

New Voices: Transforming Trauma and Conflict in Northern Ireland with the Arts

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To cite this article:

Rodríguez-Davis, L. (2025). New Voices: Transforming Trauma and Conflict in Northern Ireland with the Arts. *Irish Journal of Arts Management and Cultural Policy*, 11(1), 82-91.

Published online:

January 2025

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Abstract

A quarter of a century on from the signing of the Good Friday Agreement, evidence of residual tension and division along community lines in Northern Ireland remains. Northern Ireland also exhibits elevated rates of mental illness and trauma, particularly stemming from the Troubles, and spans across generations in the form of transgenerational trauma. Still, a thriving arts scene with active public engagement is a key feature of Northern Irish culture. Therefore, it is reasonable to conclude that peacebuilding and trauma recovery initiatives incorporating artistic approaches would be well-received. This study examined the potential for creative therapeutic interventions to promote conflict transformation and trauma healing in Northern Ireland. A review of the existing scholarship further elucidated the nature of conflict and trauma in Northern Ireland. Additionally, an understanding of artistic therapeutic approaches, such as dramatherapy, was established. Using an interpretivist, qualitative approach, this author interviewed five theatre makers and dramatherapists in Northern Ireland and then conducted a thematic analysis of the interviews. The findings suggest several mechanisms by which therapeutic art-making could assist in trauma healing and transforming conflict, including distancing, creating narrative, connecting through shared experiences, and validation while also offering significant cautions, insights, and recommendations for successful implementation. Further research to advance understanding of this dynamic is recommended.

Keywords: arts therapy; trauma healing; conflict transformation; Northern Ireland.

New Voices: Transforming Trauma and Conflict in Northern Ireland with the Arts

Introduction

Though Northern Ireland is often considered a “post-conflict” society, evidence of lingering tension and division between the Irish/ Nationalist/ Republican/ Catholic and British/ Unionist/ Loyalist/ Protestant communities persists in the form of sectarian violence, segregation, and political discord.

Northern Ireland exhibits elevated rates of mental illness and trauma, particularly stemming from the Troubles. A notable public health issue, research demonstrates that one in five people in Northern Ireland have a mental illness (Simms and McGibbon, 2016, p.9). The Mental Health Foundation (MHF) reported a 25% higher prevalence of mental health issues in Northern Ireland compared to England (2016, p.4). The MHF report also recognised that elevated rates of mental health problems and self-harm are linked with conflict-related trauma exposure (p.16). This prevalence of trauma spans across generations in both older adults and youth in the form of transgenerational trauma. Findings from the Northern Ireland Youth Wellbeing Survey exhibited that among youth aged two to

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nineteen, 11.5% met the criteria for a diagnosable mental illness, a higher rate in comparison to youth in other countries (Bunting, et al., 2022, p.693).

The prevalence of mental health issues in Northern Ireland necessitates accessible, cross-generational treatment and therapeutic offerings and exposes the shortcomings of current counselling service options. Historically, mental health and psychological services have suffered from under-investment, leading to increased wait times for patients (O'Neill and Rooney, 2018, p.965). In 2016-2017, Northern Ireland spent 5.2% of its health budget on the Mental Health Programme of Care compared to England's 13.3%. In 2017-2018, NHS Wales spent 11.4% of its budget on mental health services and NHS Scotland allocated 7.6% of its budget for mental health care in 2019-2020. Compared to other parts of the UK, Northern Ireland has spent a smaller percentage of the health budget on mental health services despite stronger evidence of need (Northern Ireland Affairs Committee, 2019, p.48-49).

There are consistently high levels of engagement and participation in the arts scene in Northern Ireland with 63% of Northern Ireland participants in the UK National Wellbeing Measures: Northern Ireland Data August 2018 report having engaged with and/or participated in an arts or culture event at least three times in 2016-2017 (Northern Ireland Statistics and Research Agency and Office for National Statistics, 2018) and 98% of North West Belfast residents having participated in an arts, heritage, or culture event in 2018 (Arts Council of Northern Ireland, 2021).

Considering the established evidence of prominent levels of arts engagement and simultaneous need for counselling services, it is reasonable to conclude that mental health interventions incorporating creative mechanisms, such as dramatherapy, could be well-received and beneficial for those recovering from trauma in Northern Ireland. Evidence supports therapeutic theatre practices to promote wellness and recovery among participants with mental illness (Stembridge de Aguilera, et al., 2018, p.36), and creative therapies are considered a non-threatening approach for trauma processing (Perryman, Blisard, and Moss, 2019, p.80). Additionally, the use of certain theatrical therapy techniques can help address conflict between opposing communities (Kirby and Shu, 2010, p.230).

The primary research questions for this investigation are as follows: Can therapeutic artistic interventions assist in fostering trauma healing and conflict transformation in Northern Ireland? If so, in what ways?

Methodology

I conducted semi-structured interviews with theatre makers and dramatherapists based in Northern Ireland due to its accessibility as a local researcher, its flourishing local arts culture, the incidence of elevated rates of trauma and mental illness, and its legacy of peacebuilding. A semi-structured interview method was selected to allow for flexibility and responsiveness of open-ended questions permitting the interviewee to provide depth, nuance, and new information in their answers (Rubin and Rubin, 2011).

Participants were recruited by researching online for dramatherapists, arts therapists, and theatre makers with experience related to peacebuilding and/or therapeutic arts programmes using Google

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and the British Association of Dramatherapists website. I identified and emailed thirteen potential interviewees with information regarding the study. Additionally, a gatekeeper was used to connect with two potential interviewees, one of which assisted in connecting me with three additional interviewees. Of the seventeen contacted, eight agreed to an interview. Of the eight I interviewed, five confirmed their respective final interview transcripts to be analysed. The five participants interviewed and included in analysis are: Paula McFetridge, the artistic director of Kabosh Theatre and director of several socially-conscious productions regarding the Troubles and conflict in Northern Ireland; Heather Turkington, a dramatherapist who works with clients with Troubles-related trauma; Sharon Coulter, a Ballymena-based dramatherapist; Julie Dutkiewicz, a playwright who has done therapeutic theatre work in Hydebank Women's Prison; and Rachel Clarke-Hughes, the head of engagement at The Playhouse Derry, which hosts Theatre of Witness.

All interviewees were provided with an information leaflet explaining the study and participant expectations and a consent form. Questions pertaining to the research objective were prepared and sent to each participant in advance of the interview to allow participants to better understand the intention of the interview and time for reflection if desired. I made minor adjustments to questions as needed to suit the relevant experience and role of each participant. Also, I clarified to participants as needed that the term 'conflict' was not restricted to only referencing the Troubles, but also included other forms of conflict. Signed consent forms were obtained from all participants in compliance with research ethics and privacy standards of Trinity College Dublin.

Interviews were conducted online via Zoom to avoid challenges in choosing a venue and for use of Zoom's recording feature. Following each interview, recordings of the conversation were transcribed by the author and then the transcriptions were sent to each participant for confirmation of accuracy, clarification of details, and corrections as needed. Interview transcriptions were coded, and then a qualitative thematic analysis was conducted for the findings of this study.

Limitations

Though the insights offered by the five participants in their interviews are highly valuable, it is also important to remember they are not necessarily representative of everyone involved in therapeutic art making in Northern Ireland. Additionally, all the participants have some involvement in the arts and hold a positive regard for the potential of therapeutic arts involvement in trauma healing and conflict transformation. The probability of criticism towards the research objective was not high. Since all the interviewees were either theatre makers or dramatherapists, this study lacks insights from the perspective of a participant involved in therapeutic art-making. Disclosure of community identity was not required for participation in the study, nor was it asked for by this researcher. Therefore, a balance of perspectives from different communities cannot be guaranteed. Also, certain terms, such as 'healing', can be difficult to define and measure, often subject to personal interpretation. While the interpretivist, qualitative approach of this study embraces personal perspective and interpretation of interviewees, the challenge of measurability and potential discrepancies in understanding among participants could limit the findings.

Though some respondents identified risks and areas of caution in using arts-based therapeutic modalities, it was not explicitly asked by this researcher. Asking directly about potential

disadvantages of this kind of intervention could have gleaned additional insights on the limitations of therapeutic art-making. There is evidence that members of the Protestant/British/Unionist/Loyalist are less inclined to engage with theatre in Northern Ireland compared to the Catholic/Irish/Republican/Nationalist community (McDowell, 2013), which was not discussed or considered in the findings of this research. Since this study focused on creative therapeutic modalities for conflict transformation and trauma healing in Northern Ireland, the findings may be limited in their generalisability beyond this context. However, insight on the neurological underpinnings of conflict, trauma, and recovery discussed by study participants provides an understanding that can potentially be applied to other techniques and interventions that draw on the same neurological functions.

There are a few critiques regarding trauma recovery not considered in this study that are worth noting, such as the connection between healing and attaining justice for past wrongs, pathologising common responses to stress, the social forces impacting meaning-making, and the limitation of therapy to answer moral and philosophical questions related to the traumatic event (Gilligan, 2006). The promise of creative therapeutic interventions for trauma healing and conflict transformation in Northern Ireland does not diminish the need for other relevant and appropriate interventions in addition to meaningful policy and systemic changes. Finally, it has been asserted that for healing to occur in Northern Ireland, there needs to be a reckoning with the culture of the collective that led to and perpetuates the conflict (Koh, 2015, p.6). This focus on the collective and the culture of Northern Ireland was not strongly addressed in the analysis of this study but should be considered in future research.

Findings

The findings of a thematic analysis of the semi-structured interviews provided insight into the following areas: the potential of creative therapeutic modalities for trauma healing and conflict transformation as independent entities and conjunctively and practical considerations and cautions for application in Northern Ireland.

In considering therapeutic artistic interventions for transforming conflict in Northern Ireland, respondents primarily focused on the drivers of conflict and the mechanisms of artistic and therapeutic involvement that assist in counteracting those forces. As noted by interviewees, factors that can exacerbate conflict include erroneous perceptions, emotional and attitudinal positions, and dichotomous cognition. For instance, McFetridge observed conflict 'usually based on the idea of a perpetrator and a victim. Often, we would define that ridiculously as right and wrong' (Interview with McFetridge, 15 June, 2023). This assertion is supported by scholarship that affirms the difficulty of changing culturally entrenched attitudes of hostility towards the 'other' (Stewart and Shamsi, 2015, p.160) and binary thinking that is ill-equipped to navigate the nuances of tension, thus prone to oversimplification and defensiveness (Koh, 2021, p.10). However, therapeutic creative modalities can counter those effects by promoting conversation and dialogue, creating shared experiences and connection, and changing perspectives. As Coulter explained, dramatherapy,

‘ ... can give a whole new perspective, can help people to understand things from another's point of view ... and help people to maybe see where there can be some compromise, where there's more understanding of the part of the people or person or things you're in conflict with (Interview with Coulter, 26 June, 2023).’

This finding is consistent with literature identifying arts-based interventions as helpful in healing communal rifts (Smigelsky and Neimeyer, 2018) and fostering empathy (Ware, Lauterjung, and Harmer McSolvín, 2022, p.59).

With regards to the potential of creative therapeutic interventions for trauma healing in Northern Ireland, research participants described the nature of Northern Irish trauma as being transgenerational and characterised by a culture of denial and avoidance. However, the findings emphasised the use of validation, distancing, and engaging the body-brain connection as mechanisms of arts-centred therapeutic modalities that promote recovery from trauma (Interview with Turkington, 19 June, 2023; Interview with Dutkiewicz, 29 June, 2023; Interview with Clarke-Hughes, 4 July, 2023). Both validation (Delker et al., 2020, p.17) and distancing (Ramsden and Guarnieri, 2010, p.170) are considered expert-endorsed tools for trauma processing. The brain-body connection in trauma is especially significant because ‘traumatic experiences are a somatic memory’ (Interview with Clarke-Hughes, 4 July, 2023), which research demonstrates are often stored non-verbally in the brain (Lusebrink and Hinz, 2016, p.43) but can be accessed and integrated through artistic activity (Chilton, 2013).

The findings of this study also identified the following creative therapeutic mechanisms that benefited both trauma healing and conflict transformation jointly: narrative creation, witnessing pain and trauma, and using imagination to explore possibilities. McFetridge attested to the power of story sharing for validation, changing perspectives, and engaging the connection between narrative and memory (Interview with McFetridge, 15 June, 2023). Given the evidence of culturally entrenched narratives regarding traumatic memory connected to collective identity as an impediment to transforming conflict (Fitzduff, 2021) and the nature of nonverbal memories of trauma lacking narrative closure (Gant and Tripp, 2016, p.69), creative therapeutic engagement is a particularly apt option for healing trauma and addressing conflict in Northern Ireland. Study participants linked the act of witnessing trauma in an artistic setting with empowerment, understanding, empathy, and creating a shared experience, all of which have meaningful implications for conflict resolution and trauma healing. Furthermore, as Turkington explained in her dramatherapy practice, ‘a lot of work is kind of centred a lot around opening up the possibility that there could be a different way to live,’ (Interview with Turkington, 19 June, 2023). This consideration of alternative possibilities has significant potential for both resolving conflict and trauma recovery.

Notably, study findings also suggested that conflict could be transformed by means of trauma healing. For instance, Coulter observed there are examples of people in Northern Ireland who have ‘ ... processed their trauma, and then they want to go and help other people from those things happening again, I suppose, to stop conflict ... ’ (Interview with Coulter, 26 June, 2023). This phenomenon has also been observed by Hass-Cohen who suggested that the posttraumatic growth gleaned from therapeutic art-making typically includes altruistic ideals (2016, p.127). However,

Turkington reported that reconciliation was not necessary for trauma healing, instead emphasising personal empowerment in recovery (Interview with Turkington, 19 June, 2023), offering a sequential implication in the relationship between trauma healing and conflict transformation in which trauma healing assists with resolving conflict but not necessarily the reverse.

Interviewees warned caution should be taken when engaging with traumatic memories in non-clinical settings and recommended collaborating with qualified therapists or community gatekeepers as a safeguarding measure. Additionally, Turkington noted that, for some, sectarian conflict in Northern Ireland is ongoing and are therefore faced with the challenge of healing while still in the midst of trauma (Interview with Turkington, 19 June, 2023). Given the presence of transgenerational trauma in Northern Ireland, differences between younger and older generations that could impact participation in therapeutic art-making were discussed. Participants observed that older generations are often more resistant towards therapeutic interventions while younger generations are generally much more accepting. The influence of the Internet and social media on young people was frequently touched upon by interviewees. Clarke-Hughes contended that young people, more globally connected via the Internet, were more ‘...engaged with their international identity, being a global citizen,’ while for older generations,

‘... this international connection is quite thin because they're less connected digitally to the world around them, and they've been rather bogged down by the impact of events here (Interview with Clarke-Hughes, 4 July, 2023).’

These discrepancies in worldview, identity, and attitudes towards therapeutic modalities could help inform cross-generational initiatives and offer understanding of potential intergenerational conflict.

Research participants also reviewed other possible barriers for implementing therapeutic art-making, including sentiments of scepticism and misunderstanding towards artistic therapeutic interventions, the difficulty of programme accessibility for rural communities isolated by transportation barriers, the current absence of a dramatherapy course in Northern Ireland, financial barriers amid a cost-of-living crisis, and insufficient accommodations for participants with disabilities. Interviewees emphasised the need for more research in their fields, which is often inhibited by poor funding and a bias towards quantitative, data-based evidence over testimonial evidence from financiers. Participant responses revealed a burdensome, cyclical phenomenon in which funding is needed for research, and research is needed for funding.

Conclusion

The evidence from the literature and the findings of this study supports the potential for therapeutic art-making for both recovery from trauma and transforming conflict in Northern Ireland.

For trauma recovery, the practice of distancing, validation of experience, and the body-brain connection were acknowledged as significant mechanisms. In conflict transformation, respondents highlighted initiation of dialogue, shared experience and connection, and changing perspectives as the means for resolving conflict with therapeutic creative approaches. For both trauma recovery and conflict transformation, story and narrative creation, witnessing, and promotion of imagination and possibility were found as impactful mechanisms for trauma recovery and resolving conflict.

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Illuminating a valuable direction for future research, this study discussed the relationship between trauma healing and conflict transformation. The findings highlighted a potential sequential nature of their connection that could inform peacebuilding efforts. Reconciliation initiatives in a society marked by the aftermath of trauma may find their efforts diminished without adequate trauma recovery mechanisms. Adoption of a multidisciplinary approach that also includes a neurological perspective could also provide meaningful insight on the kinds of interventions that allow brains to engage in productive conflict resolution and recover from trauma that hinders social progress.

When implementing interventions as recommended by the outcomes of this study, it is necessary to consider certain safeguards to ensure the safety of participants and witnesses of the art, such as avoiding re-traumatisation. Additionally, accessibility, inclusivity, and representation were identified as significant considerations in terms of preventing barriers from excluding those who would benefit from an artistic therapeutic intervention. Considering the prevalence of Northern Ireland's transgenerational trauma, understanding generational differences should be noted during the development of conflict transformation and trauma healing approaches.

Research to better understand storytelling and sharing of narrative would be advantageous for ensuring that such a mechanism is applied in a manner that does not further exacerbate divisions based on narrative contestation and fully augments its therapeutic and conflict transformation potential. A well-sampled study further exploring differences in receptiveness to therapeutic art-making between Protestant/British/Loyalist/Unionist and Catholic/Irish/Nationalist/Republican communities could significantly inform peacebuilding efforts with an artistic focus. Support for quantitative studies would also allow theatre makers and arts-based therapies to provide the numbers-driven evidence often preferred by funders and investors. Efforts to prevent the imposition of a cyclical trap of research and funding on artists and therapeutic practitioners should be considered.

The return of the Northern Ireland Assembly after two years (suspended 2022 – 2024) has sparked optimism for government investment in much needed social services amid numerous calls for more funding in both the arts and health sectors. The findings of this research offer policymakers not only valuable support for investing in therapeutic art-making as a means for addressing both trauma healing and conflict transformation but knowledge for effective application informed by experts with first-hand experience. While the scope of this study has been largely focused on Northern Ireland, the implications of the findings could also inform policy and practices across the island of Ireland through all-island initiatives.

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