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BHUTANESE REFUGEES: ON UNDERSTANDING THE LINKS BETWEEN TRAUMA, DISPLACEMENT, AND COMMUNITY RESILIENCE

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Abstract

Through a unique community based participatory action research project with Bhutanese refugees and immigrants in the Triad area of North Carolina (Greensboro, High Point, and Winston-Salem), the authors explore the links between trauma, displacement, and community resilience. The social experience of displacement and relocation create impacts felt in the entire community. How do we understand and map these impacts and use them to transform community ills? While limited understanding of trauma and displacement among both the newly arrived and long-time citizens acts to limit the pro-social opportunities that trauma creates, the lack of mental health services and support for refugees allows post-traumatic growth in refugee communities to atrophy. While reviving trauma may seem counter-intuitive, we argue that the engagement of collective historical memory is a critical necessity for achieving change. As the United States' largest community of South Asian refugees, the Bhutanese refugee experience, replete with a high rate of suicide, heart disease, and diabetes is a story largely left untold. This article aims to give voice to the experience of Bhutanese refugees so as to co-create community driven solutions to this community's unique problems.

KEY WORDS:
Refugees, Displacement, Collective Trauma, Social Resilience.

Introduction

In 2014, an average of 42,500 people each day were forced to leave their homes and seek protection elsewhere in their country or outside its borders (Clayton, 2015) These are people fleeing primarily violent conflict, human rights abuses, and or political persecution. While these numbers are startling, the human costs of ongoing mass displacement cannot be adequately conveyed through numbers alone. The impacts of trauma, as "a socially mediated attribution" (Alexander, 2012, p. 13), are always social and extremely complex. In exploring the traumatic collective impacts of displacement, this paper aims to underscore the preliminary steps necessary for developing collective social safety and resilience among displaced refugees. As a major site of refugee relocation, with limited mental health resources available to refugees, Guilford County, North Carolina presents a petri-dish for participatory action research on refugees and the psycho-social challenges of displacement.

In better understanding refugees' collective historical trauma, and developing "a space in which [people] can literally give voice to these feelings" (Abramson and Moore, 2002, p. 135) of past harms and present fears, effective community healing and cultural assimilation can be achieved.

This paper outlines an ongoing community-based action research project aimed at developing a resiliency model for Triad-area (Greensboro, High Point, and Winston-Salem) Bhutanese community members. Through giving voice to the experience of Bhutanese refugees, the largest South Asian population of refugees to the United States, our research team is working to co-create community driven solutions to this population's unique social problems. In providing the space and structure to tell their stories, The Bhutanese Health and Wellness Project aims to foster cultural understanding and assimilation among Bhutanese newcomers and local residents. By communicating about the social realities of their complex collective historical traumas, we believe that post-traumatic growth (Tedeschi & Calhoun, 1996) and social resilience (Keck & Sakdapolrak, 2013) can be empowered.

The Bhutanese Health and Wellness Project was started in 2016 with an internal grant from the University of North Carolina Greensboro with the broad aims of addressing the discord and chronic health issues within the Triad-area Bhutanese community. By helping to meet the needs of this community as they relate to life in the Triad-area of North Carolina the project is an example of participatory action research (PAR). Bhutanese refugees in the Triad very much remain a vulnerable population, despite almost a decade passing since their relocation from refugee camps in Nepal to the United States beginning in 2007-08. Divided between Hindus, Christians, and Buddhists, as well as by geography and caste, these recently arrived members of the Triad community clearly have important stories to tell, but rarely have the opportunity to tell them. The social space for listening to refugees' life stories is small, and shrinking in the current U.S. political and discursive environment. Having difficult discussions and sharing collective stories of their past trauma and displacement is crucial for the community health and social transformation we suggest. By exploring the themes of loss, belonging, power, and privilege, this paper reports the initial findings, challenges, and opportunities of a community-based participatory action research (PAR) approach to problem-solving within the Bhutanese community - an approach that appreciates this communities' innate social resilience. Using Greensboro and the Triad as a case study for exploring post-traumatic growth and developing a resiliency model of community change, the authors believe we can replicate this work in other refugee communities dealing with histories of displacement, collective trauma, and attenuate low-intensity protracted community conflicts.

On Collective Historical Trauma

We argue that collective historical trauma underlies much of the social conflict seemingly so prevalent in our contemporary world. Here understood to refer to the many transgenerational psycho-social impacts of past colonization, structural, cultural, and direct violence on groups of people (Kirmayer, Gone, & Moses, 2014; Galtung, 1969; Galtung, 1990),

collective historical trauma represents an under-attended causal mechanism for many, if not all, ongoing social conflicts (Rinker & Lawler, forthcoming, 2018). In contrast to the emphasis on basic human needs (Burton, 1990) or scarce resources (Klare, 2001) as causal explanations of conflict in the conflict studies literature, we privilege conflict analysis that places processes of collective trauma at the center of both cultural assimilation and processes aimed at transforming community problems. Clearly many of the issues facing the Bhutanese refugee community in the Triad are related to collective historical trauma and a history of displacement more generally. Still, despite the typical bias towards realist conflict theory (Campbell, 1965), collective historical trauma deserves further attention as an important driver of social conflict.

The concept of collective historical trauma "obtains its rhetorical force by consolidating two preexisting constructs: historical oppression and psychological trauma" (Kirmayer, Gone, and Moses, 2014, p. 300). Social psychology, anthropology, and political science all have important contributions to make to the field of trauma studies by expanding the individualistic psychological bias of our accepted knowledge about trauma, but none of them directly link processes of collective historical trauma to social conflict and social instability within particular communities, especially within recently displaced communities. While the connections between displacement, trauma, and community ills may be at least partially assumed, this connection and its implications for community resilience have largely been ignored in social conflict literature (one exception is Alexander, 2012). Shifting our focus from past individual to past collective conceptions of trauma, and from seeing this trauma not as a community constraint, but rather a social resource allows for creative community praxis opportunities to blossom. When traumatized people have the space and structure to share their trauma, positive connections are made. Representative of a paradigm shift (Kuhn, 1969, p. 111), this change in thinking about trauma will not easily permeate the collective consciousness of many social scientists, but is crucial nonetheless for refugee communities like the Bhutanese in the Triad. Such a shift loosens not only the disciplinary grip of psychology on the study of trauma, but also a community's sense of fear, marginalization, and lack of collective agency. The historical experience of the Triad Bhutanese community provides a clear illustration of the legacies and impacts of unattended trauma in a community. To tell Bhutanese refugees' stories without reference to their collective sense of trauma born of multiple displacements would be to miss the significance of who these people are.

The Unique Historical Context of the Bhutanese Refugee Experience

The Bhutanese are the largest South Asian refugee group settled in the U.S. (~84,819), consisting mostly (60%) of adults aged 15–44 years old (Office of Refugee Resettlement, 2016). There are approximately 3,000 members in the Bhutanese refugee community in the Triad, according to Society of Bhutanese in High Point (personal communication, 2016). Prior to resettlement in the U.S., Bhutanese refugees spent years in displaced persons' camps, living in tents or makeshift houses, with communal water and poor sanitation

facilities (Kiptiness & Dharod, 2011). The Bhutanese, displaced refugees twice over - first from Bhutan and then from Nepal, represent an especially traumatized population in the United States.

"The first report of Nepalese origin in Bhutan was around 1620 when Shamdrung Ngawong Namgyal (a Tibetan lama who unified Bhutan) commissioned a few Newar craftsmen from the Kathmandu Valley of Nepal to make a silver Stupa (monument) for his father, Tempa Nima" (Maya, 2010). During the late 19th century, British colonial rulers moved populations for strategic economic reasons, but it was not until the early part of the 20th century that an influx of Nepali speaking communities arrived in Southern Bhutan to farm (Sinha, 2001). The sparsely populated South of Bhutan became the agricultural powerhouse of Bhutan and with that economic engine came completion. Lhotshampas' relationship with Bhutan government was relatively harmonious for most of the 20th century. Until the enactment of the 1985 Citizenship Act, when the Bhutanese government began showing its concerns over the rapidly growing Lhotsampas population in Bhutan, many Bhutanese and Lhotsampas lived together in relative peace. The growing Nepalese population, while previously seen as a boon to the Bhutanese economy, was increasingly seen as a threat to the political order. Given India's 1975 annexation of the region of Sikkim, the ruling Bhutanese monarchy feared being consumed by its larger neighbors. The Citizenship Act of 1985 declared many Nepalese of Bhutanese origin and birth as non-nationals and non-citizens. Lhotshampas lost their property rights, citizenship rights, and eventually their homes.

Thousands of ethnic Nepali Bhutanese were forced to leave Bhutan in the early 1990s as a result of the Bhutanese government's shifting policy of "Bhutanization" (Maya, 2010). People recalled many traumas, but the "chosen trauma" (Volkan, 1997) for most Bhutanese interviewed during the health and wellness project's dialogue process, was that of their forcible displacement from Bhutan. Participants collectively said: "The Bhutanese military came to our homes at night and gave us 24 hours to leave the country" (personal communications with Triad-area Bhutanese families). A 2014 survey of 200 Bhutanese living in Ohio confirmed the impacts of trauma with 8.5 percent of respondents saying they suffered from Post-Traumatic Stress Disorder (PTSD) (Schultze, 2017). The pain of leaving loved ones behind has added to their on-going trauma (Volkan, 2017). Separating from family members is catastrophic for the people who are from a socio-centric collectivist culture. Transported by Indian troops across yet another border, these refugees eventually arrived in makeshift camps in eastern Nepal. Living in refugee camps for nearly 20 years, many refugees became dependent on international humanitarian aid and were unable to get good paying jobs in Nepal as they were never granted Nepali citizenship.

After the failure of 17 rounds of formal negotiations between Bhutan and Nepal to secure the right of return for Bhutanese refugees, third country resettlement remained the only viable option. When a core group of eight countries came together in 2007 to offer an opportunity for Bhutanese refugees to resettle in their respective countries to begin their new lives, the Bhutanese refugees welcomed the opportunity to resettle in Australia (5,554),

Canada (6,500), Denmark (874), New Zealand (1002), the Netherlands (327), Norway (566), the United Kingdom (358) and the United States of America (84,819) (Shrestha, 2015). As one can see, the majority of Bhutanese refugees were resettled in the United States and the state of North Carolina received a significant number of these Bhutanese refugees for resettlement (between 3000 and 3500 people).

Despite this devastating displacement experience, the most important indicator of collective trauma among Bhutanese refugees in the U.S. is evidenced in the 16 confirmed suicides within the Bhutanese community across the country between February 2009 and February 2012 (Center for Disease Control and Prevention, 2012). One of these suicides occurred in Greensboro, NC. Despite the few cases among the Bhutanese refugees to the United States that received treatment for their psychological trauma in the first two years in the United States, most Bhutanese remain outside any type of psychological treatment protocol. Both cultural taboos and lack of an adequate assistance program can be blamed for the inability to prevent these several cases of suicide among the Bhutanese refugee community in the United States. We believe that healthy lifestyle and wellness are socially constructed and cannot be transformed without social-cultural and anthropological engagement of refugees' past and present experiences. Through working to understand these past experiences' effects on current behaviors, this research team has been working with the Bhutanese community to open spaces and structures for them to share their past experiences and build upon their innate social resilience. But what is social resilience and how do we know how to empower it?

On Social Resilience

How are those most vulnerable people--refugees--developing independence and coping with stress in their new homeland? How is self-sufficience developed and social resilience strengthened and maintained upon the backdrop of collective historical trauma? These are questions that require qualitative methods of human contact and dialogue – at root we must study social actors' communicative processes. To develop applied practice about collective trauma and social resilience, qualitative research that articulates complex patterns of change in collectives requires this close attention to communicative interaction. Social resilience in the words of Keck and Sakdapolrak (2013) is "a concept in the making." While preliminary research suggests that narrative and storytelling are keys to developing resiliency to the historical legacies of collective trauma (Rinker 2016, 2017), there remains much work to be done in this emerging field of collective trauma. Social resilience emerged as a "boundary" concept "positioned between two communities of practice – i.e. natural and social sciences (Keck and Sakdapolrak, 2103, 7). As such, the concept of social resilience lends itself to interdisciplinary collaboration and gains meaning in rhetorical exchange. Keck and Sakdapolrak (2013) note that since communities are places where unequal relationships inevitably exist, "social resilience appears as a highly contradictory and even conflictive process" (Keck and Sakdapolrak, 2103, 12). We argue that it is through conflict that social resilience is built and empowered.

Past experience of forced migration and displacement are critical vectors upon which to build a theory of change in refugee and immigrant communities. These experiences have allowed an unspoken sense of community resilience to foster and grow. In working with the Bhutanese community by finding spaces for them to share their past experiences and build resiliency for their past collective trauma or displacement, The Bhutanese Health and Wellness Project has, therefore, taken an "elicitive" (Lederach, 1995) approach to developing action for community change. While many local organizations contribute to the smooth assimilation of the Bhutanese community into the Triad region of North Carolina, few create community space for authentic sharing of past trauma and displacement. Few allow new refugees to hear about the past hardships and stresses of immigrants. We argue that an elicitive community partnership model is needed to address this gap of understanding about the importance of social resilience. If collective historical memory remains unacknowledged it becomes displaced through persistent community violence [direct, structural, cultural, as well as what Cobb (2013:27) calls "narrative violence"]. As Montville (2001) argues: "the challenge in dealing with victimhood psychology is that of reviving the mourning process, which has been suspended as a result of traumatic experience and helping it move toward completion" (Montville, 2001, 133). The moment is ripe to listen to refugees in order to empower this change through empowering social resilience. In our current anti-immigration political context, the level of anxiety and fear among refugees and asylum-seekers has increased (Schock, Rosner, & Knaevelsrud, 2015). Pervasive insecurity for all marginalized communities and growing "psychological borders" (Volkan, 2017, 98) between identity groups only increases the possibility of social conflict and community discord. The moment for change in our approach to refugee's collective health and resettlement is certainly "ripe" (Zartman, 1989). As fear and instability take root around refugee resettlement issues worldwide, the opportunity exists to re-story the way we integrate traumatized communities into new homelands, and retell refugees' past trauma to access and grow social resilience.

As one of the premiere scholars of trauma, Bessel van der Kolk, reminds us: "When trauma fails to be integrated into the totality of a person's life experiences, the victim remains fixated on the trauma," (van der Kolk, 2006, 5). Navigating the transition of life after displacement is hard enough without adding on the significant collective historical trauma from loss of home and citizenship, forced migration, torture, and other forms of organized political violence. Collaboratively building the individual skills and collective resources to use past trauma and hardships to better integrate into their new homes fills a gap in what refugee service providers and resettlement agencies can provide to the newly arrived. More than host country governments can provide, local community groups can and must provide the space for trauma to be shared and integrated into refugees' new lives and experiences in their host countries. Through talking and telling their stories, the Bhutanese communities we study in the Triad have begun to feel a sense of belonging and foster a collective sense of social resilience in their new environments. Retelling past injustice stories, far from being a negative experience, cultivates critical appreciation of the internal resources refugee communities have built and maintain through their own cultural

practices. Sharing stories of past trauma is not only cathartic, but has a pro-social benefit for newly arrived communities. Shared stories of the hardships of forced migration build solidarity and shared identity. In the current political moment, the resource of collective trauma is ripe for positive exploitation. Collective historical trauma is a strength that our refugee neighbors bring to the Triad, but can we tell their story in ways that embrace trauma as a resource and not a constraint to our own collective progress?

The Dynamic Relationship between Collective Historical Trauma and Social Resilience

Despite the fact that the field of psychology is perceived to be the 'front line' against trauma, other fields of study have much to offer to develop our understanding of trauma and its social impacts. Peace and Conflict Studies is routinely discounted as not empirical enough to tell us anything about the lasting impacts of trauma. But isn't trauma first and foremost a social and experiential phenomenon, not an empirically describable one? Trauma is, in some sense, resistant to rational positivist approaches to its understanding. Despite the widely held belief that treating individual traumas will inoculate the wider society from the possible 'infection,' collective manifestations of trauma have no such linear causality. The nonoccurrence of violence in a collective does not prove that all individual community members must be relatively trauma-free. But, if individual mental health is only one factor that develops social resilience in larger communities, how are we to construct the shared discursive space of social resilience? When basic human needs are suppressed in a collective, even the best individual mental health care system cannot stop leaders from tapping into identity, meaning, and sense of relative deprivation to build support for their, often violent, political causes (Volkan, 1997). Fear and relative deprivation motivate people who are lacking basic human needs (Burton, 1969) and social identity theory (Tajfel and Turner, 1985) at least partially explains collective response to social hardships. Leaders framing of unmet needs can, despite the most psychologically healthy citizenry, stir a collective's perception of past trauma and work to mobilize a sense of injustice among them (even if that injustice does not, in truth, exist). This phenomenon is pronounced in both refugee and host national communities that are simultaneously marginalized in traditionalist and parochial settings like the Triad of North Carolina. We believe that rather than individual 'treatment,' the marginalized need collective treatment for their historical traumas – spaces and structures to share their stories of trauma and resilience. Our experience has taught us that if given the space and structure to tell their stories of trauma and displacement, then refugees, like the Bhutanese, will feel empowered to use these experiences as a resource for transformative change in the present. Developing culturally-sensitive spaces and structures for sharing the stories of individual traumas represents one foundational way to both learn more about collective trauma and develop the reflexive ability needed in collectives to appreciatively respond to long histories of social conflict. In short, the varied cultural forms of storytelling are critical for building refugees' sense of social harmony and grounding as long displaced non-citizens.

Preliminary Findings

Preliminary research with the local refugee community indicates that a long history of political persecution affects how Bhutanese adapt to a new lifestyle upon resettlement in the United States (Community Dialogue Discussion, June 11, 2016). Refugees, including Bhutanese refugees, often experienced food shortage and hunger in refugee camps and 'saving energy' to prevent weight loss was a major priority prior to their resettlement. Once resettled, such lifestyle changes produce new social health outcomes that present both physically and mentally. In addition, previous experience of trauma and oppression can affect individual's motivation and ability to practice healthy behaviors. Such traumas often reemerge in new ways as life changes occur. Acculturation stresses and past food insecurity combine to increase the risks of chronic diseases like heart disease and diabetes, but these chronic diseases are no doubt also tied to legacies of unaddressed collective historical traumas. The inability of particularly older Bhutanese to adjust to life in the United States is a function of both learned cultural habits and traumatic pasts. In looking at the Bhutanese community, and individuals within it, as complex systems, our research realizes that it is impossible to decouple health and nutritional wellness from past trauma and present stress. For example, high rates of diabetes in the Bhutanese community cannot be simply from poorer nutrition and food choices in the U.S. Much like advocates for integrative medicine, our research points to the need for integrative community approaches to refugees' physical and mental health.

As of November 2017, the research team has organized five leadership meetings, two community dialogues, several informal community stakeholder meetings, and three family interviews. Aimed at developing an asset map and greater understanding of the Bhutanese community in the Triad, these interactions have opened a forum for Bhutanese community members to share their concerns and listen to the recommendations of their fellow community members to solve existing problems. In eliciting organic solutions to community problems, the community can collectively recommend their own cultural and psychological perspectives for solving these problems. Bhutanese refugees verbally expressed in the community dialogue that they are more stressed in the United States than they were in Nepal, despite more unstable circumstances in Nepal. They also mentioned that only three months housing and cash support from the resettlement agencies was not enough for them to smoothly transition to life in the United States. One of the participants mentioned that monthly payments including medical bills are the major factor of stress. Add to this a breakdown in the collectivist structures of traditional camp life in South Asia, and this explains why refugees are more stressed in the United States. Refugees' sense of on-going stress over family members' poor health is supported by the fact that we have seen, over the last year of the project, that Bhutanese community members are leaving North Carolina due to the lack of strong social safety net of Medicaid and Social Security support.

A Project with Continual Redirects

The Bhutanese Health and Wellness Project was originally conceived as a three-phase project, encompassing: family interviews, focus group meetings, and a photovoice project with culminating exhibit. These three methodological phases aim at progressively building trust and expanding the circle of community members involved in the project. In Phase One (family interviews), the PAR research team is using on-going contacts with Bhutanese community members to refine and deploy an interview protocol that address community members' experiences as refugees in both Nepal and the North Carolina Triad. Questions are asked about their experiences of displacement and access to healthcare. Beliefs and knowledge related to the chronic health indicators of heart disease and diabetes are mapped and correlated with the stories of displacement and other traumas that the research team hears. Interviews, conducted in families' homes, are voluntary, but framed as a chance to develop historical understanding of refugees' plight from Bhutan all the way to the United States. The benefits of these interviews are not simply the collection of data, but also to have younger family members hearing their elder family members explain the traumatic history of their displacement. After 5-6 families have been interviewed, the research team planned to engage in content analysis in selecting focus groups to widen the circle of those involved in the project. Difficulties in participant selection and community trust have slowed these initial interviews and the research team had to redirect attention back toward building community trust. This redirection has involved multiple visits to community centers and coordination with refugee service providers to meet the community where it is, rather than organize more community gathering and focus groups as was originally planned in phase two.

During Phase Two (focus groups), invited participants (some interviewees from phase 1 and others from the broader Bhutanese community leadership) would return to history to explore how it impacts their current life and livelihood in the United States. In total, 4 focus groups of 8 to 10 people are planned with Bhutanese men and women separately to overcome gender silencing. Though these focus groups would be conducted in the community where Bhutanese community members regularly meet and live in close proximity, the research team decided to rethink this approach after our initial interviews. Much of the stress of displacement and forced migration plays out in the health indicators of the Bhutanese community, but measuring the role that historical trauma plays in relation to these health indicators is opaque. As resilient communities are healthy communities, the project has the dual purpose of education and behavior change around healthy eating and stress relief measures. The Research team therefore though that moving to Phase Three of the initial plan was critical to these concrete goals.

Phase Three (photovoice activities and assessment) of the project has yet to begin. It is intended to open the project to the entire Triad community and be a catalyst for education and behavior change among the community. The research team will recruit 15 Bhutanese men and women in approximate equal numbers to conduct a week-long photovoice documentation project. The participants will conduct photovoice on daily routine habits

including meal patterns, food choices, and times of vigorous activities and sedentary routine of watching TV or sitting. In addition, they will be asked to photograph representations of their difficulties in assimilating to U.S. culture and representations of what they see as their community's capacity for overcoming stress, sharing stories, and building resilience. Participants will be given a digital camera and asked to take pictures for one-week following guided written prompts, elicited from prior community interactions. The results of these photovoice pictures (along with their brief descriptions of their pictures) will then be used to provide thematic representations of community hardships as grounds for resilience. A final photovoice exhibit will be developed for the Bhutanese community and its friends and will be used to explore issues of cultural assimilation and collective conceptions of trauma, social resilience, and the adaptability of the human spirit.

How we communicate about the realities and value of refugees does impact change at the policy level as well as the level of refugee communities. Though this change is indirect, we must not discount it. On the macro level of discourse, as well as the meso-level of narrative, communication about refugees is pliable and, therefore, requires close critical attention. Our methodology of PAR, which involves interviewing, story collection, and community circle processes (focus groups), among other methods of data collection, is aimed at better understanding the discursive discord in which the newly arrived are caught up. By drawing links between the social tensions and collective historical traumas, we can empower agency within marginalized refugee communities. Better understanding the discord, in turn, aims in assisting to craft shared narratives of the refugee experience. These shared narratives develop intergenerational and interethnic relationship, collaboration, and, thus, the foundations of social resilience.

In a sense, our work aims to fill important social scientific gaps in trauma awareness, leadership training, and asset mapping that exist both within, and outside, the Bhutanese community. It is our claim that such gaps exist in many communities and that communities which have been forcibly displaced as refugees, or even collectively marginalized as 'others' and 'non-citizens,' hold special capacities to both self-heal and adapt. The newly arrived are especially vulnerable, as they are often disoriented and culturally unaware of many nuances of cross-cultural communication. The failure to recognize these gaps and act to fill them leaves a broken system of refugee resettlement unchanged. We believe that this PAR project can provide some means to rethink local community response to the failure to see past trauma as a positive resource for transformation. Building on past experiences, even if negative ones, can be a way to build resilience in the face of discord. Some have begun to call this post-traumatic growth (Calhoun and Tedeschi, 2006). We believe that the methods we collaboratively deploy and redirect through this PAR research could be of great benefit to prosocial refugee resettlement and integration.

Charting Refugee Praxis

Despite all the difficulties they face in their first two-to-three years in the United States, the Bhutanese refugees have been slowly learning the new culture, developing civic

leadership, and adjusting to their new lifeworld. This process has included both expected and unexpected bumps in the road. Some younger members of the community have done extremely well in their education, started careers and are actively fulfilling their dreams. Bhutanese communities in the Triad of North Carolina have also started organizing religious meetings, cultural gatherings, and other discussion programs to find out a way of uplifting their community. It is such assets in the community that show there is a way forward from the negative symptoms of collective historical trauma. These institutions and community gatherings express the collective resilience that these past experiences have instilled in the Bhutanese as well as the opportunities for "social echo and resonance" (Lederach and Lederach, 2010, 7) that such hardships can instill in the community. The Bhutanese of the Triad have participated in programs like sports competitions and even offered scholarships for their best and brightest students – many of whom are pursuing advanced degrees at local area Universities. About half of the Triad Bhutanese Refugee community has also connected with the Triad Nepalese Community Center (TNCC) to organize social and cultural programs to bridge the gap between these groups in the Triad of North Carolina. Bhutanese and Nepali communities have the same culture and language and given years as refugees in Nepal, many Bhutanese refugees feel closely associated with their Nepali counterparts in the area, despite a fraught history of displacement lack of citizenship while living in Nepal.

Notwithstanding the many problems associated with assimilation – particularly a low budget for the resettlement program in the Triad of North Carolina and refugees being placed in insecure neighborhoods with poor quality housing – the Bhutanese have been able to uplift their community. But this uplift has come at a cost – stress, depression, and internal community conflict remain prevalent constraints to the Triad area Bhutanese community's social progress. These costs, without even acknowledging the individual associated health costs, have kept the Bhutanese community vulnerable and unstable. The stress of immediate self-sufficiency and the freedoms of American life, have contributed to younger folks distancing themselves from their traditional families, much like in other U.S. refugee populations. Eight months after their arrival, refugees Medicaid benefit will stop; renewal depends upon the income of the households. Unattractive social benefits in North Carolina have more recently forced several Bhutanese members to move to Ohio and Pennsylvania, where Medicaid benefits are better. This has split traditionally communal families, and complicated the stress and unhappiness, particularly of older Bhutanese in the area. Further, much of this stress appears in the many legal issues those in the Bhutanese community face – especially those related to DWIs, domestic abuse, juvenile delinquency, and other minor misdemeanors. Due to the language barrier, it has been very difficult to understand the law and its consequences. Added with low literacy levels, the Bhutanese are not able to understand the legal language and are unable to communicate with, or afford, lawyers. They become stuck in a permanent underclass faced with stress and poor health outcomes. For the elderly, assimilation is just as complex – in the individualistic culture of the U.S. they are isolated from their family and community in ways that they were not back

in Bhutan or Nepal. Children are at school or work, but elderly are at home alone. Suicide and depression is high among this population. So how do these problems translate into social resilience? How can these hardships be capitalized upon to build a stronger and healthier community? These remain the driving questions of this PAR research, and though answers are not fully formed, some patterns have begun to emerge to help chart a praxis for refugee communities.

Refugee Resilience: What Really Makes Community Safer?

To answer what makes a community safer or resilient, we must return to the dual focus of a phrase like 'collective historical trauma.' As both justice-oriented and psychologically-focused, the phrase 'collective historical trauma' draws our attention towards more primary questions about social cooperation and collaborative healing. In assuming that collective trauma can be a resource and not a constraint in post-conflict refugee contexts, how do communities claim both therapeutic and justice-oriented outcomes for those most affected by past trauma? "In short, that which aims toward the therapeutic cannot necessarily achieve justice, and that which achieves justice may not be therapeutic" (Furedi, 2004). It has been argued here that social resilience in local communities is an ability, in the face of collective trauma, to achieve both justice and some sense of therapy in the present moment. Providing some space and "process-structure" (Lederach, 2005) to dialogue and outlet past trauma is a critical aspect of the work of The Bhutanese Health and Wellness Project. Far from re-traumatizing, such outlet for past trauma works to stop the onward and destructive march of collective trauma and works to establish an ideal for transformative change. "The 'wound' of trauma is less the wound of the past and much more, to paraphrase Derrida, a wound which remains open in our terror of the danger that we imagine lies ahead" (Neocleous, 2012). With this future-oriented conception of trauma in mind, the idea of social resilience seems less reactive than adaptive, and while this may seem antithetical to social transformation, it is this progressive sense of change that trauma can propel into the future. In other words, social resilience with an understanding of collective trauma that is always looking towards the future, can be progressive from both a therapeutic and justice perspective. But, how to navigate the complex system of collective trauma remains an under-studied aspect of trauma studies.

While true that collective trauma is always to some degree an 'open wound' pointing conflict parties toward the horizon of the future, it is also true that the opportunity of healing of this open wound is as strong as the potential for re-injury, if given a chance to grow. How we engage the leverage points of this complex wound as a system is important. Leverage points, defined as "places within a complex system (a corporation, an economy, a living body, a city, an ecosystem) where a small shift in one thing can produce big changes in everything," (Meadows, 1999) are often engaged through feedback loops in systems thinking. The reflective awareness of the Bhutanese community members to rethink the collective usefulness of their displaced traumas, and communicate them to others, opens space to use collective trauma pro-socially as opposed to fear and avoid it. These discursive leverage

points are often discounted as amorphous and unsystematic, yet they have real impacts on real lives. While as researchers, we cannot profess to know what specific communities can, or should, do with collective trauma, we can still argue for the usefulness of a collective dialogue and communication to overcome psychic and social discord. As Montville (2001), quoted above, argues, we must revive mourning as we move to complete individual and collective traumatic experiences. Social resilience requires that the collective legacies of trauma, though not forgotten, be processed and shared within social spaces. While such an approach seems, on first blanch, counter-intuitive, it is just such a paradigmatic shift in thinking that is required in dealing with the negative social impacts of collective trauma and displacement. While scholar-practitioners must always be vigilant about the possibility of re-traumatizing individuals and collectives, the opportunities inherent in what Montville calls "reviving the morning process" (Montville, 2001) are too great not to take this risk. Failure to address the historical experience of trauma leaves social opportunities for violence to be displaced. Mapping assets and telling of past trauma expose possible leverage points to developing a collective healing and social resilience.

Conclusions

This paper has endeavored to raise consciousness about the unconscious influences of collective historical trauma at the societal level and draw connections between it and social resilience. Such an understanding and collective consciousness about trauma and its impacts on individuals and society is a vital piece of any peacebuilding puzzle. "Catastrophes may be perceived as opportunities for doing new things, for innovation and development" (Keck and Sakdapolrak, 2013). Triad area Bhutanese have lived through a succession of catastrophes. Collective consciousness, or awareness of both individual and collective trauma leads toward social resilience, but also challenges any conception of 'post-conflict' or 'transitional' conflict mechanisms. In some sense all conflict, as driven to a large extent by past trauma, is never post or stabilized and always in a process of transition and flux. To address and transform such conflict we must, therefore be vigilant and flexible in a praxis that is trauma-informed. Awareness of trauma as collective is the first step in realizing its potential for building social resilience and complex systems change. Through trauma awareness we can begin to immunize collectives to short circuit the cycle of violence brought on by being positioned as either victims or aggressors in a never-ending feedback loop of retaliation (see https://www.emu.edu/cjp/star/toolkit).

While not everyone experiencing simple or complex trauma suffers from post-traumatic emotional problems, we all live in socially constructed milieu that is infested with as many collective traumas as there are collective identities available. Developing the proficiency and adaptability to read behavior as related to past trauma, rather than just incompatible interests, builds a form of future-oriented resiliency. Research has identified many protective factors including innate resiliency, age, gender, and social support as mediating the effects of individual trauma (Bombay, Matheson, and Anisman, 2009; Denham, 2008). But what can mediate the collective historical trauma we see playing out in the trans-local

spaces of our modern communities? This question of how to use the research on individual traumas to better understand collective trauma represents a pressing challenge to all scholar-practitioners engaged in post-conflict peacebuilding and transitional justice. While preliminary research suggests that narrative and storytelling are keys to developing resiliency to the historical legacies of collective trauma (Rinker 2016, 2017), there remains much work to be done in this emerging field of collective trauma – a field related, yet distinct, from traditional understandings of transitional justice mechanisms. As a concept still "in the making" (Keck and Sakdapolrak, 2013) social resilience demands our academic attention.

Despite baby steps in our understanding of collective trauma and social resilience, much remains to be done. In recent decades, conflict intervention has been underpinned by interdisciplinary fields like Peace and Conflict Studies that draw in theory from social and political psychology, sociology, political science, anthropology, and religious studies, among other traditional social science disciplines. To develop applied practice about the links between collective historical trauma and social resilience further qualitative research that articulates complex patterns of change in collectives must proceed. Initial forays into an American Bhutanese community only scratches the surface of understanding the complex systems of collective trauma as they relate to processes of social resilience. With few exceptions, (e.g. Volkan, 1997; Hart, 2008) the theories and practices that deal with healing individuals and small groups stay in the consulting rooms, while the theory and practice of large groups stays in the interdisciplinary worlds of Peace and Conflict Studies, conflict transformation, and peacebuilding. The need for trans-disciplinary collaboration, communication, and praxis remains pronounced. The communities that face the social ills brought on by collective trauma are not going to become smaller; in fact, they continue to grow. Unless displaced communities are engaged they will remain largely detached. Practice spaces for trauma awareness and collective sharing hold important potential for transforming identity-based conflicts, if we are willing to allow for the emotional resonance they bring along with them. Trauma experience plays a myriad of dynamic roles in any conflict setting, which, in-turn, opens leverage points to transform community conflict. Realizing that "social resilience is not only a dynamic and relational concept, but also a political one" (Keck and Sakdapolrak, 2013), scholar-practitioners of discourse and conflict transformation have an important role to play. We hope we have inspired others through this project's work to get out and address the deep legacies of collective historical trauma.

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