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CASE STUDY: LAUGHTER FOR TRAUMA HEALING IN CAMEROON

JAL TEKÄDÄ, THE JOURNEY OF MY LIFE
A community based understanding on Trauma and the healing process
Written and Compiled by: Sharlotte Ainebyoona Kigezo

Communities in Concentration:
South Sudanese Refugees (Rhino Camp, Arua)
Cameroon IDPs

January 2020

The Trauma Healing Guide was created in response to the experiences of South Sudanese refugee communities living in Rhino Camp, Uganda by psychologist Sharlotte Ainebyoona Kigezo, working with Platform Africa community based organisation for social change and citizen empowerment.

A trauma related questionnaire was created to gain understanding of trauma from the perspective of the communities in focus, South Sudanese refugees in Rhino Camp and IDPs in Cameroon. The causes of Trauma included in this guide are from conversations with the communities in focus.

The questions of how to recognise symptoms and develop health coping mechanisms are addressed from a professional understanding of trauma and it's long term effects, along with myths and misconceptions explore what may or may not be true about trauma. Triggers are external, internal, interpersonal and intrapersonal reminders of the event, and can also become contributors to the healing process of trauma.

Trauma and the correlations to social media as a trigger in the healing processes is discussed in relation to mental health and social media. Protective factors using social media to create mental health awareness and build healing patterns are proposed.

Vicarious trauma acquired from ongoing contact with traumatic content is addressed. A Mental Health self-care kit for protecting the brain is proposed to help build healthier coping mechanisms and support networks for resilient communities & individuals.

It is common for people to have experienced stressful and upsetting events. Even if those events happened to you a long time ago; those events can still affect how a person thinks and feels today. Things that happen to us can affect how we react to other people and situations many years later. Trauma is the person’s experience of a situation – how they think and feel about it afterwards, it’s the situation itself. No two people will have the exact same reaction to a given situation and no reaction is wrong or shameful.

Lynn A. Kovich
Trauma Assessment – A staff Information Sheet
WHAT IS TRAUMA?

The most basic definition of trauma is:

“A person’s stressful experience of a situation.”

Trauma will always be individual, that is why the most basic information on trauma is mostly drawn from personal experiences or research that involves individuals who have experienced situations that have made them feel mental pressure (trauma). Never is one person’s experience, the same as the others; even when the situation was/is the same.

Other definitions see trauma as:

“Events of high emotional intensity, particularly if they are experienced in a vulnerable moment of life.”

“An event that severely threatens our physical survival or safety or our emotional and psychological integrity and safety.”

This is the case of insults, mocking a child, a scare in the darkness, chasing someone with snakes and spiders, slander, losing a parent at an early age, coercion for sexual advantage. Some of these examples sometimes come out as triggers especially when someone has experienced a mentally stressful event of the same kind before. The same way physical accidents leave permanent scars, trauma may also leave marks for many years.

Anything long term comes with effects and some of the effects of long-term untreated trauma are:

- Alter people’s habits and outlook on life
- Take its toll on family and interpersonal relationships
- Trigger physical symptoms and diseases
- Cause problems with decision making which head to additions
- Cause dissociation
- Precipitate self-destructive behavior

It is important to note that not all the symptoms mentioned above are in relation to trauma, seeing a professional so the diagnosis is clear is important but if one has experienced a traumatic event before it is mandatory to pay attention to these effects and get considerate help.

CAUSES OF TRAUMA

Some causes of trauma are:

- Physical abuse e.g. domestic abuse (GBV)
- Sexual abuse e.g. rape, incest, molestation
- Emotional abuse
- Severe childhood neglect e.g. forced separation very early in life from primary caregiver, chronic miss-attunement of caregiver to child’s attachment signals (“mal-attachment”)
- War/combat experiences
- Witnessing others being harmed or victimized e.g. someone being brutally beaten or tortured
- Serious bodily harm or any significant injury
- Life-threatening disease e.g. cancer, kidney failure, HIV/AIDS
- Significant psycho/social loss, e.g., bankruptcy, traumatic family loss, or loss of precious property
- Sudden death of a loved one
- Natural disasters (earthquakes, fires, floods, hurricanes, etc)
- Serious accidents such as automobile, plane or other high-impact scenarios
- Experiences of IDPs in Cameroon

On Sunday 5th of January 2020 a team from #DefyHateNow visited some Internally displaced persons on Buea in the southwest Region of Cameroon.

The meeting lasted about 1 hour at Jongo Hub, a #Tech4Peace Lab with locations in Buea and Douala. Engaging these Internally Displaced Persons IDPs in a chat session, Pedmia Shatu Tita a Journalist from Bamenda one of the zones by the ongoing crisis made the IDPs feel comfortable to share their stories by sharing her own story of rape. She also talked about her visit to the bushes to visit their peers and invited them for a talk at one of her fireside chats, where she holds heart to heart talks with women.

This created a conducive atmosphere as the IDPS took turns to share their stories. There were 11 stories expressed, and what was common in their different narratives was the fact that they dropped out of school and they expressed their thirst for education. Those that manage to go cannot achieve full time education because they go under very stressful conditions: for instance a lack of textbooks, no registration fee for those in examination classes, lack of school fees, poor diets, to name but a few.

They shared their experiences while in the bushes during the military invasion. Some were raped while in the bushes, since they ran into the bush with just the clothes on their bodies, they were forced to wash the dresses and wear them over and over, during menstruation they had no option, they had no sanitary towels napkins, nothing to use therefore they would get stained and have to wash the same dresses and put it back on.

Their diet was not the best as they could barely get something to eat. They noted that some people with whom they lived in the bushes died during that time, and this still remains fresh in their minds.

Another was a case of rape by an unknown guy in a gang. She found it difficult to talk but finally she spoke amidst tears on how she got raped as they were living in the bush.

All of them ran from villages in the south west Region to the chief town Buea where some live in an orphanage, with relatives and others with good samaritans as host communities. Their hosts say despite the pressure from their own families they cannot ignore the plight of the IDPs so they help them.

The IDPs were brought together by the organisation “Social Change and Establishment Center for Youths and Disabled Persons SECEYDPS” headed by Fembe Hilda.
The stories highlighted above are to show some of the causes of trauma through the eyes of IDPs in Cameroon. Their stories are different and their reactions differ too, but one can tell from the narration that these are events with the capacity to put extreme pressure on the brain, thus influencing emotional and physical reactions later in life.

MYTHS & MISCONCEPTIONS

The importance of highlighting myths/misconceptions is to understand the dynamics of trauma and how to handle the process of trauma healing. Myths/misconceptions come with a view or opinion that is incorrect because it is based on faulty thinking or understanding.

Some of these myths/misconceptions are: (Adopted from Psychology notes: PTSD, Unit PSY 418 by Dr. Stephen Ndegwa - Daystar University)

**Everyone experiences PTSD (Post Traumatic Stress Disorder)**
PTSD (Post Traumatic Stress Disorder) is caused by specific traumatic event not typically experienced by the average person thus causing much more pressure on the brain, but this does not mean that the reaction is similar to everyone. Many factors need to be considered before one is diagnosed with PTSD (Post Traumatic Stress Disorder).

**PTSD symptoms manifest immediately after a traumatic event**
In many cases, it takes a month or two before symptoms are noticeable, and they can be brought forth by stress and old memories.

**Anyone suffering from trauma is unstable and violent**
Symptoms of trauma vary depending on the person with the disorder. Angry outbursts and violence don’t always occur, even if the illness was brought forth by events involving violent crime and torture, how a person reacts to a traumatic event is dependent on their individual attributes and sensibilities.

**Trauma is limited to a specific age group**
Children are vulnerable to trauma too despite their apparent resilience to mental stress. A study by Dr. Annette La Greca showed that children exhibit signs of PTSD - Post Traumatic Stress Disorder (developed from trauma) two years after a natural disaster. For example, during a family’s recovery from a catastrophic hurricane, a child may struggle with adjusting to a new environment, where they may be without their friends and some of their family, making the recovery even more difficult.

**Recovery is impossible**
With the right systems in place; strong social support system, stable coping mechanisms, positive defense mechanisms. Then the recovery process for a traumatic event victim becomes easy with close attention of course.

TRIGGERS

**PTSD - Post Traumatic Stress Disorder**

Triggers are psychological stimulus that prompts recall of a previous traumatic experience. Someone who has experienced trauma may feel fine till they hear a car backfire loudly, suddenly one is very afraid, and with that stimulus bring back images of a time of a war or an accident one witnessed or experienced.
PEOPLE
- A rape perpetrator or a person in combat uniform

THOUGHTS AND EMOTIONS
- Thoughts and feelings of threat or attack
- Thoughts and feelings of vulnerability or rejection

THINGS
- Buildings or places e.g. a dark hallway

SCENTS
- Fuel (Petrol or Kerosene “paraffin”)

SHOWS, NEWS, MOVIES
- Watching a combat movie, a relative documentary

SITUATIONS
- Loneliness, separation or loss, conflicts in relationships, lack of power and control

MENTAL HEALTH & SOCIAL MEDIA

Trauma + Hate Speech

Social Media enables identity expression, exploration and experimentation: something natural for the human experience.

The Effect of Social Media on Identity Construction: Ugur Gunduz

Social media allows for identity freedom, thus giving us human beings a chance to express ourselves clearly, but in hiding. This can be seen as a route to healing the things that hurt, but most times pain is directed to negativity because, seeing another suffer feeds a crucial part of trauma healing; The Ego.

With the influence of social media and the provision for identity development as per learning what one likes or dislikes, room for extreme trauma trigger control is left to caution. This is because the internet harbors anyone and anything not aware enough of the impact of pictures and words.

It is important for trauma survivors to build identity, it is from identity that one gets to understand how to use the internet for healing whether as a sender of a message or the receiver of the message. One of the ways of growing identity that is safe from internet negativity and cyber bullying is from forming strong social support systems.

Importance of social support

Studies show that when people go through traumatic experiences and share their experiences with others, their health improves. Although talking about a stressful event can temporarily arouse people, it calms them in the long run.

Social support systems are social network’s provision of psychological and material resources intended to benefit an individual’s capacity to cope with stress.
Social support comes in form of family, friends, colleagues, group therapy sessions, trauma healing initiatives and can take any forms including: structural support (the size and extent of the individual’s social network, frequency of social interactions), functional support (behavior that foster feelings of comfort leading the person to believe that s/he is loved, respected, and/or cared for by others), instrumental/material support (good and services that help solve practical problems) and informational/cognitive support (provision of relevant information intended to help individuals cope with current difficulties, understand the crisis and adjust to the changes that have occurred).

### Protective Factors
Protecting identity from the damages of the internet

**SUPPORT**
- Building solid social support systems and having strong interpersonal relationships

**SPIRITUALITY**
- A major protective factor to any psychological issue for the strength of faith and hope

**IDENTITY**
- Learning what or who you identify with.
- This builds on ego and with time helps one build on confidence.

**PHYSICAL HEALTH**
- This not only keeps the mind active and fresh, but the body healthy too.

**RECREATION/SELF-CARE**
- Discovering passions and talents acts as a channel for positive coping mechanism which are used to build identity and thus become a strong foundation for confidence and self-awareness

### VICARIOUS TRAUMA

It is important that caregivers and other humanitarian workers take good care of themselves as they are prone to being secondary victims.

Vicarious trauma, also known as compassion fatigue or contact victimization is a stress reaction that may be experienced by the helper working with survivors of traumatic life events exposed to them through disclosure of traumatic image and events. Any trauma counselors and trauma care givers need to always receive professional care and support.

This should be offered by well-trained professionals in order to offer continued learning, support and referral.

**As a caregiver, you are encouraged to pay attention to your:**

**PHYSICAL WELL BEING**
- Sleep well
- Eat healthy (adequate nutrition)
- Rest
- Exercise regularly
- Breath
- Mental well being

**POSITIVE ATTITUDE AND REFRAMING CONTEXT**
- View obstacles as opportunities to learn and grow
- Become more solution oriented towards challenges
RELAXATION/MEDITATION

EMOTIONAL WELL BEING

HAVE STABLE SOCIAL SUPPORT SYSTEMS
- Supportive relationships with family, friends and colleagues
- Deal with emotions appropriately: in case of anger outburst, build on positive outlets and coping mechanisms

RELATIONSHIPS
- Cultivate solid relationships and spend time with people you trust, who accept and care for you.
- An effective caregiver needs to be aware of their needs and seeks help.
- Access to referral agencies for the clients/trauma survivors (legal, medical, food).
- This information should be readily available to decrease the chances of developing burn out due to many roles being played at once.
- Taking care of yourself as a caregiver is the only way to avoid burnout or even vicarious trauma.

A care giver’s role in crisis recovery

MAKE CONTACT
- Establish contact with a trauma survivor by introduction and offering assistance

REDUCE ANXIETY
- Reflect calmness and attention, make the survivor feel heard and understood

FOCUS ON THE ISSUES
- Ask follow up questions of presented issues, listen actively

EVALUATE RESOURCES

PERSONAL RESOURCES
- Inquire on intellectual abilities, skills from past experiences, helpful attitudes or motives that can them grow

INTERPERSONAL RESOURCES
- Help the survivor develop networks within friends, family members, church members, business associates and community members

ADDITIONAL RESOURCES
- Mobilize other resources; medical, financial, educational and anything that is available in the time of crisis and after crisis

PLAN INTERVENTION
- Together with victim, list alternative course of action: allow for the victim to take full control, gives room for confidence.

“We must do for others what they cannot do for themselves, but we must not do for them what they would not do to themselves. The problem is finding the wisdom to know the difference.”

Psychiatrist Raymond E. Vath
ENCOURAGE ACTION
- Encourage crisis victims that action involves risk, therefore listen and learn about the problem, decide on course of action

Remember: Not all crises have solutions, and permanent change requires one to face reality, readjust, and plan and keep hope.

INSTILL HOPE
- Many people become hopeless during or after a crisis and this may lead to depression or other negative thoughts, but hope helps people avoid despair and releases energy to meet the crisis situation.

FOLLOW UP
- Make contact on anniversaries, helps one feel taken care of and helps on knowing how one is coping.

REFERRAL
- With the right systems and structures in place, it is important to refer trauma survivors to further assistance when you feel the help one is offering might be stagnating. This way ongoing and more sustainable help is found.

TOOLS AND TECHNIQUES FOR SELF-MANAGEMENT

FIRST DRAFT NEWS: VICARIOUS TRAUMA GUIDE

PEACE FORMULA
The PEACE Formula for resilience is an easy-to-remember model you can use to check in with yourself on a regular basis about how you are approaching things and your attitude towards yourself. It’s about directly ensuring you’re making wise choices about how you use your time and energy. When working with challenging material, step back to ask yourself these questions:

PACE
- How fast am I going?
- Can I keep up this level of intensity?
- Where are the spaces for reflection and recharging?

ENERGY
- What are my energy patterns?
- Am I able to organise things so I’m tackling the most challenging material when my energy and resources are higher?
- Am I listening to my body when my energy is lower?

ACCEPTING...AND...ADAPTING
- If I’m having a difficult experience or am vaguely aware of problem signs, what might I need to accept that I may have been refusing to acknowledge?
- How could I adapt to take account of my needs so I can be more resilient in the long run?

CHOICE
- Where can I choose to focus my attention?
- What can I choose to let go of (perhaps just for now)?
- What do I want to ask for in terms of support?
ESTEEM

- What kind of messages am I giving myself?
- For example, am I giving myself a hard time for struggling with distress?
- Can I remind myself that I’m good at what I do and am not failing but am taking care of my overall resilience?

BREATHING AND OTHER MINDFULNESS-BASED TOOLS

Focusing on your breathing can help to calm and regulate your bodily reactions and give you a sense of being anchored. Ways to do this include:

7-11 BREATHING

Breathe in to the count of seven and out to the count of eleven and repeat until you begin to feel more in control. Thereafter continue to simply follow the normal rhythm of your breath.

The three-step breathing space can be used before, during or after a difficult task or period of challenging work:

Prepare yourself by closing or lowering your eyes and noticing the contact your body makes with the floor and the chair. Notice your feet and your back and shift into a position that feels alert and dignified.

**Step 1**
Notice and name the mood you are in. Notice and name any feelings that are present. Notice and acknowledge any sensations in your body.

**Step 2**
Focus all of your attention onto your breathing. Track each breath as it enters the body, moves down into the belly and up and out of the body. Continue for a minute or so just tracking your breath.

**Step 3**
Expand your awareness to your whole body, as if you’re breathing out through the pores of your skin.

To come out of the breathing space, notice once more the contact your body makes with the chair and your feet on the floor. Allow the light to begin to filter through your eyelids and gradually lift your eyelids to allow the outside world back in.

GROUNDING

This a technique that helps to get your mind and body working together in the here and now, and is useful when you’re feeling overwhelmed. Try any combination of the following: focus for five seconds on five objects you can see around you; focus on the contact your body makes with your chair and/or the floor; hold a hot or cold drink in both hands and fully feel the hot or cold temperature; smell a food or flower or other item; splash water on your face; say your name, age, where you are now and where you will be later in the day out loud; get up and walk, noticing each step; focus your attention on sounds, first those near you, then those further away and outside the room.

ATTENTION SWITCHING

Bring to mind an image that makes you feel safe, connected or protected.

Make it a conscious process as you switch between the image and the one you are struggling with. Talk to yourself as you switch! Remember this is not an exercise to block out your experience, rather to exert control over it.

Create rituals that help you consciously begin and stop work.
MENTAL HEALTH SELF CARE KIT
Keeping the peace around you

IDENTIFY UNHEALTHY COPING MECHANISMS
• Social withdrawal
• Over sleeping
• Over eating sweets or fatty foods
• Over using medication
• Over using drugs (alcohol, cigarettes, opioids)
• Taking out stress on others verbally or physically

ADOPT HEALTHY COPING MECHANISMS
• Physical exercise
• Joining a sports team in school or the community
• Going for walks
• Engaging in chores

BUILDING AND MAINTAIN RELATIONSHIPS
• Joining church service teams (choir, church cleaning team, usher)
• Arranging meetups with friends and community members
• Signing up for school clubs
• Consider volunteer work but also allow to join giving back to the world activities, in a way that’s profoundly satisfying

DEVELOP A “STRESS RELIEF” KIT
• Take walks in nature
• Meditate
• Put your thoughts into words or paintings (poetry, music, stories, art, drawings)
• Keep a journal or diary
• Learn a habit of reading
• Make a cup of tea or coffee when it gets a bit too overwhelming
• Talk with a friend or professional counsellor if you are struggling to cope

CASE STUDY: LAUGHTER FOR TRAUMA HEALING IN CAMEROON

Amindeh Blaise Atabong, 2019

YAOUNDE, CAMEROON – For Canisia, a woman traumatized by the conflict in the English-speaking part of Cameroon, May 26 was a day of laughter, the first in 18 months.

“This event has wiped out my sorrow and given me the impetus to move on. But I still feel for the thousands of other Anglophone refugees and internally displaced persons who have not had this experience,” Canisia added, bursting into laughter as she watched another comedian perform on stage.

Canisia is one of thousands English-speaking Cameroonians displaced by a drawn-out conflict in the North West and South West regions. She, like a hundred others, has benefited from a local initiative that offered them psychological healing from the trauma of the bloody conflict.

Like many displaced survivors of the conflict, Canisia has been traumatized by her experiences. But getting
psycho-social care is a difficult thing when the priority is often food and shelter. Comedians like Senior Pastor are stepping in with a local initiative to fill the gap.

**Laughter Therapy**

The ‘Laughter Heals’ comedy performance is a flagship show to build cohesion and provide an avenue for the psychological healing of broken hearts in Cameroon’s fractured community. Host of the show, Senior Pastor, an award-winning Cameroonian comedian, said it was his own small contribution to countering hate speech and bringing relief to victims.

“We gave them hope, laughter, and depression left. In fact, we gave them our best,” Senior Pastor said. He notes that the show, more than six hours long when staged in Yaounde, will be performed in other towns as the means provide.

Ntui Olga, an internally displaced person from Kumba who attended the show, said it was awesome: “In a very long time, I could feel like we are in peace time.”

Senior Pastor was joined by renowned Cameroonian comedians, both Anglophones and Francophones, among them Moustique le Karismatik, O’Boy Da Comic, Sparko, Marcus, Aunty Bara, Ulrich Takam, Badly Brought Up and Oracle. Gospel artists such as Prosper Menko also gave soul-searching performances.

The comedians joked and touched a bit on the conflict in order to make survivors laugh about it. But they did so without any form of prejudice.

The ‘Laughter Heals’ comedy show was inspired by a project carried out last year by a local organization – Local Youth Corner Cameroon (LOYOC) - which targeted influencers. The project’s principal objective was to get youths to say ‘No’ to hate speech, a factor fueling the conflict.

Chufi Henrietta Ngong épse Mega, a senior youth and action counsellor in Cameroon’s ministry of youth affairs and civic education, said in an interview that the ‘Laughter Heals’ concept is “a huge success as most comedians thrilled the audience and almost everyone departed from the hall with a broad smile on their faces.” Chufi wants such platforms to be promoted because they offer the audience, mostly conflict-affected persons, entertainment, as well as relief from stress and help to heal their souls.


**JAL TEKÄDÄ, THE JOURNEY OF MY LIFE**

[https://youtu.be/Xpf1s664Pns](https://youtu.be/Xpf1s664Pns)

Jal Tekädä, The Journey of My Life is a short film produced and performed by internally displaced persons (IDPs) at the UN protection of civilians (PoC) site in Bentiu, South Sudan, a town that witnessed some of the most brutal fighting of the conflict. The film tells the story of young IDPs’ journey to seek forgiveness and healing from the vicious civil war that erupted in December 2013.

[Using Film To Heal The Wounds Of War In South Sudan](https://weblog.iom.int/using-film-heal-wounds-war-south-sudan)

[**Mental Health & Psychosocial Report:** ReliefWeb PDF](http://reliefweb.int/sites/reliefweb.int/files/resources/IOM_MHU_MHPSS.PDF)
SOURCES & RESOURCES

State of New Jersey: Department of Human Sciences, Trauma Assessment (July: 2015)
http://www.ctc@georgetown.edu

Dr. S. Ndegwa: Psychology Notes, Unit Psy 418 – PTSD (September: 2015)
How does social support enhance resilience in the trauma – exposed individual (2015)
http://www.ecologyandsociety.org/vol20/iss4/art10/

Ugur Gunduz: The Effect of Social Media on Identity Construction (September: 2017)
www.mcser.org

Chapter 3: Understanding the Impact of Trauma
https://www.ncbi.nlm.nih.gov/books/NBK207191/

Trauma symptoms, Causes and Effects
https://www.psychguides.com/trauma/

Trauma Healing For Refugees
Platform Africa: Training of Trainers [VIDEO]
https://youtu.be/7hooaj94PeM

Harsh living conditions in the camps are among the factors contributing to / sustaining stress and trauma among refugees – according to Bita Emmanuel, they sometimes have to go on an empty stomach for two or three days if their food ration finishes before the end of the month. We are engaging sustainable interventions to battle trauma by gearing community leaders in the refugee camps with the ability to further build capacities at various levels within their communities. Meet Bitta, Grace and Nelson from Ofua Rhino Camp. #HealingRefugee #Peace #CECI #IVAC

South Sudan War | Refugees Trauma Healing Program
Platform Africa: Introduction by Kigezo [VIDEO]
https://youtu.be/aB8mi9XRX70

This Training of Trainers (TOT) on trauma is a critical post-conflict action aimed at empowering/building the capacity of 25 community leaders in Rhino Camp refugee settlement to be able to respond to issues of trauma in their communities. We target the entire Rhino Camp through equipping leaders to become multipliers of the message.

First Draft News: Vicarious Trauma Guide
https://firstdraftnews.org/latest/vicarious-trauma-guide/

Inside Storyful: Vicarious Trauma in the Newsroom

DW Pakistan: Psychological Counselling for Journalists

Trauma First Aid
https://www.faith-international.net/downloads

In 2015 officially more than 65 million people worldwide were refugees. Many of them must be considered complexly traumatized by starvation, war, deep personal loss, torture, rape and other stresses of migration.
In the western countries, triage and treatment facilities after disasters are already common, in order to prevent post-traumatic stress disorders. This booklet is intended to explain scientifically-based standards of trauma first-aid. It could be used as well to train local first aid trauma-helpers, for instance in refugee camps.

We hope that information and education about the effects of traumatic exposure accompanied by appropriate primary help will contribute to dissolving the traumatic shock of so many people more quickly, so that it does not end in despair or violence. And that among the migrants themselves in the long run resources can be set free to help prevent humanitarian catastrophes of this dimension. May we all continue to believe in humanness and healing.