

**'Trauma, Development, and Peacebuilding:
Towards an Integrated Psychosocial Approach'**

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Table of Contents

Executive Summary	ii
Introduction	1
Proceedings: Day One	1
Session One: Introduction	1
Presentation: Mary Alice C. Clancy and Brandon Hamber	1
Discussion	2
Session Two: Theoretical Overview	3
Presentation: Stevan Weine	3
Presentation: M. Brinton Lykes	4
Discussion	5
Session Three: South Asia	5
Presentation: Shobna Sonpar	5
Presentation: Arvinder Singh	6
Presentation: Gameela Samarasinghe	7
Discussion	8
Session Four: Middle East	10
Presentation: Nadera Shalhoub-Kevorkian	10
Presentation: Rita Giacaman	11
Presentation: R. Srinivasa Murthy	12
Discussion	13
Proceedings: Day Two	14
Session Five: Latin America	14
Presentation: Carlos Martín Beristain and Pau Pérez-Sales	14
Presentation: Mauricio Gaborit	15
Presentation: Angela María Estrada Mesa	17
Discussion	18
Session Six: Western Context	19
Presentation: Jack Saul and Saliha Bava	19
Presentation: Inger Agger	22
Presentation: Joop de Jong	24
Discussion	26
Session Seven: Africa	27
Presentation: Michael Wessels and Carlinda Monteiro	27
Presentation: Augustine Nwoye	30
Discussion	31
Presentation: Victor Igreja	32
Presentation: Adolf Awuku Bekoe	34
Discussion	35
Day Three	38
Summary Presentation: Brandon Hamber	38
Group Discussions and Proposals	41
Concluding Discussion	43
Appendix A: Conference Participants	49
Appendix B: Group Discussions	59

Executive Summary

Trauma, Development and Peacebuilding Project, funded by the International Development Research Centre, sought to bring together a group of global experts working on trauma and development issues, as well as psychosocial projects. The first phase of the project brought together a 22 experts working on psychosocial approaches to trauma, peacebuilding and development from around the world at a roundtable conference which was held in Delhi, India from 9-11 September 2008. Through the presentation of theoretical and regional overviews, and individual case studies, the roundtable sought to analyse, critique, and disaggregate different approaches to trauma globally considering its impact on peacebuilding and development processes in societies coming out of conflict. In addition, the roundtable sought to help define a new research agenda in the field leading to discussions on a potential collaborative proposal by drawing on the experience of the different practitioners represented.

The roundtable began with Brandon Hamber and Mary Alice C. Clancy's (INCORE, Northern Ireland) overview of key concepts and critical questions regarding trauma, peacebuilding and development. Hamber and Clancy's presentation was followed by theoretical overviews by Stevan Weine (University of Illinois at Chicago, USA) and M. Brinton Lykes (Boston College, USA). Weine's presentation focussed on the importance of narratives in psychosocial work, while Lykes sought to situate trauma historically and an understanding of the psychosocial as implicating gender, race and class as well as to problematise the distinction between 'natural' and 'man made' catastrophes, citing the economic and social policies which exacerbated the individual and social suffering engendered by Hurricane Katrina.

The roundtable then moved to a discussion of regional overviews of South Asia (Shobna Sonpar, Clinical Psychologist and Psychotherapist, India), the Middle East (Nadera Shalhoub-Kevorkian, Hebrew University of Jerusalem, Israel), Latin America (Carlos Martín Beristain, Universidad de Deusto, the Basque Country, Spain and Pau Pérez Sales, Community Action Group, Spain), 'Western' Contexts (Saliha Bava, Houston Galveston Institute, USA and Jack Saul, International Trauma Studies Program, NYU/Mailman School of Public Health, Columbia University, USA),

and Africa (Mike Wessells, Christian Children's Fund/Randolph-Macon College/Mailman School of Public Health, Columbia University, USA).

The regional overviews were complemented, and sometimes challenged, by the presentation of case studies from Kashmir (Arvinder Singh, WISCOMP, India); Sri Lanka (Gameela Samarasinghe, University of Colombo, Sri Lanka); the West Bank (Rita Giacaman Birzeit University, Occupied Palestinian Territory); the Eastern Mediterranean Region (R. Srinivasa Murthy, World Health Organization, Cairo, Egypt); El Salvador (Mauricio Gaborit, Universidad Centroamericana José Simeón Cañas, El Salvador); Colombia (Angela María Estrada Mesa, Universidad de Los Andes, Colombia); India (Inger Agger, Rehabilitation and Research Centre for Torture Victims, Denmark); Nigeria, Kenya and Liberia (Augustine Nwoye, Kenyatta University, Kenya); Mozambique (Victor Igreja, Associação Esperança para Todos, Mozambique); and Ghana (Adolf Awuku Bekoe, National Coordinator for the Coalition on Domestic Violence Legislation, Ghana); and a comparison between ways of dealing with trauma in high-income and low-income countries (Joop de Jong, Vrije Universiteit Amsterdam, the Netherlands).

The following themes were prevalent throughout both the overviews and the case studies: the need to move beyond the PTSD v. psychosocial 'debate' while also recognising the tendency in the field to appropriate the term 'psychosocial' to describe practices associated with a limited, de-contextualised and individual-focussed PTSD approach; the importance of narrative as a means of creating and deploying more nuanced and multi-layered frameworks for dealing with trauma; the need to recognise both the importance and limitations of structural explanations of conflict, with a particular emphasis on gender; the importance of resiliency *vis-à-vis* psychosocial work, both as a metaphor and a scientific concept, and the attendant need to document help-seeking behaviours in order to operationalise the concept in various contexts; the importance of engaging collaboratively with communities when engaging in psychosocial work, be it in a 'community-engaged', 'community-based', 'community-led' or 'community-oriented' way; performance as a concept and metaphor for locating trauma and resiliency and potential means of social transformation; the need to better understand the violence which permeates situations of 'post' conflict; the need to determine whether or not psychosocial and

peacebuilding work can address issues of justice; the importance of questioning the practice and utility of a limited concept of peacebuilding in areas of chronic conflict; the need understand ‘indigenous’ healing practices without overly valorising them; the importance of fostering connections between war-affected communities and governments that are interested in their welfare; the need to better understand the process of how to integrate psychosocial work into public policy; the importance of determining how to transfer the accountability created in one social space to other spaces; the need to develop transculturally valid measurement instruments; the need to adopt a multi-disciplinary, multi-modal, collaborative and multi-systemic approach when engaging in psychosocial work, with a particular emphasis on the need to utilise both ethnographic and epidemiological studies when researching war-affected communities; and finally, the necessity for practitioners engaging in psychosocial work to retain a reflexive attitude concerning both their roles and the expected outcomes of their work.

Following from Brandon Hamber’s summary of the key themes on the final day, the conference participants broke into small groups to determine the best way to proceed with the next stage of the project. Many options were mooted (see the accompanying five conference proposals in *Appendix B*), but a consensus emerged regarding the need to produce a research report; engage in research that moves the field forward by focussing on *what to do*, as opposed to what not to do *vis-à-vis* psychosocial work, with an emphasis on both documenting help-seeking behaviours and engaging in comparative analyses; and to develop instruments of measurement. In order to link this emphasis on psychosocial work to peacebuilding and development, many participants felt that the research should also focus upon how the accountability created through healing practices and rituals could be transferred to other social spaces; in other words, determining whether or not psychosocial work can foster wider social transformation and if so, how. A broad consensus emerged regarding the development of a book or handbook and a research network, although there was some divergence in terms of their proposed style and content. Various groups noted that, irrespective of what form the next stage of the project took, any research that emerged would have to determine appropriate definitions of ‘psychosocial’, ‘culture’, and would have to devise a concept that better captures the insecurity of everyday existence in areas of chronic conflict and areas of ‘post’ conflict than ‘complex political emergency’ currently does. Many participants also argued that the research should attempt to understand the various components of

‘resilience’ within societies, with the ultimate goal of determining whether or not there are any global common denominators. Finally, many participants felt that common instrument measurements would have to be agreed upon and broadly adhered to in order to allow for both overall coherency and comparison within the research.

The conference concluded with the decision to form a small, representative working group that could develop research proposals for the second stage of the project. At present, a tentative research proposal is being developed by INCORE to be distributed to participants for discussion. A more expansive second phase of the project, built on the key issues emanating from this report, will be proposed.

Introduction

The Trauma, Development and Peacebuilding Project, funded by the International Development Research Centre, sought to assemble a group of global experts working on trauma, peacebuilding and development issues, as well as psychosocial projects. The first phase of the project brought together a 22 experts working on these issues from around the world at a roundtable conference which was held in Delhi, India from 9-11 September 2008 (see *Appendix A* for participant profiles). Through the presentation of theoretical and regional overviews, and individual case studies, the roundtable sought to analyse, critique, and disaggregate different approaches to trauma globally considering its impact on peacebuilding and development processes in societies coming out of conflict. In addition, the roundtable sought to help define a new research agenda in the field leading to discussions on a potential collaborative proposal by drawing on the experience of the different practitioners represented.

Proceedings: Day One

Session One: Introduction

The conference began with opening remarks by Dr. Stephen McGurk, the IDRC's Regional Director for South Asia and China, who welcomed the conference participants to Delhi. Following Dr. McGurk's remarks, Dr. Brandon Hamber of INCORE reiterated the rationale for the project, emphasising that the aim of the conference was to tease out the relationship between trauma, development and peacebuilding with the goal of outlining 'best practices' for practitioners working in war-affected regions.

Presentation: Mary Alice C. Clancy and Brandon Hamber

Brandon Hamber was then followed by Dr. Mary Alice C. Clancy of INCORE, who provided a broad overview of the key concepts and critical questions in the fields of trauma, peacebuilding and development based on the paper written by herself and Dr. Brandon Hamber. Clancy summarised the many criticisms of the medicalised, predominately Post-Traumatic Stress Disorder (PTSD)-led approach to diagnosing and processing trauma brought about by political

conflict. Clancy then broadly outlined the psychosocial alternative to medicalised approaches to trauma: in contrast to the Cartesian dualism associated with many medicalised models, psychosocial approaches recognise that an individual's psychology is not wholly internal, but rather partially arises from his/her 'practical engagement with the world'.¹ She then grouped psychosocial approaches into three broad, and sometimes overlapping, categories: rights-based approaches, 'community-based' or 'cultural' approaches, and/or gender based approaches. Clancy concluded by outlining some of the problems and contradictions associated with these approaches, but ultimately contended that the relationship between peacebuilding, development and addressing the trauma of political conflict are intertwined; that is we cannot adequately address trauma without placing it at the heart of wider peacebuilding initiatives and development programmes, and *vice versa*.

Discussion

During the discussion which followed Hamber and Clancy's presentation, Mauricio Gaborit reiterated that the three categories were not discrete, and Professor Augustine Nwoye argued for a need to create a separate category for indigenous methods, rather than grouping them under the heading of 'community-based' approaches. Saliha Bava noted the need to explicitly define culture before moving to a discussion of cultural based practices and approaches, as well as the need for a clearly defined methodology. Rita Giacaman expressed her preference for eschewing the term 'violence' in favour of an emphasis upon 'violations' given society's active role in bringing about both oppression and violence. Pau Pérez-Sales questioned the relevance of discussing PTSD in light of the IASC's guidelines,² which tell practitioners what not to do when intervening in emergency and post-conflict situations. Joop de Jong seconded this point, arguing that the challenge for researchers was to devise a means of testing the IASC's guidelines in the next 5-10 years, and combining psychosocial approaches to trauma with peacebuilding (specifically mentioning truth and reconciliation commissions or TRCs) and development.

¹ Summerfield, D. (2005). 'What exactly is emergency or disaster "mental health"?'?, *Bulletin of the World Health Organization*, 83(1), 76.

² IASC (Inter-Agency Standing Committee) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, available at <http://tinyurl.com/iasc-psychosocial> [accessed 1 December 2008].

Carlos Martín Beristain concluded the discussion by stating the need to develop a strategy which allows practitioners to take action.

Session Two: Theoretical Overview

Presentation: Stevan Weine

The next presentations came from Professor Stevan Weine of the University of Illinois at Chicago. Expanding upon his paper entitled, ‘Trauma, Disputed Knowledge, and Storying Resilience’, Weine began by noting the need to reconceptualise trauma in a way that makes it closer to peacebuilding and development. However, he argued that the predominant critique of PTSD, ‘is more of a polemic than either an inquiry, a theoretical contribution, or a blueprint for action’. As such Weine stated that, instead of replacing one set of one-sided images for another (e.g. replacing the term ‘traumatised’ with ‘resiliency’), what the trauma field needs is to develop ways of deploying more complex and multi-layered trauma frameworks. Weine argued that this could be done through the utilisation of narratives. Weine stated that a dialogic approach ‘offers a way to rethink the dichotomous thinking that has polarised the field’. In his opinion, narrative approaches allow for a fuller understanding of trauma work and traumatic experiences in ‘difficult spots’, as the narratives that would be sought out would include, for example, those which critique the narrative of trauma professionals as bridging the individual and social realms, and those which describe help-seeking behaviours. Weine also noted that a narrative approach would help practitioners and academics to focus upon contingency instead of prediction, and would allow for more open conceptions of time. Although he did not advocate it as the sole method for understanding traumatic experiences in ‘difficult spots’, Weine emphasised the importance of ethnography as a methodological tool, but he cautioned against continuing to prioritise the concept of trauma within an ethnographic framework, particularly when this prioritisation comes at the expense of a better understanding of process. Weine concluded by arguing that the IASC guidelines challenge practitioners and academics alike in terms of where to go, and he contended that narrative provides at least starting point, if not a map.

Presentation: M. Brinton Lykes

In her presentation, Professor M. Brinton Lykes of Boston College argued that, whilst the psychosocial alternative ‘has facilitated more integrative responses’ to the myriad challenges facing war-affected communities, its failure to critically analyse structural oppression has led to its inability to adequately re-theorize trauma and its wake. Given this failure, Lykes, like Weine, noted the problematic and facile tendency to replace a discourse of victimhood with a discourse of survivorship. An attempt to ‘resituate trauma work at the interstices of a critical understanding of race, gender and social class’ within a socio-historical context led Lykes to question the categorisation of Hurricane Katrina in New Orleans as a ‘natural disaster’, citing the failed social and economic policies, political corruption and racism that systematically targeted peoples of colour and others marginalised from power and thus exacerbated the social suffering brought about by the hurricane. Lykes also questioned the conflation of community-based and culture-based programmes, and she cautioned against an overly romantic view of ‘community’ underlying many ‘community-based models’ of psychosocial intervention as such a view tends to homogenise differences or diversities within communities and to view them as being without power. In her concluding remarks, Lykes outlined six challenges to the development of a more integrated approach to trauma, development and peacebuilding that situates each concept historically within an understanding of the structural and historical roots of conflict: the need to develop a critical lens when developing psychosocial programmes so that war-affected populations do not become dependent upon foreign structures; to integrate local concerns and values into long-term health and mental health care in order to create sustainable and culturally sensitive models of intervention; to develop methods of evaluation that go beyond mere description; to challenge the unexamined assumption that the expected outcomes of psychosocial work are ‘recovery’ and ‘healing’, as such language fails to capture the search for justice and truth; to continue to interrogate the discourse of victimhood and survivorhood in the hope of eventually viewing victims/survivors as ‘human beings’, actors in complex social situation or what Ignacio Martín-Baró referred to as the normal abnormality of war and post-war transitions and to recognise the need to create programmes which address intergenerational trauma.

Discussion

In the discussion that ensued after the presentation, Saliha Bava raised questions about the role of methodology in designing and evaluating psychosocial programmes. In response to Weine's assertion part of the appeal of the PTSD model stemmed from its clarity and its ability to be replicated, Bava asked whether Weine was arguing that the goal of in designing psychosocial programmes was to create models which are both clear and replicable; Weine stated he was not arguing for clarity and replication.

Session Three: South Asia

Presentation: Shobna Sonpar

After lunch, conference participants reconvened to hear presentations on South Asia. Dr Shobna Sonpar, a psychologist and psychotherapist in private practice in Delhi, began with a regional overview of South Asia. She noted that most countries in South Asia have experienced dramatic political changes which have been accompanied by mass political violence: the partition of India and Pakistan in 1947, the emergence of Bangladesh in 1971 and Nepal in 2007. Sonpar also noted that ethnic tensions have fuelled much political violence in South Asia, citing the Tamil insurgency in Sri Lanka and the conflict in Jammu and Kashmir. She contended that South Asian states often employed extra-judicial methods in order to deal with ethnic unrest, and she also stated that the Indian state had been complicit in ethnic violence like the anti-Sikh riots in 1984 and the mass violence which occurred in Gujarat in 2002. Sonpar also noted that, with the exception of Sri Lanka, large swathes of the populations of South Asian countries fall below the poverty line and the human development indicators for many countries are low. She contended that socioeconomic deprivation provides a powerful incentive for violence when it overlaps with ethnic divisions. Sonpar also noted that poverty is not only related to conflict but also to mental disorders, and that a history of unpredictable natural disasters—a common feature of South Asia—contribute to social mistrust and is strongly predictive of war. She argued that South Asian countries' post-colonial status, with the exception of Nepal, also contribute to a climate of distrust and division, as do nationalism and the effects of globalisation. As such, Sonpar argued

that In South Asia, peacebuilding efforts must address structural violence and social injustice as well as direct violent conflict and its aftermath. Sonpar also noted that, with the exception of Sri Lanka, standards of health and welfare are low, and that where mental health services are available, the biomedical model predominates. In addition to its cultural and professional dominance, Sonpar argued that the concept and diagnosis of PTSD serves political ends, as the recognition of traumatisation in Kashmir led to the beginnings of a ‘peace process’. She stated the need to acknowledge both the negative and positive aspects of collective trauma, and to incorporate a nuanced understanding of culture when designing psychosocial interventions. However, while she noted the ‘sociocentric’ nature of many South Asian societies, she reminded participants that culture ‘isn’t always right’ and that the sociocentric and hierarchical elements of South Asian societies can be harmful. Importantly, she also highlighted the widespread corruption which hampers the service delivery elements of developmental programmes in South Asia. Sonpar ended her presentation with a discussion of her own work in Kashmir, noting the benefits of a culturally sensitive psychosocial approach and the difficulties she encountered.

Presentation: Arvinder Singh

Sonpar’s presentation was followed by Dr. Arvinder Singh, a psychologist in private practice in Delhi who also serves as a consultant to WISCOMP (Women in Security, Conflict Management and Peace). Singh discussed her experiences as a trainer and facilitator in the Punjab, Kashmir and Gujarat on behalf of the Rajiv Gandhi Foundation and WISCOMP. She stated that her work was motivated by her own experience of the anti-Sikh riots in 1984. She noted that her own experience made her aware of the importance of narrative (narratives of resiliency, narratives of neighbours helping Sikhs as opposed to killing them). In the Punjab, many children living in camps whose fathers had been killed exhibited high levels of PTSD, so Singh provided ‘healing spaces’ over the course camps organized(three days each) as part of her work. The same project was extended to Kashmir where Singh trained ‘barefoot counsellors’ to help both themselves and others. The aims of the programmes were, according to Singh, to train barefoot counsellors in the interest of sustainability, and to provide an emotionally safe space for sharing narratives. Singh argued that the healing space was important in Kashmir given the dominant cultural tendency towards passivity and acceptance, and the tendency to downplay one’s own suffering given the

nature of wider social suffering. Singh argued that Kashmir is a ‘storied community’. As collective stories locate individuals within them, and co-construct reality(Papadopoulos), she argued that stories of resilience helped people to help one another, and to not view themselves as victims. The techniques which she employed were progressive relaxation, visualisation, psychodrama, references to faith. Singh concluded by arguing that psychological programmes *must* be accompanied by other initiatives (e.g. teacher training, income generation, etc.). She noted, however, the importance of funding, and that funding cycles are inevitably shorter than the time period necessary to carry out such work, the challenge of keeping groups together, and the difficulty in documenting the impact of the work as it is qualitative in nature.

Presentation: Gameela Samarasinghe

Dr. Gameela Samarasinghe of the University of Colombo provided a response to Sonpar’s presentation, and then discussed the case study of Sri Lanka. Samarasinghe noted that her earlier work on how people cope with emotions towards perpetrators of violence led her and her colleagues to explore people’s attitudes towards human rights, justice and accountability, as these play an important role in justifying or condemning instances of torture and other human rights violations, both of which are prevalent in Sri Lanka. In her presentation, Samarasinghe discussed the findings of a study she was involved in which examined individuals’ attitudes towards human rights, justice, reconciliation and accountability. Responses were drawn from 46 adults, ten of whom were human rights activists. Samarasinghe and her colleagues used an open-ended qualitative interview to collect data, and her interviewees were drawn from Batticaloa (a mixed area of Sri Lanka), Colombo (capital, mixed), Mannar (predominately Tamil) and Moneragala (predominately Sinhalese). It was found that justice is a process and outcome of equal and fair treatment within institutional mechanisms; that the legal system was considered to be an important mediator of justice; that laws are good but their lack of implementation is the greatest problem; that being poor and/or a woman led to unequal treatment before the law. Moneragala respondents mentioned a wider array of rights (i.e. right to life, women’s rights) than did respondents from Batticaloa and Colombo, who tended to articulate rights via a reference to governance; Mannar respondents were reluctant to discuss the notion of rights—they made

reference to children's rights and fundamental rights, but the latter concept was not elaborated upon. Mannar residents mentioned the consequences of being caught in the crossfire between armed groups and the government as the predominant human rights violations which they experienced. Some of the consequences of human rights violations were described as disruptions to education, poor health. Mannar informants listed a large number of human rights violations, presumably because there was an outbreak of violence in the region prior to the study, and they also felt that class and wealth influenced whether or not individuals experienced human rights violations. The war was considered to be the major reason for the increase in—and toleration of, especially within the media—human rights violations. Moneragala informants felt that wider structural issues such as poverty were to blame for human rights violations (e.g. both parents having to work, and this leaves children home alone and vulnerable to assault). Batticaloa residents felt that the conflict was to blame for increased human rights violations, but they also noted the economic consequences (e.g. high unemployment) stemming from the conflict. Most informants characterised the dominant violations as the violation of the right to life and the curtailment of due process during the ongoing conflict. Most informants noted that the consequences of human rights violations were felt to be dire, as it was felt that a culture of impunity leads to tyranny and a negative transformation in societal relations.

Discussion

During the discussion, Sumona DasGupta thanked Dr. Samarasinghe for bringing human rights back into the discussion, and argued for an understanding of peacebuilding which allowed for the concept of non-violent conflict. She noted her own experience at a conference in Sri Lanka where use of the term 'peace' was almost viewed as an obscenity as it implied an acceptance of the status quo. Mike Wessells also noted the importance of bringing human rights and social justice back into the discussion, and asked how to couple expression of suffering with a transformative process, as sometimes finding meaning in one's suffering can lead to a desire for revenge and/or to hold on to the experience in an unhealthy way. Sonpar replied, arguing that to some extent it is a non-issue, as for some of the individuals she worked with articulation of the experience was enough. Inger Agger asked Samarasinghe about the role of faith in her investigation of human rights violations in Sri Lanka. Samarasinghe responded that the role of

faith was not mentioned very much, but that it was an important theme in her previous study examining attitudes towards perpetrators. Responding to the same question, Sonpar noted that her distinction between religion and identity and/or religion as faith came from her reading of, and experience working with the Indian political psychologist Ashis Nandy. R. Srinivasa Murthy commented that in South Asia, and in India in particular, psychosocial care has become an active component in conflict and disaster-related interventions in the past 25 years. He also noted that most interventions use community resources, rather than having outsiders parachute in with ready-made solutions, and that these interventions have been interdisciplinary, and that there have been good evaluations showing that this approach is helpful. Sonpar challenged Murthy's characterisation of the integration of the medical and non-medical in conflict and disaster-related interventions in South Asia, noting that in Kashmir 'psychosocial approaches' often simply mean going to the mental health hospital in Srinagar. Dr. Hamber noted the importance of defining peacebuilding as that which occurs before, during and after a conflict, and the subsequent implications/potential boundaries for those who are trying to render their experiences of violence and suffering meaningful. Responding to Murthy's comment, Dr. Navsharan Singh noted that given the role of the state in violence throughout South Asia, many governments have been dismissive of individuals' experiences of suffering, so she wondered if any of the panelists or participants had witnessed any change in South Asian governments' official policies towards recognition of rights violations. Pau Pérez-Sales noted that in the Latin American context psychosocial programmes are not about income generation, as plenty of these programmes exist in the region and trying to link the two in a Latin American context is problematic; rather, he argued, psychosocial programmes are about organising political and social movements in Latin America. Samarasinghe responded by noting that the conflict and the economy are inextricably linked in Sri Lanka, and it is thought that programmes which seek to improve individuals' economic well-being may also contribute to their psychosocial well-being. Saliha Bava asked whether, with the receipt of external funding, there is a tendency to export the biomedical model or if there is an openness to engage in dialogue as to what works. Arvinder Singh stated that there is an openness, but there is an ongoing problem of the nature of funding cycles (i.e. that they are only 1-2 years long). In response, Sumona DasGupta also asked what exactly qualifies as a psychosocial approach, arguing that whilst we don't necessarily have to agree upon a single definition, some boundaries will have to be drawn, although she admitted that a broad-based

approach is preferable. Adolf Awuku Bekoe from the Coalition on Domestic Violence Legislation in Ghana asked Samarasinghe how psychosocial programmes become part of public policy, and he argued that integrating psychosocial programmes into public policy should be part of the process from the very beginning. Samarasinghe said that we have a long way to go in this area, but she felt that this question could perhaps be better addressed after more individuals had presented their work. Sonpar concluded the discussion by arguing, in response to Navsharan Singh's earlier question, that the pundits of the current peace discourse are the same people who were once security discourse pundits, so how can change occur? DasGupta argued that whilst this is true, at least in India policymakers are becoming a little more aware of alternative conceptualisations of security, and that there is the beginnings of a culture of accountability in India.

Session Four: Middle East

Presentation: Nadera Shalhoub-Kevorkian

The next session dealt with the Middle East. The regional overview was to be given by Professor Nadera Shalhoub-Kevorkian, but she was unable to attend the conference. As such, Professor Rita Giacaman from Birzeit University read out a brief message from Shalhoub-Kevorkian regarding her current research into Palestinian youth and the internet, and Brandon Hamber summarised her paper. Shalhoub-Kevorkian's paper focussed specifically upon the Palestinian case rather than a full regional overview, with a particular emphasis upon the way in which the politics of exclusion and humiliation affect children, and the way in which gender causes children to experience traumatic events differently. She also emphasised the sources of resiliency in sociocentric societies, such as family and religiosity, noting that these can both bolster and undermine resiliency. Shalhoub-Kevorkian also highlighted the theme of continuous trauma in the Palestinian context, and she noted the heavy burden of meaning-making which this foists upon those subject to continuous trauma. She also discussed women and children's agency, focussing upon how young people act together, and how political action can be an act of solidarity/resiliency. Similar to DasGupta, Shalhoub-Kevorkian also noted that some individuals find the notion of 'peacebuilding' offensive in the Palestinian context because it is seen as

reinforcing established power dynamics, and she also queried the relevance of peacebuilding strategies in areas of ongoing conflict.

Presentation: Rita Giacaman

The theme of exclusion was also highlighted in Professor Rita Giacaman's discussion of the West Bank. Giacaman argued that the medicalisation of trauma failed to recognise the root of Palestinians' chronic trauma, which is injustice. Giving a brief overview of the history of Palestine, she argued that the largest trauma, which continues to affect Palestinians to this day, is the *Naqba*. She argued that the Palestinian discourse has been excluded, in both academic circles and society at large. She argued that the term 'complex political emergency' is difficult to apply in the Palestinian case given the chronic nature of the trauma. She argued that, in English, 'mental health' has been co-opted to mean 'mental disease'; she contended that perhaps 'psychosocial' was coined to get away from mental health's illness connotations. She noted that in Arabic, there is a difference—both semantically and in terms of meaning—between mental disease and the health of the spirit (to be distinguished from spirituality). As such, Giacaman challenged the conference participants to come up with a definition of 'psychosocial' which is broad and fluid enough to encompass the various meanings in various cultures. She noted that in Arabic, 'mental health' is the sum total of your physical, spiritual (again, as distinct from spirituality), psychological and social well-being, all of which are affected by various factors which partially determine one's position on the ease-disease continuum. Giacaman mentioned that she doesn't like the term trauma, as it implies that treatment is necessary; she argued that violation, and symptoms and distress as a result of violation(s) are better terms, as this avoids trauma's pathologising connotations. She argued that pathologisation must be avoided as it risks placing the Palestinian discourse outside of society. She noted that psychosocial and mental health work in Palestine have been sanitised; however, she noted that such work must address politics, power structures and justice. Giacaman then moved on to 'peacebuilding'; she argued that the terms 'peacebuilding' and 'reconciliation' are not useful in the Palestinian context where conflict is ongoing. She felt that 'peacebuilding' and 'reconciliation' work in Palestine is highly political and should not be the work of outsiders. She argued that the issue is not using outsiders to find Israelis to talk to; rather she argued that the issue is talking to Israelis who are concerned

with justice. She also noted that development aid is problematic as well, as good projects often fall prey to the corruption which follows the receipt of large amounts of aid from donor agencies. She argued that social cohesion is a better term for measuring resiliency than social capital, but she noted that social cohesion varies given the context (e.g. high levels of social cohesion during times of Israeli onslaught v. low levels during periods of more ‘mundane’ violations). She also argued that spirituality and religiosity are difficult measures of resiliency, because Islam is a total system, and it has political implications. She argued that not all interventions should be ‘community-based’, as this avoids the question of citizenship and places a heavy burden on the victim. According to Giacaman, the question is what is the role of the state in terms of service provision, and this role should be balanced against the desire to create ‘community-based’ interventions.

Presentation: R. Srinivasa Murthy

In his presentation, Professor R. Srinivasa Murthy of National Institute of Mental Health and Neurosciences, Bangalore (retired) and the World Health Organization began by noting that he was one of the first psychiatrists to study the mental health impact of the Bhopal Disaster in 1984, and that he had been involved in the Gujarat Harmony Project. Noting his experience in Bhopal and in Gujarat, in his opening remarks he made the argument that the Indian approach has always been psychosocial in focus. In his presentation Murthy provided an overview of mental health in the Eastern Mediterranean Region (EMR). Of the 22 countries in the EMR, 85% of the population has been affected by conflict in the past two decades. This has resulted in a high prevalence of mental disorder, most commonly depression, post-traumatic stress disorder and anxiety. He noted the five countries of the EMR currently experiencing conflict (Occupied Territories, Palestine; Afghanistan; Lebanon; Somalia; Sudan; and Iraq) all have prevalence rates for mental disorders within the general population, and prevalence rates are also higher for women than men. Murthy argued that trauma does exist, but the stigma surrounding mental health in the Middle East, and because of the limited availability of mental health services—either due to migration of professionals (e.g. Afghanistan, Iraq) or because the country had very limited mental health infrastructure (e.g. Afghanistan, Palestine, Sudan)—have meant that the

WHO's programmes have been 'people' programmes, with psychological components only playing a minor role.

Discussion

During the discussion, Mike Wessells of Randolph Macon College and the Christian Children's Fund responded to Murthy's presentation by noting that, whilst epidemiological studies are valuable and important, they run the risk of focussing on a narrow subset of issues and, ultimately, they lead practitioners towards counselling. He also noted that the criteria on functionality had not been validated in non-western contexts. Mentioning the case of Angola, he mentioned that there was a very low correlation between those who exhibited 'caseness' of PTSD and rates of dysfunctionality, thus suggesting that local categories may be more relevant. Picking up on the notion of 'violation' raised by Giacaman, Wessells stated that although high level of suicide rates amongst young women in Afghanistan suggest a large mental health problem, he noted that the suicide rates had more to do with the tendency to marry young girls off to old men than it had to do with mental health. He noted that while counselling is important, it's not where you start in terms of an intervention. Pau Pérez-Sales raised the same questions regarding epidemiological studies. Carlos Martín Beristain commented on the political implications of psychosocial work, using the cases of Colombia and Guatemala as examples. Rita Giacaman also questioned the nature of the WHO's interventions, noting that 'community-based' means that communities make the decisions regarding programmes. Augustine Nwoye criticised the overemphasis upon trauma in Murthy's model, arguing that the emphasis should be on development and peacebuilding. In response to Giacaman and Murthy's comments, Victor Igreja noted that 'community' is not a new alternative, to which Giacaman replied that she was not talking about community as an alternative, but rather as an alternative theoretical framework. She argued that most work in Palestine is 'community-oriented' rather than 'community-based'. Murthy argued in conflicts and disasters, the biggest challenge is to make people to recognise and respond to the changes they experience. Although most people will experience symptoms for, say, four to six weeks, but about one third of the population will experience symptoms for a year, and they require a framework in which to interpret their symptoms. In his personal opinion, Murthy argued for taking the total population as the focus of one's work, rather than focussing

upon the mentally ill. Noting the case Iraq, he stated that the WHO had to do a survey, otherwise the Ministry of Health, , would not accept the need for giving mental health priority in public health programmes. Reflecting on Murthy's slideshow of refugee camps in Africa, Augustine Nwoye mentioned his own experience in refugee camps during the Biafran War in 1967. He argued that conference participants were emphasising the trauma paradigm at the expense of a deeper discussion of the conference's other salient concepts, peacebuilding and development. Angela María Estrada Mesa provided a commentary on the effects of conflict upon women in Colombia. Joop de Jong concluded the session by mentioning that he felt that it was important that the issues of sequential traumatisation, the different nature of communities throughout the world, treatment gaps, and the need to work in a multi-sectoral, multi-modal and multi-disciplinary way had been raised during the session. De Jong also highlighted the need to engage in qualitative and anthropological research in whatever kind of scientific research which is undertaken in the trauma field, otherwise epidemiological research will fall prey to the 'category fallacy'. Brandon Hamber closed the session by thanking Murthy for agreeing to step in, with short notice, to present a regional overview of the Middle East. He reiterated the day's discussion regarding epidemiology, forms of measurement, methodology, and he concluded that these might be important areas to investigate in the next stage of the project.

Proceedings: Day Two

Session Five: Latin America

Presentation: Carlos Martín Beristain and Pau Pérez-Sales

The second day of the conference began with the Latin American panel. Dr. Pau Pérez-Sales of the Community Action Group of Spain and Dr. Carlos Martín Beristain of the Universidad de Deusto, El País Vasco provided an overview of trauma, impunity and psychosocial accompaniment in Latin America. They noted that the concept of PTSD is not useful in Latin America because of the importance of both the political context and power. They argued that the political context of violence renders victims/survivors' experiences meaningful. Discussing his own involvement in the REMHI/Nunca Más report, Martín Beristain argued that

psychosocial accompaniment in Latin America entailed fighting against impunity and involvement in social movements. In their overview, Pérez-Sales and Martín Beristain provided two constructions of peace: the ‘classic’ definition which they associate with the UN, which is primarily concerned with post-conflict activities, and a broader definition which, in addition to post-conflict programmes, also encompasses all strategies and processes which can bring about both a cessation of violence, serve as a basis for negotiations of the conditions for peace. Pérez-Sales and Martín Beristain argued that the latter has been the preferred model in Latin America, given the importance of the structural and social dimensions of violence in the region. Moreover, they also argued that the latter model allows for the concept of transgenerational trauma. The social component of violence is particularly important to address in the Latin American context, as the experience of violence often leaves individuals reluctant to organise, and because the violence of political conflict is often supplanted by new forms of social violence and polarisation in post-conflict situations. Most importantly, Pérez-Sales and Martín Beristain introduced the concept of ‘psychosocial accompaniment’ a non-hierarchical relationship which suggests polyphony (as suggested by Sonpar and Lykes during their presentations), collaboration and mutual learning between the survivor/victim(s) and the practitioner(s). As importantly, this concept draws heavily on earlier and current work by Martín Beristain and Pérez-Sales in which he has facilitated and studied the role of the community as support (see, for example, *Humanitarian Aid Work: A critical approach* (1999). Pérez-Sales also provided examples of work with exhumations that involves not only ‘psychosocial accompaniment’ but also interdisciplinary and interprofessional collaborations with forensic anthropologists and legal advocates ‘in the field’ as well as in justice seeking.

Presentation: Mauricio Gaborit

In his presentation, Professor Mauricio Gaborit of Universidad Centroamericana José Simeón Cañas discussed the role of historical memory in rebuilding social fabric in El Salvador, a theme which had been highlighted by Pérez-Sales and Martín Beristain. Picking up on Pérez-Sales and Martín Beristain’s emphasis upon new forms of violence that emerge in transitional periods, Gaborit noted that people in El Salvador do not talk about war and peace; rather they talk about

war and post-war, as the post-war period has been notable for the absence of peace. According to Gaborit, the peace which El Salvadoreans are most concerned with, therefore, is peace within. Although his presentation referred to his own work of psychosocial accompaniment in El Salvador, Gaborit chose to discuss the Latin American community in its entirety, as he argued that a sense of community goes beyond borders in Latin America, and because the experience of El Salvador is enmeshed in the wider experience of Latin America. Gaborit discussed how the emergence truth commissions in the Latin American context—and the political considerations which curtailed their power—underlined the importance of historical memory as a component of psychosocial interventions in the region. Historical memory is also particularly salient given that forced displacements, disappearances and murders were often experienced collectively, and because many of the displaced were ultimately resettled in different areas due to the destruction of their original homes; obviously, the latter experience places groups and communities' histories and experiences at risk of being forgotten or erased. Similar to Pérez-Sales and Martín Beristain, Gaborit noted the importance of non-hierarchical psychosocial 'accompaniment', and he emphasised the importance of the following objectives when engaging in psychosocial work:

- accompanying communities in reconstructing their lives by addressing the memory of their traumatic experience;
- supporting communities in their grieving process in order to enhance social and collective well-being;
- empowering communities to narrate their collective history and strengthen their social identity;
- fortifying community organisation and solidarity among communities; and
- dignifying the lives of survivors and those fallen in the conflict.

In conclusion, Gaborit emphasised paying attention to the following points when engaging in psychosocial accompaniment: (1) the community should retain decision-making power, allowing it to modify courses of action; (2) caring for care-givers; (3) retaining a focus on human rights; (4) evaluation throughout the intervention; (5) focussing on the community; (6) restoring the social fabric through the recognition by perpetrators of their actions, and within this asking of forgiveness can be essential; and (7) the recursive nature of the process.

Presentation: Angela María Estrada Mesa

Angela María Estrada Mesa's presentation utilised the case study of Colombia to highlight the socialisation processes which generate trauma. Estrada Mesa began her presentation by noting that violence has been an enduring feature of the Colombian landscape, and she identified three phases of violence in Colombia's history: traditional violence (1930-1950), contemporary violence (1960-1970), and globalising violence (1980 onwards). She also argued that three values have been constants within Colombian political culture: patrimony, corruption and social exclusion. Noting the various explanations for the conflict in Colombia (e.g. armed struggle as the only way out, populism, the globalisation of illegal drug use, the 'parapolitical' phenomenon, and social exclusion), Estrada Mesa argued that structural factors alone cannot account for the Colombian conflict. Instead, she presented the thesis that conflict in Colombia can be explained as much by the manipulation of the political as by politics. Estrada Mesa stated that the political presumes to: establish an order; organise human existence; resolve conflicts in public life; and smooth tensions among diverse identity groups. On the other hand, however, politics concerns identity practices that privilege antagonisms or egotism. She outlined a number of studies which support this analysis through the utilisation of a qualitative, interpretive, participatory action research approach within a critical social psychology framework. She noted that these studies found that the factors influencing the psychosocial effect of the conflict in Colombia were structural factors (social isolation and poverty; total political and economic control by armed groups (2000 – 2006); internal displacement, and disinformation and manipulation by the media and opinion makers); the premodern family configuration (exploitation of child labor, intrafamilial violence and child sexual abuse); and the regulation and control of subjectivity and private life by armed actors. In terms of the development of subjectivity among Colombian youth, these factors resulted in the weakening ties as a consequence of retention practices in armed groups; appropriation of the social moratorium by adults; militarised models of identity/tifications, and the development of learned helplessness in young women (forced recruitment and forced sexual partnerships). In terms of youth socialisation, the 'political' in Colombia resulted in armed conflict as a form of life project; that is the pursuit of linkages/ties to armed groups as a strategy to seek protection of one's fundamental rights; avoid threats to one's

personal social network; seek revenge within the logic of the conflict; and seek and/or secure ‘work’; the weakening of primary ties as a consequence of one’s ties to an armed group; successive experiences of frustration of one’s expectations for protection; loss of confidence in the other; and few or no ‘protective factors’ against incorporation into an armed group. Critiquing the modern/contemporary approach to trauma (i.e. the medical model) Estrada Mesa noted that the relativity of memory is a source of the loss of credibility in the (clinical) diagnosis consultation; that trauma is recognised as a function of the presence of signs that refer to a pathological entity; that it ignores cultural diversities in the expressions of psychological suffering; it fails to valorise the social function of memory and of the social fabric as a source of recovery; and that its mind/body dualism is problematic. Estrada Mesa ended her presentation by noting some of the paradoxes of the psychosocial approach. These are the victimisation/empowerment paradox; the questioning/recovery paradox; the evocation/forgetting paradox; and the reconstruction/empowerment paradox.

Discussion

Brinton Lykes opened the discussion by thanking the presenters for giving important overview of the history and forms of violence in Latin America, and the continuities and discontinuities of state-sponsored violence and the forms that it takes in the contemporary, global world. She also thanked the presenters for giving an important orientation to the multiple contributions of the particular work in Latin America, work which is often not available to the non-Spanish speaking world. She also noted that the presentations presented a number of challenges: first, how do we position ourselves—what are the values underlying that position—and what are the challenges of this work. Second, Lykes argued that, through both its absence and its presence, the presentations leave us with a set of questions about the role of gender and age, and how those ‘positionailities’ emerge—or do not emerge—in psychosocial work. Third, she argued that the presentations gave us examples of psychosocial accompaniment in the field and in the university, and she contended that this raises questions about the role of our own reflexivity in terms of both our values and how our work contributes to the development of a field that is both located within universities and solidarity movements. A final theme which Lykes brought out was the important of the

structural dimensions which underpin state violence and other contemporary forms of violence, while recognising, as Estrada Mesa mentioned, the limits of such structural explanations.

During the discussion period, Dr. Inger Agger asked about what happened to the discussion of trauma—she noted that there was much discussion about social situations and community work, but that this came at the expense of a discussion of individual suffering. She also asked the panelists if they had any means of evaluating whether or not their work had helped to alleviate individual suffering. Dr. Murthy mentioned that he had heard that Argentina has the highest proportion per capita of counsellors in the world, along with a radio programme which addresses mental health issues. He asked the panelists if they had any information about this. Dr. Samarasinghe asked Martín Beristain about the affect of testimonies on those individuals who choose to forget. In response, Martín Beristain mentioned that it is important to respect those who wish to forget, and he mentioned that in the case of REMHI in Guatemala, his team did not go looking for participants; rather, they came to REMHI. In response, Prof. Giacaman stated that participants from Sri Lanka and the Arab world strongly disagree that forgetting is a sign of a therapeutic problem; she stated that Sri Lanka and the Arab world have very different cultures, and that quite often forgetting is the best remedy. As testimonial methods are assumed to be ‘empowering’ she wondered what effects they had upon those who had constructed explanations which did not involve—or consciously avoided—testimony. Picking up from Estrada Mesa’s presentation, Prof. Nwoye asked if armed struggle is the only way to fight for human rights.

Session Six: Western Context

Presentation: Jack Saul and Saliha Bava

The next panel began with a presentation from Dr. Jack Saul of the International Trauma Studies Program at NYU/Columbia and Dr. Saliha Bava of the Houston Galveston Institute. In their presentation they noted that whilst there has been much discussion surrounding the inappropriateness of western, medicalised idioms of suffering in non-western contexts, these idioms are often inappropriate in western settings as well. In her presentation, Bava discussed her work on behalf of Houston’s disaster mental health team in the aftermath of Hurricane Katrina.

In his introduction, Saul mentioned that his previous work in the international psychosocial field led him, as a resident of lower Manhattan, to engage in psychosocial work in the aftermath of attacks on New York on 11 September 2001 (9/11). As a resident, he noted that after 9/11, many mental health specialists descended upon lower Manhattan with particular ideas about how trauma should be approached, but rarely did they ask what the needs of the community were. Describing his work, Saul mentioned that he brought the parents, teachers and principals of several primary and middle schools together to discuss children's needs, but that this gathering often served as a forum for mutual support and provided a means of normalising how a community reacts to trauma—how a community comes together, the tensions which inevitably arise, and how to provide a positive vision for moving forward. The school psychologists then started to organise parent discussion groups for two years after that, and special education teachers provided similar fora for the schoolchildren. Saul noted that against this background there was a media and professional push for PTSD and engaging in cognitive behavioural therapy (CBT), although few therapists engaged in CBT. Saul argued that since 9/11, it has been possible to push 'community resilience' as a framework, and to include its underlying principles. He noted that one of the major PTSD researchers in the US has written a paper on community-based research frameworks. However, he noted that few United States trauma researchers read the international literature. As such, he argued that one of the goals of the conference should be thinking of ways to create greater links between the trauma field and the international psychosocial field. He argued that there is a solid framework for doing psychosocial work, and that the challenges now lie in implementation, getting funding for such projects and how to go about researching such projects. He also mentioned that his work was 'community-engaged', as opposed to 'community-based'; 'community-based' can mean doing individual work and putting in the community, whereas 'community-engaged' work entails community members as partners from the beginning, even in designing and evaluating the needs assessment, and in all phases of a project's implementation. Within the project, Saul noted that he had a dual insider/outsider role: he was a community link as he was both a resident of Lower Manhattan and the Coordinator for Mental Health Services for Lower Manhattan. He noted that this insider/outsider perspective made him keenly aware of the disconnect between funding and the needs of communities. Saul then went on to discuss the concept of resilience. He noted that it started off as an individual concept, but now there is acknowledgement of family resilience and resilience which emerges at

the level of community. He noted that the resilience is a social construction, and its promotion is a process. Thus, he stressed the importance of identifying meaningful ways of promoting resiliency within communities. Discussing narrative, he noted that his own work with Chileans wherein a ‘theatre of witness’ was developed. Although derived from the testimony method, the goal was not psychosocial; rather, it was intended to be artistic performance. He argued that there are benefits in creating a situation wherein people have to get sufficient distance from their narrative in order to figure out how to depict it artistically. He also noted that this gets away from prioritising verbal knowledge in favour of a medium which prioritises embodied knowledge. He argued that this is particularly important for peacebuilding as so many of its activities (e.g. TRCs) are performative in nature.

In her part of the presentation, Bava situated her work with Katrina evacuees in Houston by noting the differences between New Orleans and Houston—the former city being much less wealthy than the latter, and the latter also being a transient city with poor public transportation. She then noted the challenges of implemented mental health programmes: first, she noted the tensions between funders’ desire to fund clinical services versus community needs. She also stated that although city and county officials noted that there was a need for services that were more comprehensive than counselling, these individuals did not have a framework or practical models for articulating what these services should look like, and that this was one of the reasons that her project’s funding was cut after six months. She also noted the problem of competing agendas, with some members of her team emphasising clinical services and others who felt that such services should be integrated into wider community services. Another challenge she noted was cultural silence, which she felt was a part of the wider political climate obtaining in the United States. Another challenge she noted was ‘what counts’ and how to measure ‘what counts’. Bava stated that evidence-based practices is ‘what counts’ in the United States, so disaster-based researchers and mental health researchers must come up with ways of providing evidence that their work is beneficial. Another challenge she highlighted was what gets funded—she argued that not enough money is allocated for designing and planning *vis-à-vis* ‘community-engaged’ services. The final challenge she noted is accountability, which is largely measured in economic terms. This economic focus, however, does not adequately capture the notion of social accountability, which is more value-based. So the challenge is to create a notion of

accountability which adequately captures both its economic and social dimensions. Bava ended her presentation with a notion of performance. She argued that all performance is culturally categorised and socially constructed. She argued that performance can be understood as metaphor, with all of our actions studied as performance. Another way of defining performance is by agreeing to define something as performance, using the example of defining psychosocial as a form of performance. Saul concluded that performative activities often become structures for transformation; he argued that their transformative potential is important for psychosocial work, because it is impossible to do ‘manualised’ treatment to promote resilience within communities. Rather, he stated that practitioners need to create open processes to aid in the discovery of what is new. He further argued that performance and ritual create the possibility wherein their structures allow for spontaneity to occur, which he contended was extremely important in both peacebuilding and psychosocial work. Bava noted that while the notion of performance is not without its problems and limitations, it can be very useful when it is accompanied by a reflexive and critical approach.

Presentation: Inger Agger

In her presentation, Dr. Inger Agger of the Rehabilitation and Research Centre for Torture Victims (RCT) began by briefly outlining her previous work with Chilean refugees in Denmark and her work in the former Yugoslavia. Discussing her recent work in India, she argued that the ‘west’ could learn much from ‘eastern’ methods and thus should be better integrated into ‘western’ psychosocial approaches, particularly the incorporation of the body. She also commented that she felt many of the papers intimated a desire to embark upon a moral crusade against ‘western’ approaches, particularly through their repeated references to Summerfield’s work. She contended that Summerfield says nothing more than what Latin American psychosocial practitioners have been saying for quite some time; thus, she argued that the research should be more scientific in its approach. Agger stated that she has been working with human rights defenders in India. She argued that many human rights NGOs in Asia are using justice as their entry point rather than a medical (‘western’) approach when they assist survivors of human rights violations. She noted that she had done a study, which has recently been

published, with one Indian human rights NGO about their ‘psycho-legal’ approach³. She noted that human rights NGOs in India and many other developing countries have very few resources with a high case load, and that this often results in no more than one to three hours of attention for each client and that they therefore want to develop realistic brief therapy methods. This is one of the reasons why several human rights NGOs in Asia have found the ‘testimony method’ useful. Another reason is the psycho-legal approach of the testimony method, which fits into the approach these organisations are already using. Discussing her work in a pilot project with The People’s Vigilance Committee for Human Rights (PVCHR) in Varanasi, India Agger stated that they had asked her to train them in use of the testimony method as a therapeutic tool in their work. Working in conservative Uttar Pradesh, this NGO documented human rights abuses, and created ‘people-friendly’ model villages and ‘folk schools’ (based on a Danish concept) wherein people can give testimony and receive psychosocial accompaniment, and are provided with health and educational assistance. She noted that this NGO did not have any specific individual therapeutic component in their work, but were interested in incorporating this element in their work given the level of psychological suffering among the torture survivors they were assisting. Therefore, Agger had trained 12 human rights defenders working with PVCHR in using the testimony method as a therapeutic tool and had also helped to create a manual which could build the capacity of other human rights NGOs for using the testimony method⁴. As part of the training, the human rights defenders collected 23 testimonies from survivors of police torture, and the therapy ended with a public delivery ceremony which honoured the survivors who had given testimony and in which their testimonies were read out and delivered to them in a nicely written format. Of course this public ceremony was completely voluntary and some of the 23 survivors preferred to have a more private delivery ceremony within their community. She argued that during this training experience, PVCHR had developed a new approach in their use of the testimony method. The most important new element was the delivery ceremony through which the testimonies of survivors became part of the collective consciousness of the community and the family. Also this ritual helped the survivor become re-integrated in their community which had often marginalized them because of their arrest by the police. In the new approach the

³ Agger, I., Ansari, F., Suresh, F. & Pulikuthiyil, G. (2008). ‘Justice as a healing factor: counselling for torture survivors in an Indian context’. *Peace and Conflict: Journal of Peace Psychology*, 13 (3).

⁴ Raghuvanshi L. & Agger, I. (2008). ‘Giving voice: Using Testimony as a Brief Therapy Intervention in Psychosocial Community Work for Survivors of Torture and Organised Violence’. *Manual for community workers and human rights defenders*. Varanasi, India: Document, available at: www.pvchr.org

testimony was recorded by both an interviewer and a note taker and was collected in two sessions after which the delivery ceremony was held. PVCHR is using the testimonies for advocacy and sees the testimony method as an important element in a ‘testimony movement’ in which the voices of the oppressed are heard. Agger also noted that she had introduced a mindfulness meditation element in both the training and the testimony method, and that she wants to develop this aspect further as both the trainees and the survivors during this pilot project had reacted very positively to the introduction of a spiritual and bodily approach which has been an important ingredient in eastern culture for thousands of years.

Presentation: Joop de Jong

In his presentation, Professor Joop de Jong of Vrije Universiteit Amsterdam argued that the field requires a greater interdisciplinary focus which draws upon the fields of anthropology, community psychology, clinical psychology, psychotherapy, psychiatry and epidemiology, in that order. De Jong argued that whilst there was a debate ten years ago about psychosocial work, the field has moved on to a point where ideas about collaborative, multi-modal, multi-systemic, emancipatory, community-based, community-engaged, sustainable projects, etc. are now taken as truisms. De Jong then discussed his predilection for the term ‘public mental health’, which he defined as the discipline, practice and the systematic actions which restore the mental health and well-being of a population, because it transcends the debate over whether one works within a medical paradigm or a social paradigm. He argued that this is a non-debate, and that one works on a continuum of care. De Jong argued that a public mental health perspective because it addresses a number of issues, not the least of which is the monitoring and mitigation of risk factors. Psychology teaches us that the greater the number risk factors present, the greater the increase of the risk of a negative psychological outcome. Thus, the application of the public mental health paradigm allows one to predict that the greater the increase of the outbreak of war. De Jong argued that the problem of PTSD is a problem in countries where there is a high density of psychiatrists and psychologists (e.g. the US, Algeria, South Africa), and that the debate is superfluous because the *DSM-V* will move from a categorical classification to a dimensional categorisation of disorders. De Jong argued that the field is castigated by the traumascape. The term is borrowed from Tumarkin (2005), but de Jong used it to describe the dynamics between

local, national and international actors which serve to influence the content of projects in war-affected areas. He argued that in high income countries, the problem which arises during a crisis is the problem of having too much help, whereas in low-income countries there is not enough help. As such, in high income countries there is a problem of coordination of resources, whereas in low-income countries there is the problem of mobilising resources. High income countries tend to focus on already active networks of professionals, whereas low income countries tend to focus on family networks. High income countries focus on clinical work, whereas low-income countries focus community and social work, and it is often easier to increase social capital in low income countries than it is in high income countries. De Jong also noted that high income countries focus upon PTSD, whereas low-income countries focus upon resiliency; high income countries do not focus upon ritual and have much more agency—although this has to be moulded—whereas in low income countries agency is often denied, and there is much greater focus upon ritual. He noted his World Bank funded study in six countries about the cost-effectiveness of comprehensive psychosocial and mental health services was opposed to medication alone, and that traditional healers are very good psychosocial healers, although they obviously cannot treat major disorders. De Jong then moved to a discussion of where he felt the project go next. He argued that if a book comes out of the project, it should begin with a statement of fundamental convergences and divergences, so as to avoid any unnecessary repetition of outdated debates; should attempt to bridge the economic development, social capital and community competencies; should try to combine psychosocial interventions with peacebuilding and bridging power differences. De Jong argued that the last goal was particularly important for TRCs, as while TRCs are legal and performative devices, many people feel alienated and/or excluded from them. Additionally, de Jong argued for greater collaboration with traditional legal systems, and to research how psychosocial work contributes to the reconstruction of states in a multi-sectoral way (i.e. working with the healthcare system, women's groups, etc.). He also argued for the need to test the IASC guidelines, and to determine how to engage in psychosocial work in acute emergencies, chronic conflicts, how do we move from the emergency phase to rehabilitation and reconstruction and who is the most suitable actor(s) during these phases (NGOs, governments, the UN, etc.).

Discussion

In the discussion period, Rita Giacaman raised several questions. First, she stated that resilience implies agency; as such, she argued that the word ‘victim’ should not be used. She argued that her project is looking at trying to understand the components of resilience in local cultures; as such, she argued that challenge for the conference participants is to determine whether or not there are common denominators of resilience within various cultures. Second, in reference to Agger’s presentation, she noted that, similarly, building resilience in Palestine has meant helping people to recognise that their personal problems are social in nature via group work. Third, she noted that many presenters have discussed providing the space for participation, but she noted that this is extremely difficult in Palestine given both the constraints of the Palestinian Authority and the Israeli security apparatus. In reference to de Jong’s presentation, Brandon Hamber argued that on one level, he felt that de Jong was correct in asserting that the PTSD debate doesn’t matter for many practitioners. On another level, however, given the way in which many concepts such as ‘psychosocial’ and ‘peacebuilding’ get appropriated, he argued that the debate is still relevant.

In response, Inger Agger argued that placing more emphasis upon the ritual elements is a way of strengthening resilience. Victor Igreja noted, however, that when you emphasise resilience, you run the risk of re-victimising victims by not acknowledging their suffering. Arguing that resilience is socially constructed, Jack Saul argued that what his research attempts to do is to see how communities define resilience, so he felt that looking at resilience in this way avoided the problem which Igreja raised. Responding to Brandon Hamber, Saul argued that PTSD does need to be kept on the table because it’s being used in the medical profession to counter something worse—that is, looking at mental disorders with no relation to an individual’s external environment. He also argued that it is a signifier that brings people who do need help into treatment. However, he also noted that, given its origins in the Vietnam War, it can be used as a political tool and can wipe out the moral dimension of war-affected individuals’ experience. Saliha Bava noted that resilience is a metaphor, and that we must be careful not to reify it.

In response, Joop de Jong argued that resiliency is a container, garbage pail concept which is too big and often too individualised—noting a recent chapter that he co-authored on resiliency wherein he argued that it is an ecological issue which plays out on different levels. As such, he again argued for the importance of anthropology as many programmes are set up without having engaged in studies to determine what the local rituals are, what are the local coping strategies, etc. He noted that CBT is heavily influenced by Buddhism to make the point only few practitioners try to seriously integrate elements of Islam, Buddhism, etc. when engaging in psychosocial work.

Stevan Weine argued that resilience can be a metaphor, but in response to de Jong, he also argued that it is a serious scientific concept which is related to the science of prevention. Whereas the science of prevention has not been well-developed in the trauma, he argued that it has great potential and therefore we should not simply regard resiliency as a metaphor but should engage with it scientifically—arguing that such engagement also includes social science and anthropological research. Noting the importance of family rituals in relation to asthma as a protective factor, he argued that resilience is a serious concept, and that the notion of prevention should be embraced.

Session Seven: Africa

Presentation: Michael Wessells and Carlinda Monteiro

The African session began with a presentation by Professor Michael Wessells of Randolph-Macon College and Christian Children's Fund and Carlinda Monteiro an independent consultant to the Christian Children's Fund (not present at the conference). In their regional overview, Wessells noted that while Africa's problems did not begin with colonisation, 400 years of colonisation must be put on the table for discussion, as must the colonising tendencies of many NGOs. He also noted the problem of poverty throughout Africa, and its root cause, social exclusion. He stated that poverty combines with issues of weak governments, corruption, power elites who garner resources for themselves, which in turn combine to produce a level of alienation and unrest which erupts in armed conflicts. He noted that Africa's conflicts are also

often animated by natural resources. He argued that while these conditions do produce depression, anxiety and trauma, most people define their problems as lying in poverty and the loss of livelihoods, social roles and support systems and disruption of traditional ways of living which provide meaning. He argued that one of the weaknesses of trauma discourse is that it pays inadequate attention to issues of grief. Also, he noted the problematic nature of the ‘post’ in PTSD given the many situations of chronic conflict throughout the world, and because oftentimes post-conflict situations are often saturated with violence as well. Arguing that African societies are inherently collective, practitioners wanting to engage in individual counselling are already headed down the wrong, potentially damaging, path. Wessells further argued that the focus upon symptoms as proxies of western-defined disorders is unhelpful in Africa; functionalities, roles and meanings are culturally constructed, and they have very rich histories within the African context. He also noted that mental health and psychosocial work have tended to focus upon deficits rather than trying to understand the sources of support and resilience at different levels. The short-term nature of mental health and psychosocial work is also problematic, as it picks at open wounds and creates false expectations. He noted that in addition to an emphasis upon sectoral (psychosocial) work, there is also an emphasis upon multi-sectoral work, which Wessells felt was healthy, as the way in which shelter and food is provided has a huge impact on psychosocial well-being. He noted that many agencies continue to work within a service idiom, with an emphasis upon what outsiders can do for local people. Wessells argued, however, should be upon what local people can do for themselves—social mobilisation, capacity building, reconstruction—which can be catalysed and facilitated by outsiders, but ultimately should come from the local population. He also noted that reconstruction is emphasised in many post-conflict situations, but that such reconstruction can end up reconstructing the status quo that brought about conditions of war in the first place, so Wessells emphasised the need for social transformation. He noted the importance of listening and learning how local people understand and feel about how they’ve been through. In spite of the variegation, Wessells argued that most regions in sub-Saharan Africa are spiritually-centred and collectively oriented, and that most problems are interpreted through this paradigm. As such, he noted the importance of traditional healers, burial and cleansing rituals in assisting war-affected individuals. While these are important resources, Wessells cautioned against their over-romanticisation, particularly as women are viewed as property in many local cultures. Noting earlier discussion about agency, he

noted that humanitarian aid fulfils entitlements, and those entitlements are coupled with duty bearers that exist at the family, community and societal level. As agency is developed, community resilience increases, and one of the things which agencies can do is to help communities to make connections with governments—as not all governments are rights abusers and some want to help—so that they could press for their rights, as this can bring about a process of social and structural transformation. Wessells noted that, overall, many NGOs do a great disservice by not respecting duly elected governments' mandates and by setting up parallel processes that can undermine them. As such, Wessells argued that there is much work on social mobilisation and collective planning and action which lays a platform for sustainability, particularly when it's coupled with policy work to enable governments to support human rights. Turning to gender-based violence, Wessells noted that while rape is a war tool throughout Africa, it is also a major threat throughout everyday life. Moreover, he argued that the loss of male role models and emasculation do not account for many forms of gender-based violence, such as the rape of children by children in Liberia. In terms of peacebuilding, Wessells argued that we need to focus upon structural violence, pay attention to issues of 'do no harm' and ask who benefits from humanitarian assistance. He argued that so-called 'community-based' programmes rush in, and end up privileging one kinship system, or one clan, and fail to understand that local power elites reproduce the same patterns of social injustice at the local level that are visible at the societal level. Wessells stated that we need to focus on rebuilding civil society, and focus on social justice on all levels—family, community and societal levels, which entails transforming institutional arrangements that perpetuate wealth and societal asymmetries. He noted that although such tasks make psychiatrists and psychologists uncomfortable, working in Africa necessitates adopting a multidisciplinary perspective which incorporates economics and political science. Wessells stated that in spite of the wealth of indigenous resources for the non-violent handling of conflict in Africa, he continues to see the importation of western models of conflict resolution, and he is sceptical of their utility in the African context. He noted the presence of both state-run and politically manufactured TRCs, like the South African TRC, and the more indigenously oriented *Gacaca* courts in Rwanda, and Wessells argued that we need to determine how to connect these venues to healing and psychosocial well-being. Noting the youth bulge in Africa, Wessells stated that throughout Africa youth are often considered to be troublemakers, particularly child soldiers, but he argued

that they are potentially a powerful resource as peacebuilders, but this depends upon the help that they receive. In terms of development, Wessells contended that we need to get beyond economic growth and wealth, and to think about societal processes that increase well-being and quality of life, whilst also asking who benefits from development—development for whom and by whose standards—and this entails linking micro, meso and macro societal levels. He noted that development does not always mean moving into big cities; it entails creating sustainable patterns of living, and in agrarian societies this often means farming and learning to preserve traditions and pursue them in appropriate ways. In terms of ‘community-based’ programmes, from a social mobilisation standpoint, it translates into local people having power over such programmes. In terms of ongoing challenges, he noted the clash between human rights and cultural practices, so practitioners need to determine where they situate themselves *vis-à-vis* this clash. Wessells also noted the weak links between psychosocial programmes and macro level political and economic changes, and he argued that the conference participants could make a real contribution to the field by making the case that psychosocial work which does not link up with wider social, political and economic changes runs the risk of becoming mere band aids. He also added that if the group could identify projects that actually link with social justice and transformational change that would be all for the good. He also noted the lack of comprehensive systems with proportional attention to different layers. Noting the example of Northern Uganda, Wessells stated that there are many good community-based psychosocial programmes, but there are few resources for dealing with those individuals severely affected by conflict and/or with mental disorders; Wessells further noted that the opposite is true in other contexts. In terms of building the evidence base, he noted that participants had talked much about community and family resilience, but that we must do a better job of constructing measures of resiliency, and empirically documenting that psychosocial programmes bolster resilience. Furthermore, he noted that researchers at Columbia University are beginning to develop an epidemiology of human rights, and he concluded by stating that such epidemiologies need to be moved to the fore if the field is to move forward.

Presentation: Augustine Nwoye

In his presentation, Professor Augustine Nwoye of Kenyatta University began by responding to Wessells's paper. He noted that Wessells was correct in highlighting the limits of the trauma paradigm in Africa. Nwoye then went on to present a case study of his own work with Liberian couples who had been affected by war. Discussing the case of a wife who was raped in front of her husband by rebel soldiers in Liberia, and who gave birth to a child who was a product of the rape. The couple had many symptoms that were typical of PTSD, and they were also troubled by the husband's failure to fully accept the child. Nwoye recommended rituals of repossession for breaking of bonds and mending of bodies contaminated by unplanned contact which has had a polluting effect. The rituals involved the cleansing and re-clothing of the raped woman. Nwoye argued that the wife and husband felt that this ritual was transformative in nature, and her ritual, public proclamation that the link between the rebel soldiers and her has been broken was understood by the husband and the community members present as having done so, as language is viewed in this context as being constitutive of the social world. A similar dynamic governed the child's renaming ceremony. As such, he argued that ritual therapy in the African context is cathartic, not in the sense of emotional release, but in the sense of moving people to a new place and allows for identity reconstruction. He concluded that earlier peacebuilding experiences in Nigeria, and the more recent Kenyan example, can provide an evidence base for best practices in Africa.

Discussion

In the first discussion session, Dr. Gerd Schonwalder of IDRC asked Nwoye if the rituals were enough to allay the husband's anxieties and guilt. He also asked if there is a repertoire of rituals in the African tradition that could offer the husband this sort of assistance. Carlos Martín Beristain asked whether or not these issues are being combined with wider attempts to dismantle oppressive social structures, and if not, do these rituals simply tinker on the margins. Pau Pérez-Sales asked if the cleansing ritual represented justice. He also asked Nwoye to comment upon the controversial *Gacaca* courts in Rwanda. Joop de Jong stated that RENAMO in Mozambique and the Lord's Resistance Army in Northern Uganda deliberately try to disrupt the ancestors' circle of reincarnation to recruit children into the war effort. He argued that in all traditional culture in Africa the rituals were enough to placate the ancestors' spirits, but that cleansing and

purification rituals are not enough for child soldiers, other ex-combatants and the general population. He stated that these groups then turn to Christian NGOs that tell them that they have to pray, but that doesn't help either. As such, he argued that the question is what to do when these rituals don't work.

In response to de Jong, Nwoye wanted to know who the practitioners were that undertook these rituals, and he argued that if these failed, we must ask if there really are people available who can successfully translate the culture and bridge the culture. Responding to Schonwalder, Nwoye argued that the man had already suffered, and he stated that he did not feel a significant amount of guilt because he was chained when his wife was attacked and did not feel that he could have done much to prevent the rape. Nwoye argued that the more pressing issue in this case was the issue of shame, as in Africa shame is emphasised more than guilt. However, if guilt becomes an issue again, Nwoye argued that, in the same way that it is deployed during funeral rites, elders can provide a cognitive discourse for dealing with guilt through proverbs and comparisons. Responding to, Pérez-Sales, Nwoye argued that there is no truth and reconciliation where there is no reparation and compensation. At a minimum, he argued, there must be symbolic structural change to show a degree of remorse and consciousness among perpetrators of having caused damage.

Presentation: Victor Igreja

The next presentation came from Victor Igreja from AEPATO (Associação Esperança para Todos, Mozambique) and former fellow at the Africa Study Centre in Leiden (The Netherlands). Igreja discussed his medical anthropological work, which focus on individual and collective strategies to deal with the multiple legacies of Mozambique's civil war (1976-92). His study was conducted in the Gorongosa region of central Mozambique. During the civil war, Gorongosa was a very violent area of Mozambique, and also the area where RENAMO had their main headquarters. He noted that the Mozambican peace agreement was based on the idea of a pact of silence, and an amnesty law was came into effect ten days after the peace agreement was signed. He argued that the idea of leaving the past behind is attractive, but in Mozambique there are many groups which rely on the past as a resource for conflict resolution. As the groups in the

Gorongosa rely upon the past as a resource, the post-war period saw the emergence of a war-related spirit named the *gamba* in the region. Igreja argued that *gamba* spirits drew upon local traditions that support interactions between spirits and human hosts as mechanisms to create healing to different types of problems. Until the end of the war, *madzoca* healers were the main sources of healing. These healers had specific practices of care-giving particularly the practice that the patient is unable to voice the problem therefore the *madzoca* healer has the sole responsibility to speak on the patient's behalf. The *gamba* spirits and healers changed this healing practice of the *madzoca* spirits and healers whereby the victim/survivor speak for him or herself, rather than the healer. Yet in order to speak a victim/survivor must have the proper language of power and authority, which the possession of the *gamba* spirit provides. *Gamba* is the spirit of a soldier killed in the war; *gamba* is the affliction that the spirit creates in the bodies of the war survivors—the affliction manifests itself in members of families that have perpetrated crimes and/or abuses during the war that they remain silent about; and *gamba* is also the healer who deals with the affliction. Theoretically, *gamba* is a social space, in that in order for the patient in a state of possession to voice the experiences of concealment and denial related to the civil war and to determine the modalities of healing one important thing must happen. The paternal relatives of the afflicted, which often are divided and in deep disagreement over some violent events that happened during the civil war events, and the surrounding community has to attend the ritual. The presence of these people fills in the space initially created by the presence of the *gamba* spirit and gives a social dimension to this space. Although *gamba* spirits are only male soldiers, they afflict males and females alike, and there are more female *gamba* healers than males. The performative ritual creates a space where accusations can be levied, but the accusations are not to leave the space, and there should be no consequences for the accusation levied outside of the space. The ritual recreates the space that gave rise to the conditions which caused the crime and/or abuse, so the *gamba* healer performs all of the actions that a soldier would have done, the idea being that the performance will trigger the scent of the spirit in the victim/survivor's body and that the spirit will come forward and tell the assembled—through the victim—how he was wronged. Igreja argued that words alone do not create reality; in order for a voice to be vested with authority, the conditions of war must be recreated, and underlying this performance is the notion that truth can be generated through action. Igreja noted that neither the state nor any NGOs were involved in the *gamba* rituals, so the community created their own

resources for dealing with trauma. Viewing *gamba* as a metaphor, Igreja argued that the *gamba* ritual is trying to show that the only way that Mozambique can move forward in terms of peacebuilding and development is for the metaphor of accountability present in *gamba* rituals to manifest itself in other social spheres. For example, in the redressing of gender relations there must be an element of accountability. As such, the next step in terms of research is how to make this step into other social spheres. A clear understanding of how this process of transference of practices of war-related accountability from social spaces of healing to other domains of society can lead to the emergence of new forms of citizenship and development from below. The research hypothesis could be that “a good mental health is a precondition for advancing citizenship through values of accountability in contemporary Mozambique.” Although Igreja admitted that African society is collective, he also noted the presence of individual values. Therefore, he concluded by arguing that another challenge is to strike a balance between the individual and the collective responsibilities in this post-war society.

Presentation: Adolf Awuku Bekoe

Adolf Awuku Bekoe of the Coalition on Domestic Violence Legislation in Ghana provided the final presentation of the day. Bekoe began his presentation by noting that Ghana rarely features in discussion of psychosocial work because the country is not embroiled in a ‘complex political emergency’, but that Ghana’s experiences of political instability merit a discussion of the country *vis-à-vis* psychosocial practices. Reflecting upon Wessells’s paper, Awuku Bekoe noted his situating trauma within a wider historical context that accounted for colonialism was appropriate. In terms of traditional methods, the politicisation of the chieftain system in Ghana can make the implementation of such methods difficult, as many chiefs are aligned with political parties. Reflecting upon Wessells’s discussion of youth, he noted that the youth are often heavily involved in conflict in Ghana, so he argued that they must be mobilised in Ghana. Discussing his own experience working with the National Reconciliation Commission (NRC) in Ghana, Awuku Bekoe argued that if fully implemented, the NRC would have been a full-blown psychosocial intervention. Awuku Bekoe stated that one of the biggest challenges for psychosocial practitioners and/or researchers is to determine the link between making policy recommendations and getting said recommendations implemented. Discussing Ghana’s transition from a military

dictatorship to a democracy, Awuku Bekoe argued for the importance of understanding the ‘public cognitive scene’ in order to deal with the issues of conflict. The ‘public cognitive scene’ encompasses historical and social memory, and the latter is particularly important, Awuku Bekoe argued, because it has political agency and if not dealt with can serve as the basis for further problems. He argued that war obliterates the public/private distinction, and as such he argued that the medical model of individual counselling is insufficient in such circumstances. Awuku Bekoe argued that mental health in Ghana is largely confined to the medical model and few politicians are interested in the issue of mental health. Awuku Bekoe stated that the NRC’s mandate stemmed from the notion that the spirit of the nation had been traumatised by conflict, and because the actions of the past were viewed as having an impact upon the present, and that prior to the elections political parties picked up on the notion that failure to deal with the past was impeding Ghana’s development. Given that it only had a two-year life span, the NRC admitted that it could not foster reconciliation among Ghanaians, but that this was a long-term process which required the political will of governments to move the agenda forward. The NRC provided individual support to victims, which the victims said was beneficial. However, he noted that there was little to the ‘social’ element of this psychosocial intervention. Nevertheless, he noted that the NRC investigated every area of Ghanaian society and made many recommendations about how to move forward as a nation. He noted, however, that while the NRC knew what needed to be done in terms of its recommendations, the NRC did not outline the institutional mechanisms necessary to implement their recommendations, and the Ghanaian government also lacked the political will to implement them. As such, Awuku Bekoe concluded by arguing that the conference participants need to think through political strategies that will engage government and in turn positively affect public policy.

Discussion

In the discussion session, Joop de Jong asked Victor Igreja about the performative aspect of the *gamba* ritual. Specifically, he asked whether or not the sincerity of the performance and possession is important, or if it’s simply a therapeutic carrier. He also noted that confidentiality surrounding the ritual is unique in Africa, and he asked whether that has to do with the atrocities during the war, or if it was a reflection of the westernisation of indigenous traditional rituals

wherein healers eclectically take on elements from the west. Saliha Bava mentioned that, when working with internally displaced persons and refugees, the difficulty is how to figure out how to engage local practices in an environment which is completely foreign.

In response, Igreja noted that he has a perspective of tradition which is dynamic, and thus traditions can be viewed as a certain form of modernity. Discussing de Jong's second question, Igreja stated that the prohibition against discussing the issues raised during the *gamba* ritual has less to do with issues of confidentiality than it had to do with the recreation of the war via the performance, as the *gamba* spirit speaks with authority in the social space which the performance creates; in other social spaces there is no authority so the discussion and/or accusations do not make any sense. Igreja then reiterated his view that peacebuilding involves the creation of social spaces: practitioners either create these social spaces, or if local communities have already created their own, then it is the job of practitioners to enlarge them. The challenge, therefore, is connecting the various social spaces in society. For example, while social space created by the *gamba* ritual creates accountability, *gamba* spirits only deal with the war. Therefore, there is a need to transfer this accountability to the issue of domestic violence in a patriarchal society like Mozambique. Nwoye responded by saying that ritual healing takes place within a symbolic space which allows for a meaning making process. He argued that this space is navigated with language and symbolic action invested with meaning. He argued that unless a practitioner is fluent in the idiom of the ritual, s/he will not be able to reach the client's spirit. When Joop de Jong mentioned that in his question he was referring to local, recognised healers, Nwoye mentioned that he was referring to a local healer who would be able to act as an interlocutor between the western team leader and the local community. In response, de Jong mentioned that he was talking about child soldiers and ex-combatants who have heard from both local healers and the Christian churches that their pain is over even though it is not over for them personally. As such, de Jong noted an intriguing hypothesis would be to consider that this is an evidence of the neurobiological impact of very serious traumatic event, and that it is also a way of interpreting the *gamba* spirits, because the practice of the *gamba* is a new, additional cultural resource in Mozambique and de Jong argued that this could be viewed as a result of the enormity of the impact of the war in Mozambique. Nwoye stated that he agreed, and that this was why—in response to an earlier question posed by Brandon Hamber—we can not do away completely with

the debate about the relevance of the concept of PTSD. He argued that the principle of truth in action recommends that if local processes do not work, practitioners should go beyond local practices and look at the medical model, or *vice versa*. Mauricio Gaborit noted that in Latin America, there are no local forms of healing so people utilise indigenous rituals that may engender healing, and he stated that it was encouraging to see similar processes in the African context. However, referring to Pau Pérez-Sales's earlier question, Gaborit asked if these rituals represented justice. He also asked what happens to non-indigenous combatants (e.g. mercenaries) who are not part of the indigenous culture; how can those who have suffered at the hands of these individuals be brought to some form of reconciliation? Brandon Hamber added to this, asking how individuals from different ethnic groups who have been affected by violence could engage in reconciliation processes when they are not part of the local culture.

In response, Igreja argued that in Mozambique, the transition from a Marxist-Leninist to a more plural political system represented a form of justice for some people, because, similar to the experience of Latin America, the Marxist-Leninist dictatorship shrank the social space in Mozambique. Secondly, he argued that when the state says that the best way to move forward is through silence, but the people dissent on the local level and engage in their own forms of healing, he argued that this in and of itself is a type of justice. It is not a typical form of retributive justice, but it is a type of justice which creates a social space. He noted, however, that this form of justice is not without its problems, as politicians use this form of local justice to defend their own impunity. Again, he argued that the challenge is to determine how to transfer the accountability created through the *Gamba* ritual to other social spaces. In his response, Nwoye he noted that in his article, 'Building on the indigenous: theory and method of marriage therapy in contemporary Eastern and Western Africa', which was published in *Family Therapy* in 2000, he argued that, like TRCs, in family therapy you listen to both sides to establish the facts and determine what type of symbolic reparation is required. He argued that in the African tradition, justice and reconciliation are not covered up. Brandon Hamber closed the session by asking the participants to think of focussing upon one way, approach and/or theme for bringing the project forward to its next stage.

Day Three

Summary Presentation: Brandon Hamber

The conference began with a summary of key issues by Brandon Hamber. He began with an overview of the concepts of peacebuilding, development and trauma. Peacebuilding was broadly defined as the processes which occur before, during and after a conflict to address its causes and consequences. He noted that the project's focus was directed towards the trauma or social suffering engendered political violence, or violations, and he further noted that Carlos Martín Beristain said we need to explain why war happens and its internal processes—Hamber argued that Martín Beristain was getting at the internal, structural, deep processes within conflict. In terms of the definition of peacebuilding, Hamber noted Augustine Nwoye's question about where do we begin and where do we end—do we begin with a conflict's most recent origins, or should we look back at an earlier period (e.g. the colonial period)? Another problem Hamber raised was the problem of the notion of peacebuilding in situations of chronic, ongoing conflict, noting that some members of the Middle Eastern panel (Shalhoub-Kevorkian) found it to be an offensive concept given the ongoing conflict. Picking up on the theme raised by the Latin American panel, Hamber highlighted the changing nature of violence in post-conflict contexts, wherein there is an increase in crime and the nature of impunity changes, and that this in turn makes it difficult to distinguish between what is political and what is not. Returning to Brinton Lykes's point about Hurricane Katrina, Hamber noted the difficulty of distinguishing between what is a 'natural' disaster and what is not. Noting the example of Colombia, he stated that the process of peacebuilding was often non-linear, with several peace processes occurring simultaneously, and he argued that this raised further questions and problems *vis-à-vis* intervention. Hamber also argued that one of the dominant themes emerging from the conference was what needs to be built when we talk about 'peace': are we talking about stopping people from engaging in conflict or are we talking about social justice? In his final remarks on the subject of peacebuilding, he raised the question of how does the notion of psychosocial intervention relate to all of these questions and problems?

He also noted that the issue of development was raised in the background, he argued that development was about more than simply aid, and that it too was a non-linear process. Referencing Mike Wessells's presentation, Hamber raised the question of whether development was just about wealth creation, or was it about more, i.e. human security? Hamber then asked how do psychosocial projects link to development; in South Asia psychosocial projects are often linked to income generation, but in the Latin American context it was argued that political awareness and social movements were integral to psychosocial projects, and that income generation was a secondary concern at best. Hamber then asked what psychosocial means in contexts where there is no development, or there are threats to development—is just a piece of the puzzle, or what mental health workers offer in a discrete way, or can it interrelate to the process? Further, Hamber noted the question raised by Joop de Jong as to whether psychosocial initiatives could relate to policy changes more broadly.

Moving on to the concept of trauma, Hamber noted the commonality within the papers regarding the PTSD critique, and he noted that perhaps that commonality could be relocated in one central paper to avoid repetition. He also noted Stevan Weine's argument about the importance of retelling the trauma narrative in both the individual and wider contexts. He also raised the question of psychosocial as an 'alternative'—is it really an alternative, does it overlap with other models, or is it now the dominant model—and he argued that there appeared to be some tension among conference participants regarding this question, particularly as the term 'psychosocial' is often adopted, which Hamber viewed as a positive phenomenon, and co-opted into dominant medical approaches without much change in practice, which he viewed as a negative phenomenon. Returning to the narrative theme, Hamber also raised Weine's question about whether or not there is a story to be told about the very concept of trauma, and the need to tell the story, or re-story, the role of mental health professionals *vis-à-vis* trauma, with a particular emphasis upon neutrality and control. Hamber also asked what are we learning from different contexts, i.e. north-south, east-west, and what is the direction of the learning/exchange? Is there a process of evolution from a narrow definition of trauma to psychosocial work or not? Do we have a shared definition of culture? Are culture-based interventions different from indigenous and culture-based interventions? Noting the contested nature of the term 'community', Hamber highlighted four different uses of 'community' during the conference: 'community-based',

‘community-engaged’, ‘community-oriented’, and ‘community-led’. Hamber also noted the problem of defining ‘victims’: is it a discrete category; what of perpetrators who are also victims? He also noted the multiple meanings of ‘empowerment’ raised during the conference, the problem of defining resilience, justice, and even what we mean by ‘trauma’ and ‘psychosocial’. Are we closer to defining to ‘psychosocial’, do we need to define it, or is a broad understanding enough? Hamber also noted the different methodologies used in both creating and evaluating psychosocial projects—participatory action, epidemiology and ethnography. Hamber also highlighted many participants’ emphasis upon the need to know what works in the field, and what doesn’t work. In terms of what undermines work, Hamber noted the problem of funding cycles, a lack of resources, political instability and insecurity, and how gender, race, caste and class affect who get access to service and what type of services. Moreover, Hamber noted that, in addition to what works, does this work make a difference, and what are we, as professionals, trying to do? Are we trying to help individuals feel better, or are we trying to engage in a wider social process? Hamber also noted the need to examine the underlying assumptions of our work: is remembering assumed to be good and forgetting bad? Can TRCs in and of themselves be considered psychosocial interventions, or is this too wide a definition? Can psychosocial interventions be considered preventative, and where does prevention fit within this work? How do psychosocial initiatives relate to social and political justice, transformation and peacebuilding and justice? Noting Victor Igreja’s argument regarding social spaces, Hamber stated that he felt the nub of the problem was in this very area—that is, how does psychosocial work relate, connect or link into social and political transformation?

Hamber then proposed several directions in which the project could be taken forward. First, he noted the idea of a handbook wherein the current papers were reworked with the case studies added, and/or the current papers were reworked to highlight fundamental convergences and divergences and prevailing themes, i.e. psychosocial and development, psychosocial and gender, psychosocial and impunity? Hamber also asked whether or not the commonality regarding the problems with the concept of PTSD could be reworked into a joint statement by all of the participants highlighting fundamental convergences so as to mitigate repetition? Finally, Hamber asked whether or not a handbook would be practical.

Second, Hamber proposed a research project that operated along the lines of large EU projects; that is researchers are divided into groups and each group worked on a different work package. The proposed research project would try to outline the linkages between psychosocial, peacebuilding, justice, accountability, social justice and development. Should this research be approached comparatively or thematically, or should we just focus upon one country to get to grips with the complexity of political violence in a very deep and nuanced way?

Third, Hamber proposed that this conference could signal the beginnings of a learning network which can enhance the east-west, north-south dialogue, and can serve as a basis for mentoring and exchange with young professionals in developing contexts.

Finally, Hamber noted that we have the beginnings of a psychosocial database of projects and practitioners, and he asked the participants to consider whether or not the database had the potential to be a useful resource.

Group Discussions and Proposals

The conference participants then divided into small groups to discuss these four areas with a view to coming up with priority areas for the next stage of the project. The groups reconvened 45 minutes later and presented the following proposals (detailed summaries of their proposals appear in *Appendix B*):

Group One argued for a research proposal with three components: a book, a research project and the creation of a research network. The book would eliminate the repetition within the current papers by beginning with a consensus statement that would outline an integrated position on psychosocial work while also highlighting areas of divergence between the authors. The book would consist of regional case studies, and it would conclude with a section outlining research gaps and areas of further knowledge. The research project would test the additive effects of a holistic, psychosocial approach to trauma, development and peacebuilding. The form that the research network would take was left open, but it was proposed that it could operate on a north/south, east/west basis, and/or that it could include a gender dimension.

Group Two proposed writing a book, hosting a conference and creating a research network. The group argued that the proposed book should be thematic in focus, with an emphasis on cross-cutting themes, and that the conference should include a wider audience (e.g. policymakers). They felt that the research network should serve to mentor both project participants and other individuals who research and/or serve as practitioners in the fields of psychosocial work, peacebuilding, trauma and development; they also suggested that this network should work in tandem with the proposed book and research project.

Group Three presented a staged proposal that would consist of four elements: establishing of a working group to determine how the psychosocial database should operate, creating networks, writing a two volume handbook and engaging in further research. Like Groups One and Two, Group Three believed the networks should have a mentoring component, and they also felt that they should include learning spaces and face-to-face gatherings. They argued that the first stage of the handbook should involve redrafting the current papers with additional input from authors from north/south and east/west contexts, and should include additional case studies. Similar to Group Two, some members of the group felt that the second stage of the handbook should be thematic in nature, and they also argued that the authorship should be cross-regional. The group suggested several potential research projects, with an emphasis upon how the creation of social spaces can be used to engender wider processes of transformation.

Group Four proposed establishing a research network and engaging in further research, with funding allocated equally between the two. They felt that the research should attempt to determine measures of impact, engage in comparative evaluation and contain a thematic component.

Group Five suggested producing a book/handbook and engaging in further research. The group suggested that the current papers should be revisited and redrafted after the conference proceedings are published; they also emphasised the need to revisit certain concepts (e.g. ‘complex political emergency’) in light of some of the discussions that occurred during the conference. After the book/handbook’s publication, the group suggested meeting to discuss the

logistics of the research project, which they argued should have a thematic component and should address the extent to which psychosocial approaches can/cannot address social justice. Group Four deemphasised the importance of focussing directly on the database and networks, as they felt that both would emerge organically over the lifetime of the project.

Concluding Discussion

During the discussion period, Rita Giacaman pointed to constraints, namely a lack of capacity in ‘southern’/‘eastern’ contexts. As such, Giacaman outlined what she felt to be the immediate needs that emanate from this lack of capacity: one, the need for measurement instruments that depart from the biomedical model; two, engaging in the global debate in order to change the trauma paradigm. Joop de Jong suggested a round-robin email where known instruments could be exchanged and then determining whether or not they can be used in a particular context. Brandon Hamber asked for clarification regarding what Giacaman meant by measures, and how she felt that related to the next stage of the project. Giacaman responded by stating that she was referring to measures of psychosocial health and outcome as it relates to the political domain that we can test and use for comparative purposes in different parts of the world.

In an attempt to summarise the areas of consensus within the five proposals, Hamber noted that there appeared to be a consensus regarding the utility of an edited transcript of the proceedings. He noted that there were a number of suggestions *vis-à-vis* a handbook/book, and that whilst it shouldn’t be prioritised, that the database could be a useful resource if other databases could be identified and interfaced with. The importance of a network was also highlighted, but overall the consensus appeared to be that the network would emerge somewhat organically rather than being the product of conscious design.

In terms of the research report, Joop de Jong suggested getting a master’s student to engage in textual analysis, and Saliha Bava mentioned the idea of creating a podcast. Brinton Lykes noted the need for a decision regarding what we are going to do with the commissioned papers first before making the conference material available to the public. Pau Pérez Sales suggested nominating a global editor to reduce some of the repetition within the papers. Rita Giacaman

asked why we were doing this, and what our priorities are. Saliha Bava mentioned that if the project was going to be interdisciplinary, we should put out a conceptual statement, and draft a consensus statement so that regional papers can focus more upon the particulars of the region rather than repeating concerns about the biomedical model. Rita Giacaman argued that while the current papers are useful, they should only serve as the basis for a conference report; addressing the global debate requires commissioning new research, not reworking the current papers. Brinton Lykes argued that the Latin American and South Asian overviews present material that isn't always accessible, and that therefore the current papers should be reworked, should be produced relatively rapidly (with a consensus statement which highlights areas of consensus and divergence), with the addition of some of the case studies. Joop de Jong argued against regional case studies, as he felt that there is too much intra-regional/intra-continental diversity to make it an intellectually worthwhile enterprise. De Jong argued that authors could conceptualise their chapters in terms of what is specific to their case studies, leaving the generics and what is more or less universally agreed upon within the field to a consensus statement. Victor Igreja argued that there are a number of handbooks and papers available on these topics, and he didn't feel that accessibility should be the *only* criterion which determines the way forward in terms of the project. Based on the discussion in Igreja's group (Group Three), he noted that a key group of concepts by which social transformation in different societies could be compared, and he argued that this would represent a contribution to the field. Rehashing debates on PTSD and the medical model, however, would not represent a contribution. Igreja noted that he was particularly interested in discussing how to engage in comparative work with the members of the Latin American panel. Sumona DasGupta stated that she tended to agree with Victor Igreja, but in terms of the handbook she felt that a good introduction would take care of many of the issues raised regarding repetition. She noted several commonalities which she felt emerged over the course of the conference were: justice—how is the issue of justice dealt with globally, can psychosocial approaches deal with the issue of justice, and can peacebuilding address issues of justice—and, particularly with reference to Africa, South Asia, and Latin America, how do you carve out a form of peacebuilding which does not delegitimise protest. She noted again that the handbook should be put out rapidly, and then the group should move on to the research. Victor Igreja argued that the handbook was not the only way of acknowledging the work of those who wrote papers for the conference; for example, they could be reworked into articles and the financial

support of the IDRC and INCORE could be noted. He insisted, however, that the only way to move forward was to utilise the synergies mentioned during the conference to engage in comparative research. He concluded by arguing that he did not feel connected to the idea of a handbook. Stevan Weine argued that we shouldn't necessarily rush to do a 'Part Two', as there may only be resources to engage in 'Part One' of the project. Therefore, he argued that we should take care to make sure that during all of the stages of the project we are putting out work of which we are proud. Joop de Jong also noted that if the project results in a book, we should take care to try to overcome the problems of distribution by also publishing some of the papers in an online journal. Saliha Bava noted that we have no idea what resources are available, and that conversations regarding what we should do in the next stage of the project may shift depending upon the availability of resources. She also noted that there may be different areas that may be emphasised based upon agendas (i.e. those who have already written papers might push for publication of a handbook). Mike Wessells argued that, rather than trying to rush towards a decision, we might think of creating a small group process so that more options can be mooted and refined. Brandon Hamber seconded that, and also noted that the original idea was to have a handbook where every participant would be included, but this was going to be a staged process due to resource scarcity.

In terms of the database, Joop de Jong asked for clarity *vis-à-vis* what the database would include, as he felt that a database of activists was important, as was a database of publications, and he also felt that a database of manuals would be very useful for practitioners in non-English speaking countries, because these manuals required in order to train local workers, but they are also difficult to source in their non-English formats. Hamber responded that the database largely consisted of a database of psychosocial projects.

In terms of the network, Hamber stated that the consensus appeared to be that a network should, or will, emerge organically. Pau Pérez Sales argued that, in terms of the proposals, there were more commonalities than divergences, and that most of the groups were most interested in engaging in research. Second, he noted the importance of agreeing upon a set of measurements that can be utilised transculturally. Brinton Lykes noted the importance of the comments, but she reiterated Brandon Hamber's request for the group to focus on the process of how to agree upon

the next step in the project, rather than the content of the research. Echoing Mike Wessells's comments, Lykes felt that a small, representative group would be the best way to move the process forward. Stevan Weine stated that he agreed, and he outlined the following steps to move the process along:

1. Forming a small, heterogeneous group which writes up a 2-3 page summary of the conference proposals, and could possibly make contact with potential funders.
2. Having the small group engage in preparatory work that will ultimately lead to a funding proposal (e.g. gathering instruments of measurement, creating a pilot study, etc.).

Weine concluded by suggesting that the smaller group should report back to the larger group at regular intervals, and that the feedback the small group receives should be incorporated into the funding proposal. Jack Saul argued that a practical approach to move forward would be to begin to work collaboratively on existing projects, noting that he is currently beginning a project examining social spaces with African refugees in New York. He concluded that this might be one way of starting a process. In response to Pau Pérez Sales, Joop de Jong that the development of measurement instruments is in and of itself a research project, and he noted that it would be very difficult to create measurements in the fields of justice, law and peacebuilding. He argued that existing instruments can be exchanged, but that the project will be determined by what funders are willing to fund. As such, he stated that the development of research instruments should only form part of a wider research project. Pérez Sales responded that when he argued that tools were an urgent need, he did not mean that they alone should form the basis of the research project; rather, he argued that they should be applied to the research. He argued that, in Latin America, they do not create research proposals based upon what funders will fund; rather they work 'with their hands and their brains'; he argued that research networks can be created without money, and that the conference participants could discuss and exchange ideas, and the group can apply for funding when hypotheses that need to be tested emerge from these exchanges. Gameela Samarasinghe asked clarification regarding the end result of the research. Brandon Hamber argued that the conference raised a number of issues/gaps that current research has failed to address, and the aim of the research project is to address some of these gaps, but

with the understanding that the research output is meant to have a practical benefit. Responding to Joop de Jong, Rita Giacaman stated that there are many measurement instruments, but that these instruments have largely been developed in the west, and they lack a mechanism for including the political dimension when attempting to measure quality of life. She also argued that the comparative element is an important practical dimension of the research project because it could assist individuals in determining how to actively and positively cope when living in active situations of war.

In conclusion, Brandon Hamber sought to determine whether or not the group agreed that the best way forward was to have a small representative group discuss ideas and come up with a workable funding proposal. Victor Igreja stated that he agreed, but he argued that the groups formed today could also specifically focus on particular issues. He argued that the idea would not be to focus upon truth, justice, etc., but to focus upon how to connect these issues. Brandon Hamber raised the concern that this might just serve to reinforce people's ideas, but Saliha Bava said that two to three additional subgroups could be formed after the main representative group had produced a proposal. She also stated that there had been no discussion of the process of the last two and a half days, and that the implications of the process should be discussed prior to the formation of subgroups. Joop de Jong argued that too many subgroups would lead to chaos; instead, he felt that an email exchange group with representation from the various continents would be the best way to move forward. Pau Pérez Sales stated that determining what needs to, or should be, researched does not necessarily mean that individuals have the capability to engage in this research. As such, he argued for additional time for people to write brief research proposals which can be vetted by the group as a whole. Stevan Weine stated that that was a good idea; he also noted that the outcome of this conference might be that two or three participants make a connection and pursue a project themselves without the input of the wider group. However, he stated that he was under the impression that the outcome of the conference was that the group was going to engage in a grander, more epic, research project which needs to be fleshed out, and needs a structure and a process. He stated that this can't be accomplished at the moment, but that this entails more than just two people from the conference connecting and engaging in a separate project. Nonetheless, he argued that the process which gets set up should allow for both processes to happen. Brinton Lykes stated that she agreed, and she stated that it

would be useful if five to six conference participants could liaise with Brandon and Mary Alice in order to come up with a one to two page research proposal which could then be vetted by the other participants. Brandon Hamber concluded by stating that he would come forward with a research proposal which could be vetted by a representative subgroup. He further asked that if other conference participants are thinking of collaborating on a research project, he would appreciate being made aware of the collaboration, as it could potentially feed in to the wider research proposal and project. He further asked to think about developing two groups: one to help with the editing of the papers, and one to work on the wider research proposal and project.

The conference closed with formal concluding remarks from Brandon Hamber, and a presentation of thank you gifts to Dr. Navsharan Singh and Jyoti Malik for all of their efforts on behalf of the conference and conference participants. The IDRC was also thanked for funding the conference and project.

Appendix A: Conference Participants

Inger Agger

Inger Agger has a master's degree in psychology and a Ph.D. in social science from the University of Copenhagen. In her doctoral work she studied gender-related torture and political persecution suffered by female refugees. Her post-doctoral work concerned human rights and mental health in Chile under military dictatorship. During the war in the former Yugoslavia, she worked for three years as the European Union Coordinator for Psychosocial Projects. She has published widely in the field of human rights and mental health and done research and consulting all over the world in conflict and post-conflict environments. From 2006 she has worked as a Psychosocial Consultant to the Rehabilitation and Research Center for Torture Victims (RCT) in Copenhagen.

Saliha Bava

Saliha Bava, M.A., Ph.D., associate director of Houston Galveston Institute (HGI) and associate of the Taos Institute, is a core adjunct faculty for the MS Psychology programme at Our Lady of the Lake University-Houston and an online adjunct faculty for the postgraduate Diploma in Discursive Therapies at Massey University, New Zealand. She received a leadership award from the City of Houston's Disaster Mental Health Crises Response Team for directing the Mental Health Services at the George R. Brown Katrina Shelter in 2005. She has been the training co-chair of the team since 2003. She is the evaluator of HGI's Rolling Conversations Project (Mobile Mental Health Unit) which provides long term therapy for people internally displaced by hurricanes Katrina/Rita. Currently, along with American Family Therapy Academy members, she is co-leading an action research on best practices in disaster recovery in Houston. Also, she is leading a team to design and implement a collaborative mental health model for trauma treatment among immigrants and refugees in Houston. She researches, writes and presents on Collaborative Therapy and practices, performance theory, trauma, resiliency and disaster, collaborative learning, community engagement and leadership practices, research-in-action and research methodologies.

Carlos Martín Beristain

Carlos Martín Beristain, M.D., Ph.D., is a physician and specialist in social psychology. Since 1989 he has worked in Latin American countries that have suffered wars such as El Salvador, Guatemala, Peru and Colombia and presently provides psychosocial support to victims, human rights organisations, and affected communities. He coordinated the report *Guatemala Never Again (Guatemala Nunca Más REMHI)* and has worked in the Truth Commissions in Peru and Paraguay. Martín Beristain is also Professor of the master's programme in European Humanitarian Aid at the Pedro Arrupe Institute of Human Rights at the University of Deusto, Bilbao, Spain. (NOHA). He serves as a expert for the Inter-American Court of Human Rights in the psychosocial assessment and medical cases of massacres, forced disappearances and torture, and he served as an expert for the lawsuit against the company Texaco in Ecuador (which dealt with the collective assessment of damage and cultural development of oil contamination), and of the cooperation of Saharan refugees (published in: *Neither war nor peace, development in the refuge*). He is author of several books, including *Affirmation and Resistance: Community*

Support; Humanitarian Work: a Critical Approach (University of Pennsylvania Press); *Dialogues on Reparation: the experience of the Inter-American System (IIDH)*, among others.

Carlos Martín Beristain, médico y doctor en psicología social. Trabajo en América Latina, desde 1989, en países que han sufrido guerras como El Salvador, Guatemala, Perú o Colombia en la actualidad, en el acompañamiento psicosocial a las víctimas, organizaciones de derechos humanos y comunidades afectadas. Coordiné el Informe Guatemala Nunca Más (REMHI) y he trabajado en las Comisiones de Verdad en Perú y Paraguay. Profesor del Máster Europero de Ayuda Humanitaria (NOHA). Perito (expert) para la Corte Interamericana de DDHH en la evaluación psicosocial y médica de casos de masacres, desapariciones forzadas y tortura, también para el juicio contra la empresa Texaco en Ecuador (evaluación del daño colectivo y cultural de la contaminación petrolera), y de la cooperacion con refugiados saharahuis (published in: Ni guerra ni Paz, Desarrollo en el refugio). Autor de algunos libros como Afirmación y Resistencia, la comunidad como apoyo; Humanitarian Work, A psicosocial approach (Penn. U.); Diálogos sobre la Reparación: la experiencia del sistema interamericano (IIDH), entre otros.

Adolf Awuku Bekoe

Adolf Awuku Bekoe, MPhil., is a Lecturer in Community Psychology and Counselling Techniques and Practice at the Methodist University College Ghana. He is also the National Coordinator for the Coalition on Domestic Violence Legislation in Ghana with considerable experience on working with victims/survivors of gender-based violence. He worked for several years as a counsellor at the Women and Juvenile Unit of the Ghana Police Service (now the Domestic Violence and Victim Support Unit-DOVSSU) in Accra as well as with the Women's Initiative for Self-Empowerment (WISE) and the Federation of International Women Lawyers (FIDA). Adolf has worked as a trainer in counselling for the Gender Studies and Human Rights Documentation Centre on their Nkyinkyim Project; the Ark Foundation, Ghana; African Women Lawyers and the Ghana Police Service. He served as a counsellor at the National Reconciliation Commission (NRC), and Victims Support Volunteer with the Ghana Centre for Democratic Development (CDD) working with both victims and alleged perpetrators of human rights abuse during Ghana's national reconciliation exercise. Motivated by his experience at the NRC, he founded the Centre for Trauma Relief and Prevention (CETRAP). He is a member of the National Multi-sectoral Committee on Child Protection. Adolf Awuku Bekoe holds a postgraduate degree in clinical psychology from the University of Ghana and a Diploma in Transitional Justice from the International Centre for Transitional Justice (ICTJ) and Institute for Justice and Reconciliation (IJR) both in Cape Town, South Africa.

Mary Alice C. Clancy

Mary Alice C. Clancy, M.A., Ph.D., is currently a research associate at INCORE, a United Nations Research Centre for the Study of Conflict at the University of Ulster. Originally from the United States, she received her masters and doctoral degrees from Queen's University Belfast. Her doctoral research examined the 'high politics' of post-Agreement Northern Ireland, and her recent article examining the Bush administration's role in the peace process has been featured in the *Guardian*, the *Irish Independent*, and was also the subject of a BBC Radio 4 documentary entitled, 'The Price of Peace'. Mary Alice was recently invited by the School of Advanced International Studies at John Hopkins University in Bologna to address their postgraduate students about the United States' role in the peace process in Northern Ireland.

Sumona DasGupta

Sumona DasGupta, Ph.D., is currently Assistant Director of the WISCOMP initiative of the Foundation for Universal Responsibility where she oversees a project on Jammu and Kashmir and is co-editor of a forthcoming series of monographs titled *Engendering Security*. Her doctoral dissertation was entitled *Trends of Militarization in Indian politics in the 1980s*. She has completed an online course on transforming civil conflicts offered by the Network University, Netherlands, and Bradford University, UK. Sumona taught at the department of political science at Loreto College, Calcutta University, before joining the WISCOMP initiative in New Delhi. She has attended national and international conferences and written on issues related to Indian foreign policy, civil military relations, gender, civil society initiatives in conflict zones conflict prevention, new issues of security and conflict prevention. DasGupta has been guest editor of a special issue of *Gender Studies*, published by Indian Journal of Gender Studies on *Gender and Security: Perspectives from South Asia*. She has been on the faculty of the Colombo based Regional Centre for Strategic Studies (RCSS) winter school on non-traditional security, and a trainer at the Singapore based consortium on non traditional security. She is also part of the expert panel of the Amsterdam based Network University's online course on *Gender and Conflict Transformation*.

Mauricio Gaborit

Mauricio Gaborit, Ph.D., holds a doctorate in social psychology from the University of Michigan (Ann Arbor) and is presently Chairman of the Department of Psychology of the Universidad Centroamericana José Simeón Cañas (UCA) of El Salvador and Director of its Graduate Programme in Community Psychology. He has published in the areas of gender, social and gang violence and psychosocial intervention in political violence and in disasters. He taught at St. Louis University (St. Louis, MO, USA) and has served as visiting professor at the Universidad Complutense de Madrid, Georgetown University (where he held the Jesuit Chair) and the Institute for Peace Studies of the University of Tromsø in Norway. His current interest is in researching historical memory in communities that suffered the violence of civil war in El Salvador.

Rita Giacaman

Rita Giacaman, Ph.D., MPhil., earned her Doctorate in Clinical Pharmacy from the University of California, San Francisco Medical Center in 1977, and an MPhil in sociology/health policy from the University of Essex, the UK in 1985. She is currently Professor of Public Health at the Institute of Community and Public Health, Birzeit University, West Bank, occupied Palestinian territory. She is the founder of the Institute, and has worked there for 30 years. During the 1980s, she participated as a researcher and practitioner in the Palestinian social action movement, which led to the development of the Palestinian primary health care model. During the 1990s she also participated in building the Palestinian community-based disability rehabilitation network. Since 2000, Rita has been active in research and field experimentation, trying to understand the impact of chronic war-like conditions and excessive exposure to violence on the health and well-being of Palestinians, with a focus on psychosocial health; and ways in which interventions could generate the needed active and positive resilience and resistance to ongoing war-like conditions, especially among youth.

Brandon Hamber

Brandon Hamber, Ph.D. is the Director of INCORE, a United Nations Research Centre for the Study of Conflict at the University of Ulster and a Senior Lecturer at the University. He was born in South Africa and currently lives in Belfast. In South Africa he trained as a clinical psychologist and holds a Ph.D. from the University of Ulster. He is also a consultant to and co-founder of the Office of Psychosocial Issues based at the Free University, Berlin. Currently he is the consultant conflict transformation expert on the Maze Long Kesh developments aimed at building a new International Centre for Conflict Transformation at the former prison site. Prior to moving to Northern Ireland, he co-ordinated the Transition and Reconciliation Unit at the Centre for the Study of Violence and Reconciliation in Johannesburg. He is a Board member of the South African-based Khulumani Victim Support Group. He works mainly in the area of violence, reconciliation, transitional justice and trauma, and co-ordinated the Centre's project focusing on the Truth and Reconciliation Commission. He was a visiting Tip O'Neill Fellow in Peace Studies at INCORE in 1997/1998. He was also the recipient of the Rockefeller Resident Fellowship (1996) and was a visiting fellow at the Centre for the Study of Violence in Sao Paulo, Brazil. He has consulted to a range of community groups, policy initiatives and government bodies in Northern Ireland and South Africa. He has undertaken consulting work and participated in various peace and reconciliation initiatives in Liberia, Mozambique, the Basque Country and Sierra Leone, among others. He has lectured and taught widely, including, on the International Trauma Studies Programme at Colombia University, New York; the Post-War and Reconstruction Unit, University of York; the Psychosocial Training Programme with the Group for Community Action, University of Madrid, and at the University of Ulster. He has written extensively on the South African Truth and Reconciliation Commission, the psychological implications of political violence, and the process of transition and reconciliation in South Africa, Northern Ireland and abroad. He edited the book entitled *Past Imperfect: Dealing with the Past in Northern Ireland and Societies in Transition*, which was published by INCORE/University of Ulster. He is completing another book entitled *Treating Transitional Societies: Justice, Reconciliation, and Mental Health* to be published by Springer in 2009.

Victor Igreja

Victor Igreja, Ph.D. is a psychologist currently associated with AEPATO (Associação Esperança para Todos, Mozambique). He was previously associated with the African Study Center in Leiden. His work focuses upon the role of Gamba spirits in the healing of trauma in Mozambique. His doctorate was awarded by the University of Leiden (The Netherlands) in the field of medical anthropology. For several years worked with a Mozambican NGO Esperança para Todos (AEPATO) on issues of war traumas and individual and community strategies of recovery in the former war-zones of Mozambique central.

Joop de Jong

Joop de Jong M.D., Ph.D., is Professor of Cultural and International Psychiatry at the VU University Medical Center in Amsterdam, adjunct Professor of Psychiatry at Boston University School of Medicine, and Principal Advisor Socio-Medical Projects and Public Mental Health, City of Amsterdam. Dr. de Jong is an expert in public mental health and cultural psychiatry. He has conducted research in post-conflict and in multicultural settings, and has published over 195

chapters and articles in peer-reviewed journals. He has published on the mental health of populations torn by violence and disaster, cultural psychiatry and psychotherapy, public mental health, epidemiology and medical anthropology. He is advisor to WHO, member of various professional organizations and board member of the International Society of Traumatic Stress Studies.

Nadera Shalhoub-Kevorkian

Dr. Nadera Shalhoub-Kevorkian, Ph.D., is a senior lecturer at the Faculty of Law- Institute of Criminology and School of Social Work and Public Welfare, Hebrew University- Israel. Her main fields of research are: Critical Race Perspective on Women and Law; Women and Social Control: Between Victimisation and Agency; Mental Health, Trauma of Vulnerable Groups: Contextually sensitive analyses and interventions; Women, Militarization and Violence; Women, Children and the Human Rights Discourse. Dr. Shalhoub-Kevorkian's main theoretical and research interest has focussed on the study of women in conflict zones, mainly in Palestine. She has worked on examining the limits and the power of the law in conflict zones from a critical race theory perspective, while also looking at the obstacles facing local social policies, international law and international humanitarian law when addressing violence against women and children. In doing so, she also studied the juxtaposition between ethnic, class, and gender issues and their interactions with the formal and informal legal system during a nation-building period.

She has worked extensively on women victimisation and agency, women, law and social control, female child sexual abuse (*International Review of Victimology*, 1999; 2003 *Arab Studies Quarterly*, 1997; *Social Science and Medicine*, 2005). Her research on the so called 'honor crimes' made many women's organisations and activists change their approach and accept her naming of the crime as the crime of femicide, rather than 'honor crimes' (UNIFEM, 2000; SIGNS, 2002; *Law and Society Review*, 2003). Her research on the criminalisation of sexual abuse in Israel, Palestine, and Jordan resulted in the publication of articles in international journals such as *Child Abuse and Neglect*, and *Violence Against Women*, in addition to one book chapter in Hebrew. Her recent studies on women victims of war crimes and the effect of militarisation on violence against women resulted in her not only theorising women victimisation/agency in conflict zones (*Women Studies International Forum*, 2003; SIGNS, 2003; *Feminist Family Therapy*, 2005; *Social Identities*, 2004; *American Social Science Behavior*, 2006; Iyuni Mishpat- Hebrew, 2006, etc.), but also developing particular therapeutic models for social workers (*Social Service Review*, 2000, 2001, 2005). Dr. Shalhoub-Kevorkian just completed a book manuscript entitled: *Militarization and Violence Against Women in Conflict Zones in the Middle East: The Palestinian case-study* that will be published by Cambridge University Press.

M. Brinton Lykes

M. Brinton Lykes, Ph.D., is Professor of Community-Cultural Psychology, Associate Director of the Center for Human Rights and International Justice, and Chair of the Department of Counseling and Applied Developmental and Educational Psychology at Boston College, USA. She works with survivors of war and gross violations of human rights, using the creative arts and participatory action research methodologies to analyse the causes and document the effects of violence and develop programs that aspire to rethread social relations and transform social inequalities underlying structural injustices. Her activist scholarship has been published in

referred journals, edited volumes, research handbooks, and organisational newsletters; she is co-editor of three books and co-author, with the Association of Maya Ixil Women – New Dawn, of *Voces e imágenes: Mujeres Mayas Ixiles de Chajul/Voices and images: Maya Ixil women of Chajul*. Her current participatory and action research focuses on migration and post-deportation human rights violations and their effects for women and children, with a particular focus on transnational identities (in Boston, New Bedford, Providence and Guatemala) and health disparities due to forced migration (in post-Katrina New Orleans). Brinton is a co-founder and participant in the Boston Women's Fund and the Ignacio Martín-Baró Fund for Mental Health and Human Rights. Her web site is www2.bc.edu/~lykes

Angela María Estrada Mesa

Angela María Estrada Mesa, M.A., is currently an Associate Professor at the University of Los Andes in Bogotá, Colombia. A native of Bogotá, Estrada Mesa received her bachelor's degree in psychology from the University of Javeriana in Bogotá in 1974 and was awarded a master's degree in educational research from the University of Javeriana in 1979. She directed the University of Javeriana's master's degree programme in community psychology from 1995 to 1997. Her doctoral dissertation is in the field of Social Psychology and her defence is scheduled for November of this year at the Federal University of Paraíba in Brazil. Since 1995 she has been involved in research and intervention projects concerning the processes of subjectivization and political culture. Over the past nine years she has worked on numerous research projects dealing with the psychosocial effects of conflict on women and children associated with armed groups. She is currently the principal investigator for an IDRC-funded research project that seeks to develop a sustainable model of intervention to address psychosocial trauma at the community level in Colombia, with the overall goal of bringing the full potential of social psychology to bear upon the consolidation of post-conflict reconstruction in Colombia

Nació en Bogotá, Colombia, se graduó como psicóloga en la Universidad Javeriana de esa ciudad en 1974 y como magíster en investigación educativa de la misma universidad en 1979. La defensa de su tesis doctoral en Psicología Social está programada para noviembre de este año en la Universidad Federal de Paraíba en Brasil. Desde 1995 viene adelantando proyectos, de investigación e intervención, en procesos de subjetivación y cultura política, su línea de interés. Entre 1995 y 1997, dirigió la maestría en Psicología Comunitaria de la Facultad de Psicología de la Javeriana y desde 1997 hasta el presente se desempeña como Profesora Asociada en la Universidad de Los Andes en Bogotá. En los últimos nueve años ha adelantado varios proyectos sobre el impacto psicosocial del conflicto armado en mujeres y menores vinculados a los grupos armados. Actualmente adelanta un proyecto apoyado por el IDRC sobre trauma psicosocial en un contexto que consulta el escenario posconflicto.

Carlinda Monteiro

Carlinda Monteiro is an Angolan social worker who serves as Deputy National Director and Technical Advisor for Christian Children's Fund/Angola.

R. Srinivasa Murthy

R. Srinivasa Murthy, M.D., was Professor of Psychiatry at the National Institute of Mental Health and Neurosciences, Bangalore, India, from 1987-2003. He was Head of the Department of Psychiatry from January 1988 to February 1997. Professor Murthy has worked with World

Health Organization extensively. He also functioned as Editor-in-Chief of the World Health Report 2001, which focussed on Mental Health. Following his retirement in 2004, he worked with the WHO at its Eastern Mediterranean Regional Offices of Cairo and Amman. During the last two years he has worked as mental health officer of WHO-Iraq.

Professor Murthy was one of the first psychiatrists to study the mental health impact of the Bhopal Disaster in 1984. From that time onwards, he has been working towards understanding the mental health impact of natural disasters like earthquakes and supercyclones, and man made disasters like riots, along with the development of interventions to meet the psychosocial needs of survivors. The strength of these interventions is the focus on self-care of survivors, the use of community resources like volunteers, school teachers, and health personnel for essential psychosocial interventions. He has authored more than ten manuals of mental health care for non-specialists.

Augustine Nwoye

Augustine Nwoye, Ph.D., is an Associate Professor of Counselling Psychology and Family Therapy and was formerly Chairman, Department of Psychology, Kenyatta University, Nairobi, Kenya. Professor Nwoye is one of the few specialists in Africa today, in the field of African Psychology and Psychotherapy, in which he has made contributions that help to illuminate the African model of intervening between opposing parties. He has also done some work on the use of restorative conferencing in promoting forgiveness and reconciliation. He has experience in dealing with stress and multiple losses, especially surrounding HIV/AIDS and other traumatic experiences within an African context.

Pau-Pérez Sales

Pau Pérez-Sales M.D., Ph.D., is a psychiatrist who has worked on the field of psychosocial and community work, mental health, and human rights since the 1980s. He has developed most of his work in Latin America, with grassroots organisations or human rights groups. He is the founder and coordinator of the Community Action Group, a resource centre for Community Work, Mental Health and Human Rights and coordinator of the Complex Trauma Unit at Hospital La Paz (Madrid). He has lived and worked, among other places, in Nicaragua, Chile, Mexico, Guatemala, Colombia, El Salvador, Palestine and Kosovo. Pérez-Sales has worked as a consultant for different international agencies and organisations, and he is Member of the IASC Reference Group on Mental Health and Psychosocial Work in Emergency Settings. He is also Founder and President of the Human Rights Section of Spanish Association of Neuropsychiatry, and is a member of the editorial boards of *Intervention, International Journal of Mental Health, Psychosocial Work and Counseling in Areas of Armed Conflict*.

Gameela Samarasinghe

Gameela Samarasinghe, Ph.D. is a clinical psychologist and senior lecturer in the Department of Sociology at the University of Colombo in Sri Lanka. Dr. Samarasinghe has designed and introduced a Postgraduate Diploma in Counselling and Psychosocial Work at the Faculty of Graduate Studies, University of Colombo, which tries to provoke thinking about alternative visions of support to individuals and communities while also giving training on conventional counselling skills. Her recent research has focussed on the exploration of individual attitudes towards human rights and human rights violations, and perceptions about truth and justice, guilt,

punishment and responsibility. She co-authored a book with Maleeka Salih entitled, *Localizing Transitional Justice in the context of psychosocial work in Sri Lanka*, which was published in 2006. Dr. Samarasinghe has been involved in numerous service delivery projects in Sri Lanka that have utilised psychosocial approaches, and she currently serves as a consultant to the Asia Foundation and the UNFPA.

Jack Saul

Jack Saul, Ph.D., is an assistant professor of Clinical Population and Family Health at Columbia University's Mailman School of Public Health and director of the International Trauma Studies Program. As a psychologist he has created a number of psychosocial programmes for populations that have endured war, torture and political violence in New York City and is known for his innovative work with communities that integrates testimony, healing, media, and the arts. He has a private practice in New York City in individual, couple and family psychotherapy.

Dr. Saul has worked since the early 1980s in clinical and community settings with children and families dealing with domestic, urban, and political violence. In 1995 he co-founded the Bellevue/NYU Program for Survivors of Torture and was its clinical director until 1998 when he founded the International Trauma Studies Program. In 1999, he established REFUGE, non-profit organization for survivors of torture and refugee trauma, a member of the National Consortium of Torture Treatment Programs. REFUGE currently sponsors AFRICAN REFUGE, a community centre for West African immigrants and refugees in Staten Island, NY. Following the 2001 terrorist attacks on the World Trade Center in Lower Manhattan, REFUGE established the FEMA funded Downtown Community Resource Center, a community based psychosocial programme for residents and workers in downtown New York. Jack Saul is the recipient of the 2008 American Family Therapy Academy Award for Distinguished Contribution to Social Justice.

Arvinder Singh

Arvinder Singh, Ph.D., is a consultant, trainer, and psychotherapist in private practice in New Delhi. She has over 20 years' clinical experience in the area of counselling for life skills issues and training people in counselling and effective communication skills. Her forte has been to demystify counselling and make it available at the grassroots level. Dr. Singh's work has been supported by many international agencies like Action Aid, the British High Commission, and UNICEF. She has worked in politically sensitive areas such as Kashmir, Gujrat, Punjab and north eastern states of Assam, Manipur, and Nagaland. After the earthquake in 2005 Dr. Singh conducted training programmes for professionals and teachers in Islamabad, Mansera and North West Frontier, Pakistan

For the last eight years Dr. Singh has been conducting workshops with communities and training community level workers and teachers in Kashmir to deal with trauma due to political violence. Her work has focussed on the provision healing spaces to communities impacted by trauma. The approach she works with is community based as she believes in the strength and resilience of the group to heal and cope with the trauma and pain. Dr. Singh has also co-authored manuals on providing psycho-social assistance for community- level workers and teachers. This was done for a collaborative project of Rajiv Gandhi Foundation and UNICEF.

Dr. Singh has conducted a workshop with peace workers from Nepal ‘Shantimallika’ on healing spaces. She has also served as a training consultant to WISCOMP which is an initiative of His Holiness Dalai Lama’s Foundation for Universal Responsibility.

Shobna Sonpar

Shobna Sonpar, Ph.D., is a clinical psychologist with a practice in psychotherapy in Delhi, India. Since 2000 she has also been involved in research and intervention projects related to mass violence. Her research includes psychosocial studies of survivors of the displacement and violence of India's 1947 Partition, former militants in Indian Kashmir, and women's role in peacebuilding. She has also been associated with various programmes in Kashmir including training for psychosocial support, capacity building of local health workers, and women's peacebuilding initiatives.

Stevan Weiné

Stevan Weiné, a psychiatrist, is a researcher, writer, teacher and clinician in the Department of Psychiatry of the University of Illinois at Chicago. He is Professor of Psychiatry and Director of the International Center on Responses to Catastrophes, at the University of Illinois at Chicago. He was co-founder and co-director of the Project on Genocide, Psychiatry and Witnessing, which provides family-focussed community based mental health services to Bosnians, conducts interdisciplinary research on survivors, and engages in mental health reform in post-war countries. His scholarly work focuses on the personal, familial, social, cultural, and historical dimensions of trauma and migration. He was awarded a Career Scientist Award from the National Institute of Mental Health on ‘Services Based Research with Refugee Families’ for which he is conducting an ethnography of Bosnian adolescents and their families. He was principal investigator of a National Institute of Mental Health funded research study called ‘A Prevention and Access Intervention for Survivor Families’ that is investigating the Coffee and Family Education and Support intervention with Bosnian and Kosovar families in Chicago. Weiné is author of two books. *When History is a Nightmare: Lives and Memories of Ethnic Cleansing in Bosnia-Herzegovina* (Rutgers, 1999) is based upon survivor's oral histories. *Testimony and Catastrophe: Narrating the Traumas of Political Violence* (Northwestern, 2006) is a narrative inquiry of diverse testimony readings from within four different 20th century socio-historical occurrences of political violence. Weiné is currently Principal Investigator of two NIH funded studies: An Ethnographic Study of Preventive Mental Health Services for Adolescent Refugees and Migrancy, Masculinity, and Preventing HIV in Tajik Male Migrant Workers.

Mike Wessells

Michael Wessells, PhD, is Senior Advisor on Child Protection for Christian Children's Fund, Professor of Clinical Population and Family Health at Columbia University in the Program on Forced Migration and Health, and Professor of Psychology at Randolph-Macon College. He has served as Co-Chair of the IASC (UN-NGO) Task Force on Mental Health and Psychosocial Support in Emergency Settings, President of the Division of Peace Psychology of the American Psychological Association and of Psychologists for Social Responsibility, and as Co-Chair of the InterAction Protection Working Group. His research on children and armed conflict examines child soldiers, psychosocial assistance in emergencies, and post-conflict reconstruction for peace. He regularly advises UN agencies, donors, and governments on the situation of children in armed

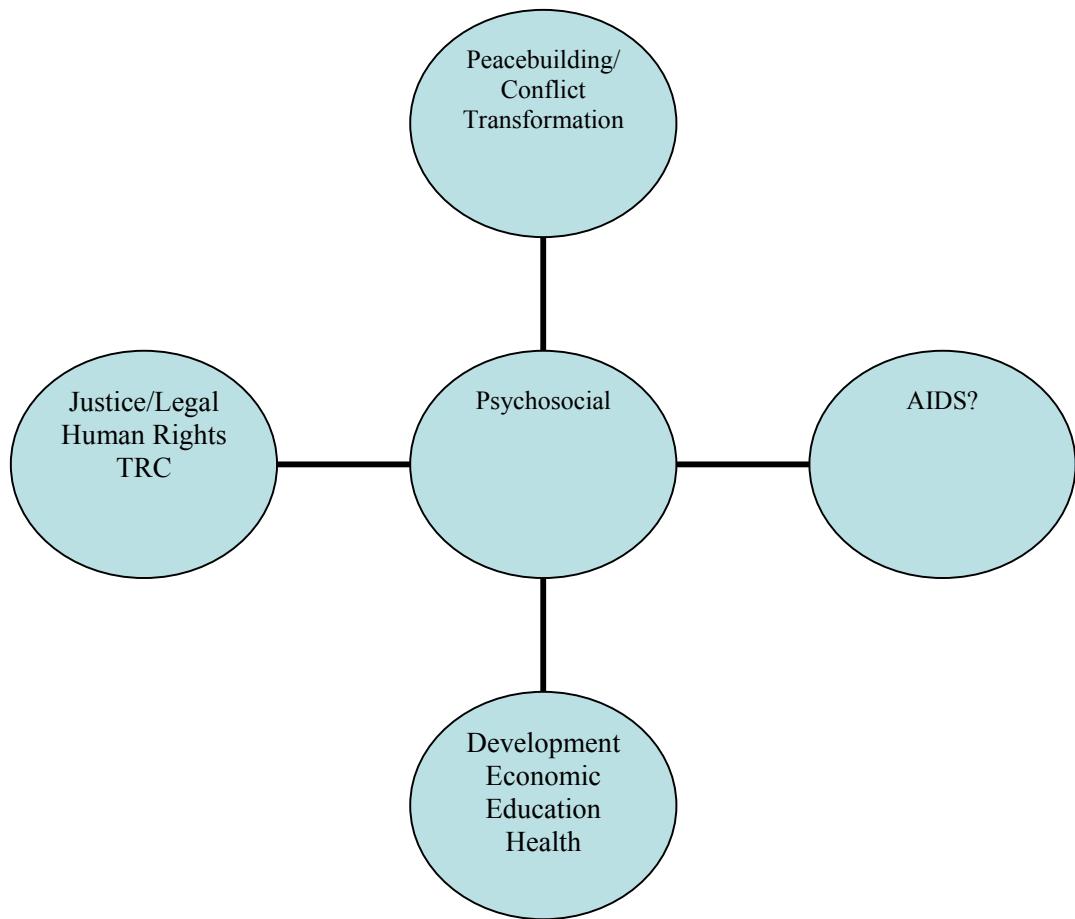
conflict and issues regarding child protection and well-being. In countries such as Afghanistan, Angola, Sierra Leone, Uganda, Sri Lanka, Timor Leste, Guatemala, Colombia, Kosova, and South Africa, he helps to develop community-based, culturally grounded programmes that assist children, families, and communities affected by armed conflict. He is author of *Child soldiers: From violence to protection* (Harvard University Press, 2006).

Appendix B: Group Discussions

Group One

- I. Book (not a handbook, but a book)
 - a. Section One would begin with consensus statement which outlines an integrated position on psychosocial work in relation to trauma, development and peacebuilding—one group member referred to this relationship as ‘transformation’, whereas another described it as a new way of thinking of humanitarian intervention. The section would end with a consensus statement outlining areas of divergence
 - b. Section Two would consist of regional case interventions working from the larger model outlined in Section One
 - c. Section Three would outline research gaps and areas of further knowledge. Each chapter of the book could be co-authored with a junior colleague and/or a colleague from a developing country. Planning for the book would require another meeting where people would come with texts in hand.
- II. Further Research
 - a. Broad research proposal: Identify two conflict areas. In one area, ask an NGO to carry out all of these activities outlined in Diagram 1 in order to test the additive effects of a more holistic model through a controlled study. The results could be described through both qualitative and survey methods which describe processes, outcomes, services provided, and proximal and distal impacts
 - b. Narrower research proposal: Integrate two areas of Diagram One (e.g. AIDS with psychosocial) and test the additive effects.

Diagram One: Proposed Research Model



The research proposal would also require another meeting

III. Research Network

1. The Group also discussed the development of an east/west, north/south research network, and including a gender dimension in their proposal

Group Two

- I. Transcripts of conference proceedings should be made available, and perhaps should be circulated prior to the publication of a final report
- II. Papers should be worked on a bit more, and should include a state of the field and a synthesis of what we have learned so far. Establish five research clusters where younger colleagues would be mentored and which would produce one to two papers on the following themes:
 - a. Truth, justice, impunity and accountability
 - b. Traditional methods v. alternatives
 - c. Peacebuilding and macro processes
 - d. Development and social transformation
 - e. Gender in psychosocial intervention

Some of the cross-cutting themes highlighted by the group were:

1. The role of professionals
2. Evidence-based research (what works)
3. Change and resistance
4. Methodologies

Drafts of the papers would be produced and circulated prior to a general meeting. It was felt that a book would not be produced unless there was another meeting.

- III. Conference which includes a wider audience (e.g. policy makers)
- IV. Development of a network which includes mentoring and a wider group beyond conference participants. It was felt that the network should work in tandem with the research and the current papers.

Group Three

Staged Process:

- I. Database was considered to be a useful resource (possibly interfacing with other databases?) and it was suggested that a working group be formed to explore the specifics of how the database should operate
- II. Creation of networks (learning spaces, occasional gatherings, face-to-face gathering in the South, mentoring activists, next generation of academics, etc.)
- III. Handbook. Two volume process. In the first instance, the current papers should be redrafted with the input and/or co-authorship of additional authors from north/south and east/west and additional cases. The handbook should also be made available online, and should be thematic in focus. Suggested themes are the paradoxes and contradictions of psychosocial work, and authorship should be cross-regional (it should be noted, however, that not all members of Group Three were keen on the idea of the handbook).
- IV. Research. Should encompass multiple sites and be comparative and long-term in focus, and should be strongly organised from the centre. Some of the suggested long-term projects were:
 - a. Identify and articulate social spaces—what happens there, how is power articulated/Performed and by whom; gender; caste; class; race
 - b. The contradictory and complementary nature of culture/traditions
 - c. How does the creation of new social spaces translate into other social spaces—can it be translated? Examine the social technologies which allow for transformation, and those factors which inhibit transformation; agency for transformational processes—resilience—individual, family, community, state—linkages to responsibility, accountability. The group concluded that many of the projects presented during the conference do constitute these ‘social spaces’; conference participants could identify them and articulate how they link or do not link to broader social movements.

Group Four

- I. Research
 - a. Evidence base
 - 1. discover the measure of impact for:
 - A. Individual symptoms (although they noted that there are already measures for this)
 - B. Functionality (although they noted that there are already measures for this)
 - C. Human world view
 - D. Social Cohesion
 - E. Quality of Life
 - F. Insecurity
 - G. Well-being
 - H. Distress Measures
 - b. Research and Evaluation
 - 1. Methodology
 - 2. Comparative Analyses
 - A. Comparative Analyses could be undertaken by groups of 4-5/5-6 people based upon interest
 - c. Research Themes
 - 1. Chronic Traumatisation
 - 2. Trauma v. Grief Model
 - 3. Resiliency and linkages with other social spaces (e.g., political, family, community, school)
 - 4. Victim/Perpetrator
 - 5. Performance of Resiliency and Transformation
- II. Network
 - a. Money should be equally allocated between research and network. Not keen on the idea of the handbook.

Group Five

- I. Handbook (no consensus on whether or not it should be a handbook). Authors should revisit their papers after the publication of the conference proceedings. The handbook should be put out quickly. Also, need to revisit the concept of a ‘complex political emergency’ as this fails to capture the insecurity of everyday life (e.g. Kashmir)
- II. Research: looking at mapping the intersection of peacebuilding, development and trauma in search of dominant paradigms
 - a. Thematic clusters
 - 1. Psycho-legal approaches
 - 2. Psychosocial approaches and development
 - b. Other research tasks

1. Outline both psychosocial approaches and their limitations
 2. Redefine/redesign peacebuilding field
 3. To what extent can psychosocial approaches address social justice? If they can't, say so.
- III. Meeting after the publication of handbook, then research project
- IV. Database and networking will emerge anyway over the course of the handbook and research project