

# Introduction

Two days after a car bomb exploded in the town of Omagh in Northern Ireland on 15 August 1998, the British Secretary of State for Northern Ireland, the late Dr Marjorie Mowlam M.P., visited the town. In the context of a terrible atrocity her visit was both ceremonial and highly focused on the real risk the bombing posed for the recent peace agreement (the Belfast or Good Friday Agreement), which marked the culmination of talks between most of Northern Ireland's political parties and the British and Irish Governments. The Agreement, finalised on 10 April 1998, had raised hopes of a historic political settlement to the Troubles – the years of civil conflict in Northern Ireland that had commenced in 1969.

On the morning of Dr Mowlam's visit to Omagh, I was one of a small group of health and social care practitioners who had been involved in responding to the bombing, from shortly after the bomb exploded. When she arrived at the temporary trauma centre that had been hurriedly set up that morning, she wanted to hear about the consequences of the bombing for those directly affected and for the wider community. What I recall most clearly from our conversation were two incisive questions posed by the Secretary of State. What would the human impact of the bombing be? And what needed to be done to address that impact?

It has taken over fifteen years to provide competent answers to these important questions and it is from the experience of struggling with them that this book has emerged. It is hoped that for readers needing to know how best to address the mental health and related impacts of conflict on their communities, the book will be of interest and assistance, and a resource that they can return to time and again. By sharing experiences of addressing the conflict-related violence in Northern Ireland, I hope that readers can short-circuit such a long gestation period and be able to use the lessons and messages from the following pages to plan for and provide informed responses in the context of their own experiences. As a consequence I hope that those who suffer through violent conflict in places far from Northern Ireland, will benefit. Also, with the passing of time I felt it necessary to make some record of what was learnt through terrible events for the benefit of others, before memory fades.

During the Troubles and since, many services aimed at helping communities and individuals were established, funded and provided in response to the violence – many of which were supported by charitable, governmental or European funding. Further, long standing publicly provided mental health services and practitioners, and other health and social care staff, along with local and regional not-for-profit services and self-help groups, have in various ways sought to understand and address the impact of the Troubles, and to address the needs of individuals, families and communities. Often, these contributions and efforts held the line for individuals, families and communities, whilst politics struggled to address wider legacy issues, including services to those affected by the years of violence. This book offers and draws upon one account of that wider response to the Troubles. It will be relevant to mental health policy-makers, service planners, providers and practitioners. However, it is hoped that others will read it too, such as peace-makers, diplomats, politicians, civil servants and those who have engaged in violent conflict and war who are seeking to understand the impact of violence on their communities.

Across the world conflicts start, rage and end – leaving behind the most terrible of human tragedies and needs, shaped by loss and trauma. As they rage and after they end, individuals, families, communities, government departments and aid agencies are faced with the task of reconstruction, recovery and adjustment. Some individuals, however, cannot make the transition. One of the areas of need that threatens the long-term well-being and competence of the post-war or post-conflict community is the impact of violent conflict and war on the mental health of citizens and displaced persons. Whilst we can hope, even expect, most people will cope with and recover from terrible personal loss and traumatic experiences, we now know that in communities affected by conflict, war and disasters, a significant minority will have mental health and related problems in the short, medium and long term. We know too that the longer conflict rages and the more traumatic the experiences suffered by individuals and communities, the greater the proportion of the community that will suffer longer-term adverse consequences. We know this gives rise to major social and economic challenges for survivors and has intergenerational impact. The mental health and related consequences of conflict can limit engagement, participation and belonging in the emerging post-conflict community. Recognising and addressing the health and well-being impacts of violence is an important task in enabling as many as possible to become stakeholders in and contributors to the emerging post-conflict community. In the context of building peace there is therefore a wider interest in attending to the personal and family consequences of conflict.

The central message of this book, therefore, is that addressing the mental health and wider needs arising from loss and trauma must be incorporated as early as possible into the peace-making and peace-building project. In contemporary warfare and conflict the dead and surviving victims are increasingly civil-

ians who had not been protagonists. They bear the greatest heat of the day, and their needs often fade rapidly from the minds of those who waged war and now make peace. In some sense it should be an easy thing to address – to provide for the needs of those who have suffered loss and trauma. It should be a quick win for the post-conflict politics, an expression of hope in the investment in peace. But it often does not seem so. Time and again victims and survivors are left behind. The experiences behind the writing of this book suggest at least three reasons for this problem.

First, other things seem to be more important – such as ceasefires, peace talks, constitutional settlements, the standing down of armies and armed groups, the establishment of institutions and political processes, economic investment, the demands for and trade-offs in justice, the recognition of minorities. The pressing daily needs of humanity are something we will get round to in due course.

There is another dynamic. Those who wage war, or are protagonists in civil conflict, and the politicians have to sit with mortal and ideological enemies and make peace. Painful and uncomfortable things have to be addressed or valued things set aside to allow progress. One of the discomfitures is the dead – my dead and your dead – along with those who mourn, those who have been injured, and those whose lives have been changed by the trauma of their experiences. I dare not press my case too hard, to remind you that you, or those with whom you allied yourself, caused my dead – because I will be reminded that the reverse may also be true. Or be reminded by my own community that the things for which the dead died, are no longer as important or centre stage as they once seemed to be. They have yielded to the necessity of bringing hostilities to an end and building peace. Add to this the continuing, often heated, battle over who is a victim and who deserves access to services, and the hopes of progress for those who have suffered can go unrealised. In Ireland, whilst the dead of our civil conflicts are held sacred by one side or another (seldom by all), the suffering survivors run the risk of being abandoned because we cannot politically agree on how they ought to be helped. Whilst the rest of the world moves on, those who are disabled by their experience of hostility, loss, injury or trauma are caught in an unsatisfactory present. Left in a liminal state – a no-man's land between the past and the emerging future with nowhere to go back to yet feeling unable to go forward – surviving victims of the conflict become, also, victims of the peace.

Finally, there is the difficulty in understanding the problem and therefore the solutions. Partly this is to do with the view that people suffering loss and trauma cannot be helped, or that if they are to overcome their experiences it is something that cannot be addressed by the peace-building project. Sometimes, it might be that there is no solution in the peace agreement for displaced people, who for example remain displaced, living far from home or in refugee camps. There can be a view that the answer to the deep psychological needs of those who suffer lies in justice and reparation. Or conversely, that there is purely a psychological

solution to needs that, besides the experience of loss and trauma, have components of injustice, deprivation or victimhood and require political action. The challenge is to understand needs accurately without adopting ideological solutions. Asking people about their needs and views is an important starting point, and if necessary an on-going requirement as people's needs and views change. Getting the balance right between helping people to become increasingly members of, and stakeholders in, the emerging post-conflict community whilst attending properly and effectively to their need to heal and recover is of central importance. Certainly we should be mindful that locally, needs and solutions will differ, and will be determined by local priorities and realities. It is hoped that this book contributes to these considerations.

### **These experiences change us for ever**

The Omagh bombing had striking resonances for me, with a similar bombing in Enniskillen, eleven years earlier, on 8 November 1987. Writing about the Enniskillen bombing in 1997, on the occasion of the tenth anniversary, McDaniel asked whether in the light of the awfulness of that atrocity 'such a dreadful thing could happen again' (McDaniel, 1997: 8). It did – and just a year after the question was posed – it happened in Omagh. In both towns, the circumstances involved a bomb exploding in a street where civilians had gathered: in Enniskillen for a ceremony of remembrance; in Omagh, for refuge after a bomb alert. In both circumstances I had been immediately and directly involved with colleagues in addressing the concerns and needs of those caught up in the bombings: assisting with the injured; supporting the emergency health services; helping people to find missing relatives; comforting the distressed; responding to enquiries from the media, and, most terrible of all, locating and identifying the dead.

There were differences in the two tragedies. Enniskillen had resulted in fewer deaths and injuries. In fact, the local hospital in Enniskillen had more seriously injured people admitted on the day of the Omagh bombing, than it had on the occasion of the Enniskillen bombing. By merit of the scale of those who were killed, injured and distressed, the Omagh bombing, it turned out, would become the largest single atrocity associated with the recent period of civil conflict in Northern Ireland. It impacted not only on Omagh and its hinterland of villages and rural neighbourhoods but also on people from Donegal (in the Republic of Ireland) and visitors from Madrid in Spain.

The Enniskillen bombing was perceived as an attack on one of Northern Ireland's traditions, whereas the Omagh bombing impacted upon individuals and families from across the cultural and political spectrum. Enniskillen happened when violence was still raging, when a political solution seemed impossible and when hope could take no concrete form in the imagination. Omagh

came after the historic Belfast Agreement, after the main non-state armed groups had declared ceasefires and following demilitarisation by the British Army.

The Enniskillen bombing had considerable consequences for children and their schools and it was in this context mainly that I, along with colleagues, began some work with local teachers. Over the following ten years, that work involved trying to understand and respond to the grief and trauma-related needs of families and individuals alongside the contributions and efforts of neighbours, the wider community and its civil institutions, its schools and churches. By the time of the Omagh bombing, eleven years later, we had an insight into the experience of grief caused by conflict, to the traumatic consequences of terrible events and how different people respond at different times. I could see how the deep silence of grief is made worse when bereavement arises from the active will of others. I saw how hurtful it is when efforts are made to legitimise loss and suffering in pursuit of political goals. In short, I could see that such events would have a very serious and enduring impact on those directly affected with significant personal and family health, economic and social consequences. Also, in the context of the loss arising from politically motivated violence, the efforts to grieve and heal were daily frustrated by ongoing violence and aggravated by a political discourse that was often unempathetic and brutal. I could see the problem but did not know what the solution was, other than to offer support and hope that in time people and communities would find themselves in a better place.

I also observed how, even though the events and circumstances behind grief and traumatic distress related to events and circumstances in the past, the experiences and the distress were often real and in the present. It was not surprising, therefore, that some thought they could never overcome the losses and experiences that seemed to change their lives so much. Yet, the lives of those who had experienced devastating events and circumstances and who, in time, triumphed over such experiences, revealed that there is indeed a hope of recovery.

Later, I would see that notwithstanding its benefits and desirability, peace – the cessation of violence and the development of politics – whilst it provided some succour, was not the answer for the enduring loneliness of loss, injury and trauma. Nor can it of itself make good the deep psychological rigours of other consequences of conflict, such as rejection of one's humanity, oppression, torture, the disappearance of loved ones, exile or imprisonment. In fact, for many it increased the perception of futility of past violence and, more specifically, the futility of the death of a loved one or friend, or the chronic painful injury or depression. Sometimes this gave rise to a cry to be heard. Whilst peace meant not waking to the reports on the radio of another killing or atrocity, it did not stop the nightmares. Nor could we rely upon peace alone to address the loss of faith in oneself, in others, in the world – or the loss of faith itself.

The experience of Enniskillen showed how central family, friendship, neighbourliness and community are in cradling those who suffer loss and trauma. In

civil conflict however, the usual ways and means in which families, neighbourhoods and communities work are disrupted and sometimes break down. And there was always the danger of politics getting in the way of addressing the needs of individuals and families affected by violence. The voices and needs of the bereaved, injured, traumatised and of those otherwise adversely affected by violence are not readily heard when fear and mistrust dominate daily life, and when groups and actors continue to legitimise and justify violence. For those who suffer the consequences of violence, competing political commentaries upon outrages can make it seem that nothing has been learned from the spectacle of human suffering especially when events are used to reinforce political or violent positions.

Conflict also poses considerable challenges for services that support communities, and in particular those affected by violence. Through witnessing the consequences of the Enniskillen bombing it seemed to me that civic society, its institutions and services needed to find a more effective response to the needs of those who struggled with grief and trauma. For example, services could be more proactive, reaching out to the bereaved, injured and distressed rather than waiting for them to call for help. Critically, a specific understanding of the experience of loss, injury and trauma in the context of the terror and injustices of civil conflict and wider social and economic challenges, needed to shape the services being offered to, and the manner of engagement with, those affected by violence.

### **The structure and approach of the book**

This book describes the work undertaken in Omagh against the background of the most recent period of violent conflict in Ireland, commonly referred to as ‘the Troubles’ a term upon which I rely to denote this period. Centrally, it draws upon the work colleagues and I undertook following the Omagh bombing.

With no time to think, colleagues and I were flung into the immediate chaos of the Omagh bombing. Shortly, however, we began to think about what needed to be done in response to this atrocity and to draw upon the experiences of Enniskillen, along with the growing knowledge about the impact of traumatic events, the intuitive and concerned responses of the community, and a changed political context. The impact of the bomb and the early responses are described in Chapters 1 and 2. Chapter 3 describes the outcome of needs-assessments undertaken following the Omagh bombing. Taking a wider and longer-term perspective and through an overview of research, Chapters 4 and 5 look in some detail at the efforts to understand the mental health and related impact of the violence associated with the Troubles in Northern Ireland over the period 1969 to 2015. Chapter 6 describes the later efforts, after the initial response in Omagh drew to a close, to build services for the benefit of the wider population, drawing upon the

lessons gained in responding to the Omagh bombing. This chapter, along with Chapters, 7, 8 and 9, with reference to the work of the Northern Ireland Centre for Trauma and Transformation (NICTT), describes developments in therapy, in training and education, and in research and advocacy. Finally, Chapter 10 seeks to draw together key conclusions about the approaches that could be taken to address mental health and well-being as an essential component of a peace-building project. At the outset, a timeline is included to give a sense of the work described herein against the background of the Troubles.

The chapters that follow are written in the third person with individuals being referred to in terms of their position, role or organisation so that readers not familiar with the details of Omagh and Northern Ireland can more readily relate the text to their own circumstances. For similar reasons, some terms specific to the Troubles and in common usage in Northern Ireland have been replaced with more widely used and understood alternatives.

The work described in the following chapters relies significantly upon the idea that traumatic circumstances and experiences can disrupt – temporarily or on a more long-term basis – our mental health and well-being. In undertaking the work described, it proved helpful to think in terms of trauma-related difficulties, disorders, recovery, adjustment and growth, and to adopt a trauma-informed approach to understanding needs and to designing and providing therapeutic services. We also saw how traumatic events can unearth earlier problems. One of the concepts we relied upon for both research and therapeutic purposes was post-traumatic stress disorder (PTSD), that is, a recognisable disorder that can occur following involvement in a traumatic experience or as a result of living in traumatic and highly distressing circumstances. PTSD is one of the classified disorders described by, for example, the Diagnostic and Statistical Manual of Mental Disorders (APA, 2000). Used empathetically, and in personally and culturally relevant ways, it proved to be a useful way of thinking about the adverse psychological reactions and consequences of traumatic experiences and circumstances. It provided a way of thinking about and organising those reactions into a framework that could be widely used therapeutically to understand and address the needs of those suffering the effects of such experiences. It offered a common language across the experiences of many who suffered similar – if highly individualised – problems, and it supported the therapeutic alliance between therapeutic practitioners and those seeking help. It helped to determine the therapeutic goals of those seeking help, and to develop the skills and knowledge of practitioners. In research terms, it proved to be a very helpful lens through which to understand the scale of the impact of the Omagh bombing on the community, and later, the impact of the Troubles on the Northern Ireland population.