

CHALLENGES IN PSYCHOSOCIAL INTERVENTIONS IN THE AFTERMATH OF WAR AND POLITICAL VIOLENCE

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The political significance of mental health interventions in situations where there is – or has been – armed conflict constitutes a challenge to professional integrity and neutrality of mental health professionals. A case example from Kosovo illustrates how the trauma concept was introduced by the international community and used as an individualising explanatory mechanism: the trauma discourse flourished after the NATO bombings in 1999 and the invasion of international organisations that followed. American-sponsored scientific investigations found that almost half of the population showed signs of psychiatric illness. The trauma discourse distracted the attention from the social and political root problems in Kosovo. The emphasis of the new humanitarian discourse on victim-hood is now widely questioned, and there has been a change of paradigm towards more emphasis on a resilience-oriented Rights Approach exemplified by the Testimony Method. However, an example from Croatia illustrates how in some contexts of ethno-political conflict a suffering-based approach is the best option for mental health professionals who try to avoid political manipulation. The cultural challenge of mental health work in non-Western contexts is discussed, including the political significance of a community-based approach to counteract the devastation of war.

A main and overriding challenge for psychotherapy interventions in situations of war or ethno-political conflict is *the explicit political significance* that mental health interventions take on. This political dimension constitutes a real challenge to professional integrity. Our interventions to help the war-affected may have impacts that we do not intend. This challenge to professional neutrality is the main topic of this chapter.

While we could argue that all psychotherapeutic work is connected to social and political levels if we analyse it thoroughly enough, then we do not need many sophisticated methods to discover that mental health and therapeutic methods easily become weapons of war in conflicts that vie for world attention, sympathy and international funding. The »numbers competition« usual in war propaganda, featuring numbers of dead, or numbers

of atrocities, also use numbers of rape victims or trauma victims in the search for economic and political support.

The political significance of the abuse of the trauma concept in Kosovo

As an example I will mention the abuse of the trauma concept that took place in Kosovo in the aftermath of the NATO bombings and the large invasion of international organisations in 1999. Many of these organisations had come to offer the »traumatised« population psychosocial assistance. This is an assistance that had mostly not been requested by the Kosovars themselves, but had been deemed necessary by Western agencies that also wanted to show their flag in a hot and much featured spot such as Kosovo.

The *intervention approach* of many of these psychosocial projects was questionable and also often contradictory. On the one hand, in the concrete practice of the projects, most of the projects were working on very basic levels of psychosocial support after models that are well known in western social services systems. This could be in the form of various types of handicraft workshops for specific groups, e.g. village women.

On the other hand, when explaining about their projects in reports or during training courses for national staff or professionals, the international staff members were using a dramatic terminology taken from clinical – even psychiatric – language, labelling large percentages of the Kosovar populations as trauma victims. What that meant for the interventions was unclear. Were the handicraft workshops meant to be trauma therapy?

Very little was actually known about the culture of the Kosovars, and their traditional patterns for dealing with suffering and misfortune, and the impact of this »trauma discourse« was at best dubious. Basically, the suffering in Kosovo is not a medical, but a political problem. So, one must ask the question: whose interests does this medicalisation serve?

A number of international surveys illustrate how a political problem was medicalised in Kosovo: two American surveys published in August 2000 (Cardozo et al.; Salama et al., 2000) found that between forty and fifty percent of the Kosovar Albanians AND Serbs showed signs of psychiatric illness, the Serbs more than the Albanians. Other American surveys carried out in September 1999 and May 2000 among Kosovar Albanians claimed that one person out of four showed one or several symptoms of Post Traumatic Stress Disorder (IOM, 2000). These investigations were, for example, referenced in a major Danish newspaper under the heading: »A large number of people suffer from mental illness in Kosova« (Politiken, 2000).

In group interviews I carried out with Kosovar Albanian village women, some of which were illiterate, participating in a psychosocial project, the women repeatedly underlined how traumatised they were – using the word »trauma« which is easily recognisable although I do not understand Albanian. National social workers and teachers employed by the project also told me that they were »traumatised«.

Kosovar Albanian students participating in an international training course on trauma pointed out that the word »trauma« was rarely used by Kosovars prior to the arrival of international trauma experts (IOM, 2000, p. 14). »Instead they use words such as ‘pain’... ‘despair’, ‘suffering’... a ‘deep spiritual disorder’«. The students also said that the ‘scientific methods’ they learned in the course were not sufficient for Kosovars to overcome trauma, that »the rationality does not reach the centre of the case« (IOM, 2000, p. 13), and that Kosovars have other methods which they have always used during the many preceding wars and hardships they have gone through in history.

The western trauma discourse is supposed to represent modernity, rationality and scientific approach, and the Kosovars have learned the language, readily taking on the identity of trauma victims. However, not much is in reality known by the international experts about the Kosovar culture and traditional ways of handling misfortune.

The clinical language of the trauma discourse was unfortunate for several reasons:

- It distracted the attention from the social and political root problems;
- It was based on an incomplete knowledge of Kosovar culture;
- It was counterproductive to healing because it encouraged the development of a passive victim identity.

As mental health professionals working in complex emergencies, we must face the challenge of neutrality. Complex political emergencies are characteristic for societies that are suffering from a whole spectrum of »crisis symptoms« of which civil war and the violation of human rights are important aspects. It is in this social and political context we must place our mental health work. The war affected people we are trying to assist are not ill, »they are suffering from the violation of their human rights« – as people in the Chilean human rights movement would say (Agger & Jensen, 1996).

The political significance of the new humanitarian discourse

As part of *the new humanitarian discourse*, many studies have been done to document the suffering of victims during complex emergencies, studies that later formed the basis for psychosocial projects which the victims became beneficiaries of. It is maybe surprising that much less research

has been done on how people manage to survive and cope with this type of extreme adversity, and which factors make some people more resilient to misfortune than others (Boyden & Mann, 2000). In fact, this is not surprising. The new humanitarian discourse is mainly focused in victim-hood, and in an effort to receive funds from donors the objects of our assistance are often described as helpless and passive. We create new victim identities by grouping people into categories such as »trauma victims« or »rape victims«. In addition, the terms »trauma« and »traumatised« are being used to describe all sorts of unpleasant feelings and have also entered everyday speech with a variety of interpretations and meanings.

But there has also been a widespread critique of the application of the PTSD diagnosis to war-affected people (Ager, 1997). The applicability of the PTSD diagnosis in complex political emergencies is now being questioned from many different angles (Wessels, 1999; Wessels & Monteiro, 2000; 2001): Is it useful? Is it trans-culturally valid? Does it really encompass the suffering of prolonged armed conflicts?

The discourse of PTSD in psychosocial interventions for war-affected people risks »doing harm« (Anderson, 1996), because of its medical »illness« focus. Although PTSD is viewed as a normal reaction to an abnormal event, it is still a diagnosis of a mental disorder. In addition, it is a western, »scientific« diagnosis that people might therefore feel more frightened of. The non-intended effect of this approach might result in the war-affected person feeling more »ill« and even more victimised, an impact that would be highly counterproductive in relation to the general humanitarian aid policy aim of strengthening local resources.

The reactions or symptoms encompassed in the PTSD concept fail to take account of contextual factors, particularly the social, cultural and political dimensions of the stressful experiences, and how individuals experience these. Concretely, the loss of a home, being rendered destitute, becoming a refugee, and many other stressful experiences all contribute to the *meaning* of suffering for the individual person or family, and cannot be expressed in generalised terms of post-traumatic symptoms. In addition, grief, sorrow and mourning for loved ones almost always accompany such experiences but are not captured in the PTSD format (Agger et al., 1999).

Local, traditional healing rituals may have a better therapeutic chance in the treatment of war trauma in non-western societies, than PTSD therapy, building on the practices that people have used to survive and heal through history. And when facing the challenge of how to alleviate human suffering in complex political emergencies it might be more useful to move to the other end of the spectrum and look at the coping, the resilience and the protective factors at work among the people we want to assist. We might look at human rights violations and testimony as one of the healing methods. We might change our approach from a »trauma approach« to a »rights approach«.

The political significance of the change of paradigm

A change of paradigm has taken place within the professional psychosocial community connected with intense discussions between adherents of the Trauma Approach and followers of the Rights Approach. While the protection oriented Rights Approach is associated with interventions that respect and protect the rights of local culture and traditions, the more treatment oriented Trauma Approach is associated with the application of western, »medical« intervention modes in developing countries.

The discussions between proponents of these two approaches are not new but represent answers to challenges that in different variations have manifested themselves since a professional interest in the mental health of refugees and displaced began to develop in the western world in the 1950s. When the healing of war trauma became an object of scientific study and professional interventions, it was mostly prompted by the military's need for assisting traumatised soldiers, but it was also inspired by the need for addressing the psychosocial problems of the many refugees that the Second World War had created (Malkki, 1995). This development was further impelled by the need to help the Holocaust survivors.

During and after the Vietnam War in the 1960s and 1970s, theory and methods for dealing with war trauma were further developed and gave impetus to a whole new professional knowledge with a diagnosis (Post-Traumatic Stress Disorder (PTSD)) and an intervention method (Post-Traumatic Therapy) (Wilson & Raphael, 1993). During the 1970s and 1980s, when rape was an objective of extensive scientific inquiry inspired by the Women's Movement and the political discourse of feminism (Brownmiller, 1975), other types of knowledge relevant for many refugees and war affected who had been sexually tortured began being produced. Most of this knowledge was connected with a Trauma Approach with a strong clinical and individualised discourse focusing on the psychological problems of refugees or torture victims and their treatment needs.

However, parallel to this development another approach was also gradually unfolding in Europe at the end of the 1970s and in the 1980s based on a human rights discourse with focus on the *political* aspects of being a refugee. It was mainly Latin American psychologists and psychiatrists in exile from the military dictatorships in Chile and Argentina who inspired this approach. Their interest was to understand how political repression and human rights violations had affected the mental health of refugees, exemplified by concepts such as »Mental Health and Human Rights«, and descriptions of patients as »suffering from the dictatorship« (Agger & Jensen, 1996). The treatment approach was community oriented with emphasis on the resources of the refugee community and »reconstruction of the social network and preparation of collective projects« (Barudy, 1988, p. 151). There was already at that time in the professional psychosocial community

in Europe a heated debate between proponents of a more medical oriented Trauma Approach and a socially oriented Rights Approach.

Many of the themes from this debate were replicated in the discussions of the psychosocial approaches to war-affected in developing countries, unfolding in the 1990s, as it was only during the 1980s and 1990s that psychosocial interventions on a larger scale began being provided there. Until then, the study and practice of psychosocial assistance to refugees and other survivors of armed conflict had primarily been confined to the western world. During her fieldwork in 1981-82 among refugees in Sudan, the anthropologist Barbara Harrell-Bond observed, that »humanitarian aid programmes did not take account of the need for psychological services for African refugees« (Harrell-Bond, 1986, p. 185).

It was mainly in organisations such as Save the Children, which assisted war-affected *children* in the developing countries, that psychosocial interventions up through the 1980s became an integral part of the aid package. This effort was supported by the UN Convention on the Rights of the Child that was adopted in 1989.

This approach was further enforced when the UN refugee agency, UNHCR, in 1994 incorporated the standards and principles of the Convention into its protection and assistance framework by issuing its »Guidance on the Care and Protection of Refugee Children«. This initiative was followed up the same year by the UN appointment of Graca Machel, former Minister for Education in Mozambique, and wife of the former Mozambican President and FRELIMO leader, to conduct an investigation on the impact of armed conflict on children. Her report was submitted to the UN in 1996, and it had a considerable impact on the intervention strategies of UNHCR and UNICEF as well as other organisations protecting children in the developing world (Machel, 1996).

The systematic inclusion of psychosocial assistance into the humanitarian Aid package for war-affected *adults* started later mainly in connection with the Balkans wars in 1991-95, and the increasing expansion of humanitarian aid into the area of rehabilitation. In 1991, UNHCR had issued »Guidelines on the Protection of Refugee Women« (UNHCR, 1991) in which it was recognised that »counselling services should be provided for refugee victims of trauma, especially for refugee women...(p. 20). However, it was also recognised that »...mental health services are lacking in most refugee camps« (p. 53), and that UNHCR should »institute counselling and mental health services for refugee women, particularly for victims of torture, rape and other physical and sexual abuse« (p. 54). However, no organised UNHCR psychosocial programme was started on the Balkans until the beginning of 1993. Around this time, many other international organisations had also started psychosocial programmes, and in 1994 we counted a total of 185 smaller or larger psychosocial programmes in Bosnia and Croatia (Agger, Vuk & Mimica, 1995).

Most of these programmes were in theory based on a Trauma Approach, while they in practice were providing community-oriented social services at basic levels. Moreover, it proved difficult to apply a Rights Approach during an armed ethno-political conflict that took place in a European context:

- The national professionals who were educated in a strong medical tradition did not support a Rights Approach;
- The discourse of PTSD and rape were very prominent both among international and local professionals who at that time saw these issues as the most important threats to psychological well-being;
- The complex emergency of the Balkans was so »complex« that it prevented a clear understanding of whose rights to protect: who were the victims and who were the perpetrators? A focus on a technical or medical Trauma Approach was therefore seen as the best way to avoid taking sides in the ethno-political conflict (Mimica, 2001).
- One of the important methods of the Rights Approach, the testimony Method, proved to be a problematic intervention in an ethno-political conflict.

The political significance of the Testimony Method

Witnessing and advocacy are important aspects of a Rights-based Approach. A Rights Approach builds on basic human rights and has thereby guidelines for optimal standards of protection and assistance. This approach has helped move beyond a model of service provision and the stigma of being »treated«.

I was first in contact with a Rights Approach in the 1970s during my participation in consciousness-raising groups in the Women's Movement where we tried to understand how »the private is political«. In the 1980s I worked with the Testimony Method in psychotherapeutic work with political refugees who were survivors of torture. Chilean mental health professionals had developed the method during the dictatorship where it served the dual purpose of collecting evidence against the dictatorship and providing the survivors with a means of catharsis as well as integration of the stressful experiences.

The survivor's story is recorded and written out. It is approved by the survivor and given to him or her to use as they wish. The Testimony Method has several important symbolic aspects: the evil is transferred to the »clean« white paper; the story is now in the power of the survivor; the Testimony channels aggression in a pro-social and useful way by becoming evidence that could possibly help other survivors.

However, it can be a rather complicated endeavour to advocate human rights in civil wars and complex emergencies. Careful discussions are re-

quired in situations where universal human rights standards could become weapons of war used by warring factions who accuse each other (often rightly) of human rights violations. There is no truth about right or wrong here, but only personal beliefs and ethics.

During fieldwork in Chile, I had felt how fear creeps into a person who lives in a terrorist state, and how this fear can lead to denial and mistrust. These feelings were not different from my experience of life in the former Yugoslavia during the war: betrayal was at the core of the social wound in this tormented region. The human rights model attempts to raise awareness among people about these psychosocial dynamics, so that they can protect their sanity and dignity: they are experiencing a political problem, not a personal mental health problem.

Under the state terrorism that we often see in ethno-political wars, the social strategies of splitting and victimisation are directed at all societal levels: at the individual, the family, the group and the whole society. In the former Yugoslavia, this type of strategy threatened the many mixed marriages (Agger, 1996). Also here, a human rights approach involves consciousness-raising about the political implications of this policy. The ideology of ethnic nationalism that was reigning in the former Yugoslavia was a powerful strategy for splitting and victimisation. However, during the war, project participants and national mental health professionals mostly rejected raising awareness about the destructive consequences of this ideology.

Consequently, the over-all purpose of a human rights movement is to counteract silence and destruction by denouncing and healing. A human rights movement is built on social relations between people, and in Chile it was the collective consciousness and moral community of this movement that was the primary denouncing and healing agent. It was this collective and this moral commitment that was able to create a force to counteract the repressive strategies. However, in the former Yugoslavia there was no cross-national human rights movement. The various ethnic groups (the Croats, the Serbs, the Muslims) had their own human rights organisations that mostly denounced violations committed by the other ethnic groups, not by perpetrators from their own group. In this way, a human rights approach could actually help feed the war propaganda. *Within* ethnic groups human rights work was done, testimonies collected, and violations were denounced. But in the context of ethno-political warfare, it was as if the Rights Approach would only aggravate the conflict, creating more hatred when testifying against »the evil other«.

In a Rights Approach, the personal suffering can be integrated by allowing it to become part of the survivor's history through the giving of testimony. On the family and group levels, we saw how the suffering in Chile was integrated through the work of the Associations of Family Members, and the various other survivor groups that flourished, and that co-operated

closely with the psychosocial NGOs. On the societal level, national rituals of remembrance were performed, as well as the symbolic healing attempted through the Truth and Reconciliation Commission. Self-empowerment was nurtured by membership of a collective movement; a human rights movement that validated the injustice a person had suffered projecting the guilt and shame towards the abusers. A human rights movement works on all levels: the private, the professional, and the political levels of society. The work is focused on the individual, the family, the survivor group and on all of society.

Between therapists working in the Chilean human rights movement there were theoretical differences as to which intervention method was the »right« one: a psychoanalytic, a systemic, and existentialist approach, but these differences were minor in relation to the overall attitude that recognised that the private, professional and political levels could not be separated.

A question that arose again and again was: the problem of silence and speech. In a dictatorship silence is supported. After the dictatorship has ended, many members of the new government want to forget. The survivors of abuse feel that speech is painful. Researchers and therapists who ask questions about the suffering may become new violators. *When should there be silence, and when should there be speech?* Or maybe the question should be posed in another way: under which circumstances should the unspeakable be spoken?

When I arrived in the former Yugoslavia, I tried to find out if elements of the Chilean Rights Approach could be useful under conditions of ethno-political warfare. When discussing with national mental health professionals, they often mentioned the lack of a Truth and Reconciliation process after the Second World War as a reason for the violent hatred demonstrated in inter-ethnic atrocities committed during the present Balkans wars. This I saw as an expression of a need for public justice to take place.

But was there now a human rights movement that could initiate a Truth and Reconciliation process? If so, how could international NGOs help strengthen this movement? Was there denunciation, a public outcry, blaming those responsible, on all sides of the frontlines, for the violations of human rights? Were human rights violations investigated and denounced? Were testimonies taken that verified the reality that was officially denied? In the psychosocial treatment of people who had been abused, did the professionals relate the private suffering to the political reality of human rights violations? Did people know about their human rights through educational and consciousness-raising programs? Were there survivor groups and networks at the grassroots level? Were there professional solidarity organisations or institutions supporting survivors? Were there any »protective shields« under which human rights work could be done? To most of these questions, the answer was »no«. Then main problem was of developing a

human rights movement that worked across ethnic and national frontlines – and above the logic of war.

The political significance of a suffering-based approach in an ethno-political conflict

The Croatian psychologist, Jadranka Mimica (2001), who co-ordinated NGO psychosocial work in Bosnia and Croatia during the war, says that many of the national mental health professionals from the former Yugoslavia did have awareness about the political aspects of mental health interventions, but it was not so clearly formulated. When the war started there was great confusion about how to position oneself as a psychotherapist who wanted to help. All political standpoints were seriously challenged, and the mental health professionals needed time to adjust their political attitude. In addition, they were all quite affected by the war, by fear, by sudden poverty. They chose to defend themselves by narrowing the overall picture and offer what they knew, which was some type of therapeutic approach. A therapeutic approach was experienced as a technique that was above the daily politics, which consisted of interethnic tensions, nationalism and war. This also meant that they – as holders of the technique and skill – could offer services to all people regardless of their ethnicity, and thereby place themselves above the logic of the current warfare. They almost felt an envy of surgeons who could just »do their cutting« (p. 133) without challenging their beliefs or values.

This was a political standpoint, but it also became the coping pattern of many national mental health professionals in the former Yugoslavia at that time. In a sense, according to Mimica, it was also part of their initial processing of the war, since they were not able to articulate political dimensions (in the form they can now, after the war has ended), before they had been able to process it in themselves.

A Rights Approach, or placing therapeutic work into a political context, was simply too painful at that time, because it might involve entrapment in a nationalistic pattern, and »taking sides«. Aggressive nationalist mothers were stressing the ancient victim hood of the Croatian people that had constantly been exposed to Serbian dominance and violence, while the Croats had developed a culture of work and peace (this was the main stream political approach of those who stressed the rights of the Croats to their own state). To avoid that, the mental health professionals developed a »suffering based approach«, to protect them from this type of propaganda. This was the political base, or context, in which their approach was developed. The source of this medicalisation or »professionalism«, as they called it, was clearly political. It was the choice of decent people – and that was a very

progressive choice at that time: to deny the political dimensions of their work, to avoid these aspects, and to base the work on suffering.

They were not able to focus on universal human rights. The main stream Rights Discourse at that time in Croatia was focused on the rights of Croats to have their own state, cleansed of Serbs, but anti-nationalistic professionals focused on universal suffering, which does not imply or lead to hatred and nationalism. When they started working during the war, the overall goal was to offer people a space to ventilate their ethnic tensions and afterwards go home and live as before. Anti-nationalistic professionals were accused of not being aware of the political implications of their work, while they in fact were very much conscious of the political challenges involved in their work. The choice of the Trauma Approach was their most progressive political choice, and the only one they could articulate in the midst of all the suffering accompanying the dissolution of the former Yugoslavia.

The political significance of the cultural challenge

If we move from the South Eastern European context of the former Yugoslavia to an African or Asian war context, even more challenges will meet us as western mental health professionals wanting »to help« the war-affected people. When travelling to these cultural spaces and giving training courses in PTSD, it would be important to remember the words of the anthropologist and psychiatrist Arthur Kleinman who in 1988 wrote that »what is necessary for healing to occur is that both parties to the therapeutic transaction are committed to a shared symbolic order« (Kleinman, 1988, p. 137-139). But already as early as in 1983, the World Health Organisation recommended that western health professionals learned to work with non-western healers (in Bannerman et al. cited in Kleinman, 1988, p. 130).

Angolan mental health professionals working with an American NGO, Christian Children's Fund (CCF), have taken the lead in the revival and integration of traditional methods of healing for war affected children with, for example, a project for re-integration of demobilised child soldiers. The staff members are critical of the western Trauma Approach and they have criticized the widespread use of the PTSD terminology in the work with war-affected children. They have alone or together with South African and American psychologists produced a number of articles advocating an integration of traditional African and western methods. National healing methods involve the services of different Christian churches, traditional village chiefs, and traditional healers.

The general objective of their project has been to contribute to the psychological and social reintegration of almost 10.000 registered child soldiers. Around half of these children were 13-14 years old when they

started military careers. The project helped the families find and re-unite with their children of which some had fought »on the other side«. A lot of families had received no news of their children for more than 2 or 3 years and many thought they had died.

The children had been recruited by force or voluntarily. They were taken from schools, from their homes, or kidnapped during military attacks. Those who joined the army out of their own will did it from political or ethnic motivation, from peer pressure or in a search for protection, food or the power that comes from owning a gun. Having a gun enabled them to loot, and to challenge the authority of the elders. The children had been exposed to hard, military training, had lost contact with close relatives or friends, their names had been changed, they had been given hallucinogenics, they had been brainwashed – and this whole process of »psychological pressure made them loose their previous identity and assume a new one: that of a merciless killer« (Monteiro, 2000). Girls were mostly used for domestic work and many were also sexually exploited.

When most of the child soldiers returned to their communities: »they were received with traditional ceremonies of reintegration and purification rites, which in themselves helped in the reintegration process and gave the children spiritual tranquillity. These ceremonies varied from region to region and involved the child's family and the community itself. In addition, in some cases, the children were officially presented during religious cults and received a blessing« (Monteiro, 2000). The role of traditional healers, who were also consulted at a later date if a youngster manifested some illness or some sort of psychosocial disturbance, was mainly concerned with purification and expulsion of evil spirits.

However, we should not be too romantic about these rituals. According to the South African anthropologist Alcinda Honwana (1997; 1998; 1999), some traditional healing practices are considered to be dangerous and damaging, and it is therefore important to identify safe and helpful practices for the healing of the social wounds of war. But psychological distress and trauma certainly have a social and cultural dimension, and there is a body of knowledge in local traditions that can be useful.

With the »cult of the ancestors« that is widely exercised in African countries, spirits of the dead are responsible for promoting the wellbeing of individuals and entire communities, but they can also do harm if they have evil intentions and want to punish people. The spirits of the dead must be placated through rituals of veneration, but – very importantly in this context – the dead must also be given a proper burial ritual for the living to be able to establish a positive relationship with them.

In *wars* it becomes extremely difficult to bury the dead properly, and their spirits are believed to be unhappy and unsettled with an enormous potential for harming the community. Mostly, during wars, the relatives have to perform the burial ritual without the dead body, and it is believed that

the spirit of the dead would come with the wind to join the relatives when they organise a ritual. In times of war, when the breakdown of normal life does not allow the usual burial rites to take place, it would therefore, be important to perform collective ceremonies in honour of the dead. In a post-war reconstruction of the social fabric, such rituals for the dead would be essential in addressing the social pollution caused by the anger of the spirits of the dead.

For the returning child soldiers it is believed to be extremely important to perform a symbolic cleansing before they start normal social life with their families, otherwise the spirits of those that they killed could haunt the youngsters and their families for the rest of their lives. A more complex healing process performed by specialist healers is needed when the spirits of the killed or tortured people take revenge on the ex-soldiers and cause conditions such as insanity, mental disturbance, sleeplessness or panic attacks. In this ritual, the healer also talks with the youngster about what happened in the war – in this way having a cathartic function that could remind of western psychotherapeutic methods. However, as repeatedly emphasised by Honwana (1999), recounting and remembering the stressful experiences is not necessarily seen as a condition for healing. On the contrary, »it is often believed to open the space for the malevolent forces to intervene« (p. 115). Healing primarily happens through non-verbal symbolic forces.

However, the Angolan professionals also found it useful to have access to western approaches: »without sensitisation and training, local people typically do not connect their children's problematic behaviour – social isolation, heightened aggression, sleep and concentration problems, etc. – with the children's experiences of war and violence« (Wessels & Monteiro, 2000, p. 198). What the Angolan organisation has found to be most effective has been a pluralistic approach that combines several healing strategies such as traditional, western, and religious healing.

The political significance of the effects of war

People in war-affected countries mostly find their own ways of creating spaces in which they can heal the psychosocial wounds of war. They do not wait for humanitarian interventions when experiencing misfortune. However, the task of rebuilding social networks can be problematic indeed.

Complex political emergencies naturally have an impact on the identity of the people living in the midst of wars and conflicts. From studies of the Balkans and the Caucasus emergencies, we found that these ethno-political conflicts resulted in general trends in the social identity of the war affected, which were commonly expressed by the people we interviewed as:

- A loss of trust in a common future with neighbours and earlier friends;
- A loss of the sense of solidarity and development of feelings of being betrayed;
- A crisis of values and beliefs;
- A development of enemy images on an ethnic basis.

The development of this type of social identity is another challenge to the mental health professionals who must work on many other levels than the individual clinical level. However, in most psychosocial projects, there have been little focus on issues such as human rights and advocacy, peace-building and reconciliation, the resources and the coping abilities of the participants, community development and training of national staff in democratic participation and critical thinking about their own theory and method (Agger, Jareg, Herzberg et al., 1999).

The political significance of a Community-Based Approach

In a symposium sponsored by the American Red Cross that brought together representatives of the leading humanitarian aid organisations to discuss approaches to psychosocial interventions, it was noted in the introduction that »one fundamental point of discussion concerns the challenges of bridging the dichotomy between individual and community-based interventions...It is clear that a great deal of work needs to be done to organize practitioners and formulate acceptable theoretical frameworks from which to assess the adequacy of a response to the psychosocial effects of complex emergencies« (American Red Cross, 1999, p. 1).

The symposium identified a number of successful, cultural grounded program approaches to psychosocial interventions (based on American Red Cross, 1999, p. 5-8):

- *Culturally grounded assessment techniques*: Shift from a Trauma Approach to a Community-Based Approach (e.g. focus on healing through already existing cultural and spiritual belief systems);
- *Program design and implementation*: Promote natural support networks and coping strategies (e.g. prevent dependency on the aid organisation and the victimisation cycle by validating and encouraging traditional healing methods);
- *Sustainability of project*: Identify, incorporate and promote local capacities (e.g. recognise that competent mental health professionals may already exist in the region, and do not enlighten them on what they already know!);
- *Treatment of vulnerable groups (e.g. child soldiers, the disabled and women who have experienced gender-based violence)*: Understand community standards for socialisation (e.g. identify culture specific

healing methods in the community for vulnerable groups, including the community's capacity to reintegrate them);

- *Community support, conflict prevention and evaluation*: Focus on social support and community integration rather than clinical diagnosis. Involve evaluation and research specialists in assessment and program design to create measurable indicators of success.

The American psychologist, Mike Wessels (1999, p. 268) emphasises how »work on healing is part of comprehensive programs of post-conflict reconstruction and conflict prevention«, but that it is imperative to place »culture at the centre« in any type of psychosocial assistance so as to avoid de-empowering further those local voices and traditions which could be an important source of strength in the midst of social disintegration, following a civil war. In contexts of extreme poverty and social disruption, »psychological wounds cannot be separated from collective wounds – they are psychosocial with an emphasis on the social« (p. 269). Wessels also points out, how from an ethical viewpoint, »it is questionable to address traumas in contexts of political oppression without working to support human rights and constructive political change« (p. 270-271).

We must try to build on local cultural resources such as traditions, and human resources such as traditional healers, elders, women groups, teachers, and key people within religious communities. Also community processes – both the traditional and the official structures – should be drawn into the work. But »sadly, it is often local people who view their own approaches as inferior, believing that the modern, western, methods are better. This deeply ingrained sense of inferiority is one of the worst residues of colonialism and is itself a major form of psychological damage« (Wessels, 1999, p. 276).

Here, it could be part of the intervention to support recognition of traditional practices and collaborate with community structures in planning the projects, seeking to integrate western and traditional modes of healing.

Conclusion: the political significance of questioning

I have not been able to give any definite answers to the overriding challenge for psychosocial work in the aftermath of war and political violence. This is a context where mental health interventions may become weapons of propaganda and war. I do hope, however, that I have been able to highlight some of the important discussion points that we must take departure from in our further research and practice of intervention. I do also hope that I have been able to convey the message about the dangers of an uncritical and universal application of the Trauma Approach. The same is true for the Rights Approach, as we have seen it demonstrated in the Balkans case.

When working with people's terrorised souls, it becomes even more important to try to avoid doing more harm than good. But interventions fail, and the problem of suffering continues. The urge to »do something« for other people, that is motivating many humanitarian aid workers is an expression of a – maybe naïve – hope that it is possible to alleviate suffering. But more than often, aid workers are accused of egoistic motives for offering their help. If this help could become an expression of the aid workers' hopes and beliefs in a better future, the beneficiary and benefactor would have a chance to meet on equal terms. It is in the meeting between people that a dialogue starts: in the meeting between people representing international and local organisations, and people representing the civilian war affected population. When we catch a glimpse of each other's humanness while surrounded by inhumanity, something beautiful might start to happen, although it is sometimes hard to believe.

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