# TRAUMA, DEVELOPMENT AND PEACEBUILDING
## Cross- Regional Challenges: South Asia

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South Asia is one of the most conflict-prone regions of the world, marked by inter-state as well as intra-state class, caste, ethnic and national conflicts. Many of these are long-standing and violent, destroying material, social and personal well-being and creating conditions of personal and collective trauma. Their impact extends into the future and spreads beyond individuals to the social and political life of the community.

The Partition of India in 1947 provides a pertinent example. Pakistan was created through partitioning India to create a homeland for Muslims when India gained independence from Britain. This was accompanied by massive displacement and horrific violence. The riots of 1946-1948 saw the mass exodus of minorities, dramatically altering the ethnic demography of the region. Roughly 12-16 million people were uprooted and displaced and about one million lost their lives. Train loads of refugees were slaughtered, there was mass killing of women by their own family members to preserve their honour, and as many as 75,000-100,000 women were abducted or raped. The Partition remains germane to Hindu-Muslim riots in the region, to the conflict in Kashmir, and the wars between India and Pakistan, both of which now have nuclear capability.

However, it has only been in the past ten years that the silence about the human cost of India's Partition has been broken and attention drawn to the trauma that people suffered, their resilience, the impact on identities and intercommunity relations as well as gender dimensions (Pandey, 1997; Butalia, 1998; Menon and Bhasin, 1998; Nandy, 1999; Bagchi & Dasgupta, 2003). There has been relatively less attention on the violent separation of East Pakistan from the rest of Pakistan to become Bangladesh in 1971, but its reverberations continue to this day. These partitions frame significant aspects of the political culture and international relations of these countries. Memories of the Partition are selectively owned,

disowned or reconfigured and survive in private and shared fantasies silently influencing the public life of the region (Nandy, 1999).

A study of survivors of the Partition (Sonpar & Singh, 2002) showed that although these events took place more than 60 years ago, they remain alive in the present in both direct and subtle ways. Talking about their experiences was fraught for survivors, many of whom had not even mentioned the terrible times they had seen to their spouses and children. On one hand they questioned the wisdom of raking up the past. On the other, once they began to speak the flow of emotion and memory was unstoppable.

This ambivalence is not unusual. At a meeting in Johannesburg in 2003 with African refugees who had recently fled violence in their own countries, the life stories of India's Partition survivors were shared. The audience was visibly affected. However, the question repeatedly asked was: "What is the point of this? We have to move on, make our lives. The past is past". And indeed the concern with ensuring survival (food, shelter, income, education, employment) took precedence for the Partition-affected in the immediate aftermath. In fact, their admirable survival skills, capacity for hard work, initiative, resourcefulness and present success has often been remarked on. But not all made the transition to "normal" life; some continue to be troubled by their losses and traumas, sometimes to a disabling degree. Others bear scars that only become evident when current events trigger an "uncharacteristic" response. Clearly, the events of Partition continue to cast a shadow 60 years on.

*Nasur*, an ulcer or a running sore, is the motif used by the Muslims of old Delhi to capture what the Partition means to their lives. One of them, Farida, was abducted and kept imprisoned for two weeks in anticipation of being sold; she saw the massacre of 17 members

of her extended family and her grief, guilt and inability to experience pleasure betray her "internally carried graveyard" (Danieli, 1994, p 4.). Abdul laments the loss of the culture of old Delhi. His grandfather used to say that the shared culture of old Delhi was like a protective womb within which friction between Hindus and Muslims was readily dissolved. His once-prosperous family was reduced to penury after the Partition. Memories of their flight from violent attack, injured and dead bodies, of being abused, stoned and shot at as they stumbled along in panic in a crowd, are still vivid.

Others struggle to come to terms with the killing of women by their kinsmen lest they be dishonoured. Gyan's memories have a "frozen slide quality"; images of his mother meeting death with grim resolve are interspersed by those of other family women clinging to their children pleading to be spared. Bir Bahadur Singh remembers the 26 women of his family who were killed as heroic martyrs. Every year on March 13, he leads a memorial service in a *gurudwara* in which he recounts the sacrifice of the women of Thoa Khalsa. His tale is a heroic one braided onto other stories of Sikh valour and honour, juxtaposed against Muslim rapacity and perfidy.

For others, Partition meant the loss of homeland and culture and the humiliation of being refugees. They escaped direct violence but lost their homes, livelihoods, property, and culture, and struggled to maintain dignity despite the "shame" of their circumstances.

How are experiences of such extremity psychologically metabolised? How do people survive, rebuild homes, livelihoods, relationships and regain trust and hope? How do they deal with "poisonous knowledge" (Das, 2001) of their neighbours and kin? How are these events remembered and narrated? Do some processes of coping carry seeds of ever-cycling

violence? What sense do they make of what has befallen them and how does that meaning inform personal and political choice? Can survivors really put the past behind them and does the past stay there?

As the war in Afghanistan gained prominence in the media, Bir Bahadur Singh's previously affable attitude to Muslims took on a virulent note. Stories of rapacious Muslim invaders abounded in his narration and he urged tough action such as that taken during the Partition in the butchering of trainloads of Muslims to drive home a lesson. The Gujarat riots of 2002 that followed the burning of a train coach occupied by militant Hindus, allegedly by Muslims, evoked terror and rage in Abdul who began to prepare for a siege, and Farida refused further interviews.

## Setting the context

Peace and conflict in South Asia have to be understood keeping in mind the historical, socioeconomic, and political factors that shape its realities.

### *History of violence*

The history of South Asian countries is marked by dramatic political changes and mass political violence within living memory. Independent India, Pakistan and Bangladesh were born amidst violence that has been described as genocidal. Reference has already been made to the ethnic riots that accompanied the Partition of India in 1947. During the nine months of the war that brought Bangladesh into being in 1971, it is estimated that three million Bengalis were killed, 200,000-400,000 women were raped, the country's intellectual class was

deliberately massacred and ten million refugees fled to India. The Tamil insurgency in Sri Lanka since 1983 has seen nearly 70,000 people killed and many more internally displaced while the new republic of Nepal has cost at least 15,000 lives. In some regions of India like Jammu & Kashmir and the North-East, there are generations reaching young and late adulthood respectively who have not known a context other than one that holds the dread and loss of violent conflict. In Nepal and Sri Lanka, children have been forcibly recruited into armed militias. The state's response has usually been a military one reinforced by laws e.g. India's Armed Forces Special Powers Act (AFSPA), that allow excesses to occur with impunity and take away the fundamental rights of citizens. Torture is routine in counter-insurgency operations and thousands are missing in enforced disappearances. The trail of human rights violations has contributed to further radicalisation of the aggrieved. The state has also been complicit in some of the worst mass violence as during the 1984 anti-Sikh riots and the 2002 Gujarat carnage in India.

*Poverty, inequalities and development*

South Asia is one of the poorest regions in the world. Excluding Sri Lanka which is classified as a middle-income country according to the World Bank, large percentages of the population fall below the poverty line and human development indicators are low (UNDP, 2007). Low income levels and deprivation of basic needs such as food, safe drinking water, sanitation facilities, shelter, and access to health, education and other social services are the norm and many suffer from marginalization and social exclusion. It is known that poor societies are at risk of falling into no-exit cycles of conflict and lack of development. "Poverty is part of the cycle that creates and perpetuates conflicts- and that violent conflict feeds back to reinforce poverty" (UNDP, 2005, p.163).

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It is recognised that while there is no clear and persistent relation between poverty and violent conflict, economic factors are important mobilising forces. The crucial factor is often the degree to which socioeconomic deprivation overlaps with specific ethnic or regional groups. Traditional social divisions based on ethnic, caste or tribal status, particularly those that have been marginalised or stigmatised by prevailing power structures, become the fault-lines of conflict.

Manchanda (2006) illustrates how inequalities across different dimensions create conditions for violent conflict in the example of Nepal. In 1996 when the insurgency began, the poverty rate was 72% in mid- and far-western regions and only 4% in the capital. Further, the Human Development Index of upper-caste Nepalese was 50% higher than that of tribal and occupational caste groups.  Indigenous people comprised 36% of the population and dalits (members of low caste groups) 15% but held only 8.42 and 0.17% of government posts respectively. This braiding of poverty with inequality as well as regional and ethnic discrimination has been at the heart of the Maoist revolutionary struggle in Nepal and in some states of India where the Naxalite movement has considerable presence. Gizewski and Homer-Dixon (1996) examined the evidence for the contribution of environmental scarcity to violent conflict in Pakistan and concluded that the country's worsening environmental resource base interacted with the structure and operation of the Pakistani state to trigger processes that heightened ethnic, communal and class-based rivalries. These culminated in increased group-identity and deprivation conflicts, especially in urban areas.

Social inequalities along gender, caste and ethnic lines are firmly entrenched and resistant to change partly because of the traditional belief systems and world views that sustain them.

South Asia is also plagued by natural disasters like floods, drought, earthquakes, cyclonic storms and avalanches which take their toll regularly destroying lives and livelihoods and feeding into the poverty cycle. Climate change is likely to seriously affect coastal areas, especially the densely populated megadelta regions in South Asia that are at greatest risk from increased flooding from the sea (Intergovernmental Panel on Climate Change, 2007). Natural disasters are known to threaten the distribution of scarce resources, thus kindling or exaggerating inter-group strife. Cross-cultural research indicates that a history of unpredictable natural disasters is strongly predictive of war and contributes to social mistrust (Ember & Ember, 1992). Commentators have drawn attention to the covert violence surrounding the post-earthquake relief and rehabilitation in Gujarat, India in 2001 (Yagnik, 2002), and the caste-related discord that accompanied the relief efforts after the tsunami in south India in 2004 (Gill, 2007).. Kumar (2007) asserts interlinkages between the massive earthquake in Gujarat in 2001 and the communal carnage that followed in 2002. The post-earthquake rehabilitation activities stoked social unrest by enhancing political and economic inequalities and creating distrust in the civic and governing authority. The "perverse social capital" thus created, exacerbated the violence of the communal riots.

Poverty is not only related to conflict but is also common to mental disorders. Patel and Kleinman (2003) review the association between indicators of poverty and the risk of mental disorder and note that factors such as the experience of insecurity and hopelessness, rapid social change, lack of education, risk of violence, and physical ill-health set up a vicious cycle of poverty and mental disorder.

*Post-colonial status*

Except for Nepal, the other South Asian countries share a colonial past, the legacy of which includes a politics of division, an elitist and lumbering bureaucratic machinery, internalised oppression *vis-à-vis* the perception of the colonised by the coloniser and accompanying self-doubt and inferiority, uneven penetration of democratic policies and practices, and unreliable accountability mechanisms. Analysts in Africa describe similar configurations, holding the root causes of ethnic conflict and political violence in post-independence Africa to lie in the colonial history of division, favouritism, poor governance, and growing social inequality in declining economies (Kalipeni & Oppong, 1998; Anthony, 1991 cited by Pedersen, 2002).

*Plural cultures and nationalism*

South Asia is marked by a great variety and diversity of ethnic groups, languages and cultures. This plural culture has been under siege from the homogenising pressures of the nation-state. The interpenetrated and layered lifestyles, cultures, and self-definitions have become "downsized" for the purpose of political mobilisation. For instance, while a survey by the Archaeological Survey of India found that 425 communities in India claimed more than one religion, no census in Pakistan, India or Bangladesh has described an individual as having more than one religion in the past 100 years (Nandy, 1999). Often the official discourse of nationalism sees other peoples and ethnic groups as biologically or culturally inferior, thus justifying state intervention and forced assimilation (Pedersen, 2002). The nation-building project has triggered violent struggles where smaller groups assert their rights to cultural survival and political power by challenging the state. Violent resurgence of ethnicity and nationality is seen in India's northeast, Kashmir and Punjab; Sri Lanka with Sinhalas and Tamils; Bangladesh's Chittagong Hill Tracts; and Pakistan's Baluchistan and

North-West Frontier Province. In India, ethnic riots between Hindus and Muslims are frequent and recent years have seen increasing attacks on Christians by militant Hindus. In Pakistan, sectarian clashes between Sunni and Shia Muslims, and between Sindhis and *mohajirs* (Urdu speaking immigrants from India who relocated to Pakistan during the Partition) are common. The impact of politicised religion and sectarianism is evident in the rise of the Islamist agenda in Pakistan, India and Bangladesh as well as the rise of a militant Hindu right in India.

*Globalisation*

It is also critical to understand the linkages between contemporary conflicts, structural adjustment programmes, privatisation of basic needs, and the state's increasing abdication of social responsibility. While the impact of economic liberalisation has been mixed depending on region and sector, global economy tends to push national, human and political capital away from local communities and towards multinational conglomerates. People are displaced from prior sources of livelihood and experience destitution and humiliation. Under globalization, choices are limited for those without resources to explore other options or power to uphold self-sufficient indigenous ways of life (Manchanda, 2006). The exaggeration of inequalities as a consequence of economic liberalisation enhances the sense of relative deprivation and attendant unrest. Amoral demands of global market are reflected in the interests of a few dominant players whose beliefs sanction a tolerance for the concentration of wealth, exclusion of democratic participation and use of armed conflict to secure national economic interest (Pilisuk & Zazzi, 2007). For instance, the economic reforms begun in the early 1990s in India have led to strong economic growth. However, inequalities and the vulnerability of the labouring underclass have also increased without any significant

reduction in the proportion of people below the poverty line (Kumar, 2006; Patnaik, 2008)). Further, there has been a collapse in agricultural growth and a significant fall in industrial growth (Acharya, 2001). Food insecurity has grown among the rural poor and the female-male ratio of children below the age of six years (927:1000; Census of India 2001)) is the most imbalanced in the world.

A particularly poignant instance of the human cost is an epidemic of suicides among small farmers in some Indian states. More than 150, 000 farmers are reported to have committed suicide in the past decade (Sainath, 2007). Modern agricultural practices entailing expensive seeds, fertilizers and pesticides, induce farmers to take on a new range of risks while the norms and values that govern their lives remain embedded in traditional ways. Social codes around honour and responsibility continue to dictate priorities for expenditure and savings leaving the small farmer in dire straits. Over time, the pattern of suicides has changed. From individual acts conducted in relative anonymity, suicide notes now beseech the government for support and remuneration making "suicide the last act of the desperate and the politically marginalised to speak in a political voice" (Vasavi, 2008).

At the same time, the impact of media and technology, the exposure to a wider world of possibility and opportunity (such as the boom in business process outsourcing) is propelling rapid social changes that hold exciting promise as well as uncertainty and threat.

*Health services*

Sri Lanka has a high standard of health and welfare services despite the country's low standard of living. This is an exception in South Asia. Health services in the other South

Asian countries are badly under-resourced in terms of trained manpower and facilities. Despite large rural populations, services are concentrated in urban areas leaving the vast majority without accessible and adequate health care. The situation pertaining to mental health is even more dismal in India (Khandelwal, Jhingan, Ramesh, Gupta, & Srivastava, 2004), Pakistan (Karim, Saeed, Rana, Mubbashar & Jenkins, 2004), Nepal (Regmi, Pokharel, Ojha, Pradhan & Chapagain, 2004), and Bangladesh (Choudhary, Quraishi & Haque, 2006). Although major government policies recognise health rights, the implementation of policies - to train manpower, develop health institutions, ensure that health care is available and accessible, and reduce rural-urban and male-female disparities - is slow and uneven. The capacity of the system to deal with disasters is limited. Dealing with the tsunami proved to be a learning exercise that demonstrated that while significant progress has been made with respect to rescue and relief response in India, there is a lot to be done in the rehabilitation and rebuilding phases that follow disaster (Rao, 2006). Providing psychosocial support in the aftermath of disaster is the weakest link. In Bangladesh, providing medical and economic help alone was found to be insufficient leading to an initiative to impart training in psychosocial care to young medical graduates, public health workers and social and religious leaders (Choudhary et al., 2006).

**Reconceptualising trauma and political violence**

The tensions that characterise the field of trauma studies – psychiatric and anthropological, medical and psychosocial, individual and community, breakdown and transformation – reflect the complexity of the notion of trauma, a notion that is simultaneously a socio-political event, a psycho-physiological process, a physical and emotional experience, and a narrative (Kirmayer, 1996).

In the context of health and political violence, Pedersen (2002) identifies three challenges. The first is the need to examine how social, economic and political macro-contextual determinants contribute to indirect or structural violence. Contexts characterised by chronic deprivation, oppression, disempowerment, injustice and inequality have traumatising effects and implications for direct violence. Secondly, there is need to document non-western patterns of trauma-related conditions, the local idioms of distress, the range of adaptive and maladaptive responses at individual and collective levels. Thirdly, there is need to assess the circumstances in which medical or psychological interventions help or hinder recovery.

Although the need for psychosocial intervention in complex emergencies is rarely disputed, the principles that should guide intervention are a matter of debate (Psychosocial Working Group, 2003). For many agencies, the dominating conceptualisation of suffering has been in the idiom of psychopathology, especially post-traumatic stress disorder (PTSD). Indeed, trauma has become synonymous with PTSD in popular and scientific thought. Elevated rates of symptoms associated with the diagnosis in war-affected populations (Murthy, 2007) and evidence of dose-effect impact (Neuner, Schauer, Karunakara, Klaschik, Robert & Elbert, 2004; Catani, Jacob, Schauer, Kohila & Neuner, 2008) support this approach.

Although the biomedical trauma model applied to suffering arising from disasters and emergencies has been sharply criticised on various fronts - it ignores socio-political context, it reduces complex human responses to clinical phenomena; it tends to be individual in focus and neglects the wider social impact of conflict on communities; it ignores cultural expressions of suffering, community strengths and ways of coping, and people's active priorities (Bracken, Giller & Summerfield, 1997; Ager, 1997; Summerfield, 1996, 1999,

2004; Breslau, 2004; Pedersen, 2002; Pupavac, 2002)., it continues to hold sway in mental health practice in South Asian countries. Psychiatrists have been the main guiding authorities in intervention which may explain the medicalised understanding of distress. Professional journals in the field of mental health have a preponderance of articles concerned with diagnosing disorder after natural disaster or in adverse situations like refugee camps; there is little attempt to consider socio-political contextual factors, psychosocial aspects or collective implications. A telling example is that of the continuing spate of suicides by small farmers in India. Although this has occurred in a context of unremitting indebtedness and poverty, the government's initial response was to bring in teams of psychiatrists to evaluate for psychiatric disorder (Vasavi, 2008).

However, the use of medical categories like PTSD and depression to describe the suffering of people has had its political uses. Given the authority enjoyed by the medical profession in South Asian society, the suffering gets noticed and is taken seriously. In Kashmir, increased public attention via the media, human rights activists and other civil society actors to the huge increase in suicide and mental disorders like depression, anxiety and PTSD in the civilian population "proved" their enormous suffering, and accompanied the beginnings of a "peace process". In another example, the methods of psychiatric epidemiology were used to influence the Tibetan government-in-exile to add western type approaches of trauma management to existing traditional resources for Tibetan refugees in India (Crescenzi, Ketzer, van Ommeren, Phuntsok, Komproe & de Jong, 2002).

The merit of the trauma concept to describe the negative impact of extreme situations is challenged by those who suggest that "social suffering" is a more fitting term. (Kleinman, Das & Lock, 1997) that captures the experiential dimension of suffering while anchoring it in

social adversity and injustice, and imbuing it with a moral rather than clinical tone. It is this moral plane to which Langer (1998) alludes when he cautions against the temptation of "making sense" of extreme atrocity or "curing" survivors of their trauma. He asserts that an "alarmed vision", an alertness to danger and atrocity might serve better.

The collective dimensions of the traumatic impact of political violence also merit further consideration. The rending of the social fabric and breakdown of community structures constitutes a trauma that is more than the sum total of individual suffering; the social tissue of a community is damaged in ways that are similar to tissues of the body and the mind, resulting in a "loss of communality" (Erikson, 1976). Somasundaram (2007) uses the term collective trauma "to represent the negative impact at the collective level, that is in the social processes, networks, relationships, institutions, functions, dynamics, practices, capital and resources; to the wounding and injury to the social fabric". In northern Sri Lanka's context of prolonged political violence, responses that would be seen as pathological in normal times are now the norm: family life and roles have been tremendously disrupted due to uprooting and loss, inter-generational relations have altered, ancestral ties have ruptured,, and destruction of villages has destroyed a vibrant web of social and economic relations as well as traditional ways of coping and healing. An emotional climate of chronic terror, insecurity, suspicion and uncertainty prevails, and violence pervades all relations and activities. This description echoes observations of collective trauma in Kashmir which was marked by social withdrawal and isolation; alterations in normative family and gender roles; an emotional climate dominated by fear, distrust, loss, anger, and cynicism; as well as powerlessness and despair (Sonpar, 2000).

Collective trauma involves the breakdown of the social support structures that once animated and sustained the community. Culture acts a buffer and supportive system for individual members who depend upon it for meaning and direction, but collective trauma assaults and damages the continuity and integrity of the cultural system (de Vries, 1996). At a more disturbing level, collective trauma involves a breakdown of social and moral symbolic order based on trust and goodwill and its replacement by a malevolent order based on terror, violence, powerlessness, and silence, i.e. a culture of fear.. "Extreme violence 'un-makes' the internalised culturally constituted webs of trust, based on social norms, world-views, and moral conventions" (Robben & Suarez-Orozco, 2000, p.43). The inner representations of trust and safety shaped during childhood that constitute the "background of safety" are overwhelmed by the terrible outer reality (Gampel, 2000). This climate of insecurity and terror is likely to have ominous implications for conflict and peace (de Rivera & Paez, 2007; Lykes, Beristain & Perez-Arminan, 2007).

To temper the above, it is important to mention that trauma holds potential for positive transformation of individuals and groups. Such "adversity-activated development" (Papadopoulos, 2005) has always been known to humans and has been described in earlier psychology writings such as those of Carl Jung and Victor Frankl. Some social changes that are propelled by conditions of collective trauma may be positive. For instance, in Sri Lanka it was noted that there was an upsurge of grass-roots community organisations and religious movements, a decline in the importance of the caste system, and the emergence women in leadership roles (Somasundaram, 2001).

**Culture and trauma**

Responses to trauma are inevitably coloured by cultural attributions and attitudes to suffering. There is reason to believe that there is a universal biological response to trauma so that at least some symptoms have a biological basis (Pedersen, 2002). The immediate reactions to trauma seem to be the same in different parts of the world suggesting that a "mental mobilisation system" is activated to ensure survival when faced with threat (Dyregrov, Gupta, Gjestad & Raundalen, 2002). However, over a period of time, cultural belief systems and practices come to play a greater role.

*Cultural competence*

The uncritical application of western models to other cultural contexts has been soundly criticised for being inappropriate, ineffective, patronizing and a form of neo-colonialism (Wickramage, 2006; Shah, 2006). The need for cultural competence is now well-accepted, that is, the capacity of individuals and organizations to work effectively cross-culturally via appropriate behaviours, attitudes and policies (Shah, 2006). However, cultural competence usually involves the use of modalities that are basically western, though adapted to the culture. Shah (2007) argues for ethnomedical competence, that is, the capacity to discern, utilise, and preserve culturally embedded self-concepts and effective healing practices in hybrid and plural treatment approaches where indigenous systems are given equal weight and respect. He advocates incorporation of culturally embedded therapies of South Asia such as yoga, meditation, pranayama; the Ayurveda, Unani and Sidha medical systems, and shamanism in programmes responding to disasters. Similar considerations characterise some work in Africa (Wessels & Monteiro. 2000; Bragin, 2005).

While it is important to respect local values, norms and practices, and to integrate cultural resilience and resources in intervention programs, it must be remembered that culture is not a monolithic, static entity but dynamic and contested. Abeyasekera and Amarasuriya (2008) writing in the context of Sri Lanka, point out that there is usually much diversity in cultural practices and subgroups often challenge dominant cultural identity. Even within a single cultural group, there will be a variety of explanatory models for suffering and diverse coping methods. For instance, Ruwanapura, Mercer, Ager & Duveen (2006) found that among Tibetan refugees in India, lay Tibetans' attributions centred on cultural beliefs around spirits whereas monastics emphasised Buddhist ideas and *karma*. Further, western biomedical concepts and treatments coexist with traditional illness categories and treatments in a pluralistic marketplace in South Asia (Tribe, 2007).

It is also important to remember that the culture is not always right (Dyregrov et al., 2002). Some cultural beliefs and practices are harmful to well-being such as the "honour killings" of women in parts of Pakistan and India, the stigma associated with rape and mental illness, the treatment meted to widows and the lynching of women accused of witchcraft. Unequal power relations contribute significantly to the structural violence of these societies, with gender and caste being the most obviously implicated categories. While religion has an everyday role in people's lives and constitutes an important cultural resource, it is increasingly deployed in ethnic and sectarian riots in South Asia. In this regard, Nandy (2001) makes a useful distinction between "religion-as-faith" and "religion-as-ideology", the latter being readily deployed as an identity marker in ethnic conflicts.

*Relational and hierarchical aspects*

South Asian societies are generally characterised as more relational than individualistic in orientation, and structured hierarchically in terms of gender, age, class, and caste.

This sociocentric quality is reflected in a "we-self" or "decentered self", and in the significance of the "we-self regard" (Roland, 1996). The latter indicates the importance given to maintaining and enhancing the esteem of one another. The cultural ideal places group need before that of the individual and urges close connection and responsibility to one's family. Indeed, the internal experience of separation from the family and threat to the family structure can be fraught (Tummala-Narra, 2001) and autonomy may be experienced as against the natural order of family life (Kakar, 1985).

Reciprocal obligations and affectionate ties keep members of the extended family closely connected and make it a reliable source of material and moral support in adversity. Many Asians may not distinguish between family and personal trauma and the inclusion of the family in the healing process is integral to most Asian cultures (Tumalla-Narra, 2001).

While sociocentric societies may have an advantage in terms of inbuilt social support, this imposes a burden when resources are stretched. The compulsion to engage in cultural rituals like dowry, marriage and funeral feasts and so on can add stress (de Jong, 2002). Also where traumatic circumstances have devastated communities, it may be difficult to sustain social support after the initial period. Support systems quickly deteriorate under pressure of overuse and the need of individuals to get on with their lives. Potential supports may act in undermining or invalidating ways or may have unrealistic expectations, and the enhancement of in-groups' support during times of conflict also carries the possibility of aggravating out-group tensions and prejudice (Hobfoll, Watson, Bell, Bryant, Brymer, Friedman, Friedman,

Gersons, de Jong, Layne, Maguen, Neria, Norwood, Pynoos, Reissman, Ruzek, Shalev, Solomon, Steinberg & Ursano, 2007).

The focus on the sociocentric nature of South Asian societies obscures the fact that people also have personal selves that may be quite individual. Roland (1996) draws attention to a dual self system: the social persona that reflects the traditional order of relating and a highly private, individual self that keeps within all kinds of thoughts, feelings and fantasies and discloses them only in a highly contextualised way in certain relationships. In Kashmir, workshops with women whose family members had disappeared and intensive interviews with former militants (Sonpar, 2001, 2007) indicated that socially dominant narratives of suffering, coping, and resistance are given expression first, and more idiosyncratic perceptions, stresses, and ways of dealing emerge only with time and trust. Sociocentricity seems associated with pressure for social conformity and fear of social disapproval but not a lack of individuality.

Social relations including family relations are characterised by hierarchy in which obedience and deference of subordinate members is responded to by nurturance, self-esteem enhancement, and guidance by senior members (Kakar & Kakar, 2007). As in other sociocentric cultures, the expression of potentially disruptive feelings such as anger is contained or defended against as a way to secure the relationship, and even indirect criticism of seniors may be seen as highly disrespectful (Roland, 1996).

*Appraisal of events and explanatory models*

Appraisal of traumatic events and attributions regarding suffering are other dimensions along which cultural differences appear. Buddhist and Hindu notions of *karma* play a significant role. Having an external locus of control and believing disaster is preordained protects individuals from self-blame (Tribe, 2007). In some contexts, disasters are seen as punishment or test. In Kashmir, it was common to hear that the earthquake that devastated the region in 2004 was punishment for the violence of militancy.

In Nepal, explanatory models involving spirits causing illness through bewitchment, possessing people, or precipitating a "loss of soul" by fright (Tol, Jordans, Regmi & Sharma, 2005) are common. Indeed this is common throughout South Asia (Karim et al., 2004; Regmi et al., 2004; Khandelwal et al., 2004). Indigenous medical systems like Ayurveda, popular in India and Sri Lanka, are also influential. Ayurveda does not dichotomise mind and body and disturbances are seen to arise from imbalance of bodily humours.

It has also been pointed out that massive trauma lies outside the possibility of meaning for some survivors. A theory of chaos may be closer to the victim's understanding of the world as accidental and contingent in nature (Das, 1990). Placing horrendous events outside meaning, treating them as one would a natural calamity marked by a collapse of humanity, was noted among some survivors of the Partition violence (Nandy, 1999). In such cases, issues of anger and revenge also become meaningless.

*Idioms of distress*

Culture imposes patterns on the somatic and psychological expression of trauma. In some cultures, overt psychological breakdown and withdrawal from customary social roles may be

a preferred way of knowing "a narrative too terrible to tell".  In other cultures, such psychological symptoms are less evident and maintenance of customary social roles is encouraged. Thus the terrible narrative may be transferred to somatic symptoms (Waitzkin & Magana, 1997). Cultures value bodily systems differently; thus, south-east Asians who have a positive valuation of the "head" tend to report more headaches whereas Latinos emphasise the nerves and tend to complain of dizziness, trembling and limb weakness (Waitzkin & Magana, 1997). While somatic symptoms of depression are common across all cultures, South Asians give less salience to psychological symptoms than to physical complaints when they present for consultation. However, psychological and emotional symptoms are easily elicited and not defended against (Karasz, Dempsey & Fallek, 2007). The somatisation reflects local illness idioms rather than defensive repression of affect. .

Sociocentric cultures that emphasise fulfilment of role responsibilities such as in South Asia and cultures like that of the Quiche Mayan in Guatemala (Zur, 1996), are apt to express loss in terms of the vacuum in the social role such as lamenting the loss of a breadwinner or the mothering person. Local idioms can also become a shorthand to express both suffering and context. In Kashmir, doctors describe patients in terms of the "midnight knock syndrome" (hyper-alertness and constant dread) and the "emptiness syndrome" (intense desolation and loneliness when children have been sent away to safer places) (Hussain, personal communication).

Supernatural experiences such as experiences of the dead communicating with the living and possession by spirits are other manifestations in South Asian contexts (de Jong, 2002). Sometimes the manifestation condenses horror and distress along with protest and remembering in a powerful way. Perera (2001) gives an account of ghost stories and demonic

possessions in Sri Lanka through which symbolic meanings are given to horrific events and collective memory reinforced in the face of official denials of atrocity. Thus survivors give expression to their horror in a compelling cultural form even as they continue to live alongside perpetrators and without recourse to judicial redress. In another example set in the aftermath of the anti-Sikh riots of 1984 in Delhi, Das (1990) notes that the insistence of badly traumatised women survivors to remain unkempt and unclean despite exhortations from authorities and social workers to try to look presentable was an expression of grief and protest which they chose to perform. .

*Cultural resources and coping*

The preferred coping strategies and the resources available to traumatised individuals are also culturally determined. Spirituality, religion, and personal values have been neglected components in understanding trauma response and relief in the West (Taylor, 2001; Gozdziak & Shandy, 2002; Smith, 2004). Religious belief, prayers, and *pujas* are important coping strategies in South Asia and have strong cultural endorsement. Prayer was given as the most frequent and significant coping method among Kashmiris, followed by cultivation of patience and fortitude (Sonpar, 2001). Among Tibetan refugees too, the use of spiritual resources is central: reciting mantras, visualising the Dalai Lama, and focussing on Buddhist ideas of *karma*, patience, compassion, impermanence, and the suffering of others (Crescenzi, et al., 2002; Ruwanpura et al., 2006). When coping methods are culturally familiar, they tap into the rich reservoir of childhood, community, and relationship associations that promote healing by connecting with the "good internal object"; chanting *slokas*, doing *vipassana* meditation, telling beads, and practicing yoga were all found to be readily accepted and beneficial in Sri Lanka (Somasundaram, 2007). The strong tradition of charity encouraged by Islam in the

form of *zakat* also becomes a source of material help to the distressed at the community level (Karim et al., 2004).

Shamans, herbalists, astrologers, practitioners of indigenous systems of medicine and their repertoire of ritual and medicines are cultural resources that people turn to and have been incorporated into psychosocial programs for those affected by political violence (de Jong, 2002). South Asian cultures also share a tradition of gurus, holy men and women, to whom people turn for solace, guidance and healing (Kakar, 1982).

An example of a community that has evolved a systematic approach to healing trauma embedded in its spiritual and cultural practices is that of Tibetans in India. The Tibetan government-in-exile has set up a reception centre for refugees who flee China where they receive shelter and psychosocial support from Tibetan community workers. Every refugee has a public audience with the Dalai Lama, this being the most significant hinge to the healing process. There is a traditional exchange of scarves that in this case has special symbolic significance marking the refugee's entry into the Tibetan community. The Dalai Lama imparts his blessings and gives teachings on Buddhist principles of compassion and the need to drive out feelings of anger and revenge towards the Chinese. Monastics are sent to monasteries; youth go to a special school where they receive education and vocational training as well as learn about their culture (Oberoi, 2001). .

Psychosocial programmes that offer counselling have adapted training and practice to the South Asian cultural context. These adaptations take into account the cultural preferences for indirect communication, gentle confrontation, restrained expression of emotion, sensitivity to issues of family prestige and loss of face, respect for older people and so on (Jordans, Tol,

Sharma & van Ommeren, 2003). In Pakistan, the platform of the mosque which is not only a place of worship but also a hub of social life, has been usefully employed in the Integrated Mosque, Madrassah and Medical Services Project. It serves as a community service for health promotion and awareness as well as actual delivery of general medical and mental health services. Doctors and specialists give their expertise as a form of *zakat*, the requirement to give charity in Islam (Malik, 2003).

**Trauma & psychosocial intervention**

If trauma is understood as having individual and collective dimensions, as arising from structural as well as more direct forms of violence, and as involving different needs at different points of time, interventions have to be conceptualised in more complex ways. The prevailing biomedical and psychological trauma-healing approaches are limited apart from often being ill-attuned to people's self-defined needs and their cultural location.

*Psychosocial well-being*

A great variety of interventions including counselling, psycho-education, interpersonal skills development, social expressive activities, mobilisation of social networks, supportive practices for child development, vocational skills training, livelihood support, micro-credit, spiritual work, human rights interventions and so on tend to be included under the label "psychosocial" . Galappatti (2003) points out that although these fall broadly within the mental health, community-developmental and social justice domains of intervention, the programmes rarely explicate the linkages between domain, strategy and outcome. The Psychosocial Working Group (2003) framework recommends that interventions in complex

emergencies be directed towards psychosocial well-being as conceptualized in three overlapping domains: human capacity, social ecology, and cultural capital. Discussions of the model in Sri Lanka have focussed on issues that are pertinent to the socioeconomic and cultural context of South Asia. First, material and political factors are identified as serious stressors meriting separate attention (Galappatti, 2003; Salih & Samarasinghe, 2005). Abeyasekera and Amarasuriya's (2008) psychosocial framework to assess developmental and humanitarian interventions in Sri Lanka holds economic circumstances to be crucial to well-being. Political factors affecting the material nature of people's lives such the suspension of civic rights due to security reasons and restrictions on movement are also significant. Secondly, the dynamic of power is identified as central to psychosocial well-being because it facilitates or hinders individuals and communities in acquiring resources and developing capabilities. Thus psychosocial well-being is located firmly within the discourse of empowerment (Abeyasekera, Amarasuriya & Ferdinando, 2008). Thirdly, it is pointed out that the cultural domain permeates individual and social lives and should be considered an overarching aspect (Galappatti, 2003).

*Immediate and mid-term trauma interventions*

While acknowledging the limitations of psychological trauma healing programmes, it is important to remember that the compromise of psychosocial well-being under conditions of political violence takes a certain emotional form with fear, distrust, disconnection, disempowerment, despair and destruction of meaning prominent (Sonpar, 2001). Interventions that are not expressly therapeutic still need to be "trauma aware".

In this connection, a recent exhaustive review by Hobfoll et al. (2007) distills the findings of empirical research to endorse five elements of immediate and mid-term mass trauma intervention. These elements are the promotion of safety, calming, collective and self-efficacy, connectedness, and hope. Interventions guided by these five elements can be applied at individual, group and community levels. Significantly, these include activities that are broadly economic-developmental.

As Hobfoll et al. (2007) elaborate, the promotion of a sense of safety is essential to reduce the biological responses that accompany ongoing fear and anxiety and to avert cognitions that inhibit recovery such as beliefs that the world is absolutely dangerous. Calming interventions directed at decreasing emotional arousal can help alter heightened risk perception. Efficacy, the sense of control over positive outcomes, is significant in predicting outcomes and is the key to empowerment. Social connectedness provides opportunities for shared problem-solving, emotional understanding and acceptance, normalisation and coping. Finally, instilling hope is essential to counteract the shattered worldview that leads to despair and futility. Traumatic events destroy the normative assumptions that ground, secure and orient people, giving them a sense of reality, purpose and meaning: beliefs in goodness, meaningfulness and self-worth (Janoff-Bulman, 1992), and the "sense of coherence" arising form the ability to comprehend, manage, and extract meaning form events (Antonovsky, 1984). "Ordinary meaningfulness" resting on unexamined assumptions about personal invulnerability, control and justice subsumes basic needs for clarity, order, non-randomness, and self-efficacy. Traumatic circumstances create a crisis of "extraordinary meaning" in which existential meaninglessness is confronted (Landsman, 2002). For most people hope has a religious connotation. A belief in god's will and in divine purpose or justice can have an ameliorating effect.

The above offers a way of approaching trauma that is immediately accessible, easily grasped, pragmatic and able to inform interventions at individual and collective levels. Immediate and mid-term interventions can thus be "trauma-aware" without falling into the pitfalls of the PTSD model or narrow emotion-focussed trauma healing. Although the above elements of trauma intervention continue to be salient, in the long-term a different set of considerations come to the fore. The latter have implications for peacebuilding and social reconstruction and are discussed in a later section.

**Some South Asian examples**

The biomedical model of trauma has a strong presence in relief and rehabilitation efforts undertaken after natural disasters and in contexts of violent conflict in South Asia. Most programmes managed by government agencies fall in this category. Where the psychosocial perspective is applied. it may be equated with some sort of spiritual-religious practice. For instance, the earliest reports on the epidemic of farmers' suicides in India spoke in terms of depressive pathology and alcoholism. Later committees recommended that the tendency to suicide be combated by inculcating self-respect and self-reliance through religious leaders (Vasavi, 2008). While the need to address the socioeconomic context of the farmer suicides is now acknowledged, it is recommended that psychiatrists and spiritual leaders be roped in to tackle the problem (Behere & Behere, 2008).

Within the biomedical frame, there are also innovations that are encouraging. An example from Sri Lanka is the application of narrative exposure therapy (NET) in a cascade model of school-based psychosocial intervention for trauma (Schauer, 2008). NET has been taught to local teachers as a brief, effective trauma treatment, and it was used effectively by them after

the tsunami. An adaptation for children has been developed and its efficacy compared to indigenous meditation-relaxation techniques. Although it lies squarely within the PTSD model, it is practiced with culture-awareness. The method has the advantage of being brief and readily transferred to non-professionals which is a significant consideration in contexts where professional help is limited and often inaccessible. It includes a component of testimony in that a written document containing the client's account of traumatic experiences and their consequences is given to the client and may be used in testifying against human rights violations and prosecution.

The public health paradigm informs the work of the Transcultural Psychosocial Organisation (TPO) and *Médecins sans Frontières* (MSF). They aim for cultural competence, sustainability and local capacity building. They share a methodology encompassing careful assessment of needs and available infrastructure, long-term commitment, liaising with local health and other departments, and maintaining political neutrality in the interests of sustainability.

TPO associated programs are present in Nepal, Sri Lanka, Pakistan, and among Tibetan refugees in India. Each TPO programme incorporates, as far as possible, traditional, local, and western methods, and integrates experiences from public health, psychology, psychiatry, and anthropology to find practical solutions to the complex problems of cross-cultural mental health in contexts of political violence. Each TPO program shares a protocol that includes selection of a participating area, cultural validation of instruments, pilot training and intervention, devising monitoring systems, stimulating rural development initiatives, evaluation, and transfer. This protocol has been used in northern Uganda and Cambodia (Eisenbruch, de Jong & van de Put, 2004) and in northern Sri Lanka (Somasundaram, 2007).

In Nepal, TPO has played a crucial role in the development of the Centre for Victims of Torture, Nepal (CVICT) which was established in 1990 to provide services to tortured Bhutanese and Tibetan refugees, state-sponsored torture survivors, and those tortured by Nepali security forces and Maoist insurgents. It has undertaken rigorous quantitative research to determine the consequences of torture (Shrestha, Sharma, van Ommeren, Regmi, Makaji, Komproe, Shrestha & de Jong, 1998) and a narrative study to identify local idioms of distress (Sharma & van Ommeren, 1998). It has grown into an institution for the training of psychosocial counselling in Nepal, largely in the context of human rights violations of internally displaced peoples, victims of sexual violence, torture survivors, and women accused of witchcraft. Cultural adaptation has meant working from a counselling rather than psychotherapy approach. This approach has used concrete tools (like relaxation, problem solving methods and psychoeducation) and integration of cultural knowledge by incorporating local idioms of distress and explanatory models (Jordans, Tol, Sharma & van Ommeren, 2003; Tol, Jordans, Regmi & Sharma, 2005). The meagre resources for counselling training and services has led TPO and CVICT to develop two practice-oriented and skill-based counselling training courses, one for students with minimal education and another for post-graduate students (Jordan, Keen, Pradhan & Tol, 2007).

MSF has mental health programmes in Kashmir and Manipur in India and in Sri Lanka. MSF's Kashmir programme was started in 2000 and provides psychosocial support and mental health counselling for patients integrated in 11 healthcare facilities in rural areas and the capital, Srinagar. Counselling is provided by counsellors who are trained and supervised by the MSF team. In addition it has provided assistance for the reconstruction and upgrading of the psychiatric hospital in Srinagar. To increase knowledge and comprehension of mental health it operates a weekly radio program. It also undertook a recent community survey of

stressors and their impact on the civilian population. High levels of ongoing violence, including sexual violence, and an alarming prevalence of mental distress led to a call for an immediate implementation of community based psychiatric and counselling services in Kashmir (de Jong, Kam, Fromm, van Galen, Kemmere, van der Weerd, Ford & Hayes, 2006). An early component of the program was the reintroduction of traditional music and cultural activities which had almost disappeared during the 15 years of political violence. A traditional form of folk theatre called *band pather* was revived and used as a medium of psychoeducation about stress and also to provide relief from the unremitting gloom (Souza & Sloot, 2003).

The above psychosocial programmes tend to equate psychosocial well-being with mental health. In a completely different approach, psychosocial support is not confined to a specific program sector addressing emotional distress but is seen as an approach informing all humanitarian and developmental interventions (Williams & Robinson, 2006). This approach is based on an understanding of traumatisation as disempowering people at social, material, and psychological levels. The traumatic process is compounded by adverse reactions and events following the "original" trauma. Salih and Galappatti (2006) point out that in Sri Lanka economic suffering is a serious stressor and poses an actual threat to survival. The experience of poverty with its restriction on people's ability to exercise choice, and the sheer hopelessness and humiliation associated with it, make poverty-reduction programmes ideally suited to enhance psychosocial well-being in the aftermath of political violence. They describe a resettlement program where psychosocial principles were integrated into economic-developmental interventions. The involvement of psychosocial workers on a daily basis to facilitate group meetings, understand group dynamics, avert group conflicts, advocate on vulnerable members' behalf, model perspective-taking, and in general be involved in a

genuine but non-intrusive way in the lives of the people was found to be very helpful though not entirely devoid of problems. Weyermann (2006, 2007) describes programmes adopting a similar approach in Gaza and in Nepal. In Nepal, the approach was applied in five ongoing projects, three of which dealt primarily with economic betterment of the targeted population. The staff working on these projects was taught to use an empowerment tool that assesses the disempowerment process at social, material, and psychological levels so as to identify the unique needs of each beneficiary and devise helping strategies accordingly. The staff thus gained insight into the inner life of people and complexities of individual families while psychologists learned about economics and livelihoods. In Kashmir, Action Aid applies an integrated model that joins psychosocial counselling and community-based psycho-education to a livelihoods programme and other support such as legal aid (Arjmand Hussain, personal communication).

Psychosocial care was seen to be an essential component common to otherwise diverse interventions undertaken by 21 participating organisations that came together in the Gujarat Harmony Project after the ethnic riots in Gujarat in 2002. Although the project was informed by the PTSD model, it included an emphasis on psychosocial care in whatever interventions the participating organisations devised, e.g. women's groups, children's play and education, livelihood strengthening, medical relief, social rehabilitation, ethnic reconciliation, legal help, construction of shelters and so on. The principles of psychosocial care were seen to lie in active listening, empathy, ventilation of feelings, social support and encouragement in the direction of externalisation of interests, spirituality and relaxation or recreation (NIMHANS and CARE, India, 2003). The problems encountered by project workers included being overwhelmed by the demands and losing sight of psychosocial principles; needing guidance, support, and care themselves; ethnic prejudice in the community and among community level

workers; hostility and non-cooperation from the government; inability to reach victims of sexual violence and difficulties in getting professional help to those suffering from clinical disorders due to stigma.

*Experiences on the ground: Kashmir*

In practice, ground realities shape interventions in ways that may not be anticipated. The target population is never a passive recipient but engages with intervention programmes, resists or rejects them, and wrests from them what they need. Cultural background and socio-political context cannot be set aside and these colour responses to psychosocial projects. Further, different cultural and socio-political contexts set up different challenges for the psychosocial practitioner so that generalisation is best made with caution. The importance of being alert to nuance and to local context is illustrated in the observations set out below. Although not explicitly spelt out, they imply a need for practitioners to be self-reflexive *vis-à-vis* their own position on sensitive issues of religion, gender, ethnicity and politics. Situations of political violence compel "ethical non-neutrality" (Agger & Jensen, 1996) as practitioners strive to balance commitment to human rights without compromise to professional role. The reflections below are abstracted from working in the Indian state of Jammu & Kashmir (J&K) where there has been secessionist political violence since 1990. Militancy began as a secular struggle for self-determination but has become more Islamist in agenda over time. The response of the state has been heavily militarised and oppressive and human rights violations have abounded on both sides creating an emotional climate full of fear, loss and anger.

1. For any community intervention program, the manner of its entry into and its acceptance by the community, are aspects that determine its ultimate success or failure. The Psychosocial Working Group (2004) does well to emphasise this aspect in its guidelines of planning psychosocial programmes. In the context of political conflict, this aspect gets more complicated if the intervention is from an outsider, and/or perceived to be connected to the "enemy". In such a situation, any intervention is construed as a political act and suspected of having motives beyond those stated. In Kashmir too these issues surfaced in the initial stages. Newspapers made derogatory references to people escaping the heat of the plains on the pretext of trauma workshops, counselling training was feared to be a form of brainwashing, and psychosocial support seen to be culturally alien and unnecessary since the needs of Kashmiri society were being met by traditional spiritual practices and Islamic beliefs. Indeed, mention of depression and suicide immediately evoked the assertion that it was *haram* (forbidden) to doubt god's purpose even under the most difficult circumstances and suicide was a sin. The conscious practice of transparency and consistency over a period of time allowed distrust to abate.

2. The importance of sensitivity to prevailing cultural norms and values cannot be overstated, as well as the awareness that intervention of any kind will inevitably have some sort of an impact, intended or unintended, beneficial or detrimental. In one instance, the innocent suggestion that watching TV might provide relief from stress created uproar in the target community which shunned such forms of entertainment on religious grounds. In another instance, a primary health centre set up on land donated by a village community and raised with their enthusiastic involvement ran into heavy weather when some villagers began to object to the easy familiarity with which the men and women staffing the centre related to one another. In a grimmer instance, a

space set up by and for youth in an urban centre was forced to shut down after its coordinator was shot and nearly killed. The space had become a vibrant hive of discussion and activities that questioned the status quo through seminars, discussion of books and films on social issues, as well as activities that encouraged contact and understanding between Kashmiri Muslims and Hindus. The centre also included men and women students whose free interaction also aroused disapproving comment. Gender relations inevitably shift under conditions of political violence with women leaving domestic spaces to enter the public sphere and taking on roles and responsibilities earlier performed by men. On one hand, the shift represents a restructuring of gender relations in more equitable ways and is usually welcomed by women. On the other, shifts in gender relations strike too close to home and are perceived to threaten the culture at its very core thus evoking strong and even violent resistance. The transformative potential that inheres in conflict situations can propel social changes for more structural equality but such change is always fraught. Cultural sensitivity to anticipate unintended consequences of interventions, pacing and introducing interventions with delicacy and ensuring community engagement so as to carry the community along at each step are obviously crucial.

3. The multiplicity of needs, pressures and tensions under conditions of collective and personal trauma are overpowering and humanitarian workers can find themselves shocked and shaken. Help is required in a variety of ways (e.g. financial, material, medical, legal, administrative, educational, and therapeutic) and where the welfare system is under-resourced and poorly-managed, mental health professionals may be called upon to meet needs that are outside their traditional professional role. The multiplicity of demands means that professional roles stretch to provide "psychosocial accompaniment" to a variety of demands. Working under such conditions requires a

whole new set of professional understandings, interpersonal skills, and personal capacities to tolerate uncertainty, threat and the experience of inefficacy. A particular danger lies in setting aside spontaneous humanity and flexibility of approach for structured techniques that may be of limited usefulness but reassure the overwhelmed practitioner (Raphael, 2007). The PTSD model offers such structure and the techniques it has spawned assert clarity of strategy and certainty of outcome in the face of what is overwhelmingly distressing and confusing. Indeed, the initial phase of psychosocial work had many initiatives for "trauma counselling" influenced by the PTSD model and the model continues to dominate the professional mental health field in Kashmir.

4. Culturally approved narratives of suffering and victimisation as well as culturally endorsed styles of coping may mask more individual responses and concerns. In one instance, a workshop with women from the Association of Parents of the Disappeared was dominated initially by complaints of harassment and victimization by security forces and lament for the missing family member. This gave way to a more general lament located in their perception of their lives as replete with tragic events of which the disappearance of the family member was perhaps the most recent. Untimely deaths, grave illnesses, in-law problems and financial crises were common. It seemed as if the accumulated pain of their lives came together in the grief they now felt. Some shared their distress about friction arising in their marriages after a family member disappeared and the disapproval they faced for their activism. Thus their distress also had roots in the structural violence associated with gender and class. One woman repeated several times with a naughty giggle that if only her husband were to see her now lounging in a houseboat, he would be furious. It did not seem relevant that her husband had divorced her decades earlier and that she had little to do with him since.

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What was significant was her pleasure at thumbing her nose at the grim weight that traditional social propriety imposed on women like her. The dominant socially approved narrative of coping was one that emphasised patience, fortitude, and prayer. It was important for the group that the virtue and dignity of this be honoured before the group could begin to speak of more individual ways of coping. Similarly, the intervention they believed to be most helpful to someone in emotional distress was to remind him or her that there were others who had suffered worse experiences. It was thought that this would help the person regain perspective and contain the expression of unbridled and self-indulgent emotion. This is in keeping with a cultural code that is sociocentric and where shame is a powerful method of social control. Getting to the individual's more personalised experience in groups takes time, sensitivity and possibly group permission (Sonpar, 2001).

5. Where people's suffering is also a mark of their remembering and resistance, attempts to alleviate suffering can be ambivalently received. A dynamic that emerged clearly in a workshop with university students and perhaps operative in larger society was the perceived opposition between "relief" related work and the political "struggle". Such relief work, by soothing symbolic wounds, might weaken the struggle when it was important to wear these wounds as badges of oppression and as goads to action. In another workshop with community volunteers, a participant rejected a guided imagery exercise in which he was to imagine a safe place. He concluded that he could not and did not want to find a safe place lest he become complacent and forget all those who had no safety.

6. The Psychosocial Working Group (2004) cautions that to intervene is to enter a local system where particular people and groups hold power and privilege; well-intentioned initiatives can reinforce existing inequalities and amplify local conflicts. Social class

can be a significant factor. Upper class people of the local community may have as much difficulty relating democratically and without prejudice to people of lesser means and social status as do complete cultural outsiders. Also, non-local agencies collaborating with well-intentioned élites who have initiative and resources may find themselves on a course that is different from the one originally envisioned. In a pioneering venture within Kashmir, a child guidance centre was set up to meet the needs of children and families affected by violence. It was intended to be child-oriented and to expand through child-related services such as special education, speech and language therapy, school outreach and so on. However, it ended up being absorbed into plans for a medical facility catering to the population at large. On one hand this may reflect local priorities. On the other, local priorities may not always be progressive. Finally, the fact that humanitarian interventions bring financial and other resources to a resource-poor context often leads to damaging competition as local groups and persons vie with another for a share.

**Trauma healing, transitional justice and peacebuilding**

The unresolved trauma of the Partition of India as described in the introductory paragraphs of this paper, is increasingly recognised as lying at the root of India's many communal conflicts and the rise of a militant Hindu right. It illustrates that past traumas do not simply pass or disappear with the passage of time. The way that past trauma is remembered in collective narratives shapes attitudes towards the self and the Other and can be a significant factor in future conflicts. With massive traumas, new social processes and behaviours arise in the affected community and unfinished psychological tasks are passed onto subsequent generations (Volkan, 2001). Traumatic social violence has a "radioactive effect" that

penetrates its victims and is unconsciously transmitted by them to the next generation (Gampel, 2000). When the affected group cannot mourn its losses or reverse its feelings of helplessness and humiliation, it falls to the succeeding generations to complete these psychological tasks. These transgenerationally transmitted psychological tasks shape future political and military ideology and decision-making, including an entitlement to revenge. Further, the mental representation of the disastrous historical event becomes a "chosen trauma" (Volkan, 2001) for the group, and an important identity marker.

Linking present ethnic violence in India to the Partition, Butalia (2001) points out that although tensions existed between Hindus and Muslims earlier, the communities had lived in relative harmony and in some kind of social contract that recognised and incorporated difference. But Partition changed that: Pakistan was to be the homeland of Muslims and India the homeland for Hindus. The violence that accompanied the Partition strengthened differences. Hindu communalism now seeks to right certain historical "wrongs" such as the "invasions" and "conversions" by Islam and Christianity and the rape of its women. For the Hindu communalist, the enemy is the Indian Muslim (perceived to take his reference from Pakistan) and the Indian Christian (perceived to take his reference from the West). Righting historical wrongs not only means avenging such wrongs on the representatives of the offending community, but also training Hindus to be militantly proud of their heritage and culture, one that is seen to be superior to any other and marked by many glories.

Thus collective trauma may reverberate into the future, influencing socio-political ideology and perpetuating cycles of violence. The notion of cycles of violence is premised on the idea that unless sociotrauma is mourned and its losses acknowledged, a violent cycle can unfold with anger fuelling revenge, buttressed by narratives of victimisation and of demonisation of

the enemy (Botcharova, 2001). The needs of survivors for justice, truth, acknowledgment, reparation and mourning may be set aside while they get on with the business of rebuilding their lives. But if these needs are unaddressed, the process of trauma healing at individual and collective levels may remain incomplete and have negative consequences for sustained peace. Unfortunately, the state's determination to build a new post-conflict society often means sloughing off the past too early and asking survivors to engage in a premature closure before all the psychological processes around truth and recompense have been fully internalised (Hamber & Wilson, 1999).

Concerns such as these are addressed in processes of transitional justice and in comprehensive trauma healing paradigms that address long-term needs of survivors and societies. Weston (2001) suggests a coherent psychosocial paradigm for trauma healing that includes but goes beyond the individual healing of inner wounds and the rebuilding of safety, trust and social connectedness. Macro-level social reconstruction and work towards reconciliation of ethnic groups are identified as necessary aspects of trauma healing. In this model, social reconstruction encompasses economic reconstruction, the building of a democratic society, , the establishment of the rule of law with perpetrators brought to justice, and the institution of social reparation and societal mourning processes.

The sustained effort and range of interventions demanded by psychosocial trauma healing paradigms that aim for peace and reconciliation such as outlined above are difficult to obtain. An example is the work of Women in Security, Conflict Management and Peace (WISCOMP). The WISCOMP initiative in Jammu & Kashmir in India is a women's initiative comprising a group of Kashmiri Muslim, Hindu and Sikh women who seek to expand constituencies of peace through a range of activities such as active listening, trauma

counselling, conflict transformation workshops, and the initiation of projects that facilitate democratic participation and a "just peace". Group process has been an essential element of the project involving introspection and authentic dialogue with one another to understand differing realities and divergent perspectives. Today it has broadened its scope to focus on "positive peace" by providing a crucial interface between reconciliation processes, educational initiatives, and development programmes (Kaul & Qurrat-ul-ain, 2006; Parker, 2006; DasGupta & Singh, 2006; DasGupta & Basu, 2005; WISCOMP, undated).

Other initiatives focus on particular activities. The fate of the "disappeared" has become a rallying point for family members of victims and civil society. In Pakistan, Nepal, Sri Lanka and India pressure is being exerted on the state to be accountable and to book perpetrators. Recording testimonies of human rights violations has been a standard practice in human rights groups. Recent efforts in India have been directed towards training community level workers and human rights defenders to make the process a therapeutic one for victims (Raghuvanshi & Agger, 2008). There are several examples of initiatives based on facilitating dialogue and contact to reconcile ethnic groups at the local level, e.g. in Gujarat (Shankar & Gersten, 2007) and Maharashtra (Barve, 2003) and to foster regional dialogues in relation to the Kashmir conflict (Centre for Dialogue and Reconciliation, 2007).

Transitional justice is justice adapted to post-conflict societies attempting to come to terms with the abuses of their past. Transitional justice mechanism include criminal prosecution of perpetrators of human rights violations, truth commissions, reparations programmes, efforts to reform state institutions so that they are no longer instruments of repression and corruption, and memorialisation efforts such as museums and memorials that preserve public memory of victims and reinforce commitment to prevention of future abuse.

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Transitional justice processes enable individuals and societies to restore a moral and symbolic order gravely distorted by the abuses of past violent conflict. They re-establish some of the good "primary objects" of a society and facilitate symbolisation of traumatic experience through "truth telling" (Becker, 2004). In giving testimony, the shame and humiliation of victims is transformed to a portrayal of dignity and virtue. Acknowledgment of harm, symbolic and material reparation, and prosecution of perpetrators satisfy the need for justice in the aftermath of violation.

In practice, dealing with human rights violations through transitional justice mechanisms raises large pragmatic problems of implementation. It may also impinge on a country's fragile political stability. Reparations without truth make victims feel their silence is being bought while amnesty for perpetrators takes away the rights of the wronged to pursue criminal and civil action. Individuals may also experience stigmatisation, as in the context of rape, and be demoralised when their expectations are not fulfilled (Salih & Samarasinghe, 2006).

It has also been found that those who participate in these processes experience re-evocation of distressing emotions without the process necessarily being cathartic. In Rwanda, it was found that participation in the *gacaca* tribunals reactivated negative emotions in groups of survivors of the 1994 genocide and prisoners alleged to be responsible for genocidal acts. But the impact was positive for inter-group relations in that there was a reduction of prejudicial reaction of survivors and prisoners towards each other as well as a reduction in the perceived homogeneity of the out-group (Kanyangara, Rime, Phillipot & Yzerbyt, 2007). This suggests

that while transitional justice processes may be beneficial at the group level, they may be emotionally fraught for individuals, at least in the short-term.

These considerations seem to inform the careful and systematic approach to transitional justice in Nepal and Sri Lanka. In South Asia, these countries have formally engaged with ideas of transitional justice and local organizations have set up collaboration with the International Centre for Transitional Justice (ICTJ). In Sri Lanka, a Commission of Inquiry has been set up through negotiations between the government, human rights groups, the UN Human Rights Council and the donor community and is charged with a mandate that has many of the characteristics of truth commissions. An initiative on disappearances and on the ethnic cleansing/forced expulsion of Muslims from the north of Sri Lanka in 1990 is going on. Civil society has been active in these processes and the Transitional Justice Working Group (TJWG) has worked with families of the disappeared and with other victims to determine how the needs and interests of victims and survivors intersect with transitional justice approaches. The guiding principles that emerged call for transitional justice mechanisms to go beyond conventionally defined human rights to the structural conditions that enable human rights violations and, impunity, and systemic abuses such as militarisation, the emergence of women and children-headed households, the pervasiveness of poverty and fear (Sri Lanka Transitional Justice Working Group, 2004). Transitional justice processes can benefit as well as harm those who participate; they need to be implemented with psychosocial sensitivity, a quality that the bureaucratic machinery inherited from the past may not have (Salih & Samarasinghe, 2006).

In Nepal, the Comprehensive Peace Agreement (CPA) of 2006 includes a specific commitment to clarify the situation of the disappeared and to set up a Truth and

Reconciliation Commission. The subsequent release of the draft bill and its discussion among government, civil society, and victim groups showed a great deal of confusion regarding existing mechanisms to deal with the legacy of human rights violations during the conflict. Hence the Advocacy Forum, a local group, together with the ICTJ held several workshops on truth commissions, reparations, and enforced disappearances. A study to gather the views of victims on truth, justice, and reparations so as to guide policy and intervention was conducted and found that social problems reflecting long-standing social inequalities, such as entrenched caste biases including untouchability, were identified as the major causes of the conflict (ICTJ, 2008). The overwhelming majority of the respondents wanted trials and punishment of those found guilty of human rights violations, and transparency in the appointment of commissioners for a TRC. The survey also found a troubling  lack of accessibility and responsiveness of justice mechanisms thus far. It was noted that victims and families lacked education and awareness and needed capacity-building so as to participate in the national discussion and decision-making regarding transitional justice agendas.

**Structural violence, peacebuilding and development**

Issues of social injustice, political exclusion and economic grievance are ignored in many peace agreements and result in a relapse into conflict within a few years (Manchanda, 2006). Clearly much of the political violence that characterises South Asia is built upon and woven into systemic violence. In order for sustained peace to obtain, efforts have to address direct violence as well as structural violence to use Galtung's (1969) distinction. Direct peacebuilding efforts aim to mitigate or prevent direct forms of violence and are episodic, while structural peacebuilding aims to create just social structures that ensure the sustainable and equitable satisfaction of human needs for all people (Christie, 2007). The latter approach

takes the social system as its unit of analysis, recognises that social systems are heterogeneous and unequal, and that they resist change.

Structural peacebuilding is consistent with the emphasis on psychosocial well-being and the human capabilities approach to development. This developmental paradigm, built on the work of Amartya Sen, calls for a change in the way human progress is assessed. It argues that development is not just an increase in people's incomes but an enhancement of human capacities, a widening of choices, an expansion of freedoms and an assurance of human rights ( Kumar, 2006).  Structural peacebuilding also resonates with the concept of human security that holds that "freedom from fear" and "freedom from want" are the best way of tackling global insecurity (Human Development Report, 1994).

In South Asia, economic and material factors are seen to be essential to psychosocial well-being and are conceptually incorporated as a domain of psychosocial intervention (Abeyasekera, et al., 2008). Innovative and integrated intervention projects concerned with trauma healing and social reconstruction weave elements of psychosocial care into projects geared towards income generation and poverty alleviation as well as developmental activities focusing on health and education (Galappatti & Salih, 2006; Weyermann, 2007). Community models of psychosocial intervention following political violence include components for rural development and livelihood generation (de Jong, 2002).

Developmental programmes in South Asia often do not have the desired outcomes. Corruption is cited as a pervasive problem along with resistance to change in established structure and belief systems. However, psychosocial analysis informed by interdisciplinary perspectives is limited and there is need for such analysis of project success and failure. Also,

developmental interventions may not be implemented with psychosocial knowledge and sensitivity thus alienating target populations or hindering sustainability.

In recent years, a number of innovative pro-poor programmes have emerged in South Asia. Bangladesh and its Grameen Bank is the home of micro-credit, an innovative economic strategy for creating livelihoods for the poor, especially women, which has spread across the world. In India, PRADAN (Professional Assistance for Development Action) works in some of the poorest regions with the aim of expanding livelihoods opportunities. It uses grass-roots, participatory methods and provides "psychosocial accompaniment" by working on achievement motivation and aspiration levels to alter self-images so that the poor "dare to dream". Political will in India has seen the implementation of the Right to Information Act which can begin to change standards of governance by institutionalising transparency and accountability.

While development is one route towards social transformation, non-violent collective action is another. Anderson and Christie (2001) put the struggle for social justice at the centre of psychologically based principles to guide policy development and activism for peace, and suggest that a liberation psychology is well-suited for social transformation. Originating in the work of Martín-Baró, in El Salvador, liberation psychology is a call to develop a practice and theory of psychology based on the experiences of local communities mired in "limit situations" of extreme hardship, oppression, and suffering (Lykes, 2000). Within the framework Martín-Baró, described, trauma is not an individual intrapsychic phenomenon but a psychosocial one, residing in the social relations of which the individual is only a part, "a concrete crystallisation in individuals of aberrant and dehumanising social relations… of

exploitation and structural oppression" (as quoted in Aron & Corne, 1994, p.125 and cited in Comas-Diaz, Lykes & Alarcon, 1998).

Structural violence is insidious since it is built into the fabric of political, economic, and social systems. Society's structures are not different from people's ways of relating to one another according to accepted rules, as these rules exist in the inter-subjectivity of people; structural violence is thus made up of implicit social rules that have an economic, social, political, cultural or ideological content and are generally accepted by beneficiaries and victims (MacGregor & Rubio, 1994). A significant aspect of this "sociotrauma" is that it blocks consciousness of self as oppressed and thus prevents acting on one's own behalf to change reality.

A transforming praxis towards a more just society necessarily includes "conscientisation" (Freire, 1970) and collective action. Non-violent social movements that seek to transform political oppression, economic exploitation and the cultural narratives that support such domination and social exclusion may be considered structural peacebuilding (Montiel, 2001). Active non-violence, according to Montiel (2006), is behaviour aimed at influencing public policy and decision making usually through group action. Her studies of non-violent political transformation in three south-east Asian countries – Cambodia, East Timor and the Philippines – show how peace movements were created even under governments perceived to be oppressive, undemocratic, and socially unjust. All three movements arose within a context of repression, confronted militarised forces, took upon themselves physical harm, and obtained a greater amount of democratic space for their country after their non-violent political engagements. Non-violent action requires at least three ingredients: a sense of sacrifice and shared spirituality among participants, practical poitico-organisational tactics to

face a militarised opposition, and leadership which is ascetic, pragmatic and decentralised (Montiel, 2001). The resonance with Gandhi's non-violent activism is evident.

An important consideration in structural peacebuilding is the challenge to existing structures of power and privilege. Such peacebuilding entails disequilibrium and "strain" as groups disengage from the structurally violent system. Indeed, as long as harmony is pursued and strain avoided, there can be little social transformation (Montiel, 2001). Hierarchies of class, caste, gender, and ethnicity, sustained by traditional and entrenched belief systems, are prominent in South Asia. Moves towards greater equality inevitably incur stiff opposition that often becomes violent. The caste system is a significant system of discrimination, oppression and segregation in South Asia and the movement of dalits (those lowest in the caste hierarchy) for equality and dignity has met much resistance. In India this has ranged from killings by the Ranvir Sena, a militia of rural upper-caste landlords in the state of Bihar, to anti-affirmative action protests by the urban middle-class (Sonpar, 2003).At this juncture, while social practices of discrimination and segregation persist in many regions in the country, there is also the spectacular success in national politics of the Bahujan Samaj Party (a political party for backward castes and peoples) whose leader is being projected as the first dalit Prime Minister.

## Conclusions

At this juncture, South Asia is in an exciting and promising phase with people's power emerging as a highly significant aspect of its social and political landscape along with a strengthening economy. However, past traumas and current political violence can derail progress and well-being by fuelling more violent conflict. The traumas of mass violence in the past are readily evoked to create hostile emotional climates in the present. The challenges

to peacebuidling in South Asia are thus complex. An further challenge is that of social transformation towards equality and dignity for all peoples. The application of a psychosocial framework to issues of development, social transformation and conflict is promising, A final challenge is for the psychosocial perspective to begin to inform public policy.

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