering is expressed is through a combination of symptoms, assembled in the western mental health system under the name of post traumatic stress disorder (PTSD). Sometimes people are so hurt that direct trauma assistance is required to overcome the traumatic memories and disruption to their lives. Trauma recovery will help individuals regain their inner energy and learn to cope more effectively. This individual healing creates the space for further social healing as well. Once people have regained their inner energy, there is a greater opportunity for strengthening their relationships with others, and their participation in social activities, finally leading to the rebuilding of the social fabric.

1.2 Background

The forty years of conflict in Burundi has created a climate of mistrust, hatred and exclusion among its people. Many have now become introverted, and often react in a hostile way to the unfamiliar. The years of conflict have also fuelled the pain and resentment that appears to have been transmitted from generation to generation. This collective and individual memory, caused by grief and the desire for revenge, makes it difficult for the nation to recover. Therefore, the majority of Burundians still bare psychological scars caused by the hardships endured, and continue to suffer today, from the poor living conditions following the war. Also, the way the personalities of those injured have changed after the war has caused additional tension within families. It is not commonly understood that the behaviours displayed by those injured are actually a result of past traumas, especially when there are no visible physical scars. Instead, victims of trauma are often referred to as 'crazy' and 'stupid', or as being bewitched. People are repeatedly accused of being lazy and distrustful, even though again, these may all be consequences of experiencing war and multiple traumas.

The main role of the psychosocial workers and the committees will be to sensitise the greater community to these consequences and symptoms of trauma, in order to mobilise support and professional referral when necessary. Also, the rebuilding of trusting relationships will be of great benefit to traumatised communities.

1.3 Story

The story is about a woman in her fifties who became a widow during the war of 1993, in which she also lost her

five children. During the massacres, not only her husband and children, but the entire family of her father in law had been wiped out. All boys and all girls in the family were killed. In addition to all this, the woman survived multiple rape, by different men.

The woman recovered and was under the protection of another woman, who was from another ethnic group, and who finally became like a mother to her. Even the high costs of her medical treatment were paid for by this woman. Sadly, a little later, the only remaining brother of the supporting woman was killed, causing her to plunge back into depression.

Massacre in a village



(Alphonse Twite)

After all these sad and painful things, the first woman was having trouble sleeping because she was plagued by thoughts and dreams related to her traumas. She often felt overwhelmed with the fear that people from another ethnic group would harm her, and was therefore unable to trust them. She expressed little hope for the future and lived in a state of permanent anxiety and stress, which was further aggravated by her poor living conditions following the war.

This story is not unique, it has happened to many people in Burundi. This story can therefore be used as a 'starter' to open discussions and increase knowledge of healing.

Hereafter, a training plan for committees and psychosocial workers is created on traumatic stress recovery.

1.4. Training plan

This training deals with the following topics:

1. Understand what is meant by trauma, and how it differs from stress
2. Describe the causes and consequences of trauma
3. Recognise the signs and symptoms of trauma
4. The different types of trauma
5. Characteristics of a traumatic event
6. The consequences of trauma
7. Some basic knowledge of sexual violence

The committees need to be taught similar topics to the psychosocial workers, but not to the same extent. In any community, trauma is perceived in a more or less specific way. In the training of the concept of trauma, some light will be shed on:

- the ideas that are present in the community and
- how we can bring psychosocial support to communities.

a. Learning objective

At the end of the session, during the formation of local committees, each psychosocial facilitator will be able to:

Provide a more realistic account and appropriate description of what trauma is, to the local committees

b. Methodology

- Discussions, group work and explanations provided by the trainer
- Relaxation exercises

c. Topic content

1. Definition of trauma
2. Causes of trauma
3. Signs and symptoms
4. Types of trauma
5. Characteristics of a traumatic event
6. Consequences of trauma

1.5 Definition of trauma

The word trauma comes from a Greek word, meaning 'wound'. This is in line with the common experiences of a traumatised person, as they are often faced with an emotional shock following a stressful event. This shock can be considered to be a 'wound', as the effect of trauma, or the trauma condition. According to UNICEF Burundi, trauma is seen as 'the consequence of an event on a person'. Trauma is often characterised by the fact that it disturbs a person's emotions. If a person is unable to find adequate responses in order to cope with, or defend him/herself against traumatic events, the injury may lead to serious somatic and psychiatric disorders.

According to Magne, "a psychological trauma is a sudden crisis that disrupts a person and leaves him/her without any defence". Trauma does not just break a person, but it invades and dissociates awareness, and causes a denial of all that has value and meaning, leaving only a feeling of 'nothingness'.

1.6 Difference between trauma and stress

Many people think that stress is the same as trauma. Often people will refer to being 'traumatised' when they are actually experiencing serious stress. However, there is a significant difference between a traumatised and a stressed person. A traumatised person has witnessed or experienced a traumatic event, which has led to a number of emotional and behavioural changes. A stressed person, however, is one whose body is reacting to either an interior or exterior threat, commonly referred to as a 'stressor'. It is a physiological alarm reaction and a short defence reaction to an immediate threat. Although some people can be confronted by a lot of stressors in succession, they are typically able to reduce their levels of stress once the stressors have been dealt with, or they have been able to take appropriate action to create distance from the threatening situation. Someone who is traumatised however lives in a more powerless situation.

A traumatised person's threat is a past traumatic event or experience. This person is therefore faced with difficulty finding solutions, and often requires the assistance of others to help them understand that it is 'trauma' that they are experiencing. Rather than finding solutions to this problem, traumatised individuals are more often required to reach a state of 'acceptance' that will allow them to introduce coping skills and build resilience, in order to once again function effectively.

A stressed person searches for possible solutions and ways in which they can find relief from the stress that they are feeling. Unlike traumatised people, they are often able to find solutions on their own, and integrate the use of appropriate coping skills, such as problem solving, into their everyday lives to help alleviate the stress. For a person suffering from trauma, the healing process takes several more steps and phases, starting with increasing awareness, to creating acceptance, and finally learning how to cope and gaining greater resilience.

1.7 Difference between physical and psychological trauma.

Physical trauma

So as not to confuse psychological trauma from physical trauma, it is important to understand the meaning of both. Physical trauma is the physical consequence of an injury, such the organic sensations of bodily discomfort due to a wound or fracture, as well as the subjective feelings associated, such as pain. Physical trauma can also be a disease, organic by

nature and able to be diagnosed through clinical examinations.

Psychological trauma

According to the Grand Dictionary of Psychology, psychological trauma is:

“An event experienced by a person, which triggers a very strong emotional reaction and disturbs the person’s psychological balance, often leading to a psychological or somatic breakdown”.

A traumatised person is one who is often confused and upset because they have experienced something intolerable, something they cannot make sense of, and would have never imagined. The person’s sense of the world and reality has been shattered, and they are no longer able to live a normal life, the way that they used to. A victim of psychological trauma may lose confidence in how to react in certain situations, and be left feeling powerless.

1.8 Basic elements of psychological trauma

Psychological trauma involves two essential elements: **the traumatic event** and the **emotional/behavioural changes** following the event. In the eyes of the people surrounding the traumatised person, these new behaviours displayed following a traumatic event, appear strange and very distant from that of others in the community, and what is considered ‘normal’. The person suffering from psychological trauma may display dissociative behaviours that seem as though they are trying to escape from their reality. They may choose to isolate themselves or display psychotic like features, that drive others further and further away. A traumatic event can, in this way, threaten and shatter a victim’s life and disrupts his/her emotional equilibrium, leading to further difficulties in life.

1.9 Characteristics of a traumatic event

In various writings on trauma, three criteria seem to characterise a traumatic event:

1. The unexpected and unpredictable
A traumatic event is essentially unpredictable, sudden, and/or life threatening to the person or others.
2. The severity of the life threatening aspects
A person’s level of psychological distress is often related to the severity of pain, or emotional disturbance, caused and experienced.
3. Powerlessness and helplessness
A traumatic event is one in which the person may find themselves feeling trapped. The intensity of the situation is so great that the person is unable to

exert any power or control over it. Also, a person is unable to prepare for such a situation, and is therefore likely to feel helpless and powerless in this unexpected situation.

Traumatic event(s) can be momentary and singular, such as a car accident, or they can be more prolonged and repeated, such as experiencing war or violence in the family home.

1.10 Examples of traumatic events

- a. Separation (or loss of loved ones)
- b. Abuse, neglect & maltreatment
- c. Sexual abuse
- d. War and its consequences

a. Separation

Separating a person from a loved one involves the breaking of intimate and intense emotional bonds. This separation is undoubtedly a traumatic situation for the persons in question. This separation can include the death of a loved one, removal from the home or abandonment by a loved one. Emphasis should also be given on the effects of parental divorce and the disharmony it causes on children and their behaviours.

b. Abuse, neglect & maltreatment

In reference to the writings of Joséph Ndayisaba and Nicole De Grandmont, in “*Les Enfants différents les Editions LOGIQUES*”, abuse can be categorised into one of two categories: physical violence or neglect.

Physical violence

Physical abuse is a form of abuse using physical forces to cause bodily harm or injury. Examples of (some) different types of physical abuse are below:

- regular beating
- burning with cigarettes, an iron or hot water
- being confined for hours in a room or closet
- sexual abuse

Torture is another example of physical abuse and a relevant one in the Burundian context. It is defined as physical or emotional pain and anguish, inflicted upon a person in order to obtain information or make the person being tortured change his or her statement or for other reasons. Torture is designed to force the victim to do what the torturer wants. Physical techniques include, among other things, all types of hitting and even the use of electroshock. In addition to these physical injuries, individuals may also be deprived of food, water, sound or light. Psychological techniques, such as false accusations, death threats and mock executions are used to confuse the victim and break

their resistance. Hence, there are many different ways to torture, including the use of sexual violence and any form of sexual abuse.

It is also important to remember children who are also experiencing forms of abuse and maltreatment. In the case of children, in particular, is their lack of control and increased vulnerability, due to the serious power imbalance. This lack of power is not dependent on whether the perpetrators are adults or other children, but the fact that child victims will often have little understanding of what is a 'normal' and acceptable way of living. They are often forced to accept things as they are, and have little chance for change. Children are seldom given a voice, even though there is a desperate need for it. They desperately need the help of others to support them in understanding that any forms of maltreatment and abuse are not acceptable ways of living, and for others to help stop the recurrent and repetitive violence against them.

Neglect

Neglect is the refusal of the person responsible for giving the child the necessary care, to meet their need for affection, food, water, safety as well as their refusal to educate the child and ensure normal development. Neglect can be further broken down into two specific forms, either physical or emotional.

- *Physical neglect*

Refusal to provide the physical needs of the child. This includes not feeding the child or person, refusing to dress them, to fulfil their needs for the most basic hygiene, and to take care of them when they are sick, etc.

- *Emotional neglect*

The child or person is rejected, ignored and treated as a mere object without providing any of the necessary emotional care and affection.

Rape is a violent act based on the use of physical sexual force. It is commonly practiced against women and young girls. Nowadays however, boys and men are among those targeted, and are no longer spared. The traumatising of a rape victim is often times so profound that the effects can only be alleviated a little at a time. Even though there may be strong emotional support and medication available, a rape victim will need to take their time and follow their own personal healing agenda. Only with continuous attention for the victim will there be success. Also important to keep in mind the men or women who may have witnessed the rape of their family members. They can also suffer trauma.

There are a number of medical and psychosocial interventions that can be utilised after rape has taken place. The ones included here are based on a human rights perspective. Access to treatment, which can prevent sexually transmitted infections, including HIV, depends on very early intervention, usually within 72 hours of the rape taking place. Pregnancy can also be prevented by taking emergency contraceptive pills. Tetanus and hepatitis B vaccinations should be given, if possible.

Often, during situations of war or armed conflict, there is no access to medical, psychological or social support. This can make the situation worse for the victim. If it is at all possible, the continued support of social relationships will greatly help the person involved. Providing a safe listening environment is also helpful. Additionally, a more community based strategy also involves awareness raising to decrease stigma and discrimination against rape victims. In communities where many women have been raped, it is also useful to create a safe environment where the women can speak to each other, within a group situation. This approach also requires fewer resources than individual counselling. Group support usually helps to decrease the depression and anxiety, which can be a result of the rape. It may also be helpful for the victim to be able to tell her whole life story, where the rape is seen as just one incidence in a longer time frame. While telling the story, examples of how the rape victim managed other difficult periods in her life may also be included. Telling someone about her courage will remind her of her strengths. This approach is called the Narrative approach.

It is helpful to understand that the following characteristics can influence the response to the rape:

- Whether the victim is a child or an adult
- How the person perceives their own rights
- Whether there is a history of previous abuse or trauma
- The kind of support that is available to the victim
- The anticipated response from society
- The coping mechanisms already in place

c. Sexual abuse

Sexual abuse can be defined as: a sexual act in which someone is used for sexual gratification usually involving genitals but not exclusively so. Sexual abuse includes any inappropriate sexual behaviour (oral sex, touching, fondling, anal sex, etc.) in relation to the age of the child, against their wishes and without their consent. Sexual abuse can be committed by different

A young woman who has been raped and who has flashbacks of the rape scenario.



(Alphonse Twite)

abusers, such as a stranger, but more commonly by someone the child or person knows.

In most cases, it is women who are sexually abused. Presently there appears to be a resurgence of sexual abuse of boys.

a. Physical consequences

Injuries and lacerations of the genital organs, genital injuries, menstrual disorders, gynaecological complications (possibly leading to infertility), pregnancy, sexually transmitted diseases

b. Immediate and delayed psychological/emotional consequences:

Immediate: fear, restlessness and withdrawal. Silence and shame, instead of revealing what happened. Troubled sleep with nightmares and frequent waking. Eating disorders such as vomiting and refusal to eat. Psychosomatic complaints such as headaches and gastritis, etc.

Delayed: the victim is afraid to talk about her rape because she sees the revelation as a more dangerous factor than the act she was submitted to.

c. Consequences to mental life

Posttraumatic stress disorder (PTSD), flashbacks, avoidance, hyperactivity, depression, anxiety, fear, aggression, shame, insecurity, hearing accusations, self-hatred, mental illness, suicidal behaviour and suicide attempts

d. Social and community consequences

Rejection of the victim, renouncing or distancing from

the partner, dismissal from the matrimonial or family home, divorce, inability to marry, breaking an engagement, stigma and moral condemnation of the victim (social murder), isolation (chosen or imposed by the family), escape behavior (moving house), violence against survivors, homicide (victims murdered by a family member to 'cleanse the honor'), abandonment, rejection or infanticide of children born of rape, forced marriage, self-destructive behaviors (suicide or attempted suicide). Increase in the number of people infected by HIV/AIDS, increase in mortality related to HIV/AIDS, management of orphaned children from rape, phenomenon of 'street children'. The victim's family is affected morally, it is sometimes forced to dip into its meager income to provide care to the victim and to support a lawsuit, the family must cope with the pregnancy of the victim, a mother can be divorced because of the rape of her daughter, non-peaceful cohabitation between the family of the perpetrator and the victim, hatred, insecurity and mistrust, harmful to the harmony of the community, the spirit of revenge from the victim and her family in the absence of a satisfactory response from the courts, murder perpetrated by the aggressor or the victim or by a member of her family to avenge the suffered shame, suicide, death due to the injuries.

e. Economic consequences

Leaving work, unproductive, school failure, poverty in response to enormous expenses for the care of the victim

The reasons why victims do not report the abusers:

- Trivialisation of rape by both the victims and perpetrator (the family pressures the victim to withdraw the complaint.)
- Some women and young girls do not recognise

A young girl who has been raped and who is isolating herself as the neighbours are pointing at her. She feels ashamed, rejected and hopeless



(Alphonse Twite)

rape as sexual violence or a criminal offence, especially when committed by an acquaintance or their husband.

- Some feel, in one way or another, that they are responsible for the attack, (supporting existing bias) because some say the violated woman may have run after or followed the man.
- Some fear that they will not be believed, and be ridiculed or excluded from the group that they sometimes share with the rapist (family, congregation, school). They may also feel ashamed of having been raped and want no one to know.
- Some fear that the abuser will take revenge and violate them again if they speak up. Many women lack the confidence in the judiciary and police because they believe them to be (wrongly or rightly) inefficient and biased.
- In some cultures it is a taboo to ask questions, or speak out on anything related to sex, including sexual violence.

d. War and its consequences

Through its violence and destruction, war is a highly traumatic event. Faced with the suffering of war, children are among those even more vulnerable, as they cannot understand the reality that surrounds them.

In Burundi, the war that raged for many years has had serious effects on the population, once again, especially on the children. One only needs to think of the characteristics of all the possible acts of violence that these children may have suffered, or have witnessed, to have some idea of the range of possible consequences this can have on children.

A woman is frightened to see another woman holding a machete



(Alphonse Tzite)

Story

A young man, who was a soldier, personally experienced periods of fighting between the rebels of that time and the regular army. These rebels had guns that were very noisy and that made the young man very scared. Luckily, he escaped all the bullets, though his psyche was not spared. Indeed, a few days later after the end of the war this young man was already beginning to show signs of psychological trauma, because of all that had happened during the fighting. The boy started to experience auditory hallucinations associated with gun shots and other scenes of the battles. Whenever he heard the sounds of guns and/or fighting, he would try to load his weapon in order to defend himself. Luckily, his comrades were at his side preventing him from firing. These same types of reactions occurred while he was sleeping and lasted for many days.

All individuals who experience difficult situations and a lot of pain react in a similar way, both physically and emotionally. The following reactions are common in cases of witnessing or experiencing serious violence:

- Some people are constantly thinking about the painful experience. Some even feel that they are having the experience again and again, and can 'see' the violent event or torture clearly in front of them.
- Some people feel sick and feel the pain again and again. This may lead them to consult health professionals more often than before.
- Some have trouble falling asleep, or wake up often.
- Some have bad dreams or nightmares.
- They may lose interest in life, lack energy and always feel tired. This can cause difficulties at work, or in their daily duties and routines. Some people have problems with eating and may eat too much, or too little.
- Some lose interest in pleasurable activities, such as sexual expression.
- Some have difficulty concentrating, have poor memory and always repeat the same story.
- Some tend to get angry about minor things or have mood swings.
- Some are afraid or appear nervous.
- Some feel guilty for being alive when others have died.
- Some isolate themselves by turning away from others and their families.
- Some people avoid situations and discussions that remind them of painful experiences.
- Some drink too much alcohol or take drugs, to help to forget about their problems.
- Some traumatised people present with only a few symptoms, while others may show any or most of these reactions.

All people are different and some bare the pain better than others, but a person who has several of these reactions may be required to seek special support.

There are other events that have the potential for trauma, and that can be considered traumatic. For example, the witnessing or surviving of natural disasters (landslides, flooding, earthquakes, etc) and major accidents (motor vehicle, bicycle, falling, etc) can also have serious potential for trauma.

Consequences of trauma

Physical consequences

This concerns the physical expressions of the effects of trauma. Some people suffer from the after effects of beatings and mutilations, by showing the physical evidence of trauma. Others have motor and/or sensory disabilities, while others have serious diseases such as HIV/AIDS.

Psychological consequences

The most common psychological consequences are fear responses, depression, anxiety and nervousness. A person who has been traumatised may have difficulty concentrating, experience flashbacks, and be unable to sleep or have nightmares. These problems generally occur immediately, but in some cases they may appear several months or even years after the initial traumatic event.

Story

A young woman was often beaten by her husband. This continued for some time. The woman took this as a regime prescribed by him every day. One day her husband went to work far away from home, and did not come back for several days. The fact that the man had a job away from home should have relieved the woman, but this was not the case. The reality was that during those days the woman was still living in the same situation, though at this time, it was in her bad dreams and nightmares.

One night, she woke up saying: 'he will kill me, he threatens me, help me please' and neighbours ran to help her, thinking that there was something dangerous happening to her. When they arrived at the house they asked her what was happening and the woman told them it was her husband who was trying to beat her. They asked her where he was and now awake she could not give an answer, and tried to hide what she had revealed. The neighbours tried to calm her down and said that it was just a nightmare, and finally she dared to say that her husband actually beat her every day and as a result, relives the same scenarios and the same suffering, even in his absence.

A young woman whose leg has been broken during the war is still thinking about her dead husband and her wedding day all the time



(Alphonse Twite)

1.11 Roles and responsibilities of the committee members

- Identify people who are traumatised or have behavioural problems
- Counsel and help these people
- Inform the members of the network about problems and/or observed changes
- Make reports of the activities
- Refer the traumatised people to the network, or other specialised institutions
- Help the families to understand that a traumatised person is not mentally ill
- Help them to understand that trauma has nothing to do with witchcraft
- Help the victims of sexual abuse to publicly identify the perpetrator, and go to a health centre as soon as possible (before 72 hrs).
- Counsel the population on how to overcome stress.

A referral system: where can people go for their trauma healing?

Below is an example to illustrate the multiple pathways available to a person who has just suffered a traumatic event.

A woman in the community has just been sexually abused. She will herself know, or be advised, by other community members to seek help from a local committee member. The average distance that she may need to travel to reach this community worker is around 3km. The local committee member will be

able to provide her with a type of ‘first aid’. This ‘first aid’ will include providing basic needs and support, such as drinking water, change of clothing, etc. They will also be trained to take the woman to the hospital within a period of 4 hours, to avoid any infections and pregnancy. Any additional physical examinations will also be done. The local committee member will have been trained to listen actively to the person in need of support. If the problem requires further assistance due to more serious psychological wounds, the local committee member will refer the woman to a psychosocial worker. The woman may need to travel an average distance of 10km to reach a trained psychosocial worker. The psychosocial worker will have been trained to provide counselling and NT. In this case, counselling will be used for the woman’s trauma healing. However, if the psychosocial worker feels that the problem continues or worsens, and more serious psychological disorders develop, he/she will decide to seek more expert advice and intervention. Also, if the psychosocial worker felt that, from the start the problem, was beyond their scope and skills set, they would have known to refer the patient on immediately.

Psychosocial workers are aware of the available resources in their communities. If organisations such as THARS (Trauma Healing and Reconciliation Services) and HealthNet TPO (Transcultural Psychosocial Organisation) are available in the nearest town or city, they will refer their client to these organisations. Considering that the average distance to be travelled is often no less than 2.5km, transportation costs and other fees can become a problem. For organisations such as HealthNet TPO and THARS, the psychosocial worker may ask their support to provide transport, as these organisations can sometimes provide such assistance. For those individuals with more financial support referral can be made to more specialised services in Bujumbura. The example of the referral can be read as part of the case study described in the last topical outline. The distances will vary from setting to setting. It is important that all organisations start working together to provide a more comprehensive service to the people who need it.

2. Understanding the concept of stress

2.1. Introduction

Stress can affect both individuals and groups. It can be a source of physical and mental distress for an individual. Within a community, it can cause conflicts, affect morale, reduce productivity and increase crime. The term stress is unfamiliar within a Burundian context. It can be confused with other physical or

psychological problems, which are part of our everyday life. People who suffer from stress must learn to recognise and overcome it. Someone who understands that it is stress that is the problem may be relieved to know that it is not a physical illness or a mental problem. People can learn to care of themselves and contribute to their own recovery.

Types of stress:

- Normal stress (adapt)
- Overwhelming stress

How people react, behave or respond to stress in our culture:

- Tendency towards anger
- Sadness, feeling of powerlessness
- Lack of concentration
- Tiredness, headache
- Vague pains, hyperactivity, agitation, interrupted sleep, restless sleep or excessive sleep, lack of emotion, disputes (in the family or work, etc.)

a. Learning objective

At the end of the session, each psychosocial facilitator should be able to:

- Provide an explanation of the concept of stress
- Understand some techniques used to overcome stress

b. Methodology

Exchanges/discussion, group work and explanation by the trainer

c. Lesson content

1. Definition of stress
2. Cause of stress
3. Signs and symptoms of stress
4. How to overcome Stress

2.2. Definition of the word ‘stress’

According to the Grand Dictionary of Psychology, by Larousse, stress is: ‘all the responses of a body following a request or demand exercised on this body’. It is also: ‘the state of acute heightened tension in the body which has to mobilise its defences in response to a threatening situation’.

2.3 Some causes of stress

- Economic problems: a lack of resources, lack of comfort, money worries, and debts that cannot be paid, can make life difficult and cause stress.
- The problems of the family: social and family problems (management of family income) may

result in stress. Infertility and domestic violence may also cause stress.

- Social problems: the worries about the future of children, disputes over land, tensions between different ethnic groups, or between returnees and those who remained, can cause stress for all members of the community.
- Illness: disease or physical disability can cause great stress for the patient and family, especially when it is a chronic disease that requires frequent visits to the doctor. For example: tuberculosis. Other conditions, like infertility in a society where children are very important, can also cause stress, paralysis, or schizophrenia.

2.4 Some signs and symptoms of stress

a. The symptoms of mental stress

- Anxiety or tendency towards anger
- Sadness, tears or feelings of helplessness
- Mood swings (someone who was laughing can suddenly have a sullen face, (now happy, now sad)
- Lack of concentration (e.g. when you ask something from someone who is stressed, he may ask you to repeat it several times before he understands or retains it).

b. The physical symptoms of stress

- Fatigue
- Headaches
- Muscle tension
- Palpitations and irregular heartbeat
- Feeling of suffocation (choking)
- Nausea or abdominal pain
- Vague pain in the arms, legs, chest
- Irregular menstruation in women

c. The behavioural symptoms of stress

- Activity slows down
- Hyperactivity and inability to rest (agitation)
- Abuse of alcohol or drugs
- Sleep problems (restless sleep, shortened sleep or excessive sleep and sleeping during the day)

d. Symptoms of stress in relationships

- Lack of emotion
- Disputes and differences
- Overdependence on others for decision making and the need for support

2.5. How to overcome stress

Every human being experiences stress. Fortunately, every one also has ways to handle stress. An often used term is 'coping', which means *'the process by which*

Young boys are playing, other people are working together while a group of women are praying together to overcome their stress



(Alphonse Twite)

*an individual seeks to adapt to a problematic situation*¹. This adaptation can work by taking into consideration the personal resources (cognitive and affective) and possible exterior assistance. The coping strategy has the function of reducing the anxiety tied to the stress, and to maintain a level of satisfactory functioning.

Below are some coping strategies:

- Share the problem with others
- Ask others for advice
- Good night rest is essential
- Encourage the community to avoid noise at night,
- If a stressed person lives next to quarrelling people, it is better to leave that place.
- Counsel people not to drink too much and to stop the use of drugs
- Have group activities within the family or community (such as music, dance, singing and parties),
- Anyone who is under stress must look for people to take part in activities, and to share their worries,

Certain simple relaxation exercises can help.

Examples: Breathing (inspiration and expiration: 4 times)

Body movements: (to the front and to the back; left, then right, 4 times)

Walking may reduce stress in elderly people. Vigorous physical exercises are better for the young.

2.6 What can be done to help a person with symptoms of stress:

- Be able to distinguish between stress and traumatization

- Be able to give an explanation of stress and recognize its causes
- Be able to distinguish between normal stress and overwhelming stress and be able to explain that to the stressed person. Stress from every day activities is normal, but stress caused by trauma that the person thinks about all the time and prevents normal functioning, is overwhelming stress.
- Know some exercises or activities that you can use to relieve stress
- Identify available resources

a. *What people can do to show when they are actively listening*

- Look at the person who speaks to them, or to whom they speak
- Sit facing the person and give him/her all their attention
- Do not cause distractions
- Make motions with the head when they agree, or say words like 'I see'

b. *Methods used to help calm a person down (in our culture)*

- Return visits
- Speak/communicate about the problem, or other things
- Show them that their problem is of concern, and that we are on their side
- Help them to find a solution, and show them that life can go on.

c. *Other people the individual trusts to help emotionally*

- The family
- People from the church (priest, pastor)
- Psychologists
- Psychiatrists

d. *How does the person approach these others to get their assistance?*

- Some want to go there themselves
- Others are taken, or are accompanied by members of their family or benefactors

e. *How do we know that they are being helped or assisted?*

- When they start to agree with their counsellors about resources, techniques and ways to find a solution that can contribute to their recovery
- Because of positive changes they show (sadness becomes joy, for example)

f. *How to take care of oneself in order to be able to help others*

- Speak about the client confidentially with colleagues
- Share your own problems with others

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