© Fulvio Zanettini

Emergency Pedagogy

Organisation and Intervention Manual

for Emergency Pedagogical Crisis Interventions in War and Catastrophe Regions

Bernd Ruf

Freunde der Erziehungskunst Rudolf Steiners

Dear Friends of Emergency Pedagogy,
Dear Colleagues,

For ten years, the emergency pedagogy of the Friends of Waldorf Education has supported traumatised children in crisis and catastrophe regions around the world. This work would not be possible without the many volunteer aid workers and team members, who make up the cornerstone of our work. Acting as pedagogues, therapists, and doctors, they accompany you during emergency pedagogical missions, work with the children, and support pedagogues and parents on the ground.

The following manual is written for you. It should give you insight into pyschotraumatology and serve as orientation in your practical work.

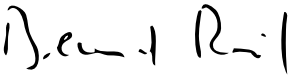
After a short history of the emergency pedagogy of the Friends of Waldorf Education, you will find the theoretical foundations of our work and an overview of the methods of emergency pedagogical crisis interventions which are derived from it.

Starting on page 36, you will find a description of the structural procedures of an emergency pedagogical mission. From selecting emergency pedagogy team members to choosing equipment and materials to forming concrete procedures and handling the logistics of a mission, this manual provides you with guidelines, tips, and checklists which will help you prepare, execute, and come back safely from a mission.

Traumata are infectious. The third part of this manual is therefore set aside for the mental hygiene of the aid workers. The phenomenon of secondary traumatisation is discussed and stress conditions are analysed. Prevention and after care measures are presented and concrete exercises for dealing with stress are explained.

I wish you stimulating reading and a successful mission!

Yours truly,
Bernd Ruf



Executive Chairman
Friends of Waldorf Education

TABLE OF CONTENTS

TABLE OF CONTENTS

Since 2006, *"The Friends of Waldorf Education-Emergency Pedagogy"* has conducted emergency pedagogical crisis interventions based on Waldorf pedagogy in areas affected by war and catastrophe in order to support psychotraumatised children and adolescents in their processing of stressful experiences. Methods based on Waldorf pedagogy and Anthroposophically-enhanced therapeutic approaches form the foundation for this support and help to prevent the development of post-traumatic stress disorders.

In addition to direct trauma-pedagogical interventions with children and adolescents, trauma specific counselling and advisement for parents is also offered during the missions. This support is geared towards parents who are struggling to deal with the trauma-related reactions of their children and who might, without such support, respond with counter-productive parenting strategies.

Besides the afore mentioned offerings, during emergency pedagogical crisis interventions, local pedagogical professionals are educated about and trained in the concept and practice of emergency pedagogical methods. This service is provided so that at the end of a catastrophe mission these professionals are familiar with trauma pedagogical issues and in command of applicable intervention tools.

Over 40 emergency pedagogical interventions have taken place in the course of the past years after wars, civil wars, terror attacks, famine, and natural catastrophes in Lebanon (2006/7), in China (2008/2013), in the Gaza Strip (2009-2014), in Indonesia (2010), Kyrgyzstan (2010), Haiti (2010/11), Japan (2011), Kenya (2012-2014), Kurdistan-Iraq (since 2013) and in the Philippines (since 2013). In 2014, missions took place in Bosnia after the flood catastrophe in the Balkans, in northern Iraq to help refugees of war and in October in the Gaza Strip an emergency mission took place. Since April 2015, cooperation with UNICEF in northern Iraq has made a long-term mission there possible. In May 2015 after the devastating earthquake, an emergency pedagogical intervention was carried out in Nepal. Every mission has contributed to the further development of the conceptual foundation and the organisational procedures, and to the professional development of the local and German pedagogues, and equipment management.

For some time now, emergency pedagogy based on Waldorf pedagogy has been receiving increasingly more public attention and recognition. The German Federal Foreign Office financed a three-year-long trauma pedagogical project from 2009 to 2012 in the Gaza Strip. Cooperation exists with the German Relief Coalition *"Aktion Deutschland Hilft."* The Federal Ministry for Family, Senior Citizens, Women, and Youth financially supported the 2011 crisis intervention in Japan. The UNESCO-Commission for Kyrgyzstan named the *"Friends"* to national advisor for trauma pedagogy. The federal UNESCO-Commission of Peru conducted a training course in trauma-pedagogical professional development with teachers in collaboration with the *"Friends"*. The UN Refugee Agency (UNHCR) is presently planning to commission the Kenyan emergency pedagogical team for the professional development of all primary school teachers in the Kenyan refugee camp Kakuma. This further training will be based on Waldorf-based trauma pedagogy, so that all of the camp schools can be transformed into so called *"Child Friendly Schools."* In Kurdistan-Iraq the *"Friends of Waldorf Education-Emergency Pedagogy"* was recognized in 2014 as an *"implement partner"* by UNHCR and since 2015, onsite cooperation with UNICEF has existed in Kurdistan.

The number of requests for emergency pedagogy continuing education for pedagogues, therapists, and psycho-social aid workers in Germany and abroad has also continued to dramatically increase in the last few years. Trainings have already take place in: Shifang, China (2008), Gaza-City, Gaza (2009, 2010, 2011, 2012), Osh, Kyrgyzstan (2012), Bishkek, Kyrgyzstan (2012), Port au Prince, Petit Goave, and Leogane, Haiti (2010), Stockholm, Sweden (2011), Tokyo, Japan (2011), Santiago de Chile, Chile (2011, 2012, 2013), Buenos Aires, Argentina (2011, 2012, 2013), Barriloche, Argentina (2012), Sao Paulo, Brazil (2012, 2013, 2014), New Fribourg, Brazil (2012), Lima, Peru (2012), Medellín, Columbia (2011, 2012), Lisbon, Portugal (2013), Oakland, USA (2013), Ya'an, China (2013), Cape Town and Johannesburg,

South Africa (2013), Beirut, Lebanon (2013), Barcelona, Spain (2014), Manila and Tacloban, the Philippines (2013), Bogotá, Cali, and Medellin, Colombia (2014), Cebu, the Philippines (2014), and also Calcutta, India (2014).

Against this backdrop of large public attention and many interested inquires about emergency pedagogy, this organisational manual for emergency pedagogical crisis interventions of the *"Friends of Waldorf Education-Emergency Pedagogy"* aims to illustrate the current conceptional and organisational structures and standards of the emergency-aid organisation. To this end, this document should be seen as a living document. It can only serve as an *"of the moment"* snap shot, because the conceptional and organisational foundations are constantly being added to and further developed.

Since 2011 emergency pedagogical crisis intervention teams have been founded in accordance with the conceptional and organisational example of the emergency pedagogical work of the *"Friends of Waldorf Education-Emergency Pedagogy"* already underway in Chile (Santiago de Chile), Brazil (Sao Paulo), Argentina (Buenos Aires) and Colombia (Bogota, Cali, and Medellin). In Kenya and the Philippines emergency pedagogical teams are being built up. This organisational manual should also offer these pedagogical-therapeutical emergency teams abroad suggestions and help for the further development of applicable structures.

Drawing therapy, Nepal 2015

Juggling with scarfs, Kurdistan-Iraq 2015

The History of Emergency Pedagogy

1

1.1 The Birth of an Idea

In the summer of 2006, the city of Stuttgart was the site of the World Football Championship and the lord mayor organised a UNESCO peace festival as cultural accompaniment program, to which young people from the whole world were invited. Among them were 300 Waldorf pupils from 16 nations. The Friends of Waldorf Education was commissioned with the planning, organising, and running of the festival. After the completion of the World Football Championship, the Waldorf School of Überlingen invited the young people to a week of exchange on Lake Constance.

In the middle of the international pedagogical peace event, the Israeli-Lebanese war began. The infrastructure of Lebanon was heavily damaged by Israeli air attacks. Airports, bridges, and main traffic roads were in large part destroyed; the south of the country was temporarily occupied by Israeli troops. The 21 pupils of the Waldorf School in Beirut, the only group of disabled youth at the Stuttgart UNESCO peace festival, were prevented from returning to their homeland.

The Lebanese youth group was housed in the Stuttgart Karl Schubert School and the city of Stuttgart spared neither effort nor cost in order to offer a non-stop programme for the unwilling visitors in order to make their time in Stuttgart more manageable. The German organisers were touched and happy that the Lebanese youth were in safety outside of the war region.

But the Lebanese partners pushed more and more for a return home. The families of the youth pressed the perplexed German partners to work on a speedy return of the group. The youth reacted to the tense situation with increasingly stronger symptoms, related to their individual disorders. The whole situation became increasingly more unstable.

Ultimately the responsible persons of the city of Stuttgart and the Friends of Waldorf Education decided to give in to the request and to bring the group of disabled children back to Beirut, meaning into war. Equipped with a protection letter from UNESCO and after a detailed consultation and making arrangements with the Lebanese authorities and the Israeli military leadership, the youth could, after a two-day risky trip through Syria and the north of Lebanon, be returned unharmed to their overjoyed parents in Beirut. The German chaperones were afterwards received and honoured by the Lebanese national president. This safe-return operation caught the attention of the media in Southern Germany and Lebanon alike.

But what was not reported in the media: the German aid workers experienced something in Lebanon, which they till that point had only known from television: war, right before their very eyes. In the refugee camps, they met the human victims, the collateral damage of political interests: traumatised children-distraught, ashen, apathetic, with lacklustre, empty gazes, their childhoods robbed from them. Every curative and special needs educator knows, how comparatively easy and long lasting it is, to help these children with the processing of their experiences in the beginning stages of their traumatisation – and how hard it is to organise long-term assistance at a later time, when symptoms caused by trauma and reaction formations are already chronic. One, who sees traumatised children from a pedagogical therapeutic perspective, knows what must be done.

The traumatised refugee children in the Waldorf School in Beirut became the impulse for emergency pedagogy: their suffering gave birth to pedagogical emergency aid on the basis of Waldorf Pedagogy.

1.2 Emergency Pedagogical Crisis Intervention Worldwide

From 2006 to 2014, a total of **25 emergency pedagogical crisis interventions** and numerous further after care missions could be conducted worldwide in war and catastrophe regions.

In **Lebanon** (2006/7) during the Israeli-Lebanese conflict, acute interventions took place in schools and refugee camps in Beirut and Baal Beck (Schiller, 2007a, 2007b). In **China** (2008) after an earthquake, emergency missions took place in schools, tent cities, and factories in the mountainous region around Shifang (Ruf, 2008b). After the Israeli military actions in the **Gaza Strip** (2009/10/11) interventions were arranged in Gaza-City, Khan Younis, Zeitoun, and Salatine. There in the tent cities, holiday camps, orphanages, schools, and directly on the fields of debris, hundreds of heavily traumatised children and youth received support. In addition, affected families were counselled and professionals were further educated during training seminars (Ruf, 2009a, 2009b, 2009c).

In **Indonesia** (2009) a crisis mission in schools and refugee camps took place in the earthquake zone of West-Sumatra (Ruf, 2010a). After a devastating earthquake in **Haiti** (2010), emergency pedagogical acute interventions in orphanages and in the slums of Port au Prince were conducted.

Collective Morning Circle, Nepal 2015

In cooperation with the local organisation Acrederp and the German organisation *"Kindernothilfe"* two child-protection centres could be built in Leogane for more than 700 children. For their work in the *"child friendly spaces,"* 30 local professionals could be trained and employed to do this work. They were also educated on how to train others (Ruf, 2010b, c). By request of the Kyrgyz education ministry an emergency pedagogical first aid action took place in four schools in the city of Osch in **South Kyrgyzstan** (2010) after the pogroms of an interethnic conflict between Kyrgyzes and the Uzbek minority (Ruf, 2011a).

In **Japan** (2011) a strong earthquake followed by a tsunami ravaged the north-eastern coast region. On top of that came the reactor catastrophe of Fukushima. Together with Japanese partner organisations, emergency pedagogical crisis interventions took place at schools and in refugee camps in Onawaka and Ishinomaki and the crisis region of Sendai as well as parental counselling and professional development seminars for teachers in Osato and Tokyo (Ruf, 2011b). In the year 2012, a famine devastated the horn of Africa. Since then in collaboration with the Kenyan Waldorf movement in the UNHCR-refugee camp **Kakuma/North Kenya** (2012/13/14) multiple child protection centres and a camp kindergarten have been established, as well as a school programme being run within the camp (Maurer, 2012; Mezger, 2012, Ruf 2012b, Landgraf&Mezger, 2014). In 2013, emergency pedagogical crisis interventions took place after the earthquake in **China** (Landgraf& Ludwig, 2013) in the **Philippines** after the devastating typhoon *"Yolanda"* (Ruf, 2014b) as well as in refugee camps in **Beirut/Lebanon** (Ehrhard, 2013) and **Kurdistan-Iraq** (Metzger, 2014) following the civil war in Syria. After the flood catastrophe in the Balkans, an emergency pedagogical emergency intervention took place in **Bosnia** (2014), followed up by a pedagogical emergency aid action for war refugees in **Northern Iraq** (2014-2015) and an acute intervention after the war events in the **Gaza-Strip** (2014). After a devastating earthquake in **Nepal** (2015) an emergency pedagogical crisis intervention took place in Kathmandu, Bimdhunga, and Thimi/Bhaktapur (Ruf, 2015).

Emergency pedagogy team, Nepal 2015

Storyteller, Gaza 2011

Conception

2

2.1 Foundation

The conceptual foundation of the emergency-pedagogical crisis interventions of the *"Friends of Waldorf Education-Emergency Pedagogy"* is based on the following principles:

> **> Psychotraumatology**
> **> Anthroposophical Understanding of Humanity and the World**
> **> Waldorf Pedagogy**
> **> Trauma Pedagogy**

In the following, a few of the basic elements of this conceptual foundation are briefly outlined. Detailed explanations can be found in Ruf (2008a, 2011c, 2012a, 2013, 2014a).

2.1.1 Psychotraumatology

The term trauma means *"the injury and lasting damage to a certain structure"* (Hausmann, 2006, 31). This can affect the body as well as the soul.

In their textbook on psychotraumatology Fischer and Riedesser define a psychological trauma as a *"vital discrepancy experience between threatening situational factors and the individual coping possibilities. This experience is accompanied with feelings of hopelessness and defenceless to such a degree that it causes a lasting shock to one's understanding of the self and the world"* (Fischer&Riedesser, 20094, 84).

A psychotrauma is therefore *"a usually sudden event, which has a very threatening effect on the affected person and at the same time, appears to be something that the affected person cannot cope with. It shakes their basic assumptions about the world, others, and themselves"* (Hausmann, 2006, 31). The experiences of one's own self-inefficacy and helplessness during a traumatic event, and the resulting feelings of emotional numbness (numbing) as well as eruptive outbursts of the emotions of fear, horror, and anger can lead to traumatisation and to lasting emotional disorders with diverse trauma-related symptoms.

Aspects of the Understanding of Traumata

Emotional Wounds
Psychotraumata are psychological wounds which are inflicted by intensely stressful experiences. Like with a physical wound, the psychological organism is injured and opened, the inner escapes, pain is felt and wants to be expressed. After a trauma, the mental skin is riddled with holes. Normally, physical wounds heal after a time. But if care for the wound is lacking, it can also become infected and possibly lead to death. Traumatisation can also with improper wound care lead to serious mental infections which can end in death. Just like with first-aid for physical wounds, appropriate care for mental wounds is a deciding factor in their continued healing.

Torpor, Cramping, Blockade, Rhythmic Disorder
During extreme stress, the organism reacts with an archaic emergency reaction hardwired in the brain stem during evolution: flight, fight, or freeze. If, in an extremely dangerous situation, flight and fight are no longer possible, the organism hardens in a cramped torpor posture (the reflex of "playing dead"). This torpor can also be described as a blockade and rhythmic disorder. Almost all rhythms of the human being become greatly disturbed. The torpor blockade caused by trauma fixes the victim in the past and prevents their further development long-term. A processing and integration process (mourning/grief work) can only happen once this torpor blockade is dissolved. Dissolution of cramping and rhythm care are therefore important intervention approaches for the prevention of post-traumatic stress disorders.

Relationship Disorder
Also interpersonal relationships experience massive disorder in the aftermath of traumatic torpor. The ability to empathize with others, a mental swinging between I and you, is hardly possibly anymore. One could here speak of a disorder of the I-You-Relationship rhythm. This blockade hinders the ability to communicate and dialogue, leads to misunderstandings and feelings of not being understood by others. Behavioural changes,

contact and social disorders, and social isolation are the possible results.

Near Death Experience

The organisation systems of the human, the physique, vitality, psyche, and individuality, are ripped out of their normal interrelationship by a traumatic shock. In the Anthroposophical terminology these organisational levels are denoted as "soul members" and are differentiated into physical body, etheric body, astral body, and ego (Steiner, 1973, GA 34; Leber, 1993). The healthy, harmonious interaction of these organisation systems also determines our states of consciousness.

The human organisational levels can be loosened and become disturbed long-term in their natural interplay as a result of the shock effects of traumatic experiences. The connections of the organisation system are then ripped apart; the personal-individual organisation is catapulted out. This results in a changed state of consciousness. Here trauma related dissociative states based on the study of man are speculated.

Disassociation is understood as a splitting process in psychology. An event, its perception, the accompanying emotions, and one's behaviour are spilt from one another. It results in memory disorders, sensory disorders, loss of reality, and so called "tunnel perception". The person feels as if they are standing next to him or herself.

The partial or full loosening of the vigour organisation out from its connection to the physical body leads to phenomena which are similar to near death experiences (Lommel, 20092).

Traumata can be described and understood from the background of the Anthroposophical understanding of humanity and the world as experiences on the threshold to a transcendental world, as near death experiences. They are existential border experiences on the threshold to the spiritual world, which, brought about by shocking events, unexpectedly breaks down, implemented without necessary awareness and without possibilities for control by the ego. They are experienced as overpowering. During a traumatic experience, transcendental worlds beyond the threshold of death, encounter an unprepared earthly awareness and therefore affect destructively.

The harmonisation of the human organisational fabric (*"soul members"*) which has been disturbed by the trauma, is therefore in the context of an Anthroposophical view of the world and humanity, a central task of emergency and trauma pedagogy. Besides this, it is important to be able to accompany the often existential questioning and experiences of trauma victims in this *"threshold situation"* with understanding.

Typology of Trauma Types

Again and again children and adolescents live through traumatic situations. In addition to experiences of violence at the hands of other human beings (mistreatment, neglect, torture, sexual abuse, rape, bullying etc.), they experience traumatic experiences of violence by anonymous groups of people (war, terror, displacement, escape, imprisonment, confinement). But there are also traumatic experiences caused by natural catastrophe (earth: earthquake, land slide; water: Tsunami, avalanche, flooding; air: storm, hurricane, tornado; fire: volcano, fires) and traumatic experiences of violence caused by civilisation and technology (accidents, explosions). Lastly, traumatisation occurs as a result of medical emergencies and diseases (life threatening illness, operations, transplantations, medical emergencies) and separation experiences (death, divorce, moving etc.). Depending on the type, intensity, and length of the traumatic experience, far-reaching effects on the affected person can result.

There are many possible ways to classify traumata: by kind of violent experiences, by the length of the violent experiences, or by the context in which the violent experiences were

made. In emergency-pedagogical crisis interventions based on Waldorf pedagogy, the separation of traumata into physical traumata, time traumata, verbal traumata, and relationship traumata has proven to be helpful.

Monotraumata
Monotraumata are traumata which take place one time: accidents, attacks, medical interventions, natural catastrophes etc. These monotraumata are termed Type I Traumata (Terr, 1995).

Complex Traumata
Multi-Traumatisation or Type-II Traumata are understood as multiple traumatisation of different kinds or sequential traumatisation, traumatisation which happens again and again over a longer period of time, occurring even over years (mistreatment, neglect, abuse, and also abduction and torture). Sequential traumata happening to children are also called developmental traumata. These almost always lead to complex disorders and are very difficult to treat in therapy.

Verbal Traumatisation
Verbal traumata include, among others, psychological injuries occurring through verbal aggression, devaluation, insults, harassment, and bullying. Verbal traumata can also lead to severe disturbances in ones biography.

Relationship Traumata
In relationship traumata, the traumatic stress happens most severely within close relationship. Especially destructive effects occur as a result of neglect, abuse, and experiences of violence in early childhood caused by attachment persons. They result in every case in trauma disorders and can even result in death.

Trauma Development

Not every stressful experience leads to the same post traumatic stress disorders in every victim. In addition to event factors (i.e. intensity, length, type of trauma) and individual factors (i.e. age, gender, intelligence, previous experiences), environmental factors (i.e. support through social networks) are deciding factors in whether a stressful experiences develops into a trauma.

There are factors which negatively affect the ability to cope with a pyschotrauma and make one susceptible to traumatisation. According to Brewin et al. (2000) the five most significant risk factors for the development of a post traumatic stress disorder (PTSD) are: the degree of severity of the traumatic experience, stress, childhood stress, lack of social support, and mental retardation (Hausmann, 2006, 84f; Teegen, 2003, 31f).

But there are also protective factors, which reduce the risk of a post traumatic stress disorder. They include a long-term good relationship to at least one primary attachment person, reliable support by an attachment person, growing up in a big family, a good replacement milieu after early maternal loss, secure attachment behaviour, above average intelligence, social support through school, low psychosocial overall stress, physical health, stress tolerance, knowledge and experience in dealing with extreme experiences, competence and capacity to act, and an open dealing with the trauma (Hausmann, 2006, 76; Egle et al, 20053; Teegen, 2003; Maercker, 1998; Freeman&Datillo, 1994).

The external situational threat is therefore only a partial factor in the development and course of psychotraumata. *"Decisive (...) is the resilience of the child"* (Levine&Kline, 2010, 22). Meaningful is not only what happened, but also how it was experienced. Whether a stressful event affects the child traumatically is decisively connected with how able the child is to handle the stress. *"The more effective the coping strategies are, the more intense a threat can be without effecting traumatically. (...) The worse one's so-called coping strategies are developed, the quicker one will be overwhelmed and therefore feel threatened as well as helplessly surrendered and defencelessly exposed"* (Senckel, 2007, 49).

Course of Trauma

The potential course of a psychotrauma can be divided into four phases:

Acute Shock Phase

The acute shock phase directly follows the traumatic event. Reactions to the emergency can take place on the cognitive, emotional, physical, and behavioural level and can, like in the following phases of course of trauma, differ greatly from individual to individual. The most common ways of reacting in the acute shock phase, which can last from a few seconds up to two days, include especially fears and anxieties, but also physical symptoms like shaking, sweating or chills, pallor, nausea accompanied by vomiting, hyperventilation, urge to urinate accompanied by wetting oneself, soiling oneself, as well as hyperactivity or torpor. In addition to these come an unrealistic experience of time, loss of orientation, emotional numbness or agitation with quickly changing, strong emotional instability and memory disorders. Furthermore, disinhibition, aggressive outbursts, or demonstrative calm up to full apathy can occur (Hausmann, 2006, 35; Karutz&Lagossa, 2008, 30ff). Above all older children and adolescents experience strong feelings of shame in an emergency. Being touched by others, possibly being disrobed or observed in a helpless state by curious onlookers, causes them shame (Karutz&Lagossa, 2008, 32). Some children also have dissociative experiences in the shock phase. They feel separated from their bodies, as if they have stepped out of the flesh.

Post Traumatic Stress Reaction

After this short acute shock phase with emotional numbness or chaotic activation, a week-long phase of post-traumatic-stress reaction follows with diverse possibilities of symptom expression: psycho-somatic reactions, for example headaches, back and neck tension, eating disorders and digestion problems (diarrhoea/constipation); concentration difficulties, and memory problems, like amnesia or forced remembering of the catastrophe; not wanting to move or hyperactivity; rhythm disorders (remember-forget, sleep disorders, eating and digestion problems), irrational feelings of guilt and shame; fears, panic attacks, nightmares, depressive moods, anger and aggression, social withdrawal, among others. Beyond these, additional dissociative symptoms can occur. Because of a weakened immune system, there is also an increased susceptibility to infections. These are still not signs of a psychological illness, but rather are self-healing attempts made by the organism. They are normal reactions to abnormal experiences.

Post Traumatic Stress Disorders

With a constructive processing of the trauma, the symptoms which occur in the phase of stress reaction lessen until they disappear completely (recovery phase). If the complaints stay or even worsen, then one can speak of a trauma related disorder, in which every symptom can theoretically develop into a separate disorder (i.e. depression, anxiety disorder, impulse control disorder, among others).

One of the most commonly diagnosed trauma-related disorders is post-traumatic stress disorder (PTSD). PTSD is a mental illness that requires therapeutic interventions. The diagnosis of PTSD requires among other things the core symptomatic: reexperiencing, avoiding, and hyperarousal. Signs of hyper-arousal are sleep disorders, concentration problems, motoric anxiety state, emotional instability, tension, and impulsive outbursts.

Also the diagnosis of ADHD (attention deficit hyperactivity disorder) can result from early childhood traumatisation. The symptoms of re-experiencing are intrusive, forced, and overpowering memories (flashbacks).

They are brought about by specific reference stimuli (triggers), which call back memories of the stressful experience. Triggers can be picture sequences, smells, colours, tones, sounds, movements, touch, among others, though a concrete, conscious memory is often totally missing. They cause alarm reactions. With avoidance behaviours, the affected person attempts to avoid situations that could serve to trigger intrusive, overpowering memories. Dissociations also belong to the avoidance symptom group. The avoiding behaviours almost forcibly lead to social withdrawal which can result in social isolation.

Learning difficulties can also be based on traumatisation. The emergency energy set free and then froze in the shock phase often leads to vital-emotional blockades, which then leads to developmental disorders. The emotional skin is riddled with holes. The vital power does not permeate the physical organisation enough. The child then makes a great effort to further his development, to overcome his gentle small child consciousness, and to reach to a free imaginative power with linear consciousness. Massive learning difficulties can be the result.

Lasting Personality Disorders after Extreme Stress

Chronic post-traumatic-stress disorders can eventually lead to lasting personality changes. The affected person then usually develops significant social disorders with a massive propensity to violence against self and others. They can become delinquent, addiction prone, suicidal, and through the loss of employment and their circle of friends, they can slide ever deeper into greater social isolation. The biography threatens to break apart. The victim then often becomes themselves the perpetrator.

The development of trauma-related disorders mustn't follow in the above presented temporal course scheme. Symptoms of stress reaction can after a time also go away and this then seems to indicate that the traumatic experience was overcome. After weeks, months, years, or even decades, the symptoms can come back again. In the international diagnostic manual (ICD-10), which many doctors and therapists use to make their diagnoses, one assumes, *"that the disorder seldom occurs later than after a latency period of a maximum of six months. This doesn't represent the clinical reality. There one can experience year- and decade-long time periods in which everything appears to be in order. But then some people develop PTSD after decades"* (Reddemann& Dehner-Rau, 20083, 51).

POSSIBLE COURSE OF A PSYCHOTRAUMA

Accepting the offering of a non-verbal means of expression: art therapy, Haita 2010

Neurobiological Aspects

Many children and adolescents grow up in a world full of violence and threat. They are traumatised from earliest childhood and suffer from trauma-related disorders. *"Trauma-related disorders tend to distort the physio-biological and subsequent social functions of the child or adolescent more permanently than any other disorder complex"* (Krüger, 2007b, 50). New findings in brain research show that developing brains are acutely sensitive to stress and react quickly. This constant threat changes the child's brain development through a neurophysical adaptation. This leads to functional changes in cognition, emotionality, and behaviour (Perry, In: May&Remus, 2003, 25). The earlier and the more often the violent experiences happen during childhood development, the more prominently the abnormalities will be expressed.

The human brain is *"made up of three integral components"* (Levine/Kline, 2005, 120). They usually work together harmoniously. These three brain components have formed and developed phylogenetically in different phases of evolution and make up the physical foundation of human competence. The competence of the neocortex *"lies in the area of problem solving, planning, and other complex, rational, thinking abilities"* (ibid.). The basis for memory capacity and emotions is formed in the limbic system (midbrain). Lastly, in the brain stem, *"many functions and regulation mechanisms that form the foundation of existence"* are centred (ibid.).

On the biological level, the body reacts to traumatic stress during the course of a stressful experience by releasing stress hormones (adrenaline, norepinephrine) and other neurotransmitters. When the amygdale, which lies in the hippocampus, senses a threat through an overall view of all sensory input, a chain reaction of biochemical reactions is triggered (Hüther, 2002). If the extreme stress persists, the physiological stress reactions can build up. "If the traumatic stress does not subside and the coping abilities of the person are overwhelmed, the symptoms are reinforced by the already described neurobiological regulation circuits and secondary behavioural reactions until they take on the characteristics of permanent disease" (Krüger, 2007b, 49).

If the effects of the stress hormones are not regulated back to normal, it can even result in the loss of brain cells and the already trained network of brain nesting can be damaged long term (Markowitsch&Welzer, 2005). At the same time the forming or stabilising of new, differentiated networks is hindered.

When the amygdale, our cerebral early warning system puts the organism into an alarm state after sensing danger, an overreaction may occur. Due to this overreaction *"adaptive and reaction patterns from cortical (rational thinking) and subcortical-limbical (emotional) areas of the brain become not retrievable or usable anymore"* (Besser, 2009, 45). Then the brain stem takes control and, *"the archaic, applied, emergency programmes activate the binding of system, flight, attack, torpor, dissociation, and submission (...), the play-dead reflex"* (ibid.).

The younger the child is, the more serious the effects of extreme stress experiences are. Especially in the first three years of life, the child brain is particularly vulnerable to extreme stress. Traumatic experiences can cause irreversible disturbances in the child's information processing system.

Besides this, a child's ability to form and keep relationships is negatively affected for his whole life by early childhood relationship traumata in the first year of life (neglect, mistreatment, abuse) (Britsch& Hellbrügge, 20093). *"People with early relationship traumata, that is traumata which were done to them by important attachment persons, have deficits in their ability to control emotions and to self soothe, therefore dissociation is often the only possibility for the traumatised person to protect themselves"* (Reddemann&Dehner-Rau, 20083, 32).

Moulded by fear, traumatised children thus develop another type of processing of external stimuli. They hardly process verbal information, overvalue non verbal signals, and then interpret them incorrectly. The affected child cannot un-

derstand the consequences of his actions. A hand gesture, eye contact, or a certain colour of clothing can become a life-threatening signal and can trigger a reaction not consistent with the environment.

2.1.2 Anthroposophical Understanding of Humanity and the World

The conceptual foundations of emergency pedagogy as they are implemented in the pedagogical emergency aid interventions of the *"Friends of Waldorf Education-Emergency Pedagogy"* are based on the Anthroposophy of Rudolf Steiner, an understanding of the world and humanity expanded to include the spiritual dimension. This anthropological-Anthroposophical aspect also opens up new perspectives for an expanded trauma understanding and pedagogical therapeutic intervention methods derived from it.

2.1.3 Waldorf Pedagogy

In the area of pedagogy, the Anthroposophical understanding of humanity and the world is the foundation for Waldorf pedagogy, inaugurated by Steiner, as well as Anthroposophical special and curative education. In addition to the knowledge of psychotraumatology, the present conception of emergency-pedagogical crisis interventions of the *"Friends of Waldorf Education-Emergency Pedagogy"* is therefore based on the Anthroposophical understanding of human beings, developmental psychology, as well as the methodology and didactics of Anthroposophical pedagogy.

A holistic view of the human being, including the spiritual dimension (i.e. soul members, three fold social order) and the nature of human developmental laws, especially the Anthroposophical teaching of the senses and Rudolf Steiner's view of human temperaments, form the foundation of the emergency pedagogical crisis interventional techniques based on Waldorf pedagogy.

The Waldorf pedagogical foundations of emergency pedagogy are complemented by Anthroposophical augmented therapy forms and Anthroposophical medicine.

2.1.4 Emergency Pedagogy as Partial Aspect of Trauma Pedagogy

Emergency and trauma pedagogy are not therapy methods. That said, the stabilising, healing influence of trauma-pedagogical interventions obviously brings therapeutic relief. Therefore, when discussing trauma-specific therapy methods, deciding on whether a highly effective, but psychical heavily stressing trauma confrontation is always necessary or whether stabilising therapeutic methods should be preferred especially with complex trauma victims becomes a moot point. Trauma confrontation always belongs *"in the hands of experienced trauma therapists (...), because the decision, when confrontation may happen, requires high subject competence and years of practical experience"* (Friedrich, 2011, 22). Besides this, in psychotherapy for complex traumatisation, not trauma confrontation but rather a comprehensive stabilisation is at the centre of the therapeutic intervention. Emergency and trauma pedagogy as well as every form of social work take place in settings *"in which trauma confrontation justifiably doesn't take place"* (Friedrich, 2011, 12).

"Trauma pedagogy is understood as a (curative) pedagogical approach for the stabilisation and supporting of traumatised children and adolescents and is a necessary prerequisite, accompaniment, and supplement to appropriate therapeutical processes" (Kühn. 2009, 26). Whereas in trauma therapy the essential focus is on the unspeakable, *"the working focus of trauma pedagogy lies in a psychic and social stabilisation of children and a mastering of the dysfunctional after-effects"* (Krautkrämer-Oberhoff, 2009, 124).

Emergency pedagogy is a partial aspect of trauma pedagogy. The term was first used by Harald Karutz in the context of rescue operations (Karuty, 2004). According to Karutz, emergency pedagogy is *"the science of childhood development and education, which is related to emergencies. A possible synonym is emergency-related developmental sci-*

ence" (Palm, 2010, 72). He suggests seeing emergency pedagogy *"as a standalone research discipline and (...) reference science for rescue operation handling in the broadest sense"* (Karutz, 2011, 23). One uniform, standardized definition of emergency pedagogy does not yet exist.

Emergency pedagogy, as it has been conceptually developed in the context of the crisis interventions of the Friends of Waldorf Education, is implemented in the acute shock phase, which takes place in the first hours to first weeks after the traumatisation. This time period determines whether traumatically stressed children and youth can cope with their extreme stress experiences by themselves and integrate them into their biographies or whether a psychotrauma-related disorder will develop. Emergency pedagogical crisis interventions should stimulate the self-healing power of children and adolescence, open up individual resources and activate coping strategies, *"because the pedagogy itself has an effect on the child's ability to cope with traumatic experiences, which mustn't be under estimated"* (Kühn, 2009, 26).

In the following, the three essential foundational pillars of the trauma-pedagogical orientation are shortly outlined:

Protection and Safety: School as place of greatest possible safety

Severely traumatically stressed children need safety. They must be not just physically safe, but must also experience subjective safety. Without this feeling of safety, psychological wounds cannot heal. *"The experienced loss of safety in the outside world, once a 'safe place', destroys an individual's sense of inner safety in the long term"* (Kühn. 2009, 31). Erikson (200018, 63) speaks in this context of an *"injury to basic trust"* that leads to a *"basic mistrust."*

Whereas in trauma therapy an imaginative, inner, safe place is established (Reddemann, 2001; Reddemann&Dehner-Rau, 20083), in pedagogy the focus of the work is to offer an external safe place, which ensures protection and acceptance. A school for children who suffer from trauma related disorders must be such a place of protection, safety, and acceptance. This includes non-violent, clearly structured, and consequently implemented pedagogical concepts.

School must protect not only the traumatised child but also his classmates and teachers from experiencing violence. This requires clear rules for the necessary application of educational measures, including disciplinary measures and how the institution would deal with suspicions of violence. "The pedagogical place as place of external safety offers *clear structures and establishes (...) rules and consequences for children" (Kumberger, 2007, 45). The rules must be justifiable, the cons*equences predictable and sensible.

School should not just be a place of external safety. In order to protect traumatised children from re-experiencing the traumatising negative realm, uncontrollable memories (flashbacks) must be stopped. This requires awareness and application of flashback limiting practices (Schubbe, 1996). Initially the individual catalysts for such memories (triggers) have to be sought and recognized.

The task is then to name these situations in order to help the child recognize his flashbacks. Finally, one can attempt to release the child from the imprisonment of forced remembering through *"stop rules."* These can include examining, addressing, or in case of acute emergency, screaming. If touching is required, this should only occur after previous announcement. Pulling a child back into reality is possible through physical contact, sounds, and also smells. The pedagogue has to explain the situation as well as calm and stabilise the child.

Relationship Work: School as a place of dependable relationships

Relationships are the basis for every pedagogical action. This is especially true for special pedagogical handling in context of psychotraumatisaton. *"Children with difficult life experiences need good relationships; they need adults who take them seriously and look after them. The expectations of traumatised children are oriented on the of-*

fers of relationship, which create a protected space and where children find a trustful atmosphere (...)" (Weiß, 2006, 89).

Modern neurobiological research shows that the correction of loss of trust through new, dependable relationship experiences is perhaps the most effective method for healing traumatised children (Hüther, 2002). *"Positive relationship experiences are perhaps the essential input for a successful trauma processing"* (Weiß, 2009, 14). A healing relationship strengthens the personality of the traumatised child (Hermann, 20062, 183). Relationships, which give the child a feeling of safety and acceptance, are the most important protective measure against trauma related psychopathology (van der Kolk et al, 2000, 88). The pedagogue, who offers a dependable relationship and ensures a protected and manageable living space, becomes a *"safety commissioner"* (Kühn, 2009, 32).

Working with children and youth with complex trauma and relationship disturbances requires perseverance and a strong ability to reflect on the part of the pedagogue. Often the trauma stressed victim shows a complex symptom palette and post traumatic personality changes. Besides these, they often appear to be unteachable and therapy resistant.

This leads quickly to frustration, marginalisation, and an ending of the relationship on the part of the pedagogue. These children can then *"be secondarily traumatised another time by the helper system"* (Besser, 2009, 50) and remain *"prisoners of the old traumatisation"* (ibid.). The *"holding power of the institution"* (Kühn, 2009, 31) and the pedagogue must be strengthened in order to prevent the severance of relationships to traumatised children and youth.

Correcting Traumatic Experiences: School as a place of encouragement

Psychotraumatised children repeatedly end up in situations which are similar to their traumatic experiences. Frequently this produces a re-experiencing of the previous traumatising experience, during which the traumatised child also expects a repetition of behavioural reactions in his environment.

Refugee Class, Karlsruhe 2015

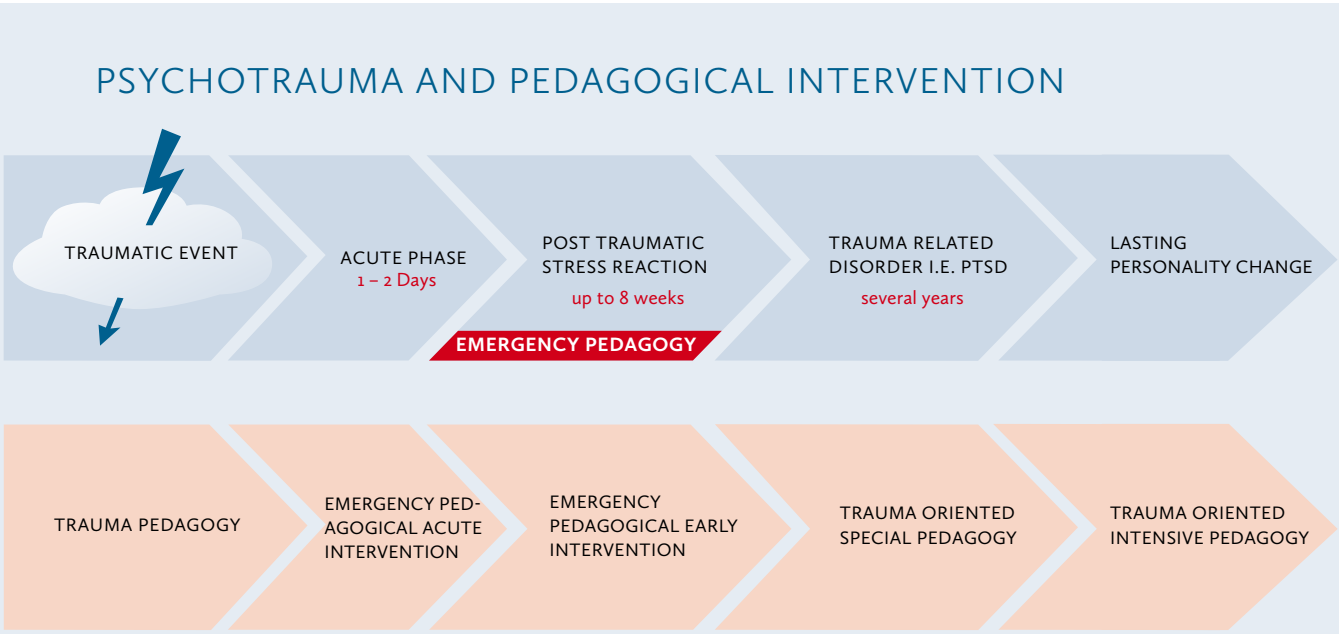
Included in the necessary, corrective experiences a child with a trauma related disorder must make are those of self-worth, self-control, and self-efficacy. Traumatised children have experienced loss of trust, relationship termination, powerlessness, isolation, and lack of care as well as emotional and physical violence. This is the basis for their feelings of fear, shame, and guilt, their mistrust, negative self concept, and aggressive, sexualised, resigned, foreign, and self damaging behaviour.

Because of their negative self-perception and their experiences of self inefficacy, their vulnerability to become victims increases. Experiencing their own competence, positive -self-worth and self-efficacy can positively influence the healing process of traumatised children (Bender&Lösel, 2002, 498).

2.2 Emergency Pedagogical Crisis Intervention with Children

The phases of emergency pedagogical intervention correspond to the four part phase model of a possible course of trauma. The intervention phases are as follows:

> **Emergency Pedagogical Acute Intervention**
> **Emergency Pedagogical Early Intervention**
> **Trauma Oriented Special Pedagogy**
> **Trauma Oriented Intensive Pedagogy**



2.2.1 Emergency Pedagogical Acute Intervention

Children become victims not only of the primary traumatisation but also experience secondary traumatisation as witnesses to acts of violence, accidents, or suicide attempts. Children react in the shock phase to every type of traumatisation with fear, helplessness, loss of orientation, and confusion. They swing between torpor and hyperactivity, between apathy and hysteria.

In this shock phase children require an emotionally stable adult, who can keep calm and not let himself be emotionally overrun by the dramatic happenings. “When we are at our most injured, what helps us the most in the present is a calm, centred person who takes over the management of the situation” (Levine&Kline, 2005, 137).

Calm emotional attention is one of the most important actions of emotional *“first aid.”* At first contact at the scene of an accident, it is important to first personally introduce oneself to the child and to signal that one will be staying with the child (Gschwend, 2004, 38). To this end, quiet, clear, and slowed-down speaking is important. Likewise repetition can help to calm and facilitate understanding. The child then requires a calm explanation of what is going on around him, since during the shock phase children usually lose their sense of time and place. Questions should

be answered age appropriately as well as truthfully. In order to work against feelings of helplessness and powerlessness, children should not be expected to make decisions or be asked to help with disaster response. This leads to feelings of self-inefficacy. Also separation from attachment persons should be prevented as much as possible or attachment persons should be brought to the child as soon as possible since this can help to stabilise the child long term (Glanzmann, 2004 nach Hausmann, 2005, 179).

2.2.2 Emergency Pedagogical Early Intervention

All emergency pedagogical interventions in the first days and weeks after the traumatic events have the goal of activating and strengthening coping strategies and the self-healing power of the child in order to support the processing of his experiences and the prevention of trauma related disorders. For this, primarily the resources of the child are developed.

In the following paragraphs, a basic manual for emergency pedagogical handling of psychotraumata in children and youth is presented (Ruf, 2008a, 305ff; 2011c 189ff; 2013, 211ff). Essential supplements can be found in, among others, the writings of parenting advisor Jo Eckardt (2005): *"Kinder und Trauma"* (*"Children and Trauma"*).

Allowing, Experiencing, and Processing Emotions: Coping with traumatising childhood experiences essentially depends on how successfully a child can experience and process his own emotions. Adults take on the role model function for the child in how to deal with emotions. They must allow for the child's emotions, be interested in them, and support the child in processing them.

Verbalising Experiences and Emotions: It is rarely possible to process a trauma without talking about it. Expression creates distance. Therefore it is important for traumatised children to verbally process their experiences and emotions, to express them and thereby expel them. This is difficult for traumatised children, and it shouldn't be forced on them. But suppression and denial as defence mechanisms lead to avoidant behaviours, as can be observed in phobias and compulsions. Also depressive disorders can come about as a result of suppression.

Seeking Out Creative Expression Opportunities: When a child is not able to put his experiences and emotions into words, it is important to find alternative creative means of expression. In writing journals, letters, poems, and stories, a child can process and cope with traumatic experiences, emotions, memories, and thoughts. Through painting and drawing, he can visualize and process traumatic experiences. Making music can help him experience inaccessible emotions and as a result can lead to their processing. Likewise, as with painting and music, sculpting and kneading release shock frozen emotions.

Ritualisation Gives Stability, Safety, Orientation: After a trauma, the life of a child goes off the rails. Rituals are therefore an excellent means for coping with a trauma. In the middle of the inner chaos caused by the trauma, they create new order, orientation, and safety in the child's everyday life and thereby support the healing process. Important rituals for new structuring are bedtime and morning rituals, mealtime/table rituals, afternoon rest, regular nutrition as well as ruled and rhythmic daily design.

Caring for Rhythms: Rhythm is life. Every rhythmic disorder weakens and leads to emotional unwellness. Traumatised children suffer from the disorder of many essential rhythms, which affects their physical and mental health: digestive rhythms, sleeping rhythms, eating rhythms, rhythms of remembering and forgetting, of excitement and relaxation etc.. Every form of rhythm care strengthens life power, the self-healing power, and with it mental health. Therefore, working consciously with the rhythms of the days, weeks, months, and years has proven

to be pedagogically important. An everyday rhythmic design can also help children to process the trauma. Musical rhythm exercises, songs, verses, rhythmic games, drumming, rhythmic clapping exercises etc, have a healing effect on traumatised children.

Supporting Movement: Many traumatised children are cramped and tense. Their fear literally sits in their limbs. They usually have no desire to move. Movement improves physical and mental health. Athletic activity should therefore be encouraged in traumatised children: swimming, jogging, horseback riding, tennis etc. The movement arts of eurythmy and healing eurythmy are as "visual speech" especially well suited for connecting movement with inner expression. Bothmer Gymnastics can supplement eurythmy with children starting at age 12. Important is that they experience the space of the body and the polarities of above/below, right/left, front/behind. This can help the traumatised individuals to experience centring in the physical body again. Taking walks together or hiking with the child activate circulation and support balanced breathing. In addition, they deepen the feeling of togetherness. Also there is evidence that walking has a synchronising effect on both of the brain halves, which are split by trauma.

Ensuring Balanced Nutrition: Nutrition affects one's immune system, health, and physical condition. After a traumatisation, one should pay special attention to eating a balanced, vitamin rich, and fresh diet.

Strengthening Memory, Attention, and Concentration Abilities: The majority of children are not able to concentrate, are forgetful and easily distracted after a trauma. On top of this, they quickly lose interest. Age appropriate concentration, memory, dexterity, and patience exercises can help to support children. Especially suitable have proven: I-Spy images, puzzles, pick-up-sticks, memory games, mandalas, arts and crafts, etc. Thread games also train brain functions and motor skills (Dhom, 2009).

Activating Play: In games and play, children act out and process the events they have experienced. For traumatised children with experiences of helplessness, these activities can slowly help them win back a feeling of control over the events which caused their traumatisation. Often children project their feelings onto stuffed animals or dolls and through this cope with their traumata. Through playing together with their attachment persons, they can experience trust, safety, and acceptance. Traumatic play stands in opposition to the freeing power of normal play behaviour. The traumatic play knows no development. It lacks fantasy and re-traumatises. Therefore, it must be interrupted by adults.

Ensuring Relaxation: Traumatised children are overexcited. Therefore after traumatic stress they require relaxation in addition to exciting and stressful phases during pedagogical aid missions. Targeted breathing techniques are useful for positively influencing unrest and fear states. Physiological fear reactions can be reduced by slowing down the breath. Adequate sleep, always necessary, is especially important after a traumatisation. The immune system is weakened by the sleep deprivation caused by sleep disorders resulting from overexcitement. This can make the child vulnerable to infections. Bedtime rituals, such as taking a warm bath, praying, and bedtime storytelling by candlelight, are well suited for helping the child transition into sleep. Besides this, going to bed should be a calming phase without wild rage. As necessary, a traumatised child can sleep by exception in their parents' bed. Home remedies for supporting sleep include warm baths with the addition of plant essences (lemon balm, valerian, ghost roots), whole body washings, and foot baths. A hot water bottle can also be helpful for the feet, likewise lavender and hops pillows. Warm elderberry juice or warmed almond milk can also help support sleep. Relaxation stories can help to reduce child fears and overexcitement states. They serve to calm and therefore help in the child's coping with the trauma.

Building-up and Supporting Self Worth: After a trauma, children can first look towards the future when they have redeveloped a positive self image and begin to see their own strengths again. For this it is important that the child experiences himself as resourceful, energetic, and self effective. Problems are tasks to be solved. There are solutions for everything, which can be found independently. Surviving a trauma reveals strengths. Catastrophes can also be used positively, when one gives them meaning. In order to increase the self-worth of a child, he/she needs help to help themselves. Responsibility must be transferred, independence supported, bodily mastery practiced, and experiencing success made possible. The most important thing, however, is to show the child that he is loved and accepted and that one believes in his abilities. Traumatised children need a pedagogy of encouragement. Psychotraumatised children need physical contact: stroking, pressing, knokking on the shoulders etc, though the child always has the right to refuse these and to ask for them to end. To avoid re-traumatisation, children who have experienced sexual abuse must always first be told of the calming methods.

Increasing the Experience of Self-efficacy: Traumatised children have experienced feelings of helplessness and of their own self-inefficacy. This shapes their long term approach to life. It is pedagogically critical to correct this experience. The lack of activity, often seen in children after a trauma, and the helpless withdrawing can make the negative effects of a psychotrauma worse. Therefore the carrying-out of age appropriate projects is necessary for the processing of a trauma. Handicraft, handwork, ecological horticulture, and theatre projects have proven especially effective. Charitable projects, such as taking on responsibility for others, can also help in the processing of stressful experiences.

Future Planning: Traumatised children have formative, profound experiences of powerlessness and feelings of helplessness behind them. They have forfeited the hope of a designable life. They are also fixated on the past due to their intrusions and flashbacks. Such children need new hope for the future. They must be introduced to future planning in small steps. Suitable examples of this include joint planning of a meal or an upcoming party or trip.

Fostering Religious Feelings: Cultivating religious feelings can orient traumatised children and offer safety and security. Besides this, prayers (grace, evening prayer) can serve as rituals that help to build a rhythmic daily structure.

Joy heals: Joyful moments increase the readiness of an organism to be healthy. At the University of Pittsburgh a study was carried out which examined the correlation between a person's level of stress and their likelihood of catching a cold. Stress or other negative emotions and memories lasting a few minutes cause chaotic heart rhythms resulting in a weakening of the immune system for about six seconds. The immunoglobulins A, which are continuously being built in the mucous membranes and protect against infections, are greatly reduced by stress, which weakens the body's resistance. Therefore a traumatisation creates a significantly higher risk of infection. Vice versa joy, empathy, and positive memories lead to coherence of the heart rhythms as well as to an increase in the production of immunoglobulin A. Experiencing joy strengthens the immune system of traumatised children and activates their self-healing powers. Joy heals!

2.2.3 Trauma Orientated Special Education

Children with trauma related disorders are wounded children, whose wounds are opened up over and over again. They have lost every safety, every acceptance, and every trust. They show signs of overexcitement, avoidance, re-expereiencing, and/or many other symptoms. Many of these children suffer from yearlong chronic manifestations of their psychotraumata. They often re-enact their trauma in the role of perpetrator. Mostly they show severely aggressive and sexualised behaviour. In the following paragraphs, the fundamentals of trauma pedagogy for children with severe trauma related disorders are outlined.

In order to process traumatic experiences and to be able to integrate them into their biography, affected persons need a place where they feel safe. In the internal and external chaos that children and adolescents live through after a trauma, a healing structure must be added. Protections and safety assurances heal! Social pedagogical centres can become such places of stabilizing safety. They contain structures and provide elements which allow them to be turned from child, youth, and family centres into protection centres of safety (Ding 2009, 59ff; Ruf 2014, 115ff).

On the physical level, the clear structuring of space can bring relaxation and stabilisation to traumatised children. This includes the stimulating creative design of outdoor areas with movement and play zones as well as quiet spaces. By the same token, the architectural forms of the buildings and colour design should be considered. Colour and form influence, create boundaries, and have an effect. This also applies to the structuring of the rooms. A set seating plan is just as important for traumatised children as the reduction of objects and materials in the room. Closed and tight spaces can very easily overwhelm traumatised children. External order works against inner chaos, prevents distraction, and helps children with sensory disorders maintain an overview of the room. Therefore closed closets are preferable to open shelves. In addition to space structuring, a clear framework includes formulated rules for behaviour. Clarity, transparency, and aesthetics heal!

On the level of time, the rhythmic, ritualized daily routine, weekly routine, monthly and annual life cycles are important. Every hour should be infused with a rhythmic breath, which in addition to free discussion opportunities includes cognitive and rhythmic elements (songs, poems, rhythmic exercises) and the activities of children and youth (action elements). The planning of these activities should be set into the biological daily rhythms of the children and youth and in addition to cognitive elements also include artistic and practical handwork activities. The weekly rhythm is well structured by the week's beginning and ending celebrations. The year can be structured by events, holidays, and seasonal festivals. Traumatised children require clear, stabilising, and safety giving time structures which offer them orientation. Open time structures tend to be threatening for them and lead to compensatory behaviour. Rhythm and ritualisation heal!

On the psychical level, relationship structures are of utmost importance. The best pedagogical techniques cannot replace the caregiver-child relationship, which is the foundation and prerequisite for all learning processes. Traumatised children and youth, with their challenging, often provocative behaviour, must sense that they are wanted. A personal greeting and handshake can create necessary positive closeness and care. But also not looking away during assaults is part of caring relationship work, as are the caregivers' dependability and continuity. Constructive conflicts also establish relationships. In addition to the caregiver-child relationship, group relations are a resource to be recognised. The group atmosphere can be healing. Traumatised children and youth need stable relationships. Relationships heal!

On the biographical level, a social pedagogical centre can become a place where traumatising experiences can be corrected. A child, youth, and family centre in a socially disadvantaged

area must turn into a space for positive new experiences. Experiences of loss of power must be replaced by experiences of self-efficacy and competence, relationship termination by new bonding experiences, and self-worth problems by strengthening trust in oneself. Such correction of traumatic experiences heals!

Language can heal too! Language has often harmed traumatised children. They react very sensitively to how they are addressed. They pay more attention to nonverbal aspects such as intonation, gesture, body posture, and facial expressions. On the level of language the caregiver must be sure to use vivid, concrete language with simple sentence construction and a positive formulation. Their low self-worth can cause children to misunderstand criticism as an attack. Some traumatised children also have problems receiving praise. All of this shows that the caregiver must work on his language and how he expresses himself.

Language has not only informational value. It also builds community. The pedagogically led work within a group can weaken trauma experiences and help prevent new negative impressions. Therefore the community level is an essential factor in trauma pedagogical work with children and youth. Traumatised children need a social environment in which they can accumulate new positive social experiences. Transparency, ritual, and clear structure convey orientation, safety, and stability. Participation conquers the suffering caused by experiences of helplessness and powerlessness. The possibility for identification within a peer group corrects the experience of social isolation. The experience of trauma related loss of social competencies can only be corrected in a social community. Community can heal!

If space, time, relationship and biographical structures as well as language and community structures are respected and considered in the design of social pedagogical institutions in socially disadvantaged areas, these institutions can become “safe places” where traumatised children and youth can be stabilize and learn to process their traumatic experiences.

2.2.4 Trauma Oriented Intensive Pedagogy

Learning, Social, and Trauma Related Disorders

Psychotraumata can cause significant cognitive, emotional, and affect disorders in every phase of child and adolescent development. Traumatised children cannot correctly receive and process information as a result of stress induced blockades in whole areas of the brain. They can only understand abstract concepts with great difficulty. They have difficulties integrating experiences and learning from consequences. The linguistic coping process barely occurs. Furthermore a logical consequential linking of the present to the past to the future is very difficult for them. They suffer from disorders of concentration, attention, and perception. Traumatised children exhibit complex learning disabilities.

Learning in social groups is an essential element of school. This requires, however, that children and adolescents have at least a low level ability to work in groups. Exactly this competence seems to be increasingly limited, underdeveloped, or even massively disordered in many children these days. Traumatised children suffer especially from a disorder of social behaviour.

In preschools and schools an increase in the number of children and youth, who can no longer orientate themselves in group contexts and whose social behaviour causes pedagogical helplessness has been observed for many years. Their often hard to cope with behavioural conduct increasingly tests the boundaries of preschools and schools as well as child care services (Pollak, o.J.). They provoke their social environment with vandalism, property crime, sexual assaults, as well as with verbal and physical violence. Classroom instruction fails due to the magnitude of the disruption. These pupils are seen as incapable of working in groups and as unable to attend school. They are excluded from further pedagogical development.

Pedagogical Therapeutically Offerings

In addition to a "safe place," children and youth in the advanced stages of traumatic development need special offerings that go significantly above and beyond attending regular classes. At the Parzival Centre in Karlsruhe, specific trauma oriented structures which take into account the special needs and challenges of traumatised children and youth have been developed and successfully tested (Ruf, 2013, 2014a).

Educational Offerings

The content of lessons and curriculum connections are oriented toward teaching children and youth with varying special educational needs (Waldorf-Special Needs School) (Maschke, 1998), are based on developmental psychology and its methods, and follow the didactics and pedagogy of Rudolf Steiner (Waldorf Pedagogy) (Leber 19923, 1993). A holistic, child oriented approach is at the heart of the curriculum.

Supplemental subjects include life skills, relationship skills, parenting theory, and biography. These subjects can be given in special periods or included in multidisciplinary lessons.

In "biography," legitimate development of the life story, life rhythms, life crises and methods for solving them are discussed. Individuals do concrete biography work and may tell their own life stories (Meck-Bauer, 2008).

In "parenting theory," pupils should be prepared for their future or current role as parents and be instructed in such topics as pregnancy, birth, infant care, and child raising. They are confronted with the question of abortion and take a field trip to a "baby hatch" where newborns can be anonymously given up. In "life skills," existential questions of children and youth are tackled from a practical perspective. This includes questions of value and purpose, death and dying, ethical-religious-spiritual questions, substance abuse, life with disabilities, etc.

"Relationship skills lessons" (Köhler, 2009, 60ff) have the goal of awakening interest in other people. This can be accomplished though artistic studies on the changes of the human hand or face over the human life span or with texts and poems with the theme of "love." The pupils can in this context also bring in their own writing. Romantic films can be shown and famous romantic and platonic couples can be discussed. Topics can include forms of cohabitation, forms of love (parental love, love between friends, love between men and women, platonic love, general philanthropy), topics of sexuality, culture of conversation, and conflict resolution competence.

Cognitive content offerings are predominantly taught in the form of main lesson blocks, which are lessons taught intensively over three to four weeks. Cultural techniques are repeated and deepened against the backdrop of practical experience. Accessibility to one's environment is renewed.

Artistic-musical offerings include painting, drawing, sculpting, and music. Also scenic performances, role playing, and theatre projects are integrated into school offerings.

Practical handwork offerings include gardening, woodwork, metalwork, stonemasonry, basket weaving, and weaving.

Included in the movement offerings are eurythmy, Bothmer Gymnastics, apparatus gymnastics, track and field, team sports, and martial arts (i.e. Judo, Boxing).

Also included are individual support offerings such as additional individual instruction in reading, writing, and arithmetic. The intensive pupils of 9th and 10th form (vocational preparation year) receive intensive, partially individual, exam preparation in order to obtain the qualified secondary modern school leaving certificate.

An intensive preparation for working life is important for all of the pupils of the intensive classes. To embark on a career, they must gain diverse personal competencies: endurance, punctuality, dependability, ability to work in

a team etc. This presents a great challenge to youth who lack the ability to work in groups and are barely able to attend school. Therefore starting in 8th form, youth complete whole day and block internships in companies and repeatedly receive job application training.

Social-pedagogical Offerings

In school and free time the children and youth are given experiential pedagogical offerings to increase their feelings of self-worth and to reduce fears and anxieties, build up trust, and increase team work abilities and social competence. Included are archery, climbing on a climbing-wall and in a high ropes course, canoeing, and rafting excursions.

To reduce aggression, experts carry out anti-aggression training with individual children and youth.

Social workers give the intensive pupils weekly competence training. In addition, school personnel are available to accompany pupils in dealing with authorities, police questioning, and legal proceedings.

Psychologists and social pedagogues do individual biography work with the children and youth (Krautkrämer-Oberhoff, 2009, 115ff, Wais, 19932; Flensburger Hefte, 19944). *"Biography work is a psychohistorical method that works on the life story of a person to develop a psychological basis and convey this back, so that he can better understand himself and be better understood. Thus a realistic identity concept can be attained"* (Meck-Bauer, 2008, 40).

Many traumatised children and youth marginally able to attend school come from socially disadvantaged families. They are directly affected by poverty. There are children at the Parzival-Centre who must feed themselves from trashcans at fast food chains. The operation "children's table" was brought to life for them. Several Karlsruhe restaurants take part in this operation, which offers a warm lunch to children suffering from hunger.

Many of the children living in poverty or affected by neglect come to school in clothing not suitable for the weather conditions. In the cellar room of the Parzival Centre the operation "second hand shop" was created to help alleviate this problem. There affected children can be appropriately clothed by their caregiver or take clothes with them anonymously.

Frequently intensive pupils are already themselves mothers. In order to offer them an enhanced pedagogical protection space and to make a school leaving certificate possible, a mother-child-offering was built into the Parzival-Centre. In the integrative Waldorf nursery school of the centre, the infants and small children of the intensive pupils receive care for the whole day. In addition to the being supported in attending school by being offered childcare, the mothers are advised in medical matters and parenting questions.

Animal Assisted Interventions

Animals can be developmental helpers for children. This is especially true for children and youth in acute life crises. As part of the trauma oriented intensive pedagogy at the Parzival Centre in Karlsruhe animal assisted interventions are carried out with horses, donkeys, Galloway cows, lamas, pot-bellied pigs, goats, sheep, rabbits, chickens, and bees. The observation and petting of the animals, plus their care and performance lie at the heart of the centre's animal assisted activities.

The wellbeing of the children and youth and their emotional balance should be increased by these activities. In the foreground of animal assisted pedagogy lies targeted special educational support aided by an individual support plan. Special educational support areas like motor skills, sensory, cognition, sociability, emotionality, motivation, and behaviour should be supported, matured, and corrected with the help of animals in order to advance learning and developmental. Animal assisted therapies (i.e. equestrian vaulting/equestrian therapy) are even more effective, but this kind of therapy requires

specialized therapists, trained therapy animals and specialised therapy planning (Vernooij& Schneider, 2008; Olbrich&Otterstedt, 2003).

Already animal assisted interventions have been proven to help traumatised children and youth. Trauma work with lamas appears to be especially promising (Weber&Weber, 2006, 642ff).

Individual Crisis Accompaniment
Children and youth receive individual crisis accompaniment in critical situations. The intensive accompaniment of children and youth in crisis by a school caregiver can become the basis of bonding and trust, on which later a willingness to learn grows. Crisis must be made into an opportunity.

Medical-Psychological-Therapeutic Offerings
Problem pupils who are marginally able to attend school often need additional medical care and assistance. A school doctor and a school nurse are available to them at the Parzival-Centre.

Problem pupils who suffer from a trauma related disorder need psychological accompaniment in addition to trauma pedagogical offerings. A school psychologist conducts extensive diagnostic tests with affected children and performs stabilising activities in acute crisis situations.

Various Anthroposophically enhanced therapeutic measures are also included as in-school therapeutic supporting interventions.

Therapeutic eurythmy transforms language, music, and gestures into specially designed movement sequences. Every vowel and consonant corresponds to a special movement. Therapeutic eurythmic exercises are practiced with the whole body, with arms and legs, hands and feet. The individual gestures of eurythmic therapy which correspond to the diagnosed illness picture, are intensively practiced. The goal is to activate the specific form power of the organism and to influence vegetative organ processes. The exercises activate, strengthen, and regulate rhythmic processes in the organism–in the heart and circulatory system, metabolic processes, mobility and balance (Wennerschou, 1996; Kirchner-Bockholt, 1997).

Language design can deepen the breath and thereby be therapeutic for conditions such as asthma or enteropathy. Language results in the harmony of pulse and breathing (i.e. during hexameter-rhythms). Consonant rich language has formative and solidifying effects; vowel rich language offers support on the emotional level and results in a loosening and relaxation. Therapeutic language design not only treats language and speech disorders, it also profoundly affects the body-soul-mind-relationship and enables healing of illnesses in the internist, psychosomatic, psychiatric, and special educational areas (Denjean-von Stryk/von Bonin, 2000).

Art therapy includes many forms of artistic intervention. In sculpting the confrontation of the patient with the material sets free the buried cognitive, emotional, and affective potential and translates it into external moulding and design. Painting and drawing therapies effect an intensive confrontation with oneself, while searching for an inner balance. The functional processes in the organism are influenced by colours and forms. The artistic process of painting activates self recognition processes. Previously hidden behaviours, life patterns, and blockades are revealed and their connection to illness are discovered. Through painting and drawing therapies, individuals can loosen solidified structures and cope with their trauma (Mees-Christeller/ Denzinger/ Altmaier/ Künstner/ Umfrid/ Frieling/ Auer, 2000).

Music therapy opens the door to inner experiential worlds. It appeals to feelings, not to intellect. The goal of music therapy is to activate rhythmic-musical competences and use them to support life processes. These are supported and maintained by every rhythmic process. Music therapy helps with self recognition and with the seizing of new life perspectives.

Rhythmic oiling of the skin makes one physically and mentally more aware and awake. It improves sleep disorders, exhaustion, congestion,

and tension, as well as various function disorders. Furthermore, it improves bodily perception and bestows the feeling of being one with the body (Härter, 2005; Fingado, 2002).

Compression and Poultices stimulate breathing, thermogenesis, digestion, metabolism, and circulation of all life processes and loosen tension. They support and promote self healing processes. The addition of essential or pinguid oils, essences, and tinctures enhances the application (Fingado, 2001).

Pastoral Offerings

To accompany and support children and youth, and also their relatives in difficult life crises, pastoral offerings are provided by a priest at the Parzival- Centre.

Emergency Pedagogy Annual Conference, Karlsruhe 2015

2.3 Professional Development for Local Pedagogical Professionals

In addition to practical emergency pedagogical work with affected children on site, the mission plan should allow for the professional development of local pedagogical professionals in the area of emergency pedagogy. The following procedure for an educational seminar has proven to be successful many times in practice:

- **Opening Circle**
  In the opening circle, the three parts of human beings should be addressed. It has proven to be successful to start with an aphorism for reflection, followed next by singing, and finally rhythmic movement exercises.

- **Discussion Groups**
  In discussion groups the participants should be given the opportunity to talk about the traumatic event and their experiences.

- **Psychoeducation**
  In the phase of pyschoeducation, information and explanations about psychotraumatology are given: trauma characterisation, trauma categories, and how trauma develops. Participants are encouraged to view trauma symptoms as normal reactions to an abnormal event. This helps to prevent pathologising.

- **Workshops**
  In various workshops, the methods of emergency pedagogy for stabilisation should be introduced and practiced.

- **Emergency Pedagogy**
  In classes about emergency pedagogy, concrete stabilisation methods for dealing with symptoms in the phase of post traumatic stress reaction should be presented.

- **Workshops**
  In various workshops, the methods of emergency pedagogy for stabilisation should be introduced and practiced.

- **Plenum**
  The closing plenum serves to answer open questions and functions as a review of the seminar. At the end, participants should receive a leaflet with a short summary of seminar contents and contact information for further assistance.

- **Closing Circle**
  In the closing circle, the exercises of the opening circle should be repeated in mirror form: rhythmic movement exercises, singing, aphorism for reflection.

2.4 On Site Parental Advisement

After catastrophes parents are just as traumatised as their children and exhibit trauma related reactions. Their children's trauma related reactions overwhelm them and they require professional advisement with trauma relevant parenting methods. The following aspects are important in advisement situations:

Opportunity for Dialogue
Offering an opportunity for dialogue gives parents the ability to express their own traumatic experiences and enables them to formulate their worries and needs in dealing with their children's trauma related reactions. In this phase, active and empathic listening is required.

Psychoeducation
Parents should receive information and an explanation about psychotraumatology: trauma characterisation, trauma categories, how trauma develops, trauma symptoms, and the course of trauma. The goal is for them to see trauma symptoms as a normal reaction to an abnormal event and thereby prevent a pathologisation.

Parenting Advisement
Together with parents, advising personnel should develop emergency pedagogical methods for the constructive and stabilising handling of their children's trauma symptoms, based on Waldorf pedagogy. At the end of the advisement session, parents should receive a leaflet on psychoeducation with the most important information about psychotraumatology and emergency pedagogical tips for dealing with trauma related reactions. Contact information for further assistance should be posted in the advising centre as well.

The Philippines 2014, © Fulvio Zanettini

The Philippines 2014, © Fulvio Zanettini

Personnel Resources

3

3.1 Selection of Applicants

Missions require high social competence. Professional conduct is mandatory.

3.1.1 Applicant types and their motivations

The following types of people tend to apply for missions.

Crisis Experienced Professionals
Professionals who have already obtained practical experience (preferred applicants).

Persons with Basic Knowledge
People who have already gained basic emergency pedagogical knowledge, but do not have any previous on the ground practical experience.

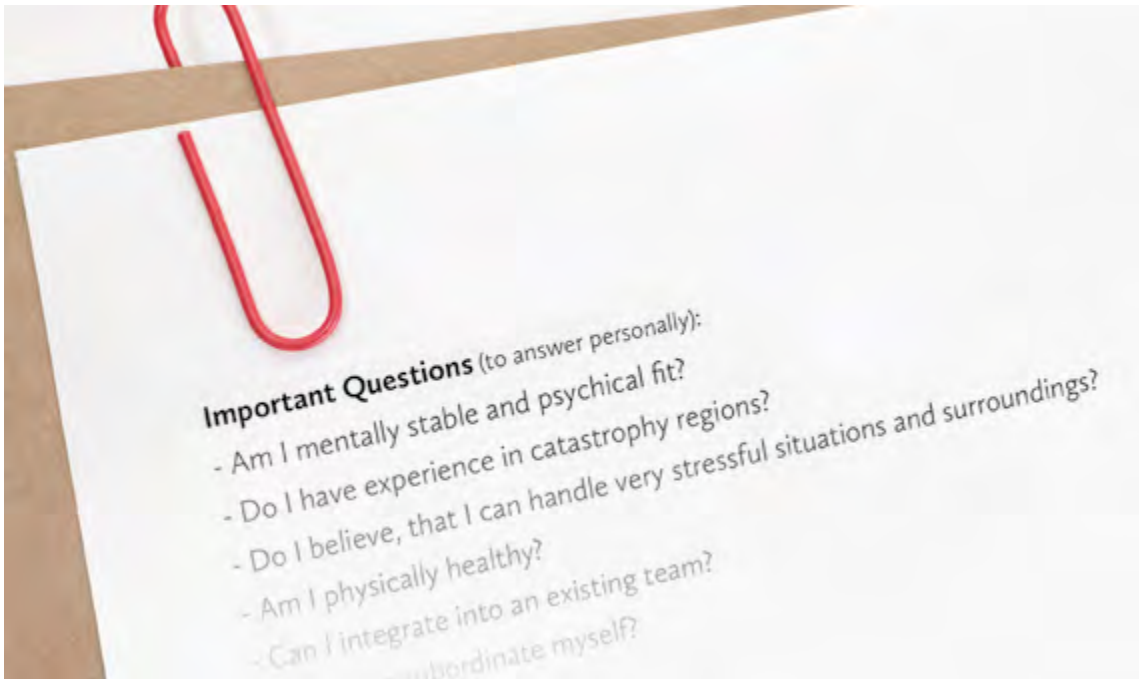
Competent Persons from Neighbouring Professional Areas
People with good insight into human nature, capacity for intuition, and psychosocial competence working in professions which "neighbour" pedagogy.

Persons with Unprocessed Traumata in their Backgrounds
This group wants to process their own unprocessed biographical traumata vicariously. During the mission, this can lead to an activation of unprocessed traumata. Emergency teams are not self-experience groups!

Persons who want "To Do Good"
This group is usually very difficult to integrate into mission structures. Their wish to help can make setting boundaries difficult for them.

3.1.2 Personal Questionnaire

The personal questionnaire records important personal data.



3.1.3 Selection Criteria

The applicant must possess specific basic competences and content-subject area competences as well as fulfil practical criteria.

Basic Qualifications

☐ **Basic Characteristics**
Sense of responsibility, dependability, honesty.

☐ **Physical Stability**
Good physical health and resilient.

☐ **Mental and Psychical Stability**
Psychical and mental resilience.

☐ **Stress Resistant**
Stable ability to tolerate stress.

☐ **Ability to Work in a Team**
Social competence and a readiness to work together with others.

☐ **Ability to Integrate into Existing Structures**
Willingness to integrate into and be subordinate in already existing structures at the mission's location *"The work in a multiprofessional team at the emergency site is associated with a strong hierarchy. (...) A psychosocial aid worker must integrate into this hierarchy without questioning it. No mission leader is able to discuss this structure in an emergency situation and a discussion does not help the affected persons, (...) the hierarchy must be accepted without discussion"* (Lasogga&Münker-Kramer, 2009, 173).

☐ **Awareness of Emergency Pedagogy's Core Mission**
Acceptance and awareness of the core mission and conception of emergency pedagogy.

☐ **A Fundamental Orientation based on Anthroposophy**
Knowledge and affirmation of anthroposophy, Anthroposophical therapy forms, and Waldorf pedagogy.

☐ **Ability to Reflect**
Reflexion on own reasons (motivation), Reflection on own abilities (resources), Reflection on biographical previous stresses (traumata).

Subject Area Qualification

☐ **Training**
Basic training in the relevant subject area should be completed before the mission. This includes especially professional, career, and occupation related training: special and social pedagogues, preschool teachers, social workers, doctors, psychologists, and therapists.

☐ **Subject Competence**
Mission specific subject competence is required.

Practical Criteria

☐ **Practical Skills**
i.e. driver's licence.

☐ **Language Skills**
Knowledge of one or more foreign languages is helpful.

☐ **Flexibility in Time and Movement**
Aid workers must have flexible time and travel availability.

☐ **Time Budget**
Aid workers must have enough available time to complete the mission.

☐ **Familial Situation**
An aid worker's family can be an important source of support. The family should ideally support and back the mission.

☐ **Hobbies**
Hobbies are also an important source of support. The aid worker should have well developed hobbies.

3.1.4 Application Interview

The following aspects should should be paid attention to while interviewing an emergency pedagogy applicant.

Information about the Organisation

☐ **About the Organisation**
The applicant should be informed about the guiding principles, goals, history, and organisational structure of the aid organisation.

☐ **About the Conception of Emergency Pedagogy**
The applicant should be informed about the guiding principles, goals, history, and organisational structure of emergency pedagogy within the aid organisation..

Personal Introduction of the Applicant

The applicant should outline the important events of his private and professional development, make clear his motivation for applying, and clarify his connection to the aid organisation.

Clarification

The following essential aspects should be clarified while interviewing the applicant the applicant:

☐ **Motivation**
What is motivating the applicant?

☐ **Possible Current Stressors**
Which stressors does the applicant bring with him?

☐ **Present Personal Resources**
Which personal resources does the applicant currently posses?

Obligations

The applicant must agree to the following in order to work at future missions:

☐ **Agreement with the core mission of emergency pedagogy**

☐ **Agreement with the core and mission conception**

- ☐ Obligation to cooperate with the team and leadership
- ☐ Obligation of privacy
- ☐ Obligation to reflect
- ☐ Obligation to participate in team meetings
- ☐ Obligation of basic training
- ☐ Obligation to complete further training

Notes on first impressions as a later foundation for decision making
The impressions left behind after the first interview should be written down and kept as a basis for deciding on an applicant later.

3.2 Pool Creation

All chosen suitable persons should be added to an electronic personnel pool.

3.3 Professional Development

The following professional development opportunities should be offered to all members of an emergency team:

Basic Training

Basic training includes:

- Scientific foundation of psychotraumatology with the backdrop of a fundamental Waldorf pedagogical orientation
- Conception of an emergency pedagogical crisis intervention based on Waldorf pedagogy
- Anthroposophical pedagogy as emergency pedagogy's foundation
- Emergency pedagogical methods' guiding principles based on Waldorf pedagogy
- Organisational guidelines of the aid organisation

Specific Professional Development

The aid organisation should offer specific professional development opportunities in the areas of trauma, emergency pedagogy, and trauma pedagogy.

Reflection on Personal Work

A regular reflection on one's own work is absolutely necessary for all members of the emergency team.

3.4 Initial Training Phase

In the initial training phase, the following relevant aspects should be considered:

Structured Introduction

Before a new emergency pedagogue can work independently, he should go on a minimum of two missions as an "accompaniment."

Mentoring

During the initial training phase, the new emergency pedagogue should be mentored by an experienced colleague.

Mission Report

The new pedagogue should write a full mission report for every mission.

Meeting with a teacher, Kenya 2012

Painting therapy, Kurdistan-Iraq 2014

Reflection Conversation

Missions and mission reports should be reflected on in a conversation with the mentor pedagogue and team leader.

Written Agreement

An agreement should be reached in writing that covers, among other topics, the following points:

- Foundational Principles
- Obligations
- Handling of Material, Basic Equipment, and Uniform
- Contractual Trial Period
- Rules for Leaving

Reflection Conversation

After about a year, a complete reflection conversation with the new pedagogue should take place.

3.5 Exit Scenario

"There should be an exit scenario for both sides, (...) after the first few years of mission experience; leadership in psychosocial emergency aid supports having such an exit scenario and it is an important aspect of quality assurance" (Lasogga&Münker-Kramer, 2009, 189).

The reasons for leaving could be:

- The work is no longer possible due to current personal life situations.
- The aid worker is overwhelmed. The feeling of being overwhelmed is not helped by reflection, supervision, or further training.
- The aid worker goes against the core mission and/or foundational principals.
- The aid worker goes against organisational foundations.
- The behaviour of the aid worker leads to unsolvable problems in the team.

An exit conversation should be had with the leadership. In the conversation, the reasons for leaving should be reflected upon, as long as the colleague does not express wanting to leave without naming reasons. It must be clarified whether or not the organisation can do anything for the colleague. The colleague can also give suggestions for improvements within the organisation. Upon leaving, all equipment, service ID, and service clothing should be returned.

Experiential pedagogy, Kurdistan-Iraq 2015

Equipment and Materials

4

4.1 Equipment

The organisation should provide the following equipment, depending on the mission's location:

Work Clothes

- [ ] Shirts
- [ ] Ties
- [ ] T-shirt
- [ ] Polo-Shirt
- [ ] Vests
- [ ] Jackets
- [ ] Baseball Caps
- [ ] Wool Hats
- [ ] Gloves

Protective Clothing

- [ ] Gloves
- [ ] Shoes
- [ ] Helmets
  - [ ] Protection Helmets
  - [ ] Fire Helmets (in earthquake regions)
  - [ ] Steel Helmets (in conflict regions)
- [ ] Protection Vests (always)
- [ ] Throat Protection Collar (in conflict regions)
- [ ] Escape Hood (always)
- [ ] Swim Vest
- [ ] Safety Vest

Technical Equipment

Technical equipment must be checked to be in working order before being packed. Batteries should be replaced before every mission.

- [ ] Mobile Telephone with Charger
- [ ] Walkie-Talkies with Replacement Batteries
- [ ] Satellite Telephone with Charger

Medical Equipment

- [ ] Doctor's Kit
- [ ] Medicine
- [ ] First Aid Kit
- [ ] Heated Blankets

- [ ] **Backpacks**
- [ ] **Water Treatment Sets**
- [ ] **Tents**
- [ ] **Transport Crates**

Mission Folders

- [ ] Travel Information
- [ ] Emergency Numbers
- [ ] Mission Planning
- [ ] Inventory List
- [ ] Checklist

- [ ] **Mission Identification**

Miscellaneous

- [ ] Pepper Spray
- [ ] Pocket Knife
- [ ] Signal Whistle
- [ ] Hygiene Articles
- [ ] Glucose
- [ ] Muesli/Granola Bar
- [ ] Head Rest
- [ ] Airplane Set

4.2 Work materials

Painting Utensils

- ☐ Paint
- ☐ Brushes
- ☐ Painting Paper
- ☐ Under Lay Pad
- ☐ Sponges

☐ **Wax Blocks**

☐ **Paper**

Work Materials for Experiential Pedagogy

- ☐ Balls
- ☐ Ropes
- ☐ Parachute
- ☐ Juggling Scarves
- ☐ Cups

☐ **Others**

Dolls, Gaza 2011

Sculpting with clay, Gaza 2011

Painting therapy, Kenya 2012

Nepal 2015

Mission Design

5

5.1 Team

Organisational Diagram
An organisational diagram should show who carries out the leadership functions and the specific pedagogical-psychological-medical-therapeutic functions of each team member.

Insurance
The following insurance policies should be taken out through the group insurance policy of the aid organisation:

- ☐ **Health insurance**
- ☐ **Accident/disability insurance**
- ☐ **Return transportation insurance**
- ☐ **Liability insurance**

Secondment Contract
A secondment contract between the members of the emergency pedagogical crisis intervention team and the aid organisation should be made.

5.2 Preparatory Phase

A precise, solid, and foundational preparation for a mission is the basic prerequisite for a successful crisis intervention. At the same time it reduces possible danger to the team.

Checklists
All preparation guidelines should be kept in a standard checklist. In the preparation phase, this checklist should be edited and amended for the specific mission, and the changes in the list should be documented. The checklist should be supplemented as needed.

Cooperation Structures in Foreign Countries

Cooperation Partners
International and local cooperation partners are necessary for an emergency crisis intervention in foreign countries. International Anthroposophical institutions in the crisis region are well suited to be cooperation partners.

Contact with Local Authorities
Contact with local authorities who will coordinate the crisis management on the ground must be made, especially when the crisis region is named a restricted zone.

Mission Locality
The mission locality should be known in advance.

Logistics on the Ground
The logistics on the ground, i.e. transportation, room and board, water etc. must be arranged in advance.

Invitation
An invitation in writing from the foreign cooperation partner must be acquired ahead of travel to the country.

Invitation
A detailed mission plan with goals, mission personnel, implementation plan, and responsibilities must be worked out and written down.

Logistics
The following logistical points should be clarified in detail ahead of time:

- ☐ **Room**
- ☐ **Board**
- ☐ **Water**
- ☐ **Transportation**
- ☐ **Power Supply**
- ☐ **Money and Payment Methods**
  - ☐ Credit Cards
  - ☐ Cash
  - ☐ Currency
- ☐ **Medical Emergency Care (hospitals, rescue transport)**
- ☐ **Evacuation plans**

Travel Planning

The following aspects should be considered when making concrete travel plans:

- ☐ **Time Frame and Scheduling**
- ☐ **Visas**
- ☐ **Booking for Flights**
- ☐ **Registering Excess Freight Weight**
- ☐ **Airport transfers**
  - ☐ Domestic
  - ☐ Destination Region (international)

Networks

The following networks are important for safety aspects:

☐ **German Federal Foreign Office (Auswärtiges Amt)**

The German Federal Foreign Office (Auswärtiges Amt) must be informed about the planed crisis intervention and their support must be requested. A protection letter should also be requested. Contact with the following departments should be established:

- ☐ Crisis Centre (Krisenzentrum)
- ☐ Regional Department (Regionalreferat)

A **"protection letter"** should be requested from the Auswärtiges Amt.

☐ **German Consulate in Foreign Countries**

The German consulate in the mission locality should be informed of the planned crisis intervention in writing and over the telephone and their support should be requested. Contact should be established with the responsible advisor within the respective German consulate. Telephone numbers where one can be reliably reached should be exchanged.

☐ **Foreign Consulate**

The consulate in Germany of the country where the mission is to take place should be informed about the crisis intervention when possible. Their support should likewise be requested. A written letter of support should also be requested.

☐ **Foreign Authorities**

Where possible/necessary the corresponding authorities in the mission country must be informed of the crisis intervention and their support should be requested.

Preparatory Meeting

A preparatory meeting should take place directly before the team's departure.

Mission Preparations, Karlsruhe

A child's drawing, Kurdistan-Iraq 2014

Movement exercises, Kenya 2012

Execution Phase

6

During the execution phase the following points should be observed:

First Visit

Upon arrival to the mission country, a "first visit" to the authorities should take place. This should secure and simplify communication structures. Personal contacts can also help establish safety in dangerous regions. The following "first visits" are required, and if possible appointments should be made in advanced:

- ☐ German Consulate
- ☐ Local Authorities
- ☐ Cooperation Partners

Meeting with Cooperation Partners On Site

Meetings with the cooperation partners on site help to ensure that cooperation will be as seamless as possible, help clarify responsibilities, and make the mission plan concrete.

Setting Up the Camp

The accommodations must then be obtained. In addition to a camping place and sleeping area, toilets, showers, material storage, as well as possible meeting and eating areas should be considered. A camp manager should be chosen. The camp manager is responsible for the order and organisation of the camp.

Area Survey

For orientation and to obtain an overview of the area before the start of the intervention, a local area survey should be executed. Here safety aspects should also be considered.

Concretisation of Mission Plans

A concretisation of mission plans should take place on site taking into account local circumstances.

Daily Structuring

A thoroughly rhythmical daily structure should be created to promote mental hygiene. This is especially relevant for the following aspects:

General Living
General physical and mental hygiene in the context of daily living should be observed.

Daily Preview
A structured daily preview should be discussed in the team.

Daily Reflection
Each day the team should look back on the day and reflect together.

Morning Circle
Before breakfast, the team should begin the day together with a ritualised morning circle. Elements of this include an aphorism for contemplation, singing, and an eurythmy exercise.

Closing Circle
The day is ended in the team with an evening closing ritual.

Quiet Phases
Adequate quiet and relaxation phases should be planed into the day.

Crisis Team in Germany

In the headquarters of the aid organisation a crisis team should be reachable at all times throughout the whole mission.

Daily Status Report
Throughout the entire mission, a status report should be give via telephone daily at a scheduled time.

Documentation of Contact
The daily contact should be documented by the domestic crisis team with time, content of conversation, and contact partner(s).

Contact during Dangerous Situations
During dangerous situations, the frequency of contact with the domestic crisis team via telephone should be increased. In extreme cases, this could mean making contact every ten minutes.

Documentation

Every mission should be documented thoroughly and in detail:

Photo, Video, and Audio Documentation
All photo, video, and audio documentation by team members must be given to the aid organisation after the mission and can be used in their publications.

- ☐ Video-Clips
- ☐ Photos
- ☐ Audio Recordings

Report Forms
Every team member writes a work and conclusion report on a structured report form.

Gaza 2011

Follow-up Phase

7

In the follow-up processing phase, the mission is analysed, evaluated, and documented. Materials and equipment are cleaned, replaced, and prepared for the next mission. The participants are thanked.

Appraisal of the Mission

Thank-you Notes
The people and institutions who took part in the crisis intervention should be thanked and sent a recognition certificate. Especially to thank are:

- ☐ Team
- ☐ Cooperation Partners
- ☐ Foreign Colleagues
- ☐ Participating Institutions

Content Appraisal
A comprehensive and detailed appraisal and documentation of the mission should take place:

- ☐ Evaluation

The reports from the team members are evaluated.

- ☐ Report

Complete mission and work reports are written.

- ☐ Photo, Video, and Audio Documentation

Photos, videos, and audio documentation should be evaluated and archived.

Equipment
The equipment is cleaned, supplemented, and stored. This ensures readiness for future missions.

- ☐ Cleaning
- ☐ Supplementation
- ☐ Storage
- ☐ Mission readiness ensured

Material
The materials are cleaned, supplemented, and stored. This ensures readiness for future missions.

- ☐ Cleaning
- ☐ Supplementation
- ☐ Mission readiness ensured

Financial Accounting

After the end of the mission, the costs should be recorded, verified, and settled.

Cost Breakdown
A cost breakdown should be done.

Verification
Costs should be verified.

Overall Invoice
An overall invoice should be created, submitted, and documented.

Statistical Evaluation
The mission should be statistically evaluated and compared with the results of previous missions.

Follow-up and Evaluation Meeting

About four weeks after the mission's end, a follow-up and evaluation meeting should take place with the mission team.

Reflection and Evaluation

The mission should be reflected, evaluated, and documented.

Consequences

From the evaluation results, conceptual and organisational-technical consequences can come about. These can be worked into the foundational conception and the organisational process planning.

Conceptual Supplementation/Changes
Mission consequences are incorporated into the foundational conception.

Working the consequences into the organisational process planning
Mission consequences are incorporated into process planning.

Supervision

Group and individual supervision may be advisable, as needed.

Group Setting
As needed, supervision can be carried out by a trained psychological professional.

Individual Setting
As needed, supervision in an individual setting may be required. This is to be carried out by a trained psychological professional.

Eurythmy, Gaza 2009

Financial Aspects

8

8.1 Preparation Phase

Cost Calculations
The costs of a mission must be calculated in advance. Costs that cannot be exactly calculated should be estimated based on past experiences.

Donation Funds from "Aktion Deutschland Hilft"
The "Friends of Waldorf Education-Emergency Pedagogy" are through the General Equality Organisation a member of the German Relief Coalition *"Aktion Deutschland Hilft"*. If the local board member of the mission location requests, donation funds can be used. This requires a detailed application before the start of the mission.

Foundation Applications
For the financing of the planned mission, funds should be applied for at various foundations.

Donation Acquisition
For the financing of the planned mission, donations are acquired.

Application for Public Funds
When possible, public funds (i.e. from the German Federal Foreign Office) should be requested.

8.2 Execution Phase

Book Keeping
Individual costs are documented with date, amount, and reason in a list.

Verification
Every purchase must be verified (i.e. with a receipt).

8.3 Follow-Up Phase

In the follow-up phase, the mission is financially calculated and evaluated.

Overall Invoice
An overall invoice is created.

Verification
The overall invoice is verified by applicable receipts and other forms of verification.

Statistical Evaluation
The mission's costs are statistically evaluated and compared to the costs of previous missions.

Kurdistan-Iraq 2015

Eurythmy, Kurdistan-Iraq 2015

Public Relations and Fundraising

9

9.1 Preparatory Phase

Press Release
Press releases are written and sent to applicable publications.

Website and Online
Current news about the mission is published on the website and through social media channels.

Call for Donations
A call for donations is made.

Foundation Applications
Applications are made for foundation funding.

Application for Public Funds
Public funds are applied for.

9.2 Execution Phase

Press Releases
During the execution phase of the mission, press releases are written and published.

9.3 Follow-Up Phase

Report Production
Articles are produced for publication.

Providing of Photographic Material
Photographic material for publication is chosen and made available.

Press Releases
Press releases are written.

Film Presentation
From the photographic material and video-clips, a film presentation is created and used for public relations work.

Press Review
Publications and media reports should be documented and filed.

Reports and Financial Calculations for Funders
Together with thank you notes, reports and financial calculations are sent to funders.

Nepal 2015

Kurdistan-Iraq 2015

Entire Written Documentation

10

The entire mission is documented in writing and filed. The filing follows this structure:

10.1 Mission

Preparation

- ☐ **Mission Case**
  - ☐ Alertness
    Letter from managing director.
  - ☐ Declaration of Mission Case
    Letter from managing director.
- ☐ **Team**
  - ☐ Organisational Diagram
  - ☐ List of Team Members with Personal Data
  - ☐ Secondment Contracts
- ☐ **Complete Filled-Out Checklists**
- ☐ ***Aktion Deutschland hilft***
  - ☐ Mission Case
  - ☐ Financial Overview
  - ☐ Application
- ☐ **Documentation for Local Cooperation Partners**
- ☐ **Networks**
  - ☐ German Federal Foreign Office (Auswärtiges Amt)
  - ☐ German Diplomatic Mission
  - ☐ Foreign Authorities
  - ☐ German Aid Organisations
- ☐ **Protection Letter**
  - ☐ German Federal Foreign Office (Auswärtiges Amt)
  - ☐ Foreign Authorities
- ☐ **Meeting Notes**
- ☐ **Preparatory Meeting before Departure**
- ☐ **Miscellaneous**

Execution

- ☐ **Documentation made by Situation Centre in Karlsruhe**
  (List of daily status reports via telephone).
- ☐ **Evaluation Forms of the Team Members**
- ☐ **Mission Leadership**
  - ☐ Travel Folder
    (The travel folder of the coordinator is given in its entirety, including local mobile telephone numbers and hotel room numbers of the team.)
  - ☐ Recordings
    (Daily journal of the mission leader is kept separately.)
- ☐ **Team Coordinator**
  - ☐ Travel Folder
    (The travel folder of the coordinator is given in its entirety, including local mobile telephone numbers and hotel room numbers of the team.)
  - ☐ Recordings
    (Daily journal of the team coordinator is kept separately.)
- ☐ **Photo, Video, and Audio Documentation**
  (Media documentation is kept in a digital storage system (server) and on CD/DVD.)

Follow-Up

- ☐ **Thank-You Notes**
  - ☐ Team
  - ☐ Cooperation Partners
  - ☐ Local Colleagues in Mission Country
  - ☐ Participating People and Institutions
- ☐ **Follow-Up and Evaluation Meeting**
- ☐ ***Aktion Deutschland hilft***
  - ☐ Closing Report
- ☐ **Miscellaneous**
  - ☐ Business Cards
  - ☐ Country Maps

10.2 Finances

Preparation

- ☐ Cost Prognosis
- ☐ Plan for Financing
- ☐ *Aktion Deutschland hilft* Application
- ☐ Foundation Applications
- ☐ Application German Federal Foreign Office (Auswärtiges Amt)

Execution

- ☐ Verification/Receipts

(Receipts are kept separately in the finance folder.)

Follow-Up

- ☐ Overall Invoice

(Copy of the overall invoice. The original is kept separately in the finance folder.)

10.3 Public Relations

Preparation

- ☐ Press Releases

Execution

- ☐ Press Releases
- ☐ Complete Documentation of Media Coverage about the Mission

(Print media, audio, and TV recordings are stored digitally on a server and on CD/DVD.)

Follow-Up

- ☐ Press Releases
- ☐ Complete Documentation of Media Coverage about the Mission

(Print media, audio, and TV recordings are stored digitally on a server and on CD/DVD.)

General Media Coverage

(General print media coverage of the catastrophe.)

10.4 Miscellaneous Documents

Personal Notes

Therapeutic painting 2014

Helping hands, Kenya 2012

Mental Hygiene

1

11.1 Stress on the aid worker: The phenomenon of secondary traumatisation

Traumata are infectious. *"The long-term, multi generational effects of trauma comprise the worst infection known to humanity"* (Bloom, 2002, 248).

This is especially true when perpetrator-victim relationships make up the backdrop of the traumatisation. *"In some meaningful ways, trauma theory is the psychological version of the germ theory. We now have an understanding of the connection between pathogenic forces in the external world and the internal pathology of the person. We know a great deal about how the body, mind, and soul of the victim interact with the body, mind, and soul of the perpetrator"* (ibid. 236).

According to the *"germ theory of trauma"* developed by the American trauma researcher Sandra L. Bloom, the cause for many physical, emotional, and societal-social disorders lies in the *"direct and indirect exposure to external traumatogenic agents"* (ibid. 238). Psychotraumata causes *"chronic, infectious, multigenerationally and often lethal disease. Although some traumatic events are highly likely to create post-traumatic effects in anyone, the more usual interaction is between the strength and persistence of the stressor and the vulnerability of the stressed. Van der Kolk (1989) points out that traumatisation occurs when one's combined internal and external are insufficient to cope with the impeding external threat. Certain environments are clearly more likely to provide a fertile breeding ground for traumatogenic events than others"* (ibid.).

The transfer of germ theory from internal medicine to psychiatry in the context of psychotraumatology is seen as a paradigm shift by Bloom: *"Just as bacteria and viruses are the usual infectious agents, the perpetrators of violence are the carriers of the trauma infections. The more destructive the perpetrators are, the less the chances for survival for their victims. The more intense the level of contact, the greater the likelihood is that the victims will suffer from long-term consequences of the perpetrators' disease. The poorer the health of the victim – physical, psychological, and social – the greater the likelihood of exposure"* (ibid., 238f).

Traumatic infections can have cross generational effects. *"The infection even takes on a pseudo-genetic form of transmission as the effects and patterns of violence are passed from parents through children, both through what is done that is negative and what is not done that is positive"* (ibid., 239).

In the previous decades, meaningful advancements have been made in psychotrauma research. Included in them is the knowledge, *"that there are many more kinds of traumatic experiences than previously accepted"* (Figley, 2002, 42).

Aid workers who work with psychotraumatised children and adolescents unavoidably incur the risk of secondary traumatisation. *"Those who voluntarily engage empathically with survivors to help them resolve the aftermath of psychological trauma open themselves to a deep personal transformation. This transformation includes personal growth, a deeper connection with both individuals and the human experience, and greater awareness of all aspects of life. The darker side of the transformation includes changes in the self that parallel those experienced by survivors themselves"* (Pearlman, 2002, 77).

Increasingly in trauma literature, more attention is being paid to the phenomenon that the work of helping puts the helpers at risk for traumatisation. Next to the possibility for a direct traumatisation, there is the danger of an *"indirect traumatisation"* (vicarious traumatisation) (McCann&Pearlman, 1990). *"Vicarious traumatisation is a process of change resulting from empathic engagement with trauma survivors. It can have an impact on the helper's sense of self, world view, spirituality, affect tolerance, interpersonal relationships, and imagery system of memory. (...) Every person who engages themselves with trauma survivors out of an empathic stance is vulnerable to indirect traumatisation"* (Pearlman, 2002, 77f).

The phenomenon of secondary traumatisation is found in professional literature under various terms: *"compassion fatigue (Figley 1995), indirect traumatisation (McCann&Pearlman 1990), secondary wounding, event counter transference (Danieli 1994) and burnout. Even though all of these terms refer to many different types of secondary traumatisation stress reactions, the basic underlying knowledge is the same – that trauma work is hard, dangerous, and often exhausting for the helpers, no matter their occupational group, their gender, their age, their level of training, or how well experienced they are in the work"* (Williams&Sommer, 2002, 222).

Through contact with trauma victims, aid workers can be traumatised themselves and develop stress symptoms. According to the diagnostical criteria for post traumatic stress disorder in DSM-IV (APA 1994, German edition 1998) it is clear, *"that the knowledge alone of the traumatic experiences can affect another person traumatically"* (Figley, 2002, 43). The *"costs of helping"* (Figley, 2002, 41) are referred to in the professional literature as *"secondary traumatisation"(ST), "secondary traumatic stress"* (STS), *"compassion fatigue"* (Joinson, 1992), *"compassion stress," "contact victimisation"* (Courtois, 1988) and *"secondary traumatic stress disorder"* (STSD) (Dutton& Rubenstein, 1995).

Charles R. Figley, who has researched the phenomenon of direct and indirect traumatisation for over twenty years and who in 1994 received the Lifetime Achievement Award of the International Society for Traumatic Stress Studies for his work, defines the secondary traumatic stress that occurs when an aid worker wants to help a trauma victim as the *"natural and consequential behaviours and emotions resulting from knowing about a traumatizing event experienced bya significant other"* (Figley, 2002, 47).

The stress symptoms of a secondary traumatisation are almost identical to the symptoms of post traumatic stress disorder. The difference is, essentially, that with secondary traumatic stress *"the confrontation with the traumatic experiences of another person is the cause for the traumatisation"* (Figley, 2002, 47). *"The hallmark of indirect traumatisation is the disrupted frame of reference. Identity, worldview, and belief system together with the person's frame of reference make up a person. In therapists who work often with traumatised persons there is a higher likelihood for the examining of identity feelings (understanding of self as man/woman, as helper, as mother/father or other emotional states), their worldview (moral principles, conception of casual relations, life philosophy) and their spirituality (feelings of purpose and hope as well as the connection with something that reaches above the self, the awareness of all aspects of life and the perceptions of the nonmaterial)"* (Pearlman, 2002, 79).

In addition to the frame of reference with the aspects of identity, worldview, and spirituality, other personality areas are examined by an indirect traumatisation. Included in these are one's emotional need for safety, trust, esteem, intimacy, and control. (Rosenbloom, Pratt&Pearlman, 2002, 89).

Trauma symptoms are proven reaction patterns to an extremely exceptional experience. Secondary traumatisation also follows this logic: *"Just as post traumatic stress disorder (PTSD) is understood as a normal reaction to an abnormal event, indirect traumatisation is understood as a normal reaction to the always stressful and sometimes traumatising work of working with traumatised persons. (...) It is an unavoidable occupational hazard"* (Rosenbloom, Pratt& Pearlman, 2002, 89).

The concept of the indirect traumatisation is based on the trauma understanding of the effect of extremely stressful events on the affected person: *"Just as similar or the same traumatic event affects different victims differently, so does the contact with traumatic material affect different helpers differently. The concept of indirect traumatisation is related to the many interactions between individuals and situations, whereby variables have to be accounted for, which affect the traumatic material as well as the personality of*

each individual helper" (Rosenbloom, Pratt& Pearlman, 2002, 89).

From this background of scientific knowledge about secondary traumatic stress it becomes clearer and clearer *"that we must also attend to the needs of helpers (including doctors, educators, and researchers), as we attend to the needs of those who they are trying to help"* (Rudolph& Hudnall Stamm, 2002, 250).

The phenomenon of secondary traumatisation is therefore *"a natural, predictable, treatable, and preventable unwanted effect of working with suffering people"* (Figley, 2002, 41). Emergency pedagogues and trauma helpers must be prepared for these job risks. Included in preparatory work is the development of self care strategies.

Nepal 2015

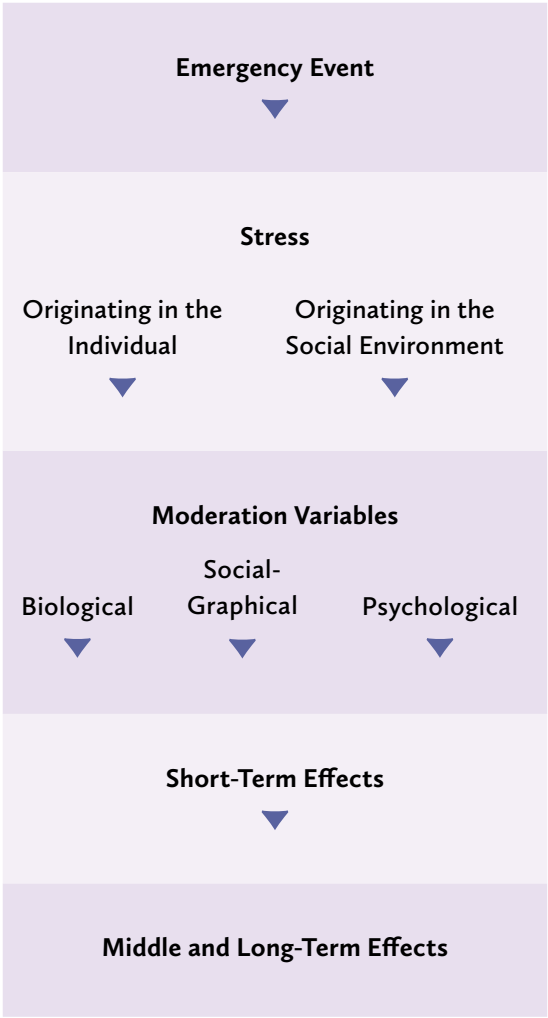
11.1.1 Stress Levels

The stress of an emergency aid worker aligns itself partially with the stress of the emergency victim. Especially important here is the extra stress that the emergency helper is subjected to.

The individual stress reactions are influenced by the following aspects:

Individual Circumstances
> Physical Resilience
> Emotional Resilience
> Mental Resilience

Conditions in the Social Environment
The stress of the emergency helper and the possible resulting effects can be schematically organised as such:



(Lasogga und Münker-Kramer, 2009, Abb. 4, 192).

11.1.2 Individual Stress Circumstances

Individual stress circumstances are understood as circumstances that result from the personality of the emergency aid worker and his individual circumstances.

Insufficient Experiences of Success

"Psychosocial emergency aid workers do not experience themselves as competent in all situations" (Lasogga&Münker-Kramer, 2009, 192).

- **Subjective Feelings of Incompetence**

Emergency aid workers may experience themselves as subjectively incompetent, as not being able to meet the challenges of the particular emergency situation, without anything objectively bad happening. *"Feelings of incompetence can come about out of feeling like one does not have the 'right' answer. This is often the case in emergencies, especially because there is often no 'right' answer"* (Lasogga&Münker-Kramer, 2009, 193).

- **Objectively Overwhelmed**

In certain situations, the helper is objectively overwhelmed. This can happen due to diagnostic details, being forced to give a prognosis, questions of spiritual beliefs, etc.

- **Overestimation of Own Competence**

Sometimes a helper overestimates his or her own level of competence. This often leads to rejection and irritability in the team. In this case, feedback from the mission leader is required.

Expectations of Self

Feelings of being overwhelmed can also come about due to self expectations: *"Not being able to help contradicts identity and self-image"* (Lasogga& Münker-Kramer, 2009, 194).

Loss of Control, Helplessness, Loss of Power Experiences

"Loss of control and helplessness leads to manifold, negative secondary reactions and can, when they occur over a longer period of time, lead to physiological and somatic diseases. A low self efficacy experience can be a risk factor for the development of post traumatic stress disorder" (Lasogga&Münker-Kramer, 2009, 195).

Interrupted Handling

An already started handling process can be abruptly interrupted by an emergency. The *"Zeigarnik-Effect,"* named after the psychologist Zeigarnik, implies that *"all aspects of an interrupted action stay mentally represented. This leads to internal physiological tension, which remains partially for a long time. (...) This facet of interrupted action can be experienced as very stressful and there is an imminent need to bring the action to an end"* (Lasogga&Münker-Kramer, 2009, 195).

Empathy

Empathy is the ability to be able to put oneself in another's shoes. The ability to empathise belongs to the basic prerequisites of every helper. With the *"mirror neurons,"* brain researchers discovered *"the neurobiological correlation of this ability"* in the past few years (Lasogga&Münker-Kramer, 2009, 195). *"Mirror neurons are neuron collections at the motor cortex, which save the exact action process to memory. Events and images are saved one to one as scenes, this means directly taken over. This happens unconsciously, but has immediate physiological effects"* (Lasogga&Münker-Kramer, 2009, 195).

Confrontation with Diverse Sensory Perceptions

Emergency aid workers are exposed to diverse sensory perceptions, which must be processed. The danger of intrusive inundation exists.

Confrontation with Strong Emotionality

Emergency aid workers are exposed to strong emotionality, which they have to process. *"Emergency victims often show strong emotionality. There is the danger of allowing oneself, due to one's actually positive ability to empathise, to be swept away by strong emotions. This danger also exists because the direct and indirect emergency victims have a strong wish to attach in these extreme situations. Psychosocial emergency aid workers make an offer of attachment per se (...) A high reflection ability is needed in order to not harmfully or abusively use this wish for attachment (closeness, importance, 'to be needed,'*

'to have something to say')" (Lasogga&Münker-Kramer, 2009, 199f).

11.1.3 Stressful Social Situations

Social situations can also cause stress: *"In contrast to the stress that originates from the individual himself, this stress results primarily from interaction with other people, here specifically with the emergency victims, who need to be taken care of, as well as with other helpers"* (Lasogga&Münker-Kramer, 2009, 196).

Psychotraumatised victims often show unpredictable, extreme reactions which stress the helpers: *"Psychosocial emergency aid workers are called to help people who more or less find themselves in an exceptional state. Besides this, these people show a great variance in how they react. This often makes the situation unpredictable"* (Lasogga&Münker-Kramer, 2009, 196).

Interaction with Emergency Victims

Exceptional stress occurs during specific emergency situations and when caring for certain victim groups.

- **Children**

Confrontation with the suffering of children is extremely stressful for emergency aid workers: *"By the death, severe injury or cancer illness of children, one's world view is shaken (...): the experience of cohesion (Antonovsky, 1987) is disturbed. (...) A very high level of identification with the victim(s) is a risk factor for the development of a disorder"* (Lasogga&Münker-Kramer, 2009, 196f).

- **Suicide**

Dealing with suicidality is also a high stress factor for emergency aid workers: *"A suicide attempt is especially stressful for psychosocial aid workers because they feel very helpless when working with suicidal persons. On top of this, the pressure on the emergency aid worker to do something, to make sure the person does not commit suicide is especially high"* (Lasogga&Münker-Kramer, 2009, 197).

- **Dying Persons**

Contact with people who are dying is extraordinarily stressful for all people.

- **Death**

Confrontation with the dead, especially when they are disfigured, can also be extraordinarily stressful: *"The sight of dead bodies brings about thoughts of one's own morality. Some helpers are then also reminded of deaths from the acquaintance or relative circle or of a death in their close circle that happened recently. Psychosocial emergency aid workers (...) should be concretely prepared for such a stress"* (Lasogga&Münker-Kramer, 2009, 197).

- **Relatives of Victims**

The reactions of relatives of victims can also be a great stress for emergency aid workers: *"Next to the direct emergency victims, the relatives can be a stressor. Relatives can react more nervously and helplessly than direct victims. The behaviour and emotions of relatives can lead to great sadness in the psychosocial emergency helpers"* (Lasogga& Münker-Kramer, 2009, 198). This is why the psychosocial emergency aid workers who cared for the relatives of the victims of the train accident in Eschede were more affected than the other helpers (Koordinierungsstelle Einsatznachsorge, 2002).

This stress during the caring of relatives is increased *"when children are missing and a crime is suspected"* (Lasogga&Münker-Kramer, 2009, 199).

Furthermore, there are stress factors which occur surprisingly and are not admitted to by the emergency aid workers. Included in these are, for example, leaving behind pets, which then must be brought to a shelter. *"Finally it is but a simple sign of basic attachment ability, of being sensitive and recognising the vulnerability of beings. It is these beings, who one identifies as helpless, whose fate runs through their minds over and over again"* (Lasogga&Münker-Kramer, 2009, 199).

- **Multiculturalism**

Emergency aid workers are confronted, depending on the emergency, with coping strategies of their victims, which due to cultural or religious

differences differ from those they are used to. This can become a stressor for the helpers: *"Dealing with foreigners can be a stress just due to problems with understanding. The problems come about due to cultural and religious differences. Strongly shown emotions, like loud shouting and screaming, can alienate. If cultural behavioural differences aren't known, this can lead to a lack of understanding and alienation on both sides"* (Lasogga&Münker-Kramer, 2009, 199).

Stress Due to Interaction with Other Aid Organisations

Cooperation between different aid organisations is not always easy to arrange. Because different organisations have differing interests, conflicts of interests can occur while working together. Also competitive thinking can develop between aid worker groups. Organisational structures and leadership styles differ between aid organisations, which can lead to conflict as well.

Complexity of Situations

Emergency aid workers are often confronted with relatively unknown and complex situations. They must react competently and quickly and have to adjust to the different behaviour of emergency victims: *"Depending on the mission, there are different tasks to be completed, during which one must also improvise because no situation is exactly like another. Therefore psychosocial aid workers must develop a large conduct repertoire in their training, from which they then must choose adequately and intuitively during the mission. This is much more difficult than having a standard procedure/approach"* (Lasogga&Münker-Kramer, 2009, 200).

11.1.4 Vulnerability and Resilience Factors

In the following, factors are discussed which may make an emergency aid worker more vulnerable to secondary traumatisation, or may serve as factors which support their resilience and help to prevent and protect against secondary traumatisation.

Biological Factors

- **Age**

Younger aid workers have on one hand less experience and less of a routine. On the other hand, they may have a higher tolerance for stress.

- **Gender**

Women process stress and pain differently than men.

- **Physique**

A person's physique is also a biological factor.

Social-Geographical Factors

- **Professional Experience**

Professional experience and routine are important protection factors against secondary traumatisation.

- **Field Competence**

Field competence is also an important protection factor.

- **Social Resources**

Social support is necessary for all people in crisis situations, including emergency aid workers.

For relatives and friends, the experiences of emergency aid workers can also become a problem. *"Out of the wish to rid themselves of unprocessed things, (...) the emergency aid worker talks about them in his close private circle (too) much and this is then 'contaminated.' Case studies of mission personnel show that this kind of conversation can spin itself in circles for years and later their spouses begin to exhibit symptoms as well"* (Lasogga&Münker-Kramer, 2009, 203).

Personal and familial problems of the emergency aid worker can become an extra source of stress during a crisis intervention: *"Familial stress should also be considered, such as children's problems in school, illness or death in the family, divorce or separation. (...) Especially problematic is when psychosocial aid workers are called to help victims who have similar stressors to theirs. (...) Then a reaction can occur, which suddenly 'attacks' the psychosocial aid worker"* (Lasogga&Münker-Kramer, 2009, 203).

Psychological Factors

Personality Traits

Personality traits can be protective factors, but they can also become risk factors. *"Protective factors include self assurance, a positive self image, and emotional stability. Egle et al. (1997) also names an above average intelligence as a protective factor. Unsure and emotionally unstable persons have an increased risk of developing disorders. Also disadvantageous are rigid behavioural patterns as well as anger and fear as personality traits"* (Lasogga&Münker-Kramer, 2009, 31).

Internal Controlling Conviction and Experiences of Self Efficacy

Internal controlling conviction, an individual's belief, that he has control over his own life, and his experiences of self efficacy, making experiences in which his own actions are effective, are important protection factors. *"Persons with high self efficacy expectations and/or internal controlling convictions believe that they can influence a situation through their own actions. Persons with low self efficacy expectations/internal controlling convictions experience themselves as strongly dependent on their environment, others, and fate (i.e. external control). They believe their actions do not make a difference. A high internal controlling conviction and/or estimation of self efficacy help a person cope with stress. (...) If one also has self control, they experience a lower intensity of negative emotional reactions (for example see: Davidson und Neale 2007)"* (Lasogga&Münker-Kramer, 2009, 29).

Experiencing Cohesion

The concept of self efficacy/internal controlling conviction is similar to what Antonovsky in his Salutogenes-Coneption calls *"cohesion feeling"* or what Frankl calls *"meaningfulness." "Altogether this means understanding the events, ordering them into one's own world view in order to give them meaning (Antonovsky 1987)"* (Lasogga& Münker-Kramer, 2009, 29). Bruno Bettelheim formulated the meaning of this coherence as such: *"one can endure everything, as long as one knows why."*

Coping Strategies

Coping strategies are skills which help people deal with stress. *"Coping strategies are differentiated into instrumental and palliative (Lazerus and Folkmann 1984). With instrumental coping strategies, one tries to make changes in one's environment, active actions stand in the foreground. With palliative coping strategies, emotions should be influenced"* (Lasogga&Münker-Kramer, 2009, 28).

One can also differentiate between functional coping strategies, which help people cope with stress, and dysfunctional coping strategies, like substance abuse, avoidance behaviour, blaming oneself, and resignation. Dysfunctional coping strategies bring short-term relief but have a long-term negative reinforcing nature.

Previous Stress

Unprocessed experiences in the past are a major risk factor for emergency aid workers (Schützwohl, 2003). Previous stressors, however, can also be a protective factor when they have been properly processed.

Attribution

Attribution is an important psychological factor: *"Meaningful is the attribution, the way in which the victim works the emergency into their moral concepts, self image, and worldview"* (Lasogga& Münker-Kramer, 2009, 32).

Approach towards Profession

Also the approach towards one's own professor is a psychological protective factor: *"A professional approach to the work leads to an appropriate dealing with the stress. Working well and professionally means to work in an engaged and motivated manner, but also to have an appropriate distance to the profession and what one experiences"* (Lasogga&Münker-Kramer, 2009, 203).

Humour

Humour is one of the most meaningful psychological factors: *"Also humour is sometimes a good possibility for dealing with stress and should be tolerated, accepted, and even promoted, as long as it is not just pure repression and crude jokes without reflection"* (Lasogga&Münker-Kramer, 2009, 218).

Ending
How the emergency ends is also an important factor in how well or poorly aid workers process their work. *"The traces are greater, the longer one surrenders to helplessness"* (Lasogga&Münker-Kramer, 2009, 48).

Organisational Factors

Equipment
One organisational factor is how well or poorly equipped an emergency aid worker is.

Training and Professional Development
"If the psychosocial emergency aid worker is well trained and feels competent, he will probably find the emergency less stressful. This means that while good training is a protective factor, bad training can be a risk factor. Personal coping strategies are usually dependent primarily on socialisation and schooling, but they can also be changed in training seminars and classes (...)" (Lasogga&Münker-Kramer, 2009, 204).

Organisation Culture
"A good organisation culture can help aid workers deal with stress appropriately" (Lasogga&Münker-Kramer, 2009, 205).

Working Conditions
During missions, necessary quiet and relaxation phases should be scheduled. Besides this, organisations and emergency aid workers *"should carefully reflect on their transition between 'everyday life' and 'highly dramatic and life threatening experiences during a mission' and should pay attention to protecting themselves and their own social surroundings. One's own close social circle is the most important protective factor and should be kept up and not neglected"* (Lasogga& Münker-Kramer, 2009, 205).

Behaviour of Supervisors and Colleagues
"Socially competent supervisors are a protective factor; socially incompetent supervisors a risk factor" (Lasogga&Münker-Kramer, 2009, 204).

Just as important as the personality of leadership is the connection between colleagues. *"A good atmosphere between colleagues is a protective factor; vice versa a tense climate or an insensitively expressed criticism between colleagues can be strong stressors"* (Lasogga&Münker-Kramer, 2009, 204).

Sensing the body, Kurdistan-Iraq 2014

11.2 Effects and Reactions to Stress

The effects and reactions to stress, which result from dealing with emergency victims, can be both negative and positive.

11.2.1 Negative Effects

Dealing with traumatised emergency victims can cause negative reactions in emergency aid workers: *"Finally all the short, middle, and long term effects, from which direct and indirect victims can suffer, can also affect psychosocial aid workers"* (Lasogga&Münker-Kramer, 2009, 207).

Disorder Symptoms

The following behaviours can indicate disorder: Changes in work performance, high *"triggerability,"* social withdrawal, irritability, anger, aggression, depression, indifference, rumination, *"spinning in circles,"* and addictive behaviour (ibid., 208).

- **Physical**

Negative physical effects are also possible: *"Physical effects are expressed for example as shortness of breath, frequent illness, heart problems, stomach aches, fatigue, and tension"* (Lasogga&Münker-Kramer, 2009, 208).

- **Cognitive**

Negative cognitive effects can occur: *"Cognitive effects can express themselves as lack of motivation, low feeling of self-worth, hopelessness, concentration problems, nightmares, self doubt, loss of sense of purpose, thinking constantly about the work, lack of satisfaction, changes in value system, doubt about one's own work"* (Lasogga&Münker-Kramer, 2009, 208).

- **Emotional**

Negative emotional effects are experienced *"(...) as mental dullness, indifference, fear, lethargy, depression, feeling overwhelmed or helpless, strong swinging of emotions, emptiness, nervousness, irritability, feeling guilty, sadness, oversensitivity, low empathy or as stress disorder (...)"* (Lasogga&Münker-Kramer, 2009, 207).

- **Social**

Negative social effects are also possible: *"Social effects are, for example, increasing distance from others, intolerance, and withdrawal"* (Lasogga&Münker-Kramer, 2009, 208).

- **Behavioural**

Behavioural negative effects show themselves *"in sleep disorders, strong fear reactions, closing oneself off, changes in eating patterns, increase in alcohol, drug, and/or cigarette consumption, and increasing sensitivity"* (Lasogga&Münker-Kramer, 2009, 208).

Short-Term Effects

Short-term effects can occur after stressful missions and vary across a large spectrum in emergency aid workers. They usually disappear after a short period of time. If they are given too much attention, they can lead to an increased self perception and bring about negative after effects.

Middle-Term Effects

Stressful missions can also cause negative effects in the middle term. At this point an intervention becomes necessary. *"The earlier this happens, the lower the chance that these effects will worsen and become chronic"* (Lasogga&Münker-Kramer, 2009, 207).

Here it must also be noted that negative effects of a crisis intervention in aid workers can develop slowly: *"Negative effects can also slowly develop and stay unnoticed or be attributed to something else"* (Lasogga&Münker-Kramer, 2009, 207).

Long-Term Effects

In the long term, a stressful mission can cause symptoms of post traumatic stress disorders which become chronic. This is then termed a trauma related disorder. PTSD is probably the most well know trauma related disorder. But it occurs rather seldom in emergency aid workers.

11.2.2 Positive Effects

In addition to negative effects, there are also positive effects of emergency interventions, sometimes also referred to as compassion satisfaction. There are missions, *"during which the care is successful and the help which is given is in the foreground of the experience and therefore it has positive effects"* (Lasogga&Münker-Kramer, 2009, 208).

Included in positive effects are: *"An increase in self confidence, living more consciously, a more conscious dealing with border experiences, paying more attention to every sense, finding purpose, experiencing more fully, feelings of competence, personality and also maturity development, validation of one's own integrity, more awareness of danger, healthier living, a positively estimated value system, increased self confidence, increase in the meaningfulness of family, coping better with stressors (Steinbauer 2001, Violanti 2001, Hallenberger und Müller 2000, Koordinierungsstelle Einsatznachsorge 2002, Karutz und Lasogga 2005a, Buchmann 2006)"* (Lasogga&Münker-Kramer, 2009, 209).

Art therapy, Kurdistan-Iraq 2015

11.3 Preventative Measures

11.3.1 Necessity of Preventative Measures

In order to prevent the negative effects of working with trauma victims in emergency aid workers, preventative measures are absolutely required: "Prevention is always and for all psychosocial emergency aid workers necessary. Prevention lessens the likelihood that an organised, institutional intervention during or after a mission will become necessary. (...) On one hand, 'minimisation' must be prevented; on the other 'pathologising' must likewise be prevented" (Lasogga&Münker-Kramer, 2009, 210).

11.3.2 Types of Prevention

Individual and Institutional Prevention

- **Individual/Informal Prevention**

Individual and informal preventive measures are done by the individual emergency aid worker independently. Included in these are, for example, conversations with colleagues, friends, and family members.

- **Institutional/Organised Prevention**

Institutional and organised preventative measures are offered and run by the emergency aid organisation. Included in these measures are structured conversation groups, individual conversations, and supervision.

Primary, Secondary, and Tertiary Prevention

- **Primary Prevention**

The goal of primary preventative measures is to prevent negative effects. Preventative measures always occur before the damage.

- **Secondary Prevention**

The goal of secondary preventative measures is an early diagnosis and quick intervention before the occurrence of stress symptoms after a mission.

- **Tertiary Prevention**

Tertiary preventive measures should prevent symptoms from becoming chronic. They also serve to prevent relapse.

11.3.3 Basics of Prevention

Personnel/Team Selection

For the prevention of secondary traumatisation, personnel selection and team make-up are especially important: *"Work teams should understand one another well. This is not only essential for the everyday functioning of the team, but it is also especially important in work where one needs to process stressful experiences. The influence of group cohesion and close cooperation on performance has been empirically proven (Wegge 2001). This means that the relationship between psychosocial emergency aid workers, who work closely together, should not be itself stressful"* (Lasogga&Münker-Kramer, 2009, 211f).

There are many possibilities to build up team spirit and to strengthen it: *"This feeling of belonging together can be built up, kept up, and created by joint activities, such as a good reflection culture after missions or during activities outside of a mission, such as company parties, grill evenings, or joint professional development. Just the being together at these events has a positive effect on cooperation"* (Lasogga& Münker-Kramer, 2009, 212).

Training

Good training has a preventative character. It helps to prevent emergency aid workers from feeling insecure, which can lead to negative effects. *"Skills for dealing with victims appropriately (interpersonal competence), as well as for dealing with oneself appropriately (intrapersonal competence), should be acquired"* (Lasogga& Münker-Kramer, 2009, 211).

Professional Development

Just like competent training, regular professional development serves as prevention.

Preparation

The success of prevention during a crisis intervention is especially dependant on the preparation. The more thoroughly preparations are made, the higher their preventative character.

Execution

Also the way in which missions are executed can have a preventative character. A rhythmical daily structure, adequate rest and relaxation times, daily preparatory meetings (looking ahead), and daily follow-up meetings (looking back) can have preventative effects.

Follow-Up

Follow-up meetings, held about four weeks after the conclusion of a mission, serve as a chance to reflect on and evaluate the mission. These also have a preventative function.

11.3.4 Primary Intervention Measures

Independent/Individual Prevention

- **Personal Lifestyle Measures**

Personal free time activities are of central importance for individual prevention:

> **Balance between work and rest/relaxation phases (quiet, leisure, vacation, free time activities, journaling)**

> **Attending to social relationships (family, friends, companionship)**

> **Social engagement (volunteering)**

> **Creative-musical hobbies (making music, painting, drawing, writing, reading, gardening, acting, concert and theatre visits)**

> **Physical training (fitness, physical work, dance, sports, massage)**

> **Experiencing nature (hiking, taking walks)**

> **Nutrition**

> **Attending to connections of soul-spiritual with the flesh-physical (spiritual-religious practice, working with art and ascetic)**

- **Training and Professional Development**

Good quality training and professional development can support individual resources.

- **Interpersonal and Intrapersonal Competence Development**

An emergency aid worker must have interpersonal competences and social skills, which make working with others possible, as well as intrapersonal competence, i.e. skills for dealing with one's self appropriately.

- **Relaxation and Distancing Techniques**

The knowledge and application of centring, distancing, and relaxation techniques as well as meditative techniques, are essential preventative measures.

- **Individual Preparation for Missions**

Individual preparation for a mission is also an important prevention factor. It minimises the danger of negative effects.

Institutional Prevention

In addition to individual prevention, institutional preventative measures are important protective factors for emergency aid workers.

- **Personnel Selection**

The creation of a work ready mission group has a preventative character.

- **Training and Professional Development**

Training and professional development also serve as preventative measures.

- **Team Make-Up**

Examining team make-up before and during a mission is an essential preventative aspect.

- **Structure Transparency**

Transparency of the mission goals, implementation planning, how decisions are made, and responsibilities also has a preventative character.

- **Communication of Mission Planning**

All essential aspects of mission planning should be communicated before the intervention takes place. A planning process that is as transparent as possible should be maintained during the

mission as well. This also serves as a preventative measure.

Organisation and Execution of Preparatory Meetings
A preparatory meeting should take place before the mission. At this meeting, all aid workers should agree to the mission. The mission's goals, an implementation plan, and each individual's responsibilities should also be set and agreed upon. Furthermore, the meeting should support team building.

11.4 Intervention Measures During Missions

11.4.1 Individual Intervention

During Travel to Mission Location

Mental Preparation
Mental preparation for the mission during travel to the mission location can support individual resources: *"The resources which one already possesses can be called to memory. This means reflecting on one's personal and professional as well as social resources. (...) The task about to be taken on can be run through step by step mentally in order to give the work structure"* (Lasogga&Münker-Kramer, 2009, 213).

Positive Fundamental Orientation
A positive fundamental orientation is one of the most important resources an aid worker can have. It is not only important for the health of the aid worker but is also essential for the emergency victim, since this fundamental orientation is likely to be transferred during the intervention from aid worker to victim. *"Hope and success have a better effect than fear and misfortune. Therefore, during travel, a positive fundamental orientation should be activated, in which one reminds oneself how they dealt with stress well in the past or remembers a positive event and tries to image it in all of its details. (...) Also conversations with colleagues and reflecting together can produce a positive foundation mood"* (Lasogga&Münker-Kramer, 2009, 214).

During the Mission

Stress reactions of emergency aid workers are possible during missions. *"If a psychosocial emergency aid worker is under extreme stress during difficult situations and begins to shake, this is not cause for alarm; it happens to even the most experienced emergency aid workers (Sefrin 2001)"* (Lasogga& Münker-Kramer, 2009, 214).

Stress symptoms of emergency aid workers during the crisis intervention can be influenced by certain techniques: *"If certain thoughts about a negative situation rise up over and over again (...) certain distancing techniques can be applied such as concrete, positive, and helpful visualisations"* (Lasogga&Münker-Kramer, 2009, 214). Visualisations, distancing, grounding, and relaxation techniques prevent intrusive and dissociative tendencies. They anchor a person in the world and in their body: *"The effect is a turning towards the 'here and now'. They also increase experiences of self efficacy and trust in one's self (...)"* (Lasogga&Münker-Kramer, 2009, 236).

Centring Techniques
Eurythmic E-Gestures: Rudolf Steiner said that the crossing of the E-Gesture fixes the ego in the ether body. New neurobiological studies show that crossing movements can minimize disassociations in both brain hemispheres.

Fixing the sight on objects in the surrounding environment: This also causes a crossing of the visual axis, which occurs during the fixation on objects. One keeps the eyes on forms in the external world and thereby prevents a threatening disassociation and loss of control.

Grounding Techniques
Make the calves, feet, soles of feet perceptible through stomping and feeling the ground beneath one's feet.: Grounding prevents the soul from leaving the body.

Self Instruction Techniques

Self Instruction, for example thought stopping techniques, can also be effective at preserving the ability to act: *"Should a psychosocial emergency aid worker notice unhealthy levels of stress, short self instruction is recommended (...). This can also take place internally. The command should be positively formulated (...)"* (Lasogga&Münker-Kramer, 2009, 215).

Thought Stopping: A self instruction technique is the thought stop. During this, one forbids oneself to ruminate about suddenly occurring negative thoughts.

Short Relaxation Techniques

Short Relaxation Technique: This technique contains a calming deep belly breath combined with muscle tensing (3 seconds) and muscle relaxation (10-15 seconds). These exercises begin in the facial muscles and then travel down to the shoulders, arms, hands, stomach, and legs all the way to the tips of the toes. Every exercise should be repeated three times. To conclude the short relaxation: *"Take back the relaxation, return to present time and location, bend the arms, breath in deeply, stretch, breath out, and open the eyes"* (Lasogga&Münker-Kramer, 2009, 239).

If there isn't enough time for the complete execution of this technique, a quick version can be applied: *"press the tongue very tightly against the roof of the mouth (3 sec), let go and let the relaxation spread out across the entire body (10-15 sec)"* (Lasogga&Münker-Kramer, 2009, 239).

Ten-Finger-Press Technique By pressing the tips of the fingers together in front of the breasts, the chest muscles cannot be stretched out so that one is forced to breath into the belly: *"This activates the vagus and sympathetic excitement is reduced. This results in a slowing down of the breath and the brain being supplied with oxygen, which leads to a basal total relaxation"* (Lasogga& Münker-Kramer, 2009, 239). But if stomach breathing is done too quickly, it can lead to loss of consciousness.

Distancing Techniques

The goal of distancing techniques is to separate oneself from intrusive experiences or other disturbing influences in order to keep oneself functional.

Separation Technique "30s Exercise": After breathing deeply multiple times, perceive the stress consciously and shake it out with physical gestures (clapping, stamping). Afterwards, continue breathing deeply (10 seconds). Finally reflect for a short time about the completed intervention.

5-4-3-2-1 Exercise: Start with 5-6 deep belly breaths. Then in a complete sentence name five objects seen in the surroundings; next name five things heard, and then five things felt. After the first round, the following rounds are done with 4-3-2 things. The exercise is ended with one final deep breath to the belly.

Important here is the formulation of a whole sentence. This activates the cortex area, which is found in the speech centre (Brocca-centre) in the cortex area of the back of the brain. It gets "turned off" during stress and is "turned back on" by this exercise.

Counting Backwards: Counting backwards also activates the cortial processes.

Externalisation Techniques

Naming: In this technique one can, for example, name the brand and license plates of parked cars or describe people in the surroundings. Another idea is to add together the number combination of car license plates.

In addition to activating the cortex, such exercises, *"turn the attention from the sensations of the internal state towards the external"* (Lasogga& Münker-Kramer, 2009, 238).

11.4.2 Institutional Interventions

Structured, Phased Arrival to the Mission Location

- **Travel to Mission Location**

Travelling to a catastrophe zone should, for preventive reasons, occur in stages whenever possible. This helps to prevent "culture shock."

- **Overview on Site**

Before undertaking the planned intervention, a complete overview of the situation in the catastrophe area should be gained.

Rhythmic Daily Structuring

Emergency aid workers require a rhythmic structure to the day.

Ritualisation

- **Joint, Structured Start to the Day**

The emergency team should begin the day with a morning circle before eating breakfast together and end the day with an evening ritual after dinner. The components of the structured start and end to the day are an aphorism for reflection, eurythmy exercises, and singing together.

Art therapy, Haiti 2010

- **Joint Looking Ahead and Back on the Day**

The team looks ahead to and back on each day together.

- **Communal Meals**

The emergency team eats main meals together.

Adequate Rest and Relaxation Phases

During mission planning, adequate rest and relaxation phases should be planned into the schedule. Breaks and quiet phases, *"which are reserved for self care (...) can help us to return back to our own bodies and senses"* (Pearlman, 2002, 86).

Structured Evening Reflexion and Evaluation Conversations in Team

Structured evening reflecting on the day and joint planning for the coming day promote mental hygiene.

Buddy-System

In order to keep track of possible physical and psychological changes in aid workers during a mission, practicing the buddy-system is recommended: Every team member has a personal partner, whose wellness and mental state they pay special attention to.

Structured, Phased Exit from the Mission Location

The journey home out of the catastrophe area should ideally happen in phases, in order to make the transition back to daily home life as smooth as possible and to prevent "reverse culture shock." It can make sense for preventative reasons to stop in a relaxing locale on the return journey after the terrible and stressful images of suffering and destruction. Landscape and cultural impressions can fortify and therefore have a preventative character. Besides this, an intermediate stop on the return journey can be used as a "safe place" for reflection, follow-up, and evaluation in the team.

11.5 Follow-Up Care

The necessary follow-up measures can be divided into individual, informal, unorganised follow-up care and institutional, organised follow-up care.

11.5.1 Individual, Informal, and Unorganised Follow-Up Care

Conversations

Informal, unorganised conversations with family members, friends, and colleagues are some of the most important follow-up measures for preventing negative effects of missions. Conversations can unburden, give new meaning to the events, open additional perspectives, and help to order the stressful experiences into one's own world view. By talking about thoughts, memories, and feelings, they are newly structured. It is then easier to integrate experiences into a narrative context. But reports that are too detailed can also stress the relationship network of the emergency aid worker: *"Short term talking about the mission can be experienced as stressful, because the memories of the emergency are actualised, but long term these conversations lead to a better processing of the psychological stressors. These conversations though should not be endless discussion or conversations that go in circles because this can be experienced as stressing. New insights, perspectives, and facts or ideas and feelings should come out of them, they should move something"* (Lasogga&Münker-Kramer, 2009, 217).

Rituals

Rhythms and ritualisation are important elements of indirect coping with trauma. They give orientation, safety, and stability: *"Rituals can, after caring for others, make the end of the mission real and bring closure to the care. (...) This kind of ritual can be a prayer, drinking a cup of coffee, showering, washing clothes worn during the mission, or walking through the garden"* (Lasogga&Münker-Kramer, 2009, 217).

Distracting Activities

Also distractions, such as listening to music, making music, going to the theatre or cinema, eating out etc, can support the creation of distance and ending of the mission.

Information about the Condition of Victims

Many emergency aid workers experience stress over not knowing what happens to the people they have helped. Under usual circumstances, nothing speaks against a phone call to find out how the affected persons are doing. This should, however, happen after a discussion with the emergency aid organisation and be in line with their rules. *"It should not start a long term care without conditions and boundaries; this means it must remain purely information for one's own conclusion"* (Lasogga&Münker-Kramer, 2009, 218).

Analysis of Stressful Thoughts

If an aid worker continues to think about his experiences and this produces a general unwellness, an analysis of the stressing thoughts can occur in the following steps (Lasogga&Münker-Kramer, 2009, 219).

- **Analysis of Stressful Thoughts**

> **> What is it, exactly, that brings up negative feelings?**
>
> **> With which thoughts am I occupied?**
>
> **> Which moments and situations cause a physical reaction?**

- **Selection of Intervention**

> What options do I have that could change the situation?

> Evaluation of options

> Selection of intervention method

> Putting the chosen intervention method into steps

- **Implementation**

Execution of intended method

- **Evaluation**

Review results

Seeking out Additional Help As Needed

If all attempts to process the stressful experiences are unsuccessful and symptoms are not reduced in four to eight weeks, additional help should be sought out.

11.5.2 Institutional and Organised Follow-Up Care

Preparation and Running of Follow-Up Meeting

In order to discuss the mission, evaluate it, and reflect upon it, a follow-up meeting should take place about four weeks after the completion of the mission.

- **Short, Structured Discussion following the Conclusion of a Mission**

Directly after the conclusion of a mission, a short, structured discussion with preliminary summaries is sensible.

- **Evaluation Forms for Mission Staff**

Every team member produces a complete work report with the help of a structured evaluation form and hands this in to the aid organisation. This is also a part of the evaluation and reflection process.

- **Structured Discussion about Four Weeks after Conclusion of the Mission**

About four weeks after the conclusion of the mission a structured discussion about the emergency mission should occur during which an analytical and reflective look back on the mission takes place.

Supervision

- **Supervision in Team**

During stressful missions, team supervision is possible.

- **Individual Supervision**

As needed, individual supervision for team members is also possible.

Finding Additional Assistance as Needed

When necessary, the aid organisation can enlist further professional help or, as needed, individual team members can be connected with further assistance offerings.

Evaluation

The mission is evaluated in the context of follow-up meetings and in the context of institution internal analysis.

Form drawing, Haiti 2010

11.6 The Concept of Mindfulness

11.6.1 Contexts of Mindfulness

The practice of mindfulness is finding more and more acceptance in psychotherapy. Especially for borderline personality patients and for people with depressive disorders the concept of mindfulness has been increasingly recommended in the past few years. While psychodynamic therapies are related to psychoanalytical concepts, the practice of mindfulness invokes, explicitly or implicitly, Buddhist traditions.

Under mindfulness, one understands above all *"mindfulness, thoughtfulness, prudence, respect, and attention"* (Wetzel, 2011, 39). The spectrum of meaning of mindfulness contains significant differences between the eastern and western contexts.

Eastern Context

Manasikara and Sati

In Buddhist mindfulness practice, Manasikara, which means purposeful mindfulness, is differentiated from Sati. *"Manasikara does not change, it touches (...) whereas Sati means: notice what is happening, and remember what heals. This means that during Sati, the context of experience is always recognised. The practice of mindfulness is called Vipassana, which means deep insight, and which in turn serves to recognize and do what heals"* (Reddemann, 2011, 31).

Sati is a Pali term. It contains two nuances of meaning: notice and remember. *"As a Buddhist term mindfulness means, in short: notice what is happening now, and remember what is healing, what heals me and others. Included in this is the memory of the learned self observation, but also meta-mindfulness or observed awareness. In Buddhism it is always about right and appropriate mindfulness, samma sati, which means healing awareness and which has a positive effect on our own life and changes our behaviour. Mindfulness is a skill, indriya, which all people starting from school age have, and which can with targeted training become a healing power, bala"* (Wetzel, 2011, 40f).

Bare Attention and Right/Appropriate Mindfulness

How is mindfulness different from attention? *"Bare attention is morally neutral. Attention is the bare noticing of, for example, sensory impressions (...) before naming. (...) It is the prerequisite to be able to be conscious of our experiences. (...) Bare attention is not enough for a sensible and empathic life. (...) Bare attention does good, and it is relaxing, because we are not entangled in judgements, but it does not help us to notice and sort through these judgements, to know which are helpful and which are not. For this we need not just mindfulness but right mindfulness. (...) Mindfulness is a central, if not the central Buddhist practice. Right mindfulness is a healing soul factor. It encourages and makes possible the differentiation between healing and not healing. It is not morally neutral, but wants to support healing behaviour. (...) Bare attention is the orientation on a certain object. It belongs to every complete, meaningful conscious experience"* (Wetzel, 2011, 42).

Bare attention can be seen as an important preparatory stage to mindfulness, in which attention is seen as *"the prerequisite for empathic and respectful behaviour"* (Wetzel, 2011, 51).

Attention and the Eight Fold Path

All people have the ability to be mindful; this ability can be developed from attention. In the Buddhist tradition, mindfulness is the seventh fold of the eight fold path: *"Right mindfulness is one of the seven enlightening members; this means it is an essential ability on the path towards enlightenment. And mindfulness is the seventh step on the eight fold path, the way that the Buddha recommends to all practitioners"* (Wetzel, 2011, 41).

Western Context

In western psychotherapy, especially the mindfulness aspect of careful examination without judgement finds application. It appears to be important, though, *"to associate mindfulness not only with an absence of judgements but also with ethical values like love and empathy"* (Reddemann, 2011, 38), because we now know that *"empathy*

must be recognised as an important contributing factor for successful therapy" (Redemann, 2011, 33). The Christian western background and many western philosophies work as a good foundation for this necessary empathy.

11.6.2 Mindfulness Practice in Psychotherapy

Buchheld and Walach believe that the spiritual dimension of mindfulness independent of Buddhist concepts is for all persons meaningful, and they warn against psychotheraputical instrumentalisation: *"There exists the danger that the meaning of mindfulness without background will be watered down. Our modern mentality of a quick fix for all disorders and problems produces the risk that the concept mindfulness will be instrumentalised for psychotheraputical purposes. This manipulation has the possible effect that mindfulness's own power will be lost"* (Buchhelt&Walach, 2004, 26).

Jon Kabat-Zinn argues that it isn't against the practice of mindfulness to separate it from Buddhist teachings and bring it closer to western people. He takes the view *"that mindfulness, because it is about attention, must be something universal. It is not something only specific to Buddhism. We are all in some measure mindful (...). That is an inborn human ability"* (Kabat-Zinn, 1994, 108f).

The western and eastern models have different underlying terms for freedom, which can also be observed as being complementary: *"The psychoanalytical model connects liberation to personal freedom, whereas the Buddhist model of liberation emphasises freedom from self centred desire, two perspectives, which complement each other"* (Reddemann, 2011, 14).

Luise Reddemann tries to bridge the eastern and western perspectives of mindfulness: *"Attention to others and the self is not possible without an attempt to really know the depth of the self and the other. Insight, which religion names as an aspect of love, is also an aspect of healing and is connected to caring, feelings of responsibility, and compassion. Insight would be empty if it did not motivate one to care for others (and for oneself). Therefore it seems to me that mindfulness only under the aspect of non-judgemental perception is not enough for a medical science, which also wants to be a healing art"* (Reddemann, 2011, 37).

11.6.3 Mindfulness and Neurobiology

Neurobiological Oriented Model of Behaviour Regulation

Sensory stimuli activate certain neural connections. This leads internally to a specific way of experiencing (mode). From this mode, we tend to a specific reaction. *"Subjectively we have the feeling that the triggering sensory stimuli induce this reaction. (...) Hidden underneath this stimuli-reaction chain (...), during every intensive emotional experience, 'footprints' of these experiences are burned into the neural structure. This happens because, during strong emotional arousal, additional so-called NMDA-receptors open that set into motion a cascade of intercellular processes, which end in the methylation status of our DNA being changed. Protein synthesis is affected by this change, and tighter connections between the initially randomly activated neurons are formed. This process, which is called long-term potentiation, builds schemata within us. When a similar stimulus occurs again, the attractors guide the flux of stimulation into these existing paths, so that we increasingly 'see what we know' and 'do what we can.' This creates a self stabilising system, in which we become increasingly less free in our reaction tendencies. To a certain extent, we are on this level determined or have a restricted free will. (...) Jon Kabat-Zinn names this level the 'autopilot mode,' because these processes often take place automatically on the subcortial level"* (Roediger, 2011, 68f).

How can this self stabilising state be changed in the context of psychotherapy? The prefrontal cortex, especially working memory, with whose help we can consciously set and control chosen

intellectual content, is the brain structure *"which allows us to exit this self stabilising level"* (Roediger, 2011, 70). This *"preinstalled"* brain structure is activated little by little over the course of human development. *"A person is first really able to use the inhibiting function of the prefrontal cortex on the subcortial regulation circles at 20 years of age. This inhibiting function can be seen in our ability to not react in certain stimulating situations. This is the first step to more behavioural freedom. To obtain behavioural freedom, we must access an inner power within us, with whose help we can escape the pull of these 'bottom up' effecting attractors, which work against the 'top down push' of our inner power. This inner power is the mindfulness stance"* (Roediger, 2011, 70).

How does the higher, self reflective, mindfulness-supported level concretely influence the level of spontaneous, relatively emotional activation? *"Here the connection of experience and language plays a large role (...). Supported by the power of our mindfulness stance, we go internally to the emotional experience and are able to describe it in words. On this linguistic level we can put the experience into a comprehensive context, situational as well as temporal. At the end of our consciousness, a 'before and after' for this scene emerges. Other perspectives can be again taken in and other memories are once again available, relating to our own basic needs, values, goals, is once again possible, and we can see long-term consequences that offer other behavioural options. In this self reflective-distanced mode we can again choose! The newly initiated behaviours burn themselves as new solution schemata into the neuronal structure, and can inhibit the old schemata. (...) The verbalisation makes the problem communicability, to the self as well as to other people. In this way, we can include the perspectives and solution ideas of others, which are then also burned into our mirror neurons as problem solutions. Most people do this when they talk with themselves. Through this soothing self instruction, we can calm ourselves, just as a good mother does with her upset child (...).*

The active switch to this parallel, language supported, self reflective level (...) makes the described gear change possible. We do not attack the problematic experiencing but instead recognise that we are in danger of sliding into a panic state, and therefore we consequently distance ourselves and calm ourselves through self instruction. Then we steer our attention towards a solution (...)" (Roediger, 2011). The therapeutic triad goes from distancing to cognitive new assessment to subsequent attention control. *"'Where it was, so I become'. (...) The unconsciously affecting emotions are described on the verbal-self reflective level, classified into a biographical context, and through this lose their threatening power. (...) The language makes accessible to us the clarifying and stabilising interpersonal dimension; we are in our emotions comparably alone. This perspective switch from the depth of our emotional experiences to an observable-verbalised action appears to be a central element of psychotherapeutical work"* (Roediger, 2011, 78f).

Mindfulness as Factor in Self Control Abilities

Mindfulness suggests an internally executed perspective switch. It is the ability to see oneself from the outside. *"We switch to another perspective, another perspective on our emotionally shaped experience: We have an emotion but we are not the emotion, as Assagioli formulates it. He calls it 'disidentification' (Assagioli, 1982). We must therefore in the first step 'exit' the momentary activation state and switch into another perspective in the sense of Powers's control theory to a 'higher' regulation level (Powers, 1973). (...) One must first deactualise or let go of the spontaneous action impulse, in order to take on a certain composure stance in which one can then reorientate oneself. First, then, one can again act courageously. This first step of disidentification in the therapeutic sense corresponds to the Buddhist composure stance. Without a mindful inner observer we cannot switch to this self reflection level (...)"* (Roediger, 2011, 71).

Isenheim Altar: Antonius as Master of Self Control

Mathias Grünewald shows us a master of self control with the figure of Saint Anthony the Great on the Isenheim Altar. Although Saint Anthony is being attacked and tortured by a

hellish demon, his facial expression appears totally calm. Where does he get this power to protect himself against the attacks of evil? *"The answer is given to us by a look at the top part of the picture: Here a totally different atmosphere reigns! The painter artistically establishes a connection between St. Anthony and the heavenly sphere through connecting the colour of St. Anthony's clothing and the colour of the sky. The orange colour of Anthony's face is also mirrored in the orange coloured depiction of God in the upper part of the picture. This conveys that Anthony is successful in getting in touch with this sphere by his own power and can pull power from it, in order to withstand the advancing threat. (...) Anthony does not passively trust the omnipotence of God, but instead actively establishes an inner relationship with the godly and holy sphere, from which he is given power"* (Roediger, 2011, 74).

In his book *"Saying Yes to Life in Spite of Everything,"* also translated as *"Man's Search for Meaning,"* Viktor Frankl writes about his personal Holocaust experiences: *"The only people who could survive were those who were able to internally relate to a world beyond the hell around them. This gave them the power to trust that this hell could at some time come to an end"* (Frankl, 2002).

11.6.4 Mindfulness in the Therapeutic Context

Various therapeutic concepts touch on the aspects of mindfulness.

Schema Therapy

The concept of schema therapy was founded by Jeffrey Young. *"People shaped by Buddhism emphasise that mindfulness is a sensory stance, which may not be instrumentalised for use in psychotherapy to achieve change-oriented goals. In my opinion, it is however permissible and perhaps even our task as people shaped by a western perspective to here strive for a balanced synthesis between a distance promoting mindfulness stance and a restrained orientation towards change"* (Roediger, 2011, 67).

Focusing

Focusing-oriented psychotherapy was developed by Eugene Gendlin at the University of Chicago beginning in the 1960s. *"Focusing stands equally close in philosophy and practice to both eastern and western spiritual concepts (...). Focusing is related and connected to the path of meditation"* (Renn, 2011, 89). Focusing can be understood as the western path to the release of tension and the dissolving of blockades.

Gendlin's development of focusing-oriented psychotherapy began with the question: Why are certain patients successful in therapy, whereas others are not? *"The 'secret' of a successful change process lies (...) in the ability of the client to establish an optimal balance and relationship to his inner experiences and to constructively maintain it, (...) in order to let new information, creative insights, meaningful attitude changes etc. emerge"* (Renn, 2011, 88). The neurobiologist Gerald Hüther describes the concept of focusing: *"So that change can happen, we must try to recover the lost devices of thinking, feeling, and acting, of rationality and emotionality, of mind, soul, and body"* (Renn, 2011, 88).

"In Focusing we assume that the meaning of an emotional situation is especially represented in the body and less mentally. Physical feelings contain a wealth of preverbal experiences, sensations, knowledge, times (...), which fundamentally affect the psychological life of a person" (Renn, 2011, 94).

Neurobiological studies show *"that thinking cannot occur without emotions and that emotions are the result of the physical perception of a situation, which does not take a detour around consciousness. It is becoming increasingly clearer that information received by the organs is taking part in this process more actively than previously accepted. The insight from Focusing, that language, images, yes the entire process of experiencing, is connected to the body – and not just with the brain (cerebral processes), – is being verified in neurobiology bit by bit"* (Renn, 2011, 85).

In Focusing, inner mindfulness means getting in touch with this inner experiencing which is not perceptible due to trauma related blockades:

"You are mindful of your body, sense your body from within. (...) This requires a stance of so called non-intentionality. (...) To be internally mindful means to spend a set amount of time in a very specific way with oneself, with the internal experience" (Renn, 2011, 91f).

Exactly this mindful, body centred approach from Focusing can be helpful for traumatised victims.

Trauma Therapy

In her essay, *"Mindfulness in the treatment of patients with personality disorders and traumatised patients"* (Reddemann, 2011, 101ff), Luise Reddemann discusses aspects of mindfulness in trauma therapy.

Mindfulness and Bare Attention

Mindfulness means in the Buddhist context "to recognise what is healing, Sati. There is however a form of mindfulness that is about only sensing, Manasikara. (...) Manasikara means ethically neutral attention. It is pure observation (...)" (Reddemann, 2011, 101).

Bare attention exercises can be calming. But they rarely cause deep-reaching change. *"Though it must be observed that a healing effect does not always occur in traumatised people, we must be ready to experience the opposite: namely, that every kind of practice disturbs"* (Reddemann, 2011, 101). Therefore modifications of mindfulness concepts for theraputical reasons seem to be sensible and permitable, *"(...) as long as they do not injure the basic concepts of the mindfulness practice"* (Reddemann, 2011, 107).

Honesty and Looking Closely

Often lying and silence play an important role in traumatised abuse victims. This leads to great insecurity in child and adolescent victims, to mistrust and constant alertness. Their pain seemingly overpowers them, so that they can no longer let themselves experience new, unexpected, pleasurable things. *"Therefore in the treatment of traumatised patients and patients with personality disorders the therapist should be concerned with implementing a form of mindfulness which enables honesty and looking closely"* (Reddemann, 2011, 103).

Empathetic Approach to Own Experiences

Successful patients come into contact with their internal experiences. They are successful in constructing an empathetic relationship to their own experiencing. *"Exactly this is either not possible or only in a limited way possible for people with trauma related disorders; nevertheless they can start with what they currently have and learn to arrive where those who have had more luck in life already are. Therefore we must be mindful and compassionate with our assessments, if we would like to invite traumatised people to practice mindfulness"* (Reddemann, 2011, 103).

Calming Self Efficacy

Calming and stabilisation are important basic prerequisites for trauma therapy. *"(...) I would like to call it rather 'calming self efficacy.' Included in this is a recognition of outside things and how they are, therefore an awareness for the present in the outside world, how it is. This is a particularly helpful intervention for patients with flashbacks and other dissociative symptoms. But if one proposes deeper insight with meaning, to a patient who cannot calm himself because he has mistaken the film in his head for the external reality, one will not get to far"* (Reddemann, 2011, 106).

Openness and Humility

Mindfulness practice in trauma therapy requires openness and humility from therapists: *"Mindfulness with deeply disturbed patients requires humility and the formulation of small steps"* (Reddemann, 2011, 107).

Separating the Different Elements of Experiencing

"Traumatised patients disassemble their good and bad experiences; one calls this perspective splitting, fragmentation, or dissociation" (Reddemann, 2011, 107). Mindfulness practice exercises can also be split into small steps with these exercises:

Noticing the body connected to the ground:

This exercise has for many a *"calming effect, because it helps them to feel stable, to perceive the here and now without having to exhaust themselves for this contact"* (Reddemann, 2011, 108).

Mindfulness of pleasurable physical experiences: *"If the goal is to experience that which is healing, and if we can assume that a traumatised patient is occupied with that which is not healing day and night, consciously or not, then it appears to makes sense to again follow this principal of separation until more healing images have found entrance into the consciousness"* (Reddemann, 2011, 109). Body image is also newly anchored by this mindful contact with one's own body.

Sensing the breathe movements of the body: The reliability of the body can impart safety and trust. But sometimes it can also bring up fears, because the unconscious task takes away our conscious control.

Mindfulness of changes: Sensing the breath also leads one to notice changes. Through the mindfulness of change, awareness for one's own flexibility develops.

Mindfulness of moments of well being: This leads to a capacity for joy and self trust.

Internal Oscillation

Peter Levine refers to the meaning of internal oscillation ability in his trauma therapy approach. *"This means, that we leave a painful state on our own power and change over into a healing state. In patients with personality disorders and severe unresolved traumata, this power of oscillation has either died out or was never fully developed. The traditional guides for mindfulness exercises appear to require that people are at least somewhat able to do this oscillation movement. A relatively healthy person can after a painful experience sooner or later say from within himself: That was awful, but there are also beautiful things in my life. This ability must often be first developed in people with trauma related disorders and as long as they do not have this ability, they are not suited for traditional Vipassana exercises"* (Reddemann, 2011, 112).

The Body as the Location of the Trauma

It is sometimes advisable to first put body centred therapy aside when working with traumatised people. The body is the location of the trauma. Sensing this body can be very painful for traumatised people. One must first base the work on safety zones and then with advancing stability move to body centred work.

Compassionate Respect as Therapeutic Stance

The aspect of the therapist's internal approach appears to be of special importance in trauma therapy: *"In working with patients with personality disorders and traumatised patients, it appears to me to be especially important to have a compassionate approach, because it is not always easy to like them. The brain researcher Gerald Hüther believes that this 'liking' is a basic requirement for successful work. When we mindfully listen to ourselves, we can recognise that hiding behind our retreating from these patients is often a justified fear of being captured by their suffering, or also a fear of the abyss of being human. (...) All people feel injured when they feel that their dignity is denied; in traumatised people these injuries to dignity are ever more severe. Respect for one's intimacy, respect for being different, belong indispensibly to dignity"* (Reddemann, 2011, 105f).

11.6.5 Therapy and Meditation

The concept of mindfulness is not only applicable to patients but also especially to therapists. *"That which is understood generally as mindfulness practice is also a challenge to and demand of therapists, to be mindful and to practice themselves rather than advocating a mindfulness practice just for the patients"* (Reddemann, 2011, 105f). From a psychodynamic perspective, the interrelationship between therapist and patient is especially important, for example with transference and countertransference. *"The determining factor here is the meditating therapist; this means the mindfulness we also suggest to our patients – it is an advantage for them if we meditate."* (Reddemann, 2011, 25f). Because when the therapist meditates, he raises his presence and that is useful for the patients (Renn, 2011, 90). Unfortunately there is very little research on this question of how the meditation practice of therapists affects the success of therapy. This must be the focus of future research: *"We must research the affect of meditating therapists on the therapy's results"* (Germer, 2009, 48).

Personal Notes

Professional development, the Philippines 2014

11.7 The Anthroposophical Stress Management Programme

There is a relationship between spirituality and health. Religious-spiritual and meditative education leads not only to an expansion of everyday awareness but also promotes resilience and health, as well as preventing diseases and increasing the chance of healing during illnesses.

In a lecture on June 6th, 1912 given in Munich entitled *"Overcoming Nervousness"* (Steiner, 1970/1911, GA 143), Rudolf Steiner developed an *"Anthroposophical health training"* (Meyer, 2012, 8) in which he presented exercises for changing internal attitudes and behaviour that support salutogenesis and healing stress management. The term *"nervousness"* means in today's terms *"stress."* The term stress was first coined by Hans Selye in the 1930s. *"American Nervousness"* was considered at the time to be an epidemically spreading disease of the era and of civilization, for whose management Steiner created meditative exercises: an *"Anthroposophical stress management programme"* (Meyer, 2012, 11). As cause for this *"nervousness"* Steiner saw, in addition to cultural and social factors of modern times and civilisation, people's lack of an internal connection to their external actions. This internal division led to permanent inner tension and to lasting states of restlessness. *"Stress is an absence of the soul. A remedy for stress and many stress related diseases is therefore exercises which strength our awareness of what we do as we are doing it. The awareness of what we doing as we are doing it is called in some spiritual traditions mindfulness"* (Meyer, 2012, 12).

Rudolf Steiner developed in his lecture about *"Overcoming Nervousness"* a method for stress reduction based on mindfulness which calms, *"to bring the innermost core of his being into connection with what he is doing. This strengthens the etheric body and the person is made healthier"* (Steiner, 1970/1911/GA 143, 17).

11.7.1 Strengthening the Human Organisational Level Through Mindfulness

Stress tears apart the constituent elements of the human being. It therefore makes one sick, weakens vitality, social competence, and personality development. The Anthroposophical mindfulness practice therefore serves to strengthen the constituent elements.

- **Strengthening the Vital Organisation**

Just as the physical organisation of a person exhibits a material structure, the vital organisation occurs through temporal structures. For this reason, Rudolf Steiner also termed these the *"etheric body"* or *"temporal body."* The vital organisation is composed of rhythms (yearly rhythms, breathe rhythms, sleep rhythms, heart and circulatory rhythms, rhythms of the nerve active potentials etc.). *"Rhythmic activities are closely linked with the development of memory and routines. Therefore we can be strengthened through exercises in which we turn our mindfulness to the building of memories and routines"* (Meyer, 2012, 13).

- **Strengthening the Psychical Organisation**

The Anthroposophical mindfulness exercises are directed at strengthening the psychical organisation, which Rudolf Steiner terms *"astral body," "soul body,"* or *"sensation body." "On the level of conscious sensation and experience, the exercises developed in 'Overcoming Nervousness' support our emotional competence. They lead to an improved self perception and to an expanded awareness of how physical processes express mental processes – and how, vice versa the physical constitution determines our feelings and thoughts"* (Meyer, 2012, 13).

- **Strengthening the Individual Organisation**

Personality development of human beings is also supported by the concept of mindfulness: *"This occurs when we learn to turn away from pathological self-centeredness and to accept and know the world as it is, instead of letting ourselves be further blinded by a distorted picture of it which comes*

from the egocentric perspective of our subjective opinions and interests" (Meyer, 20122, 14).

11.7.2 Exercises for Mindfulness

The Anthroposophical stress management programme is made up of the following mindfulness exercises.

- **Exercise against Forgetfulness: Laying of Objects**

"I will put the object in a different place each evening, but as I do so I will hold the thought in mind that I have put it in a particular spot. Then I will form a clear picture in my mind of all the surroundings. Having done this, I will go quietly away. I will see (...) that my forgetfulness gradually disappears. This exercise is based on the fact that the person's ego is brought consciously into connection with the deed he does, and also that he forms a picture of it. Connecting the ego, that is, the spiritual kernel of man's being, in this way with a pictorial image sharpens memory. Such an exercise can be quite useful in helping us to become less forgetful. Further results can also be attained from such an exercise. When it becomes habit to hold such thoughts when things are put aside, it represents a strengthening of the etheric body, which, as we know, is the bearer of memory." (Steiner, 1970/19117GA 143, 14).

- **Exercise against Fidgeting: Changing Handwriting**

"In a healthy human being the etheric body, guided by the astral body, is always able to permeate the physical body. Thus, the physical body is normally the servant of the etheric body. When, undirected by the astral body, the physical body executes movements on its own, it is symptomatic of an unhealthy condition. These jerks represent the subordination of the etheric to the physical body, and denote that the weak etheric body is no longer fully able to direct the physical. Such a relationship between the physical and etheric bodies lies at the occult foundation of every form of cramp or convulsion. Here the physical body has become dominant and makes movements on its own, whereas in a healthy man all his movements are subordinated to the will of the astral body working through the etheric. Again, there is a way of helping a person with such symptoms, provided the condition has not progressed too far, if one takes into account the occult facts. In this case we must recognize the existence and efficacy of the etheric body and try to strengthen it. Imagine someone so dissipated that his fingers get to shaking and jerking when he tries to write. You certainly would do well to advise him to write less and take a good vacation, but better still you might also recommend that he try to acquire a different handwriting. Tell him to stop writing automatically and try practicing for fifteen minutes a day to pay attention to the way he forms the letters he writes. Tell him to try to shape his handwriting differently and to cultivate the habit of drawing the letters. The point here is that when a man consciously changes his handwriting, he is obliged to pay attention to, and to bring the innermost core of his being into connection with what he is doing. The etheric body is strengthened in this way and the person is made healthier." (Steiner, 1970/1911/GA 143, 17).

- **Exercise against Inattention: Imagine Backwards**

"So you see, something can be done to strengthen the etheric body. This is of immense importance because in our time weakness of the etheric body leads to many unhealthy conditions. What has been indicated here represents a definite way of working upon the etheric body. When these exercises are practiced, an actual force is applied to the etheric body that certainly could not be applied if the existence of this body were denied. Surely, however, the effects of the force, when they become apparent, demonstrate the existence of the etheric body. The etheric body can be strengthened by performing another exercise, in this case, for the improvement of memory. Thinking through events, not only in the way they occurred but also in reverse sequence, that is, by starting at the end of an event and pursuing it through to the beginning, will help to make the etheric body stronger. Historical events, for example, which are usually learned in chronological sequence, can be followed backwards. Or a play or story can be thought through in reverse from end to beginning. Such exercises when done thoroughly are highly effective in consolidating and strengthening the etheric body." (Steiner, 1970/1911/GA 143, 18f).

Exercise against Formlessness: Observe Oneself from the Outside

"Another little exercise may now be mentioned. With certain things we do – no matter whether or not they are of such a nature as to leave a trace behind – it is a good exercise at the same time to look at the thing which we are doing. It is easy to do so, for instance, in writing. I am quite sure many a person would soon wean himself of his hideous handwriting if he really contemplated the letters. But there is another thing which it is quite good to do as an exercise, though it should not be prolonged. One should endeavour to watch oneself: how one walks, how one moves one's head, how one laughs, etc.; in short, one tries to get a clear notion of one's own movements and gestures. (...)This exercise also tends to consolidate the ethereal body, and it works in such a way as to strengthen the control of the astral body over the ethereal body. You thus become able, if need be, to suppress certain actions or movements of your own free will." (Steiner, 1970/1911/GA 143, 19f). *"The point is, it is good to be able to do the things we habitually do, quite differently on occasion, so that we are not always obliged to do them in one way. One need not become a fanatical upholder of the indifferent use of the right and the left hand. But if a man is able now and then to do with the left hand what he commonly does with the right, he will strengthen the control of his astral body over his ethereal body."* (Steiner, 1970/1911/GA 143, 21).

Exercise against Weakness of Will: Forego Wishes

"The 'culture of the will', as we may call it, is notably important. I have already pointed out how often nervousness will take the form that people never know what they shall do; nay, they do not know what they shall desire, or even what they want to desire. They shrink from doing what they have resolved to do. We may regard it as a certain weakness of the will, but it is due to an insufficient command of the Ego over the astral body. Some people cannot bring themselves firmly to will what they should will. The way to strengthen one's will is not to carry out something one wishes – provided, needless to say, that it will do no harm to leave the wish unfulfilled. Examine yourself in life, and you will soon find countless things which it is very nice, no doubt, to satisfy, but equally possible to leave unsatisfied – when the fulfilment would give you pleasure, but you can quite well do without it. Set out in this way systematically, and every such restraint will signify an access of strength to the will; and that is, strength of the Ego over the astral body. If we subject ourselves to this procedure in later life, we can still make good much that our education nowadays neglects. It is not easy, at this point, to find the right educational tact. If you are able to fulfil a pupil's wish and you deny it to him, you will awaken his antipathy; so, you might say, it seems doubtful if the non-fulfilment of wishes is a right principle in education, for you could easily call forth an all-too-great antipathy. What are you then to do? There is a way. Deny the wishes, not to your pupil but to yourself, so that the pupil perceives it; and as there is a strong imitative impulse, especially in the first seven years of life, you will soon see that the child will follow your example and deny wishes to himself." (Steiner, 1970/1911/GA 143, 21ff).

Exercise against Weakness of Decision: Test of For and Against

"A most important means of strengthening the control of the Ego over the astral body is to set forth what is to be said for and against one and the same thing. Look out into life, and you will see that people are constantly saying only the one thing. That is the usual state of affairs. But there is nothing in life which you can truly treat in this way; there are never no pros or cons. And it is good for all things if we acquire the habit of adducing the pros and the cons as well. Human vanity and egoism frequently favour what one is about to do; therefore it is also good to enlist the reasons against. The fact is this: Man would so like to be 'a good man'; and he is convinced often that he will be, if only he does what there are so many reasons in favour of his doing, and leaves undone what there are so many reasons against. It is an uncomfortable fact, but there are many possible objections to practically everything you do! Truth to tell, you are not nearly as good as you believe. This is a universal truth – a truism, no doubt; but it is an effective truth if you make it a practice, with all things that you do, clearly to put before you what you might also leave undone. What you thereby attain is this: – No doubt you have sometimes met people so weak in their will that they would sooner leave others to run their affairs. They would far

rather ask: What am I to do now? than find the reasons for their action in themselves. Let us assume that such a person, who is fond of asking others (what I am now saying, by the way, must also be conceived as having many cons as well as pros!) is confronted by two different people. One of them says: 'Do this!' the other says: 'Don't do it!' We shall see that the one counsellor gains the victory, namely, the one who has the stronger influence of will. This is a most significant phenomenon, for the Yes or the No is brought about by the will of an adviser, whose strength of will has gained the victory over the other's will. But now suppose that I stand quite alone, and in my own and inmost heart I face the Yes and the No, and then go and do the thing because I have given myself the answer Yes. This Yes will have unfolded a strong force within me. Thus when you place yourself in consciousness before a choice of alternatives, you let something that is strong overcome something that is weak. And that is important, for it greatly strengthens the control of the Ego over the astral body. You will do very much for the strength of your will, if you try to carry out what I am now describing. But there is also the shadow-side. For you will not strengthen your will, but only weaken it, if instead of acting under the influence of that which speaks for the one course or the other, out of mere slackness you do nothing. Seemingly you have then followed the No, while in reality you have merely been lax and easygoing. It will be good not to attempt the choice when you feel limp and weary, but when you are inwardly strong and know that you can really follow what you place before your soul as the eventual pro or con. These things must be brought before the soul at the right time." (Steiner, 1970/1911/GA 143, 24f).

- **Exercise against Pride: Refraining from Criticism**

"Another thing to strengthen the control of the I over the astral body is to dismiss from our souls everything that creates a barrier between us and our surroundings — not by withholding justified criticisms, but by distinguishing something that is to be blamed for its own sake from something that one finds exasperating because of its effect on oneself. The more one can make one's judgments, particularly about fellow-men, unaffected by their attitude to oneself, the better it is for the strengthening of the Ego in its control of the astral body. It is a good thing to practise this self-denial: not to consider bad in our fellow-men the things we can only consider bad because they are bad for ourselves; and, in effect, only to apply our judgment where we ourselves are not in question. You will see how difficult this is in life. For instance, when a man has lied to you, it is not easy to restrain your antipathy. Nevertheless, one need not go at once to others, to complain of him; but we can observe from day to day how he acts and speaks, and let this form a basis for our judgment, rather than what he has done to us. It is important to let things speak for themselves and to understand a person in himself, not through one particular action, but from the consistent pattern of his behaviour. You will soon find that even with a man whom you consider an exceptional scoundrel, many of the things he does are quite out of keeping with his conduct in other respects. It is good for the strengthening of our Ego to meditate upon the fact that in all cases we might very well refrain from nine-tenths of the judgments we pronounce. It would be ample for life if only one-tenth of them were to be formed in our minds; it would by no means impoverish our life." (Steiner, 1970/1911/GA 143, 26f).

11.7.3 Self Development – Self Education – Self Cultivation – Hygiogenesis

Rudolf Steiner emphasises at different points in his lecture the inner connection between healing and education: *"There was a time when the idea, the picture of man was thus: when he was born into earthly existence he actually stood one stage below the human, and he had to be educated, had to be healed in order to rise and become a true man. Education was a healing, was itself a part of medical practice and hygiene."* (Steiner, 1989/1924/GA 310, Lecture on 24.07.1924, 165). For Steiner it was important to emphasise that, *"Education can only be practiced in the correct way, when it is understood as healing, when it is known to the educator that: I should be a healer"* (Steiner, 1991/1929/GA 301, Lecture from 11.05.1920, 231).

Rudolf Steiner referred to the relation between self education and education many times. In the

backdrop of Anthroposophical knowledge of human beings, every education is self education.

Already in antiquity, *"self cultivation"* or *"anthropotechnic"* was seen as a salutogentic every day necessity. Based on antiquity and eastern sources, the idea of self education became a tool of modern philosophy (cf. Peter Sloterdijk).

Steiner's approach to self education also includes the *"improvement of health condition and external life"* (Haas, 2012, 8), but goes further regarding the training of consciousness and attainment of transcendental knowledge and includes, in addition to physical-flesh aspects, the soul-spiritual dimensions of reincarnation and karma.

Rudolf Steiner: Forgetting (20116/1908-09/ GA 107, Lecture from 02.11.1908)
According to the Anthroposophical study of the human, the astral body is the place of memory; it conveys impressions. The astral body has a free area, *"in which education by development of soul-spiritual characteristics can have a pronounced effect. In contrast, what a human-being receives through heredity is contained in his physical astral and soul flesh as habits, passions, and instincts. The aspects of heredity and education penetrate into the soul members. Only in the free part of the astral body can new concepts come through education and promote cultural development"* (Haas, 2012, 9f).

Human beings differ greatly in their ability to accept new concepts. Flexible people have better salutogenisis-abilities. They have more extensive chances for healing processes.

Forgetting is a healing power; *"the inability to forget worries and illnesses"* damages health (Haas, 2012, 10).

"In another part of memory, all memories are kept; they are experienced after death as a memory tableau which lasts for days—what today is known from recordings as a near death experience. In the time right after death, in Kamaloka (Sanskrit: Place of desires, Christian: purgatory) negative life memories are separated from good ones and the latter achievements and progenies become 'creator and foremen' (Rudolf Steiner) of future life on earth. Life memories therefore no longer hang onto the individual ethereal body, which has already largely dissolved, but rather they are available to the soul-spiritual human in the after death through recordings on the so called Akasha-timeline, in which all earthly events are held" (Haas, 2012, 10).

Human temperament is a lasting characteristic, which shapes the flesh. The different temperaments have very different ways of handling imaginings. In sanguine and phlegmatic temperaments, they just fade away and are therefore good for health; in the melancholic temperament, certain imaginings cannot escape, making this temperament stressful for health. *"There can also be extreme forms of temperaments, which can go as far as to be soul diseases. For these Rudolf Steiner uses the Aristotelian disease terms of insanity, idiocy, or imbecility, lunacy, and madness, which until the middle of the 19th century were still current, though they do not correspond to today's disease categories"* (Haas, 2012, 11; cf. Steiner, 1984/1919/GA 295, second seminar discussion on 22.08.1919, 27ff, 46f).

Rudolf Steiner: Self Education in the Light of Spiritual Science (19832/1912/GA 61, Lecture on 14.03.1912)
Rudolf Steiner differentiates next between self training for attainment of transcendental knowledge and self education for daily life. *"I want to express right away that today's lecture is not centrally about self education which one can name education of man's spiritual research. This evening is much more about the self education which plays a role in normal, everyday life, which must lead education to spiritual research, which has not only for this but for all people meaning and worth"* (Steiner, 1983/1912/GA 61, Lecture on 14.03.1912).

Rudolf Steiner revived the Buddhist path, Gautama Buddha's eight fold path of mindfulness that is also termed the path of compassion, under the name *"the path of knowledge"* in his *"Theosophy"* (Steiner, 2003/GA9), in the development of larynx chakra in *"How Does One Obtain Knowledge of Higher Worlds"* (Steiner, 1993/GA 10), and in the exercises for the days of the week in his *"Soul Exercises I"* (Steiner, 2001/1904-1924/GA267).

The steps of practicing the eight fold path underlie Rudolf Steiner's explanation of self education. *"Therefore one can assume that Rudolf Steiner's methods of self education correspond to the eight fold path"* (Haas, 2012, 13):

Man and the world stand opposite each other	=	**Right thinking**
Unbiased resolves (Personal sympathy)	=	**Right resolves** (Wrong resolves)
Compassion, shared joy, shared pain, comprehensive love, conscience	=	**Right speaking**
Well conducted play	=	**Right action**
Gymnastic play	=	**Right way of life**
Education to participate in life	=	**Right endeavour**
Concentration and ascription of thoughts to few basic ideas, learning to forget for improvement of attention and fantasy	=	**Right remembering**
Surrendering to fate	=	**Right meditation**

Rudolf Steiner valued *"well conducted play"* (right action) and *"gymnastic play"* (right way of life) as forms of self education. This is similar to Friedrich Schiller's *"On the Aesthetic Education of Man"* (Letter 15): *"To say it just once, man plays only where he is in the full meaning of the word man, and he is only man there where he plays."*

"What is termed as gymnastic play in the lecture was later developed at the beginning of 1912 into eurythmy. In the next few years, Rudolf Steiner further developed it to be not just an artistic, pedagogical, and therapeutic element but also to have a healing quality, and named it healing eurythmy" (Haas, 2012, 13).

The meaning of forgetting comes up again in this lecture: *"Here Rudolf Steiner emphasises the forgetting of the unessential, images, sensations, actions, pain, and suffering. When these unessential elements disappear from the consciousness, the forgetting can have a beneficial effect on soul life. This especially supports the ability of concentration and fantasy as 'stimulating, invigorating, and life promoting elements'"* (Haas, 2012, 14).

Compassion, conscience, and devotion/astonishment (*"the possibility, again and again to turn thought, sensations, and perceptions back to a few individual basic ideas"*) are essential elements of self training. *"These three abilities of astonishment, compassion, and conscience are repeated by Rudolf Steiner at the end of 1911 and in the first half of 1912 at different locations. He saw them as essential elements, with which man could connect himself with the spiritual world and especially with Jesus Christ's effects"* (Haas, 2012, 16) (cf. GA 130, Lecture on 04. and 05.11.1911; GA 134, Lecture on 27. and 28.12.1911; GA 143, Lecture on 08.05.1912).

"The three qualities do not just have effects in a spiritual context, but also in the therapeutic and especially psychotheraputical area. One can therefore claim that a healing salutogentic psychotherapy especially works with the elements of astonishment, understanding for life situations, empathy, compassion, and conscience, the 'authenticity' of the therapist. In this sense of self education, help and healing seeking people should be made able to gain an understanding for their situation and be able to approach it and other people with devotion and astonishment, and to find reasons for their handling of their fates regarding reconciliation. (...) The three qualities should especially be seen as prerequisites for humanistic-Anthroposophical oriented psychotherapy, in order to help connect the patients with their earth goals" (Haas,2012,17).

Towards the end of the lecture, nervousness is described as education done with "wrong will."

Rudolf Steiner: Overcoming Nervousness (20102/1912, Lecture on 11.01.1912)
"If one compares the elements of the eight fold path with the aspects of the exercises 'for the days of the week,' one discovers that they are much related, but in backwards order" (Haas, 2012, 14):

Exercise against forgetfulness	=	Right remembrance
Exercise against fidgeting	=	Right endeavour
Exercise against inattention	=	Right way of life
Exercise against formlessness	=	Right action
Exercise against weakness of will	=	Right speaking
Exercise against indecisiveness	=	Right resolves
Exercise against pride	=	Right thinking
Effect of spiritual scientific understanding	=	Right meditation

In a newspaper text from the year 1906 entitled *"How must one conceive of health and illness following the laws of karma?"* Rudolf Steiner addresses likewise the topic of nervousness: *"Here, after four temperaments, a fifth is named that leads to nervousness: 'thoughtlessness likewise leads to an easy going construction in a next life, which is exhibited particularly by forgetfulness, thoughtlessness; in a next life this forgetfulness presents itself as a disease which is currently termed as nervousness'. (...) This thoughtlessness of life today, which causes the ever more common nervousness, is seen as a result of intellectual, materialistic life, our fate of the present"* (Haas, 2012, 15). Rudolf Steiner's exercises based on the eight fold path are exercises for overcoming the disease of nervousness.

11.8 The Training Path of the Emergency Pedagogue: Obtain Creative, Vitalising Powers through Internal Training

In Waldorf pedagogy, the question of how to deal with stress is taken into consideration from the beginning: *"And then something, which is easier to say as to effect, which is also a golden rule for the teaching profession: the teacher must not wither and must not sour! Unwithered, fresh soul voice! Do not wither and do not sour! This is what the teacher must strive for!"* (Steiner, 1974, GA 294, 194). In pedagogy, where only the teacher-child relationship is of meaningful importance for the development and education process of the child, answering this question, of how teachers can deal with stress, is a main feature of quality assurance. Rudolf Steiner gave many tips in numerous seminar courses for teacher training on how to obtain creative, invigoration powers through training and self education.

Waldorf pedagogy offers a specific approach for coping with stressors and for the prevention of burn-out syndrome. It offers targeted exercises for obtaining creative vitalising powers. They are termed *"the teacher training path"* (Smit, 1989, 9), though this training path includes still further dimensions. It is based on the meditative internalisation of anthropological foundations, from which a teacher aims for an intuitive pedagogical handling. A complete explanation of this training path can be found in corresponding literature (Steiner, 1982, GA 10; Schiller, 1979; Lievegoed, 1985, Smit, 1989; and many others).

In the following, aspects which are especially relevant for emergency pedagogues are discussed.

11.8.1 Physical Hygiene maintains the Working Instrument

The physical organisation (physical flesh) is in the backdrop of Steiner's anthropology an instrument of spiritual individuality. Without it, people cannot become effective in the earthly world. Seeing the physical body as an instrument of the ego makes clear the responsibility of a person for his *"work instrument."* So, naturally, paying attention to hygiene, healthy nutrition, enough movement, enough sleep is ever the more necessary. But this is not a reason or direction for health egoism. Caring for the body and psyche are daily requirements of life. Sometimes it may be necessary to not pay attention to one's health in order to meet requirements of work. This can cause illness and should be equalised by right amounts of enjoyment (Steiner, 1982, GA10).

11.8.2 Rhythmic Care Vitalises

Rhythm and time are inseparably bound with life. Rhythm is found in all life forms. The entirety of human life is shaped by rhythmic elements. Rhythms balance human life, give it power. If


Painting therapy, Indonesia 2009


Healing stories, Indonesia 2009

rhythms are disturbed, one becomes unbalanced. Physical and psychical illness is the inevitable result if this imbalance continues.

Rhythm has a significant meaning for physical health and emotions, and their connected social implications. A conscious rhythmitisation of everyday life can help to obtain inner vitalising power sources. It is an essential element of leading a conscious life and is an important aid in dealing with stressors.

11.8.3 Working with Art Makes One Creative

The harmonic accord of the soul forces is the basis for human beings' inner psychical health. The possibilities for creative actions also originate in this harmony of the soul forces. Whether eurythmy, music, language, colours/painting, or form – all artistic works are recordings of human emotions and experiences. Training this experiencing and, in addition, training the senses and the fine motoric training, are the tasks of all artistic exercise. Artistic actions always appeal to this inner activity. Creative fantasy stirs in the depth of the psyche. It is awakened by interest in the world and in practicing actions through art: *"Through perception, of what one wants to design, through the penetration of feelings, and in the intentional activity of the hands, the soul powers of thinking, feeling, and willing achieve harmonic collaboration during artistic activity"* (Bühler,1981,13). Through internal activity during the artistic process, creative-creating powers can be unfolded, which in turn lead to energising and vitalising in everyday life.

11.8.4 Meditation Mobilises Spiritual Resources

In his training book *"How One Achieves Knowledge of Higher Worlds"* (Steiner, 1982, GA 10), Steiner gives general exercises and meditations at different points, which should increase the efficacy of the individual (I/ego) in the remaining organisation systems of human beings (members of the being). Especially the so called accessory exercises, which are meant to train and harmonise the soul powers of thinking, feeling, and wanting, are suitable for preparing to work with traumatic reactions and also for trauma therapy. The accessory exercises are exercises for guiding the thinking processes, emotions, and will power, for positivity as well as for serene endeavouring. The *"spiritual core being of the human"* becomes increasingly more able to be experienced as an inner power source on this path (Glöckler, 1993, 34). The works of Schiller (1979), Smit (1989), and Zimmermann (1997) are here applicable. They bring light to various aspects of the self development path of pedagogues and demonstrate practical exercises.

Balance exercises, Indonesia 2009

Sensory exercise, Kuridstan-Iraq 2014, © Darya Duski

The Philippines 2014, © Fulvio Zanettini

Annually, millions of children and adolescents live through traumatic experiences. Armed conflicts, catastrophes, but also abuse, accidents, and neglect leave behind deep scars in the souls of children. Only a very small number of them receive the support they need to process their experiences and memories. The future results can be the development of post traumatic stress reaction symptoms and damage to their biographical development. The methods of emergency pedagogy offer a set of tools to intervene and stabilise them in the early stage of traumatisation and to help them with their processing of traumatic experiences. If the terrible experiences are integrated into the child biography, trauma related disorders can be prevented.

In order to be able to successfully help them, not only the knowledge of experienced pedagogues and therapists is needed, but also a sustainable organisation, financing, and implementation of the work. On the ground, partners must be won over and suitable locations found. In a catastrophe or crisis region, aid workers are under extreme stress. But in order to work with the children it is essential for aid workers to themselves be mentally stable.

The checklists, information, and exercises contained in this manual offer a first overview of all of these challenges and try to give answers. Emergency pedagogy is a young approach, which is always being further developed. New knowledge about psychotraumatology is constantly being integrated into it. This manual is just an illustration of what emergency pedagogy looks like today. Future experiences and developments will lead to a further developing of this manual.

Children and adolescents are the future; supporting them in processing their traumata is therefore not only a humanitarian act, but also a long lasting assistance to the development of countries affected by crises and catastrophes.

WORKS CITED

Antonovsky, A. (1987): Salutogenese. Zur Entmystifizierung der Gesundheit. Tübingen.

American Psychiatric Association (1994): Diagnostic and statistical manual of mental disorder (DSM-IV). Washington D. C. Deutsche Fassung: Diagnostisches und Statistisches Manual Psychischer Störungen – DSM-IV (19982). Göttingen.

Assagioli, R. (1982): Die Schulung des Willens. Paderborn.

Bender, D., Lösel, F. (2002): Risiko- und Schutzfaktoren in der Ätiologie und Bewältigung von Misshandlung und Vernachlässigung. In: Bange, D., Körner, W., (Hrsg.): Handwörterbuch Sexueller Missbrauch. Göttingen.

Besser, L. (2009): Wenn die Vergangenheit die Zukunft bestimmt. Wie Erfahrungen und traumatische Erlebnisse Spuren in unserem Kopf hinterlassen, Gehirn und Persönlichkeit strukturieren und Lebensläufe determinieren. In: Bausum, J., Besser, L., Kühn, M., Weiß, W. (2009): Traumapädagogik. Grundlagen, Arbeitsfelder und Methoden für die pädagogische Praxis. Weinheim-München. 37 - 52.

Bloom, S. L. (2002): Die Erregertheorie des Traumas. Über die Unmöglichkeit ethischer Neutralität. In: Stamm, B. H. (Hrsg.) (2002): Sekundäre Traumastörungen. Wie Kliniker, Forscher und Erzieher sich vor traumatischen Auswirkungen ihrer Arbeit schützen können. Paderborn. 235 – 249.

Bonus, B. (2006): Mit den Augen eines Kindes sehen lernen. Norderstedt.

Brewin, C., Andrews, B., Valentine, J.D. (2000): Meta analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. Journal of Consulting and Clinical Psychology, 68. 748ff.

Britsch, K. H., Hellbrügge, T. (Hrsg.) (20093): Bindung und Trauma. Risiken und Schutzfaktoren für die Entwicklung von Kindern. Stuttgart.

Buchheld, N., Walach, H. (2004): Die historischen Wurzeln der Achtsamkeitsdiskussion – Ein Exkurs in Buddhismus und christliche Mystik. In: Heidenreich, T., Michalak, J. (Hrsg.): Achtsamkeit und Akzeptanz in der Psychotherapie. Tübingen.

Buchmann, K. E. (2006): Veränderungen der Persönlichkeit. Persönlichkeitsveränderungen bei Helfern nach langjährigen Katastrophen-Einsätzen. In: Bevölkerungsschutz, H. 1. 9-14.

Bühler, W. (1981): Künstlerisches Tun als Lebenshilfe. In: Weleda-Nachrichten, 140. Schwäbisch Gmünd. 12f.

Courtois, C. A. (1988): Healing the incest wound: Adults survivors in therapy. New York.

Danieli, Y. (1994): Countertranference and trauma. Self healing and training issues. In: Williams, M. B., Somers, J. F. (Hg.): Handbook of post-traumatic therapy. New York.

Davidson, G., Neale, J. (2007): Klinische Psychologie. München.

Denjean-von Stryk, B.; von Bonin, D. (2000): Therapeutische Sprachgestaltung, Anthroposophische Kunsttherapie, Bd. 4. Stuttgart.

Ding, U. (2009): Trauma und Schule. Was lässt Peter wieder lernen? Über unsichere Bindungen und sichere Orte in der Schule. In: Bausum, J., Besser, L., Kühn, M., Weiß, W. (2009). Traumapädagogik. Grundlagen, Arbeitsfelder und Methoden für die pädagogische Praxis, Weinheim-München. 55 - 66.

Dohm, C. (2009): Fadenspiele. Mit Freude Hände und Gehirn trainieren. Stuttgart.

Dutton, M. A., Rubenstein, F. L. (1995): Trauma workers. In: Figley, C. R. (1985): Trauma and its wake. The study and treatment of PTSD. Secondary traumatic stress disorder (v. 3). New York.

Eckardt, J. J. (2005): Kinder und Trauma. Göttingen.

Egle, U., Hoffman, S., Joraschky, P. (2005³): Sexueller Missbrauch, Misshandlung, Vernachlässigung. Stuttgart.

Ehrhard, M. (2013): Feste Rituale geben den Kindern Sicherheit. Notfallpädagoge Bernd Ruf hilft syrischen Flüchtlingen. In: Badische Neueste Nachrichten. 13.09.2013. Karlsruhe. 23.

Figley, C. R. (1989): Helping traumatized families. San Francisco.

Figley, C. R. (1995): Compassion fatigue: Secondary traumatic stress disorder among those who treat the traumatized. New York.

Figley, C. R. (2002): Mitgefühlserschöpfung. Der Preis des Helfens. In: Stamm, B. H. (Hrsg.) (2002): Sekundäre Traumastörungen. Wie Kliniker, Forscher und Erzieher sich vor traumatischen Auswirkungen ihrer Arbeit schützen können. Paderborn. 41 – 59.

Fingado, M. (2002): Rhythmische Einreibungen. Handbuch der Ita Wegmann Klinik. Dornach.

Fischer, G., Riedesser, P. (20094): Lehrbuch der Psychotraumatologie. München-Basel.

Flensburger Hefte (Hrsg.) (19944): Biografiearbeit. Flensburg.

Frankl, V. (2002): Trotzdem Ja zum Leben sagen. München.

Freeman, A., Dattilio, F. M. (1994): Indroduction to cognitive-behavioral strategies in crisis intervention. In: Datillio, F.M., Freeman, A. (Hrsg.): Cognitive-Behavioral Strategies in Crisis Intervention. New York.

Friedrich, S. (Hrsg.) (2011): Umgang mit Traumatisierung an der Schnittstelle zwischen Psychologie, Pädagogik und sozialer Arbeit. Morrisville, NC.

Germer, C. (2009): Achtsamkeit in der Therapie lehren. In: Germer et al (Hrsg.) (2009): Achtsamkeit in der Psychotherapie. Freiamt.

Glanzmann, G. (2004²): Psychologische Betreuung von Kindern. In: Bengel, J. (Hrsg.): Psychologie in Notfallmedizin und Rettungsdienst. Berlin. 133ff.

Glöckler, M. (1993): Erziehung als therapeutische Aufgabe. In: Leber, S. (Hrsg.) (1993): Waldorfschule heute. Stuttgart.

Haas, H. (2012): Grundideen zur Salutogenese. In: Steiner, R. (2012): Sich selbst erziehen. Das Geheimnis der Gesundheit. Dornach.

Härter, S. (2005): Berührung, Rhythmus, Heilung. Die Rhythmische Massage nach Dr. med. Ita Wegman. Anthrosana, Heft 211. Arlesheim.

Hallenberger, F., Mueller, S. (2000): Was bedeutet für Polizistinnen und Polizisten „Stress"? Polizei und Wissenschaft, 1. 58-65.

Hausmann, C. (20052): Handbuch Notfallpsychologie und Traumabewältigung. Grundlagen, Interventionen, Versorgungsstandards. Wien.

Hausmann, C. (2006): Einführung in die Psychotraumatologie. Wien.

Herman, J. (20062): Die Narben der Gewalt. Traumatische Erfahrungen verstehen und überwinden. Paderborn.

Hüther, G. (2002): Und nichts wird fortan sein wie bisher. Die Folgen traumatischer Kindheitserfahrungen für die weitere Hirnentwicklung. In: PAN, Pflege- und Adoptionsfamilien NRW e.V. (Hrsg.): Traumatisierte Kinder in Pflege- und Adoptivfamilien. Ratingen.

Hüther, G (20046): Biologie der Angst. Wie aus Stress Gefühle werden. Göttingen.

Hüther, G. (20082): Die Macht der inneren Bilder. Wie Visionen das Gehirn, den Menschen und die Welt verändern. Göttingen.

Huppertz, M. (2009): Achtsamkeit: Befreiung zur Gegenwart. Achtsamkeit, Spiritualität und Vernunft in der Psychotherapie und Lebenskunst. Paderborn.

Huppertz, M. (2011): Achtsamkeitsübungen. Experimente mit einem anderen Lebensgefühl. Paderborn.

Joinson, C. (1992): Coping with compassion fatigue. In: Nursing, 22 (4). 116 - 122.

Kabat-Zinn, J., Kesper-Grossman, U. (1999): Stressbewältigung durch die Praxis der Achtsamkeit. Freiamt.

Kabat-Zinn, J., Kabat-Zinn, M. (2011[6]): Mit Kindern wachsen. Die Praxis der Achtsamkeit in der Familie. Freiamt.

Kabat-Zinn, J. (1994): Gesund und stressfrei durch Meditation. Wien.

Kabat-Zinn, J. (2011[4]): Zur Besinnung kommen. Die Weisheit der Sinne und der Sinn der Achtsamkeit in einer aus den Fugen geratenen Welt. Freiamt.

Kabat-Zinn (2011): Gesund durch Meditation. Das große Buch der Selbstheilung. München.

Karutz, H. (2004): Psychische Erste Hilfe für unverletzte – betroffene Kinder in Notfallsituationen. Münster.

Karutz, H. (Hrsg.) (2011): Notfallpädagogik. Konzepte und Ideen. Edewecht.

Karutz, H., Lasogga, F. (2005): Hilfen für Helfer. Belastungen und mögliche Folgen. Rettungsdienst, 12. 14-18.

Karutz, H. Lasogga, F. (2008): Kinder in Notfällen. Psychische Erste Hilfe und Nachsorge. Edewecht

Kirchner-Bockholt, M. (1997): Grundelemente der Heileurythmie. Dornach.

Köhler, H. (2009): Das Geheimnis der Sexualität. Interview. In: Flensburger Hefte 106. Flensburg.36 – 83.

Koordinationsstelle Einsatznachsorge (Hrsg.) (2002): Hilfe für Helfer. Einsatznachsorge nach dem ICE-Unglück in Eschede. Dokumentation – Modelle – Konsequenzen. Hannover.

Kolk, B. A. v. d. (1989): The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. Psychiatric clinics of North America. 12 (2). 389-411.

Kolk, B. A. v. d. (2000): Die Vielschichtigkeit der Anpassungsprozesse nach erfolgter Traumatisierung: Selbstregulation, Reizdiskriminierung, und Entwicklung der Persönlichkeit. In: Kolk, Bessel A. van der; McFarlane, Alexander C.; Weisaeth, Lars (Hrsg.). Traumatic Stress. Grundlagen und Behandlungsansätze. Theorie, Praxis und Forschung zu posttraumatischem Stress sowie Traumatherapie. Paderborn. 169-194.

Krautkrämer-Oberhoff, M. (2009): Traumapädagogik in der Heimerziehung. Biografiearbeit mit dem Lebensbuch „Meine Geschichte“. In: Bausum, J., Besser, L., Kühn, M., Weiß, W. (2009). Traumapädagogik. Grundlagen, Arbeitsfelder und Methoden für die pädagogische Praxis, Weinheim-München. 115 - 126.

Krüger, A. (2007a): Erste Hilfe für traumatisierte Kinder. Düsseldorf.

Krüger, A (2007b): Psychotrauma bei Kindern und Jugendlichen: Diagnose und Therapie. In: Kindesmisshandlung und –vernachlässigung. Interdisziplinäre Fachzeitschrift der Deutschen Gesellschaft gegen Kindesmisshandlung und – vernachlässigung (DGgKV) e.V., Jg. 10, Heft 2. 42-64.

Krüger, A. (2008): Akute psychische Traumatisierung bei Kindern und Jugendlichen. Ein Manual zur ambulanten Versorgung. Stuttgart.

Kühn, M. (2009): „Macht Eure Welt endlich wieder mit zu meiner!". Anmerkungen zum Begriff der Traumapädagogik. In: Bausum J., Besser, L., Kühn, M., Weiß, W. (2009): Traumapädagogik. Grundlagen, Arbeitsfelder und Methoden für die pädagogische Praxis. Weinheim-München, 23-35.

Kumberger, E. (2007): Trauma im Kindesalter. Traumatische Situationen, Auswirkungen und pädagogische Aspekte. In: Traumapädagogik. Heilpädagogische Zugänge zu Menschen mit Traumata. Fachakademie für Heilpädagogik Regensburg. 27 – 48. Regensburg.

Landgraf, M., Ludwig, S. (2013): Nach dem Erdbeben in China. In: Freunde der Erziehungskunst Rudolf Steiners (Hrsg.). Rundbrief Herbst 2013. 22-23

Landgraf, M., Mezger, M. (2014): Wenn im Nirgendwo die Sonne scheint. In: Freunde der Erziehungskunst Rudolf Steiners (Hrsg.). Rundbrief Frühjahr 2014. 17.

Lasogga, F., Karutz, H. (2005): Hilfen für Helfer. Belastungen, Folgen, Unterstützung. Edewecht – Wien.

Lasogga, F., Münker-Kramer, E. (2009): Psychosoziale Notfallhilfe. „Psychische zweite Hilfe" durch Notfallseelsorger und Kriseninterventionsteams. Edewecht.

Lazarus, R., Folkman, S. (1984): Stress, appraisal and coping. New York.

Leber, S. (1992[3]): Die Pädagogik der Waldorfschule und ihre Grundlagen. Darmstadt.

Leber, S. (1993): Die Menschenkunde der Waldorfpädagogik. Anthropologische Grundlagen der Erziehung des Kindes und Jugendlichen. Stuttgart.

Levine, P. A., Kline, M. (2005): Verwundete Kinderseelen heilen. Wie Kinder und Jugendliche traumatische Erlebnisse überwinden können. München.

Levine, P. A., Kline, M. (2010): Kinder vor seelischen Verletzungen schützen. Wie wir sie vor traumatischen Erfahrungen bewahren und im Ernstfall unterstützen können. München.

Lievegoed, B. C. J. (1985): Der Mensch an der Schwelle. Biografische Krisen und Entwicklungsmöglichkeiten. Stuttgart.

Lommel, P. v. (2009[2]): Endloses Bewusstsein. Neue medizinische Fakten zur Nahtodeserfahrung. Düsseldorf.

Maercker, A. (1998): Extrembelastungen ohne psychische Folgeschäden: Gesundheitspsychologische Konzepte und Befunde. In: Schüffel et al. (Hrsg.): Handbuch der Salutogenese: Konzept und Praxis. Wiesbaden, 341-350.

May, A., Remus, N. (2003): Traumatisierte Kinder. Berlin.

Markowitsch, H. J., Welzer, H. (2005): Das autobiographische Gedächtnis. Hirnorganische Grundlagen und biosoziale Entwicklung. Stuttgart.

Maschke, T. (1998): Waldorf-Sonderschulen. Ihre rechtliche Anerkennung mit eigenem Lehrplan. In: Erziehungskunst. Monatsschrift zur Pädagogik Rudolf Steiners. 62. Jg., 2/Februar 1998, 163-172.

WORKS CITED

Maurer, M. (2012): Nothilfe im afrikanischen Nirgendwo. In: Erziehungskunst. Waldorfpädagogik heute. 7/8 2012, 40-42.

McCann, I. L., Pearlman, L. A. (1990): Vicarious traumatization: A framework for understanding the psychological effects of working with victims. In: Journal of traumatic stress, 3, 131 – 149.

Meck-Bauer, I. (2008): Biografiearbeit mit psychisch traumatisierten Jugendlichen. Möglichkeiten und Grenzen der Biografiearbeit. Saarbrücken.

Mees-Christeller, E.; Denzinger, I.; Altmaier, M.; Künstner, H.; Umfrid, H.; Frieling, E.; Auer, B. (2000): Therapeutisches Zeichnen und Malen. Anthroposophische Kunsttherapie, Bd. 2. Stuttgart.

Mezger, M. (2012): Notfallpädagogik hilft bei der Verarbeitung traumatischer Erlebnisse. In: Bund der Freien Waldorfschulen: Jahresbericht 2012. 52-54.

Mezger, M. (2014): Notfallpädagogik. In: Freunde der Erziehungskunst Rudolf Steiners (Hrsg.): Rundbrief Frühjahr 2014. 18.

Meyer, F. (2010²): Lektionen der Achtsamkeit. In: Steiner, R. (2010²): Nervosität und Ichheit. Stressbewältigung von innen. Dornach.

Olbrich, Erhard; Otterstedt, Carola (Hrsg.) (2003): Menschen brauchen Tiere. Grundlagen und Praxis der tiergestützten Pädagogik und Therapie. Stuttgart.

Palm, B. (2010): Posttraumatischer Stress bei Einsatzkräften. Möglichkeiten und Grenzen der Sozialen Arbeit. Erforschung des Arbeitsfeldes „Rescue Social Worker“ im Bereich der Notfallpädagogik. Saarbrücken.

Pearlman, L. A. (2002): Selbstfürsorge für Traumatherapeuten. Linderung der Auswirkungen einer indirekten Traumatisierung. In: Stamm, B. H. (Hrsg.) (2002): Sekundäre Traumastörungen. Wie Kliniker, Forscher und Erzieher sich vor traumatischen Auswirkungen ihrer Arbeit schützen können. Paderborn. 77 – 86.

Perry, B. (2003): Gewalt und Kindheit. Wie ständige Angst das Gehirn eines Kindes im Wachstum beeinflussen kann. In: May, A., Remus, N.: Traumatisierte Kinder. Berlin.

Pollak, T (o.J.): Bis hierher – und weiter? Gedanken über Intensivbetreuung als Chance für nicht gruppenfähige Schüler. Tübingen.

Pollak, T (1998): Am Rande der Beschulbarkeit. Außenklasse der Schule für Erziehungshilfe – Konzeption zur Betreuung nicht-gruppenfähiger Jugendlicher. Tübingen.

Powers, W. T. (1973): Behaviour. The control of perception. New York.

Reddemann, L. (2001): Imagination als heilsame Kraft. München.

Reddemann, L. (2010⁵): Eine Reise von 1.000 Meilen beginnt mit dem ersten Schritt. Seelische Kräfte entwickeln und fördern. Freiburg i. Br..

Reddemann, L., Dehner-Rau, C. (2008³): Trauma: Ungelöste Folgen erkennen, überwinden und an ihnen wachsen. Stuttgart.

Reddemann, L. (Hrsg.) (2011): Kontexte von Achtsamkeit in der Psychotherapie. Stuttgart.

Reddemann, L. (2011): Annäherung an einige psychoanalytische und buddhistische Perspektiven. In: Reddemann, L. (Hrsg.) (2011): Kontexte von Achtsamkeit in der Psychotherapie. Stuttgart. 9-17.

Reddemann, L. (2011): Achtsamkeit in der Behandlung von persönlichkeitsgestörten und traumatisierten Patienten. In: Reddemann, L. (Hrsg.) (2011): Kontexte von Achtsamkeit in der Psychotherapie. Stuttgart. 101-117.

Renn, K. (2011): Focusing: Psychotherapie in innerer Achtsamkeit. In: Reddemann, L. (Hrsg.) (2011): Kontexte von Achtsamkeit in der Psychotherapie. Stuttgart. 84-100.

Reveriego, M., Ruf, B. (2013): Wenn Kinder aus dem Rahmen fallen – Traumaorientierte Intensivpädagogik. Stuttgart.

Roediger, E. (2011): Achtsamkeit und Schematherapie. In: Reddemann, L. (Hrsg.) (2011): Kontexte von Achtsamkeit in der Psychotherapie. Stuttgart. 67-83.

Rosenbloom, D. J., Pratt, A. C., Pearlman, L. A. (2002): Die Reaktion von Helfern auf die Traumaarbeit. Verstehen und Intervenieren in einer Organisation. In: Stamm, B. H. (Hrsg.) (2002): Sekundäre Traumastörungen. Wie Kliniker, Forscher und Erzieher sich vor traumatischen Auswirkungen ihrer Arbeit schützen können. Paderborn. 77-86.

Rudolph, J. M., Stamm, B. H. (2002): Maximierung des Humankapitals. Beeinflussung von sekundärem traumatischem Stress durch administrative, planerische und politische Maßnahmen. In: Stamm, B. H. (Hrsg.) (2002): Sekundäre Traumastörungen. Wie Kliniker, Forscher und Erzieher sich vor traumatischen Auswirkungen ihrer Arbeit schützen können. Paderborn. 250 – 261.

Ruf, B. (2008a): Wenn sich das Unbeschreibliche ereignet. Waldorfpädagogik als Notfallpädagogik im Umgang mit psychotraumatisierten Kindern und Jugendlichen. In: Schiller, H. (2008): Wirklichkeit und Idee. Stuttgart.

Ruf, B. (2008b): Wenn Welten einstürzen. Notfall-Pädagogik in der Erdbebenregion Sichuan/China. In: Erziehungskunst. Zeitschrift zur Pädagogik Rudolf Steiners, 72. Jg., 9/ September 2008, 979 - 983.

Ruf, B. (2009a): Trümmer und Traumata. Krisenintervention in Gaza. In: Erziehungskunst. Zeitschrift zur Pädagogik Rudolf Steiners, 73. Jg. 3/ März 2009, 297 - 301.

Ruf, B. (2009b): In den Köpfen geht das Schießen weiter. Waldorfpädagogik als Notfallpädagogik mit psychotraumatisierten Kindern im Gaza-Streifen. In: Seelenpflege in Heilpädagogik und Sozialtherapie, 28. Jg., 2009, H. 4. 6 – 15.

Ruf, B. (2009c): Pädagogik in den Ruinen von Gaza. Notfallpädagogik mit kriegstraumatisierten Kindern im Gaza-Streifen. In: Punkt und Kreis, Weihnachten 2009, H. 18, 8 – 11.

Ruf, B. (2010a): Erste Hilfe für die Seele. In: Erziehungskunst. Waldorfpädagogik heute. 74. Jg., 2/2010, 48-49.

Ruf, B. (2010b): Verzweifelt, verstört und verlassen. Notfallpädagogischer Einsatz in Haiti. In: Erziehungskunst. Zeitschrift zur Pädagogik Rudolf Steiners, 74. Jg., 5/ Mai 2010, 40f.

Ruf, B. (2010c): Schutzräume für Kinder. Waldorfpädagogisch orientierte „Child friendly Spaces“ für traumatisierte Kinder im vom Erdbeben zerstörten Haiti. In: Die Christengemeinschaft. 7-8/2010, 405-409.

Ruf, B. (2010d): Zerstörte Seelenlandschaften. Waldorfpädagogik als Notfallpädagogik. In: Bewusstseinsbildung. Seelenpflege in Heilpädagogik und Sozialtherapie. 4/2010, 45-49.

WORKS CITED

Ruf, B. (2011a): Schule als „sicherer Ort". Waldorfpädagogik als Notfallpädagogik im interethnischen Konflikt in Südkirgisien. In: Freunde der Erziehungskunst Rudolf Steiners (Hrsg.): Rundbrief, Sommer 2011.

Ruf, B (2011b): Erschütternde Bilder – erschütterte Seelen. Waldorfpädagogik als Notfallpädagogik im nordjapanischen Katastrophengebiet. In: Anthroposophie weltweit. 6/2011. Stuttgart. 14.

Ruf, B. (2011c): Erste Hilfe für die Seele. Wie Kinder und Jugendliche durch Notfallpädagogik schwere Traumata überwinden lernen. In: Neider, A. (Hrsg.) (2011): Krisenbewältigung, Widerstandskräfte, Soziale Bindungen im Kindes- und Jugendalter. Stuttgart. 173-230.

Ruf, B. (2012a): Trümmer und Traumata. Anthroposophische Grundlagen notfallpädagogischer Einsätze. Arlesheim.

Ruf, B. (2012b): Kindheit im Gepäck. Waldorfpädagogik als Notfallpädagogik im nordkenianischen Flüchtlingslager Kakuma. In: Freunde der Erziehungskunst Rudolf Steiners (Hrsg.): Rundbrief, Frühjahr 2012, 14-16.

Ruf, B. (2014): Loarnas Suche nach sich selbst – Traumapädagogik und Identitätsbildung bei komplex traumatisierten Kindern und Jugendlichen. In: Neider, A. (Hrsg.) (2014a): Lernen, Entwicklung und Gedächtnis. Menschenkundliche und pädagogische Aspekte der Identitätsbildung im Kindes- und Jugendalter. Edition Waldorf. Stuttgart. 100-131.

Ruf, B. (2014b): Blankes Entsetzen. Notfallpädagogik nach dem Taifun auf den Philippinen. In: Erziehungskunst. Waldorfpädagogik heute. 2/2014. 46.

Ruf, B. (2015): Trümmer, Tränen, Traumata. In: Erziehungskunst. Waldorfpädagogik heute. http://www.erziehungskunst.de/artikel/waldorf-weltweit/truemmer-traenen-traumata/

Scherwath, C., Friedrich, S. (2012): Soziale und pädagogische Arbeit bei Traumatisierung. München-Basel.

Schiller, B. (2007a): Pädagogische Nothilfe. Hilfe für traumatisierte Kinder im Libanon. In: Erziehungskunst. Zeitschrift zur Pädagogik Rudolf Steiners. Stuttgart. 71.Jg., 2/ Februar 2007, 171-174.

Schiller, B. (2007b): Von Berlin nach Baalbek. Pädagogische Nothilfe. In: Erziehungskunst. Monatszeitschrift zur Pädagogik Rudolf Steiners. Stuttgart. 71. Jg.,6/ Juni 2007, 681-683.

Schiller, P. E. (1979): Der anthroposophische Schulungsweg. Ein Überblick. Dornach.

Schützwohl, M. (2003) Diagnostik und Differenzialdiagnostik. In: Maercker, A. (2003): Therapie der Posttraumatischen Belastungsstörung. Berlin.

Schuster, M. (2000[3]): Psychologie der Kinderzeichnung. Göttingen.

Sefrin, P. (2001): Reanimation. Vortrag. Ausbildungskurs Notfallmedizin (ANS). 29.06.-06.10.2001, Bad Gastein.

Senckel, B. (2007): „Wunden, die die Zeit nicht heilt" - Trauma und geistige Behinderung. In: Traumapädagogik. Heilpädagogische Zugänge zu Menschen mit Traumata. Fachakademie für Heilpädagogik Regensburg. 49 – 58. Regensburg.

Shore, A. N. (1994): Affect regulation and the origin of the self: The neurobiology of emotional development. Hillsdale/New Jersey.

Smit, J. (1989): Der werdende Mensch. Zur meditativen Vertiefung des Erziehens. Stuttgart.

Stamm, B. H. (Hrsg.) (2002): Sekundäre Traumastörungen. Wie Kliniker, Forscher und Erzieher sich vor traumatischen Auswirkungen ihrer Arbeit schützen können. Paderborn.

Steinbauer, M. (2001): Stress im Polizeiberuf und die Verarbeitung von belastenden Ereignissen im Dienst. Frankfurt a.M..

Steiner, R. (1992[24]/1904-05/GA 10): Wie erlangt man Erkenntnisse der höheren Welten? Dornach

Steiner, R. (1973/1907/GA 34): Die Erziehung des Kindes vom Gesichtspunkt der Geisteswissenschaft (Einzelausgabe 1973). Dornach.

Steiner, R. (19832/1912/GA 61): Menschengeschichte im Lichte der Geistesforschung. Dornach.

Steiner, R. (20116/1908-09/GA 107): Geisteswissenschaftliche Menschenkunde. Dornach.

Steiner, R. (1970/1911/GA 143): Die Erfahrungen des Übersinnlichen. Die drei Wege der Seele zu Christus. Dornach.

Steiner, R. (19745/1919/GA 294): Erziehungskunst. Methodisch-Didaktisches. Dornach.

Teegen, F. (2003): Posttraumatische Belastungsstörung bei gefährdeten Berufsgruppen. Prävalenz – Prävention – Behandlung. Bern.

Terr, L. C. (1995): Childhood traumas: An outline and an overview. In: Everly, G., Lating J. (Hg.): Psychotraumatology: Key Papers and Core Concepts in Post-Traumatic Stress. New York, 301-319.

Vernooij, M.; Schneider, S. (2008): Handbuch der Tiergestützten Interventionen. Grundlagen, Konzepte, Handlungsfelder. Wiebelsheim.

Violanti, J. M. (2001): Post Traumatic Stress Disorder Intervention in Law Enforcement: Differing Perspectives. The Australian Journal of Disaster and Trauma Studies. Volume 2001-2.

Wais, M. (1993[2]): Biografiearbeit-Lebensberatung. Stuttgart.

Weber, S., Weber, St. (2006): Tiergestützte Therapie. In: Erziehungskunst. Zeitschrift zur Pädagogik Rudolf Steiners. 70Jg., 6/2006, 642-651.

Wegge, J. (2001): Gruppenarbeit. In: Schuler, H. (Hrsg.)(2001): Lehrbuch der Personalpsychologie. Göttingen.

Weiß, W. (2008[4]): Philipp sucht sein Ich. Zum pädagogischen Umgang mit Traumata in der Entwicklungshilfe. Weinheim/München.

Weiß, W. (2009): „Wer macht die Jana wieder ganz?". Über Inhalte von Traumabearbeitung und Traumaarbeit. In: Bausum, J., Besser, L., Kühn, M., Weiß, W. (2009). Traumapädagogik. Grundlagen, Arbeitsfelder und Methoden für die pädagogische Praxis, Weinheim-München. 13 - 22.

Wennerschou, L. (1996): Was ist Heileurythmie? Dornach.

Wetzel, S. (2011): Aufmerksamkeit, Achtsamkeit und Erwachen – buddhistische Perspektiven. In: Reddemann, L. (Hrsg.) (2011): Kontexte von Achtsamkeit in der Psychotherapie. Stuttgart. 39-51.

Williams, M. B., Sommer jr., J. F. (2002): Selbstfürsorge und die Verletzlichkeit des Therapeuten. In: Stamm, B. H. (Hrsg.) (2002): Sekundäre Traumastörungen. Wie Kliniker, Forscher und Erzieher sich vor traumatischen Auswirkungen ihrer Arbeit schützen können. Paderborn. 215 – 226.

Zimmermann, H. (1997): Von den Auftriebskräften in der Erziehung. Dornach.

Zöllner, T., Calhoun, L., Tedeschi, R. (2006): Trauma und persönliches Wachstum. In: Maercker, A., Rosner, R. (Hrsg.) (2006): Psychotheraphie der posttraumatischen Belastungsstörungen. Krankheitsmodelle und Therapiepraxis – störungsspezifisch und schulenübergreifend. Stuttgart.

PERSONAL NOTES

PERSONAL NOTES

IMPRESSUM-
PUBLICATION DETAILS

Editing and Photographic Material:
the Friends of Waldorf Education
Department of Emergency Pedagogy
Neisser Str. 10
76139 Karlsruhe
Tel. +49 (0) 721-354806-144
E-Mail: notfallpaedagogik@freunde-waldorf.de

Editor:
Clara Krug

Editorial Team:
Ida Oberman, Mary Jane DiPiero , Leif Sonstenes

Translation:
Kristina Vitek

Layout:
Viktoria Holzheimer
E-Mail: info@holzheimerdesign.de

Photo title page/back page:
the Philippines 2014/Nepal 2015

Publication Year: 2015

Freunde der Erziehungskunst Rudolf Steiners

Supported by:

Aktion Deutschland Hilft
Bündnis deutscher Hilfsorganisationen

unicef