

Trauma, Peacebuilding and Development: An Africa Region Perspective

Mike Wessells, PhD

Senior Advisor on Child Protection for the 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

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Armed conflict and its aftermath impose an enormous burden of psychological and social suffering on affected populations. During the 1990s and early in the 21st century, this suffering was conceptualized in terms of a trauma paradigm, which held that life threatening experiences cause individual traumatic reactions such as Post-Traumatic Stress Disorder (PTSD) and also collective maladies such as collective trauma. In many regions, practitioners who adhere to a trauma paradigm assume that unhealed traumas may contribute to ongoing cycles of violence and thwart peacebuilding efforts, and they seek to alleviate trauma through individualized approaches such as trauma counseling.

In recent years, the limits of the trauma paradigm have become increasingly conspicuous. Withering conceptual assaults have identified numerous limits of a medical model and its problematic western assumptions and foci on pathology, symptoms, and curative, therapeutic processes (Bracken, 1998; Eisenbruch, 1991; Kleinman, 1987; Pupavac, 2001; Summerfield, 1999, 2004; Wessells, 1999). The trauma paradigm decontextualizes human suffering by reducing it to individual terms, when many of the greatest sources of suffering are collective and are grounded in a socio-historic context of human rights violations (Lykes, 2001; Punamaki, 1989). Many analysts and practitioners have pointed out the importance of focusing on resilience and assets rather than focusing exclusively on deficits (Bonano, 2004; Eyber & Ager, 2004; Masten, 2001; McKay & Mazurana, 2004; Wessells, 2006). In addition, many of the world's most seasoned practitioners from psychiatry, psychology, social work and other disciplines have learned from their practice that a more holistic approach is needed. An indication of just how much change has occurred in practice regarding the invisible wounds of war is the scant attention

given to trauma in the recently released *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (2007). The first truly global, inter-agency consensus on how to support people affected by war and other emergencies, these guidelines view trauma as a small part of a much larger array of mental health and psychosocial issues that impact war-affected populations, and they emphasize the primacy of social interventions over counseling and other clinical interventions.

With the trauma paradigm increasingly questioned, this is an appropriate moment to step back and reflect on what are the alternatives. The purpose of this paper is develop an alternative framework for conceptualizing mental health and psychosocial issues in the post-conflict environments in Africa. It begins with an overview of the region and an analysis of the competing conceptual frameworks that have guided mental health and psychosocial interventions within it. Next, it examines critically the concepts of trauma, peacebuilding and development and offers a transformational perspective in which healing is integrally interconnected with collective processes of social mobilization and transformation of institutionalized inequities toward the achievement of social justice and human rights. In place of the dominant trauma idiom, it identifies a holistic conceptualization of psychosocial well-being that centers around risk, resilience, and protective factors and that highlight the importance of community mobilization, culture, social ecologies, and social justice. Third, it examines practice in the region in regard to issues of trauma and more holistic mental health and psychosocial support, with an emphasis on children and youth. It argues that although trauma work is prevalent throughout Africa, a trauma focus is less useful than a more holistic, community-based and culturally grounded approach. It concludes that although this approach is proving useful in the field, a key task for the future is to

connect community-based work with larger processes of social transformation for peace with social justice.

Africa and Divergent Conceptual Frameworks

A persistent problem in the field of psychosocial assistance has been its universalizing tendency. For many psychologists, this is not only an assumption but a requirement for regarding psychology as a science, which by nature seeks universal laws. From this standpoint, it is a short step to the practice of taking the psychological methods and concepts from dominant, mainstream psychology that have been developed in western societies and applying them directly in war-torn regions in different parts of the world. The question, however, is whether this application is appropriate in light of the enormous diversity of cultures, situations, and social, political, economic and historical systems found in the world. An important first step in our inquiry, then, is to analyze the African context and to view divergent conceptual frameworks through the prism of regional realities.

Africa Region

Africa consists of 53 countries and over 900 million people. Its magnitude and diversity make it very challenging to write about 'Africa Region.' Yet it is crucial to focus on Africa because it is the source of much wisdom and also extensive suffering. Africa is one of the world's poorest regions, and 36% of its population lives on under \$1 per day. In 2003, the bottom 25 nations in regard to human development were in Africa.

For purposes of this paper, Africa Region is defined in a manner that excludes the parts of North Africa that are typically categorized as part of the Middle East and that are addressed in a

separate regional analysis. The principal African sub-regions are West Africa, East and Central Africa, and Southern Africa. Considerable diversity exists within and between these sub-regions. Throughout Africa, dynamic change occurs through the interpenetration of different cultures, large scale population movements, and the clash between traditions and modernity, among others.

Culture. Culturally, most Africans are of Bantu origin and, at least in rural areas where traditions remain strong, place high value on spirituality, family and collective well-being. In addition to formal religions such as Islam and Christianity, many rural Africans view the events in the visible world as caused by events in and relations with the invisible world of the ancestors. A state of spiritual harmony exists when the living community practices traditions and honors the ancestors, who are obligated in turn to protect the living. However, the failure to honor the traditions can lead the ancestors to withdraw their protection, thereby creating a powerful sense of fear and spiritual discord. These traditions, which themselves are more dynamic than outsiders frequently assume, often intermix with the formal religions that were the product of colonialism. Many African people understand psychosocial issues and also treatment through the lens of their culture. Particularly in rural areas, people interpret their main psychosocial issues as spiritual, and they often look to traditional healers to address their problems through culturally constructed spiritual practices (Honwana, 1998; 2006; Swartz, 1998; Wessells & Monteiro, 2004; Wessells, 2006).

In Africa, the term 'family' includes not only one's immediate kin but also extended family relationships that include many aunts, uncles, cousins, grandparents, and so on. Africans' commitment to family is visible even in ordinary living arrangements, as many households

include three generations. In Muslim areas, it is customary for men to have multiple wives, expanding the family system still further. These systems of kinship are potentially useful sources of psychosocial support, though it is appropriate to recognize that family can be a source of risk and exploitation as well as support (Ager, 2006).

Broadly, African societies are collectivist in that people define their identity in terms of their social relations and place the collective good above that of individuals (Triandis, 2001). This does not mean that their individual identities are unimportant—people typically negotiate multiple identities the salience of which varies according to the context. In everyday situations, the collectivist orientation finds expression in relations with members of one's clan and ethnic groups and in people's commitment to community affairs. In many rural areas, traditional systems of leadership remain highly influential and, in countries such as Sierra Leone, overlap partly with formal governance systems. The existence of dual systems of governance has significant implications for psychosocial support and for efforts to build peace. It should also be noted that the collectivist orientation of African societies militates against the individualistic focus of much psychosocial work.

Armed conflicts. Africa has been the site of some of the bloodiest conflicts in the past century, including relatively invisible wars such as that in the DRC, the high visible conflict and slow genocide in Darfur, the rapid genocide in Rwanda, and the protracted conflicts in countries such as Angola and Mozambique. Mass displacement, attacks on civilian populations, mass losses of homes and belongings, amputations, child soldiering and rape have typified most African conflicts. Many of the conflicts have been animated by the struggle to control precious resources such as diamonds, timber or oil (Klare, 2001; Richards, 1996). As witnessed in South

Africa and also in the recent conflict in Kenya, ethnic and class-based struggles for liberation and power-sharing also drive African conflicts. As shown by the current struggle in Zimbabwe, armed conflict in Africa is animated also by contests over political power.

Six features of African armed conflicts warrant special attention in an analysis of psychosocial support. First, many of the conflicts are protracted, making it questionable to refer to psychosocial afflictions as acute reactions or pathologies or to talk of a 'post-traumatic' environment. Chronic conflict, with its repeated, accumulating stresses and the lack of a breathing space in which to unpack one's issues, have been the norm in war zones throughout Africa. Even following the signing of a ceasefire, the environment often remains highly violent owing to the rise of banditry and crime, and this insecurity undermines the sense of security that is a prerequisite for psychosocial well-being. Because the protracted nature of the conflict badly damages or destroys basic support systems such as those in the health, education, and economic sectors, it is crucial to think of building peace and development as a long-term task extending over many years.

Second, many African conflicts arise in no small part out of structural violence such as inequities and political oppression. If this pattern was most visible in South Africa during the apartheid era, it was also conspicuous in countries such as Rwanda and Sierra Leone. In Rwanda, for example, the history of colonialism and the privileging of Tutsi over Hutus helped to set the stage for Hutus turning the tables and using violence as a means of cementing their power and control over precious resources such as land (Prunier, 1995). In Sierra Leone, the political and economic disenfranchisement of large numbers of youth and other people enabled their participation in the armed conflict. Most armed conflicts in Africa have significant international

and regional dimensions, many of which reflect international and regional forms of structural violence such as wealth and power asymmetries. These international dimensions underscore the importance of regional and systems approaches to peacebuilding and development.

Third, many African conflicts are grounded in a volatile mixture of poverty, weak governance, and fragile political and economic systems. Africa offers powerful testimony to Gandhi's dictum that poverty is the greatest form of violence. Whereas outsiders tend to focus on traumatic experiences such as attack and exposure to life-threatening events, many Africans report that their greatest suffering arises from the less visible, everyday and chronic ravages of poverty, hunger, not being able to fulfill roles such as mother or father, and uncertainty about the future. Although poverty itself does not cause armed conflict, it offers a potent stimulus to conflict when it is coupled with a weak or corrupt government that offers few supports or jobs to the majority of people, whose sense of disenfranchisement and hopelessness makes them highly susceptible to political manipulation.

Fourth, African conflicts shatter the civil society that is the foundation of peace and development. In many cases, war undermines social cohesion (Collier et al., 2003), and the desperate nature of the living conditions make it difficult for people to support each other as neighbors. Protracted armed conflict has militarized numerous African societies, flooded countries with weapons, and created a sense that war is the normal state of affairs. Not uncommonly, youth groups and other civilian structures become part of militias in hopes of providing the security that the state cannot guarantee. In cases such as the Angolan civil wars, the opposition group, UNITA, families supported the troops and became integral parts of the political and military system. Where the state is the perpetrator of the violence, it often launches

attacks on elements of civil society such as rival political parties that are perceived as threats to its legitimacy or power.

A key part of transforming a society for peace following such conflict is the rebuilding of civil society, enabling access to education and jobs and creating norms and systems for handling political and ethnic conflict without resort to violence. In this respect, it is essential to connect psychosocial support with wider macro-systems of civil society—educational, political, and economic—that support peace, social justice, and development.

Fifth, terms such as ‘armed conflict’ or even alternatives such as ‘political violence’ do not capture the diversity that is hidden beneath their labels. It is valuable to remember that different kinds of conflict and violence produce different patterns of psychosocial distress. Genocide such as that in Rwanda in 1994 may have unique psychosocial effects both in the transformation of government and civil society into a killing apparatus and in the creation of profound existential fears and identity threats experienced by the ethnic groups that had been targeted. Similarly, state sponsored violence and torture that divides communities and families through a system of informants may have different effects on the social fabric of a society and the well-being of members of opposing groups than does, say, an unpredicted attack by rebel groups. Distinctive psychosocial effects may also occur in countries such as DRC, where villagers face attacks by a dizzying, changing array of armed groups. This diversity cautions against universalized images of war-affected populations.

Sixth, rape and other forms of gender-based violence (GBV) are integral elements of armed conflict in African countries (Allen, 1996; Amnesty International, 2000; McKay et al., 2004; Swiss & Giller, 1993). Rape is often used as a terror tactic and has also been used as a means of

ethnic cleansing (Amnesty International, 2004). Among combatants, those who have survived gender-based violence show greater prevalence of mental health problems (Johnson et al., 2008). Since it is women who are the primary targets of gender-based violence, it is necessary to view war-affected populations through a gender lens and to avoid the assumption that women and men have been affected in the same ways. Sadly, GBV does not respect ceasefires, as in camps for displaced people and in transit and return areas, rape and spousal abuse often occur on a widespread basis. This, too, should serve as a reminder of the importance of the distress associated with current living conditions rather than the trauma of past events.

The Impact of Armed Conflict—Competing Conceptualizations

Broadly, two different conceptualizations of the impact of armed conflict have guided work on mental health and psychosocial well-being in Africa region: a traditional trauma approach such as that emphasizing PTSD and a psychosocial approach that is holistic, community-based, and culturally grounded. It is suggested below that a traditional trauma approach is too limited and culturally biased to be serviceable, whereas there are significant merits to adopting a holistic psychosocial approach.

Limits of a PTSD Approach. Although considerable evidence indicates that exposure to life-threatening events can cause PTSD and comorbid disorders such as depression (e.g., Arroyo & Eth, 1996; Marsella et al., 1994, 1996; Mollica et al., 1997; Pynoos et al., 1996; Yule et al., 2003), a strict trauma approach faces significant obstacles. For one thing, it fixates on one form of individual distress, when war creates a welter of distresses, collective as well as individual.

The collective nature of psychosocial distress was highly evident in apartheid South Africa, where some of the greatest sources of suffering arose from economic discrimination and

structural violence, which continued through and following the work of the Truth and Reconciliation Commission (Hamber, 2000). The individualized focus of the trauma approach is ill suited to either conceptualizing or addressing these problems. Although torture survivors may experience PTSD and other maladies and may benefit from counseling, no amount of counseling will correct the structural violence, human rights violations, and systems of state oppression that produce many forms of trauma. Furthermore, problems such as distrust and low social cohesion often stem from a host of political, economic and social factors (Collier et al., 2003; Wessells & Monteiro, 2001), none of which are addressed by the trauma approach.

The excessive focus on PTSD visible in many emergencies is inappropriate since PTSD is only one of many overwhelming problems for people living in war zones. In many emergencies, trauma is believed by many practitioners to be less overwhelming than are grief and multiple losses. Also, war-affected Africans often report that their greatest sources of distress are not the emotional residues of past violence as suggested by the trauma approach but the large array of interacting stresses of daily living and the destruction of their systems of social support (Boyden, 2004; Bracken, 1998; Gibbs, 1994; Wessells, 2006). For example, survivors of rape, which is widespread in African conflicts, are often viewed as traumatized, yet many women self-report that their greatest distresses are stigma, social isolation, and lack of a livelihood. Furthermore, many people in post-conflict environments report that poverty and the anguish of being unable to provide for their families are their greatest sources of distress.

This broader array of problems is grounded in the socio-historic context and shaped by the contemporary political situation (Nsamenang & Dawes, 1998). For example, in northern Uganda, the decisions to have people live in IDP camps or, beginning in 2007, to empty the camps were

shaped as much by political factors as by humanitarian considerations. Furthermore, the humanitarian situation in northern Uganda was regarded by many analysts as a reflection of the larger tensions between the Musaveni administration and the Acholi people who had formerly resisted him. Examples from Sudan, Somalia, Chad and other African countries could also be marshaled to reinforce the point that trauma and other psychosocial issues do not arise in a vacuum. To avoid having psychosocial supports become band aids, psychologists need to address root causes of suffering, which are located in the nexus of interlocking political, social, historic and economic issues. Unfortunately, trauma approaches fail to capture these dimensions and end up creating a decontextualized picture of human suffering.

The trauma approach has also suffered from ethnocentrism and culture bias, which is evident in the universalized assumption that experiences of life-threatening events cause the same problem in Africa—PTSD—as would occur in other cultures. Humanitarian workers who parachute into war zones looking for trauma are likely to overlook indigenous categories of mental illness and psychosocial distress that point toward local remedies. These indigenous categories, which are discussed further in a subsequent section, tend to be marginalized by workers who adhere to a trauma idiom. Not uncommonly, western PhDs or western-trained PhDs enter a war zone assuming that local people are traumatized and then collect data to substantiate this preconception. Due to the enormous disparity of power and resources that separate affected people and outside PhDs, who bear the imprimatur of global science, local people often feel unable to challenge this approach and silence their own beliefs. The unfortunate result is that well intentioned psychosocial assessments and interventions become neocolonial impositions (Dawes, 1998; Wessells, 1999) that reduces local peoples' sense of dignity, empowerment, and positive cultural identity.

Trauma approaches also focus excessively on deficits or psychological problems and issues, when it is equally important to recognize the assets and resilience of affected people. Every group of war-affected people has assets that can aid affected people and strengthen their resilience. In Africa, important assets include traditional practices, structures and leaders; elders; healers; religions and religious leaders; women's groups; and youth groups, to name only a few. The key to sustainable intervention is to engage with and build on these while ensuring that outside supports do not undermine existing supports. Regarding intervention, trauma approaches often get the humanitarian effort off on the wrong foot by encouraging analysts to map out, typically using epidemiological surveys, the prevalence of PTSD and related disorders. In more than a handful of cases, this is done early in the crisis, before one can make appropriate diagnoses. Many practitioners conflate symptoms of acute stress reactions with PTSD, yet most acute stress reactions do not convert to PTSD, provided that people have security and access to basic necessities. Even more troublesome is the tendency of field practitioners to take high PTSD rates as a warrant to provide large-scale counseling programs, which as discussed below, may be culturally inappropriate and unable to address the main sources of distress.

Collective trauma. An alternative trauma approach focuses on collective trauma (e.g., Martín-Baró, 1994), getting beyond the narrow, individualized fixation of the PTSD approach. Volkan (1997) emphasizes that in armed conflict, warring parties experience collective traumas that become fixed in communal memories and narratives and that get transmitted across generations. He posits that wrongdoings toward one member of a group affect everyone who lives under the same 'ethnic tent.' Group trauma becomes interwoven with collective identity as

groups narrate 'chosen traumas' that may be honored through days of remembrance, festivals, or monuments and become part of social identity defined in part by the victimization of one's own identity group and the opposition to the out-group. Other analysts talk about 'mass traumatization' yet avoid the suggestion that this refers to the sum of individual cases of PTSD (Ehrenreich, 2003).

The strength of these approaches is that they more readily accommodate the collective, social nature of the wounds of war, and they resonate with the collective pain and suffering that results not only from attack and life threatening experiences but also from colonization, social exclusion, extreme poverty, political oppression, and other social ills. In regard to South Africa, for example, the terms 'collective trauma' or 'political trauma' help to capture the suffering and problems associated with the structural violence of apartheid and the ongoing issues of social exclusion, economic deprivation, and poor access to adequate housing and basic services (Hamber, in press). They avoid the narrow focus on PTSD and point toward wider, macro-social interventions as essential parts of the support needed in the post conflict environment. In addition, they can take into account cultural factors by noting that cultural assault, as occurs in genocide or profound inter-ethnic conflict, is itself a source of collective trauma. This cultural openness gives the approach an edge over the universalized concepts inherent in the PTSD approach.

Despite these strengths, collective trauma approaches are limited in both concept and practice. Conceptually, the term 'trauma' loses its meaning when it is applied to a vast array of phenomena ranging from experiences of individual attack to collective issues such as colonization and mass displacement. This problem is evident in the field, where in places such as

northern Uganda, it is commonplace to hear virtually any form of distress spoken of as a form of trauma or mass trauma. In reality, separation from one's family really is a different psychosocial problem than is gender-based violence or still yet, genocide. It is useful to make distinctions where they point to differences of causation, impact, or intervention. Yet the collective trauma approach obscures these distinctions by lumping many problems of different kinds into a single category. Also, the term 'trauma' carries the trappings of a medical approach and implies that healing will be possible through curative treatment. As pointed out earlier, many of the root problems defy treatment within a curative idiom. Also, the trauma discourse distracts attention from coping and resilience, which are in abundant supply in Africa's post-conflict zones and are important parts of programmatic efforts to rebuild war-torn societies for peace and sustainable development.

Indigenous culture. In analyzing the impact of armed conflict, the potential value of indigenous culture should not be overlooked. Every African society has categories that relate to mental illness and psychosocial distress, and these culturally constructed categories mediate how people understand and react to dangerous situations. For example, an Angolan boy who had been a soldier exhibited sleep disturbance and nightmares that might appear to a western PhD to be signs of PTSD. When asked about his situation, however, he said he was unable to sleep because when he slept, he was visited by the spirit of the man he had killed, who asked "Why did you do this to me?" (Wessells & Monteiro, 2001). In the view of the boy and his community, he suffered not from psychopathology but from being haunted by the unavenged spirit of someone he had killed. Interestingly, local people viewed this not as an individual problem but as a collective affliction. Local beliefs held that if the boy returned to his village without having been cleansed, the angry spirit could cause in the boy's family and community illnesses, deaths, crop failures,

and a host of other problems. What was needed was a cleansing ritual performed in a communal manner by a local healer that would rid the boy of his spiritual impurity and restore spiritual harmony between the living and the ancestors. Subsequently, such a ritual was conducted, with positive results.

As this example illustrates, people are makers of meaning—they do not respond passively to life events but actively interpret their life experiences through the lens of their subjective, culturally constructed categories and understandings. Further, indigenous African culture includes resources such as healers and cleansing rituals that can offer valuable psychosocial support. In developing effective psychosocial programs, it is vital to start from an analysis of how the affected people understand their situation and regard as their greatest problems. Also, it is essential to include and to build upon existing supports in developing an effective psychosocial program. The failure to do take these essential steps often leads to unsustainable programs that inadvertently cause harm by marginalizing or undermining existing supports.

At the same time, the romanticization of indigenous cultural beliefs and practices should be avoided. Some cultural practices, such as female genital cutting and mutilation, are ethically objectionable and violate human rights. Moreover, some local healers subvert traditional practices for their own agendas and gain. The term ‘traditional’ can be mislead people into seeing local culture as fixed and unchanging, when culture in fact is dynamic and undergoing change through interaction with other cultures and evolving internally as well. The ease with which essentialized, reified images of indigenous culture can invade program planning serves a poignant reminder of the value of working with a critical eye.

These caveats notwithstanding, indigenous culture has a potentially significant role to play in developing a comprehensive framework for linking trauma, peacebuilding and development. The following section suggests an appropriate framework—the risk, resilience, protection framework—that focuses on holistic, community-based psychosocial support, includes a layered system capable also of addressing significant mental health issues, reflects cultural understandings of psychosocial distress, accommodates the importance of social ecologies, and links more readily with the broad spectrum of political, economic and social transformation efforts needed following armed conflict.

Trauma, Development and Peacebuilding

Before examining the alternative approach, it is useful to examine the meanings of and interrelationships between the terms ‘trauma,’ ‘development’ and ‘peacebuilding’ in the African region. In a spirit of wanting to help strengthen the project, it problematizes the terminology and suggests significant revisions both in names and underlying concepts. This will set the stage for the presentation of a more holistic, community-based approach that links more effectively with issues of development and peacebuilding.

Terminology

Trauma. As discussed above, the term ‘trauma’ is problematic because it tends to reduce complex problems to psychological terms. In contemporary Zimbabwe, there is no doubt enormous distress associated with the political violence and oppression, not to mention the chronic degradation of the economy. In Kenya, much distress (and no doubt some PTSD) has

arisen from the ethno-political and class-based violence following the December 2007 elections. However, the term ‘trauma’ puts a psychological, indeed clinical cast on problems that are political, economic, and socio-historical. Also, the dominant focus of the trauma idiom, which in many African countries is PTSD, fails to take into account the ongoing, cumulative nature of the distress. The protracted armed conflicts, the tendency of conflicts to spread across national boundaries, the intermingling of conflict and natural disasters such as the current drought, and the prevalence of ongoing sources of distress make it legitimate to ask “Where’s the ‘post’ in ‘post-traumatic stress disorder?’”

Although some analysts have attempted to address this problem by discussing ‘chronic traumatic stress’ and related ideas (Danieli, 1998; Straker, 1987; Volkan, 2001), many of the most severe stresses, most notably poverty, bear little resemblance to the immediate, life-threatening events that were traditionally held up as sources of trauma. When one asks African survivors of political violence what are their greatest concerns, they often name not the past violent events but their current living conditions such as poverty, inability to feed themselves or their children, or insecurity. It is of little help to clinicalize these daily sources of distress. Also, the term ‘trauma’ has in many contexts been a neocolonial imposition that tends to silence or marginalize local understandings and practices related to mental health and psychosocial well-being (Wessells, 1999; Wessells & Monteiro, 2000).

In place of ‘trauma,’ a better term is ‘psychosocial well-being,’ defined as a state in which one is free of excessive suffering and clinical pathology and able to function and find meaning in life. Although no perfect term exists, the term ‘psychosocial well-being’ has numerous advantages. First, its focus on a positive makes it consistent with the terms ‘development’ and

‘peacebuilding.’ Second, it links with mental health issues since it is widely accepted that there can be no mental health without psychosocial well-being (IASC, 2007). Third, it avoids culture bias since psychosocial well-being is culturally constructed and has specific situational elements. For example, the sources of distress depend on culture, and the ability to function means different things in different cultures in which people have different roles and are embedded in different meaning systems. Unlike ‘trauma,’ the phrase ‘psychosocial well-being’ is not borrowed from clinical psychology and does not imply a medical model. Fourth, it avoids the deficits emphasis inherent in the trauma idiom.

Perhaps most important, the phrase can accommodate a wide range of nonclinical issues, including those of human rights, since psychosocial well-being is compromised by political and economic oppression, persecution, poverty, social exclusion, and the full array of episodic sources of distress such as attack, sexual and gender-based violence, exposure to killing, and so on. The phrase reaches across different levels more easily than does ‘trauma’ yet avoids imparting clinical meanings to distress that have political, economic and historic origins.

Peacebuilding. A rich framework for conceptualizing peacebuilding follows Lederach’s (1997) view of peacebuilding as a set of processes that occur before, during, and following armed conflict. Also, the project documents do not clarify adequately the scope of peacebuilding. As used by Galtung (1969, 1996), peacebuilding has to do with the reduction of structural violence and social inequities, the promotion of social justice, and the transformation of institutional arrangements that embody power and wealth asymmetries. In societies just emerging from armed conflict, peacebuilding deals with the political, economic and psychological aftermath of large-scale violence and aims to address the root causes of the

violence such as social exclusion, denial of political power, political oppression, and economic marginalization. Truth-telling, restorative justice, reparations and dialogue processes may be important aspects of peacebuilding in post-conflict transitions toward peace.

In the post-conflict context, peacebuilding efforts relate closely to those concerning peacekeeping, which is beyond the scope of the current project yet are important for maintaining security. Also, peacebuilding connects with peacemaking efforts to reduce or manage destructive conflict through processes of nonviolent conflict resolution and reconciliation. In South Africa, grassroots work on nonviolent conflict resolution contributed to peacebuilding efforts (Marks, 2000) since the nonviolent management of specific conflicts created an enabling environment for peace.

Development. The term ‘development’ is also problematic in regard to Africa. Western ideas of development typically emphasize economics and measure progress in terms indicators of growth and wealth such as Gross Domestic Product. Often there is a tacit assumption that development is a linear process in which societies move from abject poverty to a position of sustainable growth and well-being. This assumption treats complex emergencies as aberrations or exceptional departures from an otherwise predictable progression. Many psychosocial practitioners think of development in terms of poverty reduction wherein people move from poverty into a position in which they have greater income and wealth and therefore have greater access to basic services, ability to have a positive role, and the capacity to withstand shocks such as natural disasters.

The situation in Africa quickly dispels ideas of linear development. A country such as Kenya, which before the political violence of 2007-8 was held up as a shining success story, can appear

to have a thriving economy one day and yet slide into grave difficulties seemingly overnight. The case of Kenya reminds us that in African societies, development occurs in fits and starts, intermixed with political and economic backsliding. In many countries, cycles of armed conflict and cycles of drought and natural disaster are not aberrations or exceptions but are woven into the fabric of life.

The term ‘development’ can also be problematized by asking ‘development for whom’? During the apartheid era in South Africa, many indices indicated a reasonably high level of development, yet an enormous gap existed between the ‘haves’ and the ‘have-nots.’ In many African societies, this gap threatens the social fabric, animates political unrest, and promotes political instability. Adding to these problems are widespread corruption and party favors, which deny economic and political gains to ordinary citizens. Not uncommonly, ethnic differences define the cleavage between the haves and have-nots, adding an explosive element of ethnic tensions to already complex political tensions. These considerations caution against interpreting overall societal growth in wealth as a signal of positive long-term development. They also recommend the inclusion of social equality in definitions of ‘development.’

Furthermore, the African context questions traditional concepts of development that fixate on economics and growth. Put simply, there are forms of wealth and well-being that are not economics. Extended family is one of the greatest of African assets, and it often continues to be a source of psychosocial wealth and well-being even during and after situations of armed conflict. To people living in many rural areas, a sense of traditions and harmony with the ancestors is fundamental for well-being and should figure in conceptualizations of what it means for a society or a region to develop.

The equation of development with economic growth is problematic, too, particularly on grounds of sustainability. Africa has enormous resources of land, gold, copper, diamonds, coltan, oil, natural gas, timber, and coal. The struggle to control these precious resources has animated many African conflicts. A focus on economic growth alone assumes an endless supply of resources or emphasizes short-term gains over long-term costs and damage to the environment. It is crucial to think of sustainability and also to conceptualize it as an African led process that does not dangle from the purse strings of the World Bank and the IMF.

A more appropriate conceptualization of development is as a societal process that increases human well-being and quality of life (UNDP, 2001) for people in different sub-groups. This process includes insuring that everyone in a society has dignity, respect, and access to basic necessities such as adequate food, shelter, health care, and education. The process also must include social equity, good governance, quality services, and protection of human rights and the environment. In spiritually oriented cultures, it is important also to focus on spiritual dimensions of quality of life. At heart, this view of development is transformational and is as much about human values and the redistribution of wealth as it is about money and growth.

Interrelationships. In the aftermath of political trauma, healing and recovery require addressing not only individual issues but also the collective issues of polarization, social divisions, hatred and fear, and the issues of structural violence that underlie them. It is of fundamental importance to link psychosocial support for individuals and groups with wider processes of transformation for social justice that change the structures of oppression, marginalization and exclusion that helped to spark the violence and that continue to stimulate destructive conflict. The processes are transformational rather than reconstructive since to return

to the conditions that had existed before the eruption of societal violence is to risk the recurrence of large-scale violence. If the root causes of political, economic, and cultural violence can be addressed successfully, one creates a space of safety and hope in which psychosocial issues can be addressed effectively. If, on the other hand, one engages in psychosocial support without systematic linkage to macrosocial changes, one risks that psychosocial supports will be of little lasting value.

In post-conflict environments, development and psychosocial recovery are richly interwoven. As explained above, some of the greatest distress owes to people's inability to meet their basic needs, establish a livelihood, and carve out a meaningful place and role in society. Furthermore, development is inherently a collective process that offers an opportunity to mobilize disparate groups for the achievement of common goals such as access to basic necessities, clean air and water, and opportunities for the future. As people mobilize for development, they simultaneously improve their psychosocial well-being, which is enhanced by regaining control and reweaving the fabric of civil society. Conversely, well designed psychosocial support enables the development process. Psychosocial support helps to reduce some of the most severe forms of vulnerability and dysfunctionality that impede effective work on development. Also, human resilience and thriving are vital resources for the development process.

In a similar vein, the peacebuilding lens is fundamental to both psychosocial well-being and development. Psychosocial well-being cannot exist in an atmosphere of fear, hatred, insecurity, and inclination toward violence. Without peacebuilding, it is likely that development efforts will unravel as the society slides into cycles of violence or benefits accrue only to the wealthy or a particular group. Similarly, people are more likely to take a peace process seriously and support

it if they see tangible improvements in their lives and hope for the future. Also, as development activities help to restore basic services and supports, people's faith in the government tends to increase, thereby decreasing social unrest and the impetus to use violence to overthrow the government.

In many respects, the aim of work in a post-conflict environment is to create mutually reinforcing spirals of psychosocial well-being, peace, and development. Our project will add value if it successfully makes this case and offers useful models for how to promote and nurture these positive spirals.

A holistic, community-based approach to psychosocial well-being

To support war-affected people in a manner that aligns with the processes of peacebuilding and development, it is useful to take a holistic, community-based approach to psychosocial well-being. This approach emphasizes the importance of social mobilization and social justice, the interplay of risk and protective factors, and the need for a layered, systemic approach to enabling psychosocial well-being. Although this section emphasizes the value of community-based approaches, it is important to avoid romanticization and reified images of communities, each of which has a local power structure and consists of a mosaic of different sub-groups. Interventions may inadvertently privilege particular groups and leaders over others or even empower perpetrators of violence, as occurred in the refugee camps in Goma following the 1994 Rwandan genocide. Among the questions that must be asked by those who would intervene are "Who benefits?" and "Which values are being strengthened?"

Social mobilization. In regard to supporting war-affected people, a mobilization approach offers a powerful tool for culturally grounded understanding and action. Whereas a trauma

approach privileges outsider knowledge, a mobilization approach begins with conscientization, which in the tradition of Paulo Freire (1968) entails awareness of self in historic context and sets the stage for collective action. This awareness is socially constructed by local people who use the categories and cultural meanings of their own socio-historic context and who mobilize themselves for action, often through the aid of external catalysts or supports. The interpretive process is collective and asks “What has happened to us?” and “How have we changed as a result of our historic experience?” A reflective process is needed to help people to understand their collective wounds, the negative and positive changes that have occurred, and the bases for action in historicized consciousness (Aron & Corne, 1994; Comas-Díaz, Lykes, & Alarcón, 1998). This reflective process may originate from within an affected population, yet outside support for it may be helpful in some situations. Living in very difficult situations, it may be very difficult for people to understand the various ways in which they have been affected by chronic war or poverty or centuries of colonialism and oppression. As people reflect on their past and present, they construct new narratives not only about the past but also about their future, thereby enabling constructive action.

The conscientization dialogue entails elicitive processes that bring to the fore indigenous understandings, values, and tools (Lederach, 1995). The conscientization process avoids imposing outside understandings and nourishes insider understandings grounded in local culture and acts of interpretation. This opens the arena for application and strengthening of local resources for healing, including traditional rituals, ceremonies, and values. This supportive approach to local culture is crucial in post-colonial contexts in which people have internalized feelings of inferiority about their own culture, leading them to doubt their own capacity to build

a positive future. The resulting helplessness builds a sense of disempowerment, one of the main tools colonial regimes had used to maintain control.

Empowerment and social action are cornerstones of the mobilization process. Traumatic experiences instill a sense of loss of control, and regaining the sense of control, even in small ways, is a key element in healing (Hobfoll et al., 2007). Particularly in collectivist societies, empowerment is a collective process in which groups of people begin to take charge of affecting their circumstances and planning their futures. Although empowerment is an internal process, it can be facilitated by outside individuals or groups who play a facilitative role and who approach their task in a spirit of partnership and mutual learning. A key to empowerment is ensuring that local people take ownership of the relief process to the extent that this is feasible and contextually appropriate (IASC, 2007).

As groups organize themselves for action, they identify and activate local resources of psychosocial support. One of the main errors globally of international humanitarian efforts in war zones is to assume that local groups are shattered and have no resources for self-help. In fact, every group of affected people has significant resources for self-help such as healers, religious leaders and various support groups. The key to sustainable, community-based support is to build on these existing resources, avoiding the imposition of outside supports that undermine local supports and disappear when the external funding has expired (IASC, 2007). Because community resources are typically incomplete, it may be useful also to add external resources offered by other communities, the government, or humanitarian agencies or to build capacities for mental health and psychosocial support. However, it is the community that should be making

the key decisions regarding which capacities are priorities, how to build capacities, how to make them sustainable, and so on.

Social mobilization and empowerment are complex processes in part because local collectivities of people have existing power structures that privilege some individuals and groups over others. In most societies, for example, patriarchal norms predominate and women are subjugated. In nearly every war zone, people who have disabilities are invisible and face very difficult situations. To enable transformation for peace, empowerment must not privilege one particular group over others or strengthen local elites that will focus mainly on their own advantages. An effective mobilization process gives voice to excluded people, builds solidarity across group lines, and creates processes for full participation. In situations in which tensions divide ethnic groups, solidarity and social healing can often be achieved by building a sense of common ground through having groups cooperate on movement toward the achievement of superordinate goals (Sherif et al., 1961). Solidarity and improved social relations can create social networks and support structures that advance healing. Also, full participation invites constructive political change and a process that includes diverse constituencies.

Constructed with care, the mobilization process has numerous benefits. Since it is a holistic, communal process, it can advance the healing of communal wounds and help build resilience and the ability to cope with difficult circumstances. Since resilient communities are in a better position to resist political manipulation and attraction into armed conflict, this is a highly positive outcome in protracted conflicts. Mobilization approaches tend to be sustainable since they build local capacities, use and support local resources, and encourage local leadership and sense of ownership. By stimulating full participation, they enable constructive political change

through a middle-out strategy (Lederach, 1997) that encourages changes both at the grassroots level and creates activated groups and communities who can then pressure for appropriate reforms at the regional and national levels.

Risk, resilience, and protective factors. In conceptualizing how people have been affected in war zones and why significant differences exist in their levels of suffering and functionality, a holistic, community-based approach draws on a framework of risk, resilience and protective factors. This framework, which builds on the research of Rutter (1985, 1986) and Garmezy et al. (1983), originated in part to describe the mixture of vulnerability and resilience seen among children living in difficult situations characterized by exposure to multiple risk factors. However, the model applies to adults as well children.

The core tenet of the framework is that well-being and healthy development depend on the balance of risk factors and protective factors. Risks may arise from specific events such as attack and rape or also from long-term, structural factors such as poverty and discrimination. As risks accumulate, the risk of developmental damage increases exponentially. However, the risk factors may be offset by protective factors such as being in the care of a loving, competent parent or caregiver and having access to social support from family and friends. When risk factors predominate, mental health and psychosocial issues such as social isolation, aggression and developmental delays may result. An extreme preponderance of risk factors may lead to profound issues such as severe depression. However, the framework does not assert that psychopathology occurs automatically following exposure to risks such as life-threatening experiences. Indeed, the framework asserts that when protective factors predominate, children may exhibit resilience in the sense that they thrive despite living in difficult circumstances. In

this manner, the framework offers a dynamic conceptualization of vulnerability and resilience, and it accounts for how two children who have both experienced similar life-threatening events may have very different reactions and developmental trajectories.

In applying this framework to African contexts, it is useful to take a socio-cultural perspective that assigns cultural meanings and practices a central place and to emphasize the importance of social ecologies in human mental health and psychosocial well-being (Donald & Dawes, 2000). Following the contours of ecological approaches, one may identify risks and protective factors as working at multiple, embedded levels such as the individual, extended family, clan, neighborhood, community, chiefdom, district, and societal levels. Risks and protective factors can arise at micro-, meso-, or macro-levels, creating a systems view of their interplay.

Risks can arise from attack, family separation, displacement and other conspicuous sources. Risks also arise from less visible sources such as gender-based violence, family violence, increasing poverty, and loss of meaningful social roles. A key point is that risks (and protective factors) are culturally constructed, as one's inability to conduct a burial ritual can be a significant risk factor in a rural area where traditional beliefs and practices remain strong. Yet in an urban environment where there is less adherence to traditional beliefs and practices, the inability to conduct a burial ritual might not be a risk factor. In this respect, risks are culturally and situationally scripted, and they rest as much on subjective meanings as on external events.

Ironically, highly significant risks may arise from humanitarian efforts. Following the 1994 genocide in Rwanda, for example, *genocidaires* in the refugee camps in Goma used humanitarian aid to cement their control. In northern Uganda, where many humanitarian agencies failed to use an empowerment approach, giving handouts instead, people who lived in

the IDP camps became so dependent on outside aid that the first question asked of outside humanitarians was “What have you got for us?” Furthermore, the delivery of aid in many sectors has been done in a way that robs people of their dignity at the moment when they most need support (Beristain, 2006; IASC, 2007; Wessells, 2008).

Risk accumulation is a prominent feature of African war zones, where communities are often targeted directly and multiple levels of society suffer damage. For example, the widespread family violence evident in many conflict zones takes a heavy toll on children. Evidence from other areas such as the Occupied Palestinian Territories suggests that in war zones, the children who fare most poorly are often those who are subject to family violence (Garbarino & Kostelny, 1996). At community level, new risks arise and proliferate, as actual spying and fear of spying may turn people against each other. The spread of unemployment, which reaches rates approximating 80% in many war zones, is a highly significant risk and source of distress. At community and societal levels, violence becomes normalized, and military activities pervade everyday life. Over time, civilian structures may be transformed away from their civilian roots. In Sierra Leone, for example, repeated attacks on villages by the RUF and failures of government troops to defend civilians led to the transformation of traditional hunter societies, the kamajors, into local militias that protected their villages. Although the militarization of society may enable short-term security, it poses many risks of exposure to and participation in armed conflict. Throughout Africa’s conflict torn societies, large numbers of children and youth are at risk due to their recruitment, often by force but also through a mixture of push and pull factors, into armed forces and armed groups (Brett & Specht, 2006; Coalition to Stop the Use of Child Soldiers, 2008; Honwana, 2006; Wessells, 2006a).

The situation is made more desperate by virtue of the fact that conflicts destroy, damage, or disrupt of many social supports that might have served as protective factors. The destruction of schools, markets, homes, and places of worship are not only physical losses but also losses of the social supports and life meaning derived from the activities in these places. Furthermore, armed conflict and displacement shatter social trust and reduce social cohesion to such a low level that social support becomes a scarcity at community and societal levels. In most war zones, exploitation and abuse tend to proliferate as law and order decline and traditional systems of social control weaken. The ability to conceptualize these as collective issues without using a medical idiom is a strength of the risk, resilience, protective factors framework, as is the idea that resilience and protection may apply across different levels of the social system.

This framework also avoids a deficits emphasis and calls attention to the possibilities for resilience. One of the most striking features of war zones (apart from acute situations of attack or flight) is the resilience of significant numbers of people. Most children can be seen playing and doing chores to help their families, and most adults get on with daily tasks of farming, petty trade, and parenting. Following armed conflict, the apparent resilience and functionality of African people is even more visible, as people return home, rebuild homes, schools, health posts and markets, and as militarization gives way to the resurgence of civil society structures and processes.

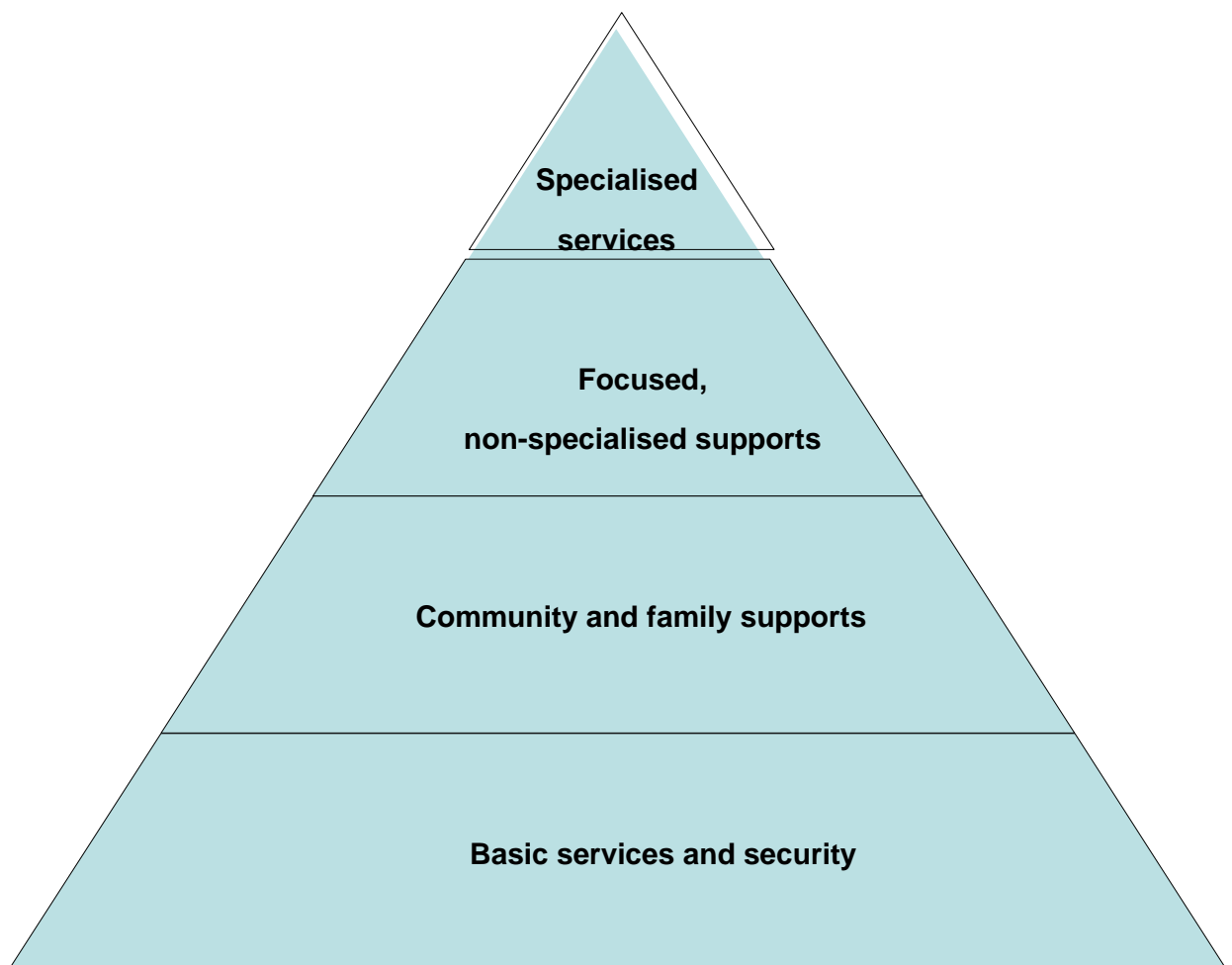
The relative prevalence of people's resilience and ability to function by filling appropriate civilian roles is attributable to the prevalence of protective factors and the coping resources, both collective and individual, of war affected people. Highly valued protective factors in African societies include support from extended family, neighbors, elders, teachers and religious leaders;

security and rule of law; religion, participation in youth groups, women's groups, community groups and other civil society structures; participation in traditional practices such as rites of passage and, where needed, rituals believed to be important in restoring spiritual harmony; opportunities to work and find meaning in various social roles; having access to supports that meet basic needs. Protective factors also exist at an individual level in the form of people's skills in coping, seeking support when it is necessary, and making meaning under very difficult situations. Not all the supports come from within the affected population, as governments often provide services, policies and enforcement mechanisms that act as protective factors. Outside agencies such as UN agencies and international NGOs play a role in helping to strengthen these protective factors as well as minimize the risk factors. However, the role of NGOs is facilitative, as effective practice requires community participation and ownership to the extent that is possible, building on the protective factors that are already present, and avoiding violations of the Do No Harm imperative (IASC, 2007).

A layered, comprehensive approach. The field of mental health and psychosocial support in situations of armed conflict and political violence has suffered from excessive polarization and extremist claims such as everyone is traumatized or alternately, no one is traumatized. The risk, resilience, and protective factors framework recognizes that in every population, some people are likely to do well and exhibit resilience whereas others may be quite overcome, dysfunctional, and in need of specialized support. A convenient way to represent this is the familiar intervention pyramid (IASC, 2007), which offers a useful conceptual framework for situating the need for different kinds of supports and suggesting how they might be interconnected. Following armed conflict, the majority of people, who are represented mainly by the bottom layer, will recover without any psychosocial intervention so long as they have access to basic services and security.

Although they might experience distress and symptoms of acute stress reactions, the provision of security and access to basic services enables the activation of local supports by family, friends, and community groups, among others. The next layer includes people such as those who have been separated from their families or who lack access to livelihoods or education and who also need supports such as family tracing and reunification supports or livelihoods supports.

Diagram One: IASC Intervention pyramid for mental health and psychosocial support in emergencies.



The third layer includes people such as elderly people who have no supports and have suffered many losses; war widows who are overcome with grief and loss and are isolated; women survivors of rape who are badly stigmatized and need additional psychological and social support; and formerly recruited children who may lack livelihoods, have substance abuse issues, and are stigmatized and feared by the community. People in this layer need focused psychosocial supports, though they may be administered by trained social workers and paraprofessionals rather than clinicians or psychiatrists. The top layer includes severely affected people who need specialized support, possibly from specialists such as psychiatrists or traditional healers. This level might include people who suffer overwhelming grief, severe expressions of PTSD and also people who suffer depression, neurological disorders, and chronic mental illness. In this framework, trauma is only a small part of a much larger array of severe sources of distress.

The pyramid serves as a reminder of the importance of building comprehensive, layered systems of mental health and psychosocial support with referral mechanisms across the layers. In general, holistic community-based systems are ill equipped to provide appropriate care and support for those who have been most severely affected. In fact, in war zones throughout Africa, the most invisible and vulnerable people are often the chronically mentally ill, who are often mistreated by being tied to trees or chained to engine blocks and marginalized by their communities. To build a comprehensive system of mental health and psychosocial support, it is essential to strengthen or create supports at multiple layers, linking in systematic ways specialized supports with more holistic, community-based supports. Sadly, such comprehensive systems are seldom seen in the aftermath of African conflicts but remain an important target for future work.

Practice in the Region

No unifying framework exists at present for applied work on trauma, peacebuilding and development in Africa. Nevertheless, the work does fall naturally into two categories: (1) a clinical approach, which has focused primarily on issues such as PTSD and trauma, but as noted above could and should include a much wider array of mental health issues, and (2) a holistic, community-based psychosocial support.

Table 1 provides a non-exhaustive summary by sub-region of the published work that falls into these categories. The published work is not invariably an accurate reflection of the actual psychosocial and mental health programming that exists since much work is in a difficult to access grey literature or never written up at all. A regional approach is appropriate since the sub-regions have much ethnic and cultural similarity within a region. Also, the problems of armed conflict and the challenges of peacebuilding and development have significant regional dimensions. The narrative below on each sub-region brings out the work done with various sub-populations and age and gender issues.

West Africa

West Africa, with its bloody recent conflicts in Sierra Leone and Liberia, is a conflict system in which there is extensive movement of conflict, displaced people, weapons, and soldiers across state borders. In fact, the conflict in Sierra Leone began as a spillover of the war in neighboring Liberia. Some of the worst psychosocial burdens have fallen on children, including those who had been recruited, who are the subject of the most extensive research. Although political violence and conflict occur in numerous West African countries, Sierra Leone and its refugees

and Liberia are discussed below because they have been the focus of extensive research and practice.

| | Clinical/PTSD Approach | Holistic, Community-Based Approach |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| West Africa | Betancourt et al. (2003); De Jong et al., 2000; Gbegba & Koroma, 2007; Gupta & Zimmer, 2008; Harris, 2007; Hubbard & Pearson, 2004; Johnson et al., 2008; Stepakoff et al., 2006; Williams et al., 2008 | Hamakawa et al., 2008; Kostelny, 2004; Kreitzer, 2002; Landry, 2005; McKay & Mazurana, 2004; Peters, 2003; Save the Children, 2004, 2005; Wessells, 2006a,b; Wessells & Jonah, 2006; Williamson, 2006; Williamson et al., 2002 |
| East and Central Africa | Baron, 2002; Baingana, et al., 2004; Bayer et al., 2007; Bolton et al., 2002, 2003, 2007; De Jong et al., 2001; Derluyn et al., 2004; Dyregrov et al., 2005; Mocellin, 2006; Musisi et al., 2000; Ntakarutimana, E. (2008); Onyut et al., 2005; Paardekooper, 2002; P'Olak, 2004; Richters et al., 2008; Staub et al., 2005; Staub, 2006; Vinck et al., 2007 | Ager et al., 2005; Apio, 2008; Chrobok et al., 2008; De Lay, 2003, 2003; Dona, 2001; Healthnet TPO (2007); Hepburn, 2006; Kostelny, 2008; LeRoy, 2002; Lorscheiter, 2007; MacMullin et al., 2004; Pillsbury & Lowicki, 2001; Save the Children 2003; Stark, 2006; SWAY, 2007; Veale, 2005; Veale & Dona, 2003; Veale & Stavrou, 2007 |
| Southern Africa | Colvin (2000); McIntyre et al., 2003; Straker, 1998; grey literature of the Truth and Reconciliation Commission, and agencies and networks such as Kulumani and the Trauma Centre for the Survivors of Violence and Torture | Boothby, 1996; Boothby et al., 2006; Dawes & Donald, 1994, 2000; Eyber et al., 2004; Gibbs, 2004; Hamber, 2000; Higson-Smith & Killian, 2000; Honwana, 1997, 1998, 1999; Igreja, 2003, 2004; Kagee & Naidoo, 2004; Stavrou, 2005; Straker, 1992; Wessells, 2006a, 2006b; Wessells & Monteiro, 2000, 2004b; Zack-Williams (2006) |

Mental illness/trauma approach. In Liberia, former adult combatants showed high rates of major depressive disorder (40%) and PTSD (45%), with survivors of sexual violence showing the worst mental health outcomes (Johnson et al., 2008). In Sierra Leone, De Jong et al. (2000) reported that in Freetown five months after the catastrophic violence of January, 1999, very large percentages of the population had been exposed to extreme events such as attacks on neighborhoods, exposure to aerial bombing and the destruction of homes, and over half had witnessed torture. On an Impact of Events Scale, 99% of the participants had scores indicative of severe PTSD, and somatization problems were particularly prevalent. However, as the authors acknowledge, the Impact of Events Scale had not been validated in the Sierra Leonean context. Also, the study used European data in selecting the cut-off scores that define who had PTSD. Furthermore, the first author worked in Freetown during this period and observed that many people identified their main sources of distress as contextual issues such as lack of food, joblessness, family separations, and ongoing insecurity and fear of attack. Nevertheless, this type of study is used by more than a few humanitarian workers as a justification for making trauma counseling the mainstay of mental health promotion and psychosocial support.

Gbegba and Koroma (2007) add an interesting dimension by focusing on the collective trauma of the Sierra Leone war. Focusing on the widely used RUF strategy of amputating helpless civilians, they suggest that in addition to the very severe individual wounds, which are physical and psychological, there are unhealed collective wounds stemming from the profound shattering of homes, communities and ways of life. The amputations are not only permanent sources of disfigurement individually but also serve as daily collective reminders of the unexplained horrors of the war and ‘an unhealed open wound.’ The authors suggest that the destruction of families and communities and the accompanying loss of traditional Sierra Leonean

means of social control have resulted in problems such as many children living and working on the streets and increased levels of aggression throughout Sierra Leone. They speculate that the denial of national trauma has contributed to the extreme stigmatization seen in people such as the children born out of rape during the war. They call for the creation of communal venues in which people can express and work on their suffering, engage in a process of collective mourning, and rebuild the traditional family and community structures and processes that promote mental health and well-being. This suggestion of the value of traditional structures and processes resonates well with the view that people are fundamentally makers of meaning and that many meanings are culturally constructed and socially embedded.

The theme of lasting psychological harm is echoed by Gupta and Zimmer (2008). Also, Williams and Ayonrinde (2008) observe that substance abuse, primarily of cannabis ('jamba') and cocaine ('brown-brown') is a highly significant source of long-term psychological damage that accounts for nearly 75% of acute admissions in Sierra Leone's only specialist psychiatric hospital. Sadly, this hospital has severe staff shortages, is difficult for people to access, has no direct electricity or water supply, and offers austere conditions at best.

Throughout Sierra Leone, organizations such as the National Network for Psychosocial Care and MSF (during the immediate emergency phase) have conducted counseling on an extensive scale. Although few published studies have documented the effectiveness of this intervention in Sierra Leone, work in other African contexts has confirmed the efficacy of particular forms of group counseling (e.g., Bolton et al., 2007). Gupta and Zimmer (2008) report that for children between the ages of 8 and 18 years, a combination of basic education and trauma healing activities decreased intrusion and arousal symptoms and increased optimism.

The massive violence in Sierra Leone in 1999 and other ‘peak periods’ caused large waves of people to move across the border into countries such as Guinea. Hubbard et al. (2004; see also Stepakoff et al., 2006) observed that many Sierra Leonean refugees were survivors of torture and mass violence and suffered mental health issues such as depression. Having selected and trained local people as Psychosocial Agents, the project conducted small group therapy, which is designed to assist refugees in sharing their experiences, normalizing traumatic experiences, affirming their sense of self, and increasing their self-control. They also organized community-wide events, including rituals, to provide opportunities for collective acknowledgement and validation of their trauma. Six-month post-treatment assessments indicated a decrease in depression, post-traumatic stress symptoms, and anxiety. There were also significant increases in people’s access to informal social supports.

Holistic, community-based approach. Much of the published work on holistic, community-based support in Sierra Leone concerns programs for the reintegration of formerly recruited children. The recruitment of children is not only a grave human rights issue but also an issue of peace, as child soldiers often become the means of continuing cycles of violence either in their own country or as mercenaries in neighboring countries (Wessells, 2006a). In Sierra Leone following the war, there were over 12,000 registered child soldiers, most of whom faced following their demobilization issues of stigma, family conflict or rejection, lack of access to education, and lack of a livelihood and positive role in society. The post-war context was potentially explosive since fighters from both sides returned to the same villages. The prospects of reprisal attacks were significant, as many young people had, at the time of their recruitment, been handed a gun and ordered to kill a member of their own village or family. This brutal recruitment strategy was intended to break the child’s bonds with the family and community and

to foreclose thoughts and options regarding escape. The challenges to reintegration are compounded for girls, who face a fundamentally greater burden of stigma than do boys, and also a host of reproductive health issues and gender-based violence (Kostelny, 2004; McKay et al., 2004; Wessells, 2006a).

In Sierra Leone, holistic, community-based approaches have included work on community sensitization and mobilization, reconciliation, family tracing and reunification, mentoring, education, livelihoods, and traditional healing (MacMullin et al., 2004; McKay et al., 2004; Save the Children, 2004, 2005; Wessells, 2006a; Williamson, 2006; Williamson et al., 2002). Wessells & Jonah (2006) report on a youth oriented program in the Northern Province that served young men up to 35 years of age and that was based on the view that reintegration is as much a communal process of transformation as it is one of individual healing and rehabilitation. Because former male combatants were badly stigmatized, feared reprisals, and were unwilling to return to their villages without having a livelihood, the program focused on community reconciliation, mentoring, and livelihoods supports. Meetings with district officials and sensitization dialogues were conducted in order to reduce demonic images of the young men, who were feared and viewed initially as bloodthirsty perpetrators. These dialogues built empathy, as local people learned that the recruited youth had suffered badly during the war. The dialogues also activated traditional methods of resolving conflict and used methods such as proverbs and song to create a narrative of being one people and putting the time of the war behind us.

Using the tested principle that cooperation toward the achievement of a superordinate goal is useful in reducing inter-group tensions, the program formed mixed work teams consisting of former soldiers and youth who had not been soldiers. As the youth cooperated on community-

selected projects such as building schools and health posts, tensions were significantly reduced, and community members saw the former youth soldiers in a new light as civilians who contribute to the community. By giving the youth a positive role and sense of place in the civilian world, the program enabled the youth to shift their identities from soldiers to civilians. Subsequently, the young men received vocational counseling, skills training, mentoring by artisans who also had skills of moral guidance and psychosocial support, and small loans for use in starting their own businesses. Using narrative methods, the program documented that the young men were better accepted by the community, had reduced fear of attacks, and felt hopeful toward the future. Also, the community elders reported that they had gained an understanding of how what happened at village level connected with the wider peace process. A noteworthy feature of this program is that it organized support for a mixture of former youth soldiers and youth who had not been recruited, thereby avoiding the jealousies and social divisions that can occur when supports are extended only to formerly recruited youth.

The same study reported an interesting traditional method for reconciling former male soldiers with their communities. In particular, a formerly recruited boy who wanted to return home told the story of everything he had done during the war to his parents, who in turn visited the local chief and requested that he listen to the boy. When the boy met with the chief, he prostrated himself and held the chief's ankle, thereby demonstrating his complete submission. He then told his story to the chief, who was believed to have information about the boy from diverse sources and to be taking stock of whether the boy was telling everything and demonstrating remorse. Satisfied with the boy's account, the chief prescribed that he engage in community service and receive moral tutelage from an elder. The boy did what the chief had asked, and the community members welcomed him back. This example illustrates the potential value of not

only traditional practices but also of restorative justices in local reconciliation and peacebuilding efforts.

A common problem in reintegration processes is that the programs are adult driven and do not adequately take into account the perspectives of young people. When young people are listened to, particularly in West Africa, access to education emerges consistently as one of the top priorities (Landry, 2005; Peters, 2003; Wessells, 2006a; Williamson et al., 2002). However, returning former soldiers who have missed out on years of school often refuse to sit alongside classmates who are much younger, programs often offer separate accelerated learning programs for formerly recruited children. The participants typically report that returning to education gives them useful skills, hope for the future, and a sense of being like other children.

The reintegration of girls has been a profound challenge in part because most processes of disarmament, demobilization and reintegration (DDR) have discriminated against them (McKay & Mazurana, 2004; Wessells, 2006a) and also because women in West Africa are viewed as men's property (Boas, 2007). In Sierra Leone, this occurred through the illicit use of a 'weapons test' wherein former recruits qualified for DDR benefits only if they turned in an automatic weapon, which they had to disassemble and reassemble. Most girls did not qualify since they had no automatic weapons, and many had not been combatants.

Non-formal reintegration supports for girls in Sierra Leone have consisted primarily of traditional cleansing, community support dialogues, protection from gender-based violence, livelihoods, and education. Like other countries in sub-Saharan Africa, Sierra Leone shows considerable variation internally in adherence to traditional practices, which are weakest in urban centers and areas where people adhere to religions such as Christianity and have decided not to

practice older rituals. Where traditional practices are in use, however, the conduct of traditional cleansing rituals has supported formerly recruited girls in gaining community acceptance (Kostelny, 2004; McKay et al., 2004; Wessells, 2006a; Williamson, 2006). Community support dialogues have proven to be effective in raising community awareness that the girls themselves had suffered and also in developing ways of limiting the sexual harassment and assault of the returning girls. In one case, community elders who learned that returning girls were being attacked decided to establish Girls' Welfare Committees. These Committees created and announced publicly rules against such gender based violence and imposed penalties for violations, leading to a rapid reduction in assaults (Kostelny, 2004).

Livelihoods support, including skills training and small grants or loans to support business activities, has been particularly important in supporting girls' reintegration (Kostelny, 2004; McKay et al., 2004; Wessells, 2006a, 2006b). Many girls report that when they have cash in their cash boxes, they are valued and people seek them as marriage partners. Also, community members see that they are contributing to their families and able to fill their roles as mothers. Furthermore, having cash enables girls to participate in education, which is often among their highest priorities (Wessells 2006a, 2006b). The importance of livelihoods to girls' psychosocial well-being serves as a reminder that some of the greatest sources of distress felt by war-affected children have to do with problems of their current living situation, not least of which are chronic poverty and low social status.

Although much useful work on mental health and psychosocial well-being has been conducted in Sierra Leone, it is worth noting some of the significant gaps. Few studies have examined possible linkages between Sierra Leone Truth Commission and mental health and

psychosocial well-being. Also, most geographic areas have a system of care and support that bears little resemblance to the full intervention pyramid described earlier. In addition, there are enormous gaps in coverage. One of the most severe is in regard to children born of rape and who bear the double stigma of being ‘rebel children’ and conceived outside of legitimated marriage (Baldi & MacKenzie, 2007; Carpenter, 2007). Another gap, one that impacts the development of the field of mental health and psychosocial support, concerns the need for better program evaluations and research on outcomes (Betancourt & Williams, 2008). Although the clinically oriented work has used more quantitative methods that appear to be more rigorous, many of the tools have not been validated in the local context or shown to reflect the most important mental health concerns. Overall, community-based programs have used weak evaluation and research methodologies, including the use of comparison groups that might allow inferences of causal attribution. These challenges exist in other regions as well and call for a new generation of improved research.

East and Central Africa

This volatile sub-region, which is subject to prolonged droughts and other natural disasters, has seen some horrific conflicts in recent years. Among these are the 1994 genocide in Rwanda, the dangerous conflict in Rwanda’s neighbor, Burundi, the long-standing war in Southern Sudan and then in Darfur, repeated conflicts between Ethiopia and Eritrea, the largely forgotten war in northern Uganda, and the deadly war in DRC which is believed to have killed more people than any other active conflict. Also, Somalia is one of the worst ongoing situations of protracted, systemic violence, though it is not technically classified as an armed conflict by most analysts. It

would be impossible to review all of the literature concerning each country, yet it is possible to illustrate the kinds of activities conducted under each of the two main categories.

Mental illness/trauma approach. Numerous studies have documented the negative impact of armed conflict on people throughout the region. In Rwanda, children who had been exposed to extreme levels of violence showed high levels of post-traumatic reactions (Dyregrov et al., 2005). Sudanese refugees living in northern Uganda in protracted exile show high levels of traumatic reactions and also depression, and also related problems of grief, substance abuse, and loss of cultural values and practices (Baron, 2002). In Somalia, Mocellin (2006) reported rates of approximately 50% among formerly recruited people, many of whom experienced severe problems associated with the use of Khat. In northern Uganda, Vinck et al. (2007) reported that of adults who had been exposed to violence associated with the Lord's Resistance Army (LRA), 74% exhibited PTSD symptoms and 44.5% showed symptoms of depression. When participants were asked how to achieve peace, people who showed signs of PTSD were more likely to suggest violence as the best means.

Also in northern Uganda, very high levels of PTSD—98%—have been reported among children who had been abducted by the LRA (Derluyn et al., 2004). However, these rates are unusually high among formerly recruited children (Betancourt et al., 2008), and the most systematic research on the issue (Save the Children, 2003; SWAY, 2007) indicates that only a small minority of the formerly abducted children exhibit serious distress and dysfunctionality. Also the children themselves identify other issues such as stigma and lack of access to livelihoods and education as their greatest problems (McKay & Wessells, 2004).

An expanding array of interventions has been developed to support both children and adults affected by war. In one of the first random control trials on mental health in Uganda, Bolton et al.(2003) reported that adults who had an illness similar to depression showed reductions in depression and dysfunctionality following 16 weeks of group interpersonal psychotherapy for depression. Bolton et al. (2007) also extended this finding to war-affected 14- to 17-year-olds in Gulu, showing that participation in an adapted version of interpersonal group psychotherapy produced greater reduction of depression-like symptoms than did a Creative Play intervention. In fairness, Creative Play was not designed to address depression, and it may have had beneficial psychosocial effects for children who were not severely depressed. Onyut et al. (2005) reported that narrative exposure therapy reduced PTSD symptoms among Somali children living as refugees in Uganda.

In Burundi, a form of narrative theatre has been useful in helping communities deal with the traumas of their past (Ntakarutimana, 2008). In Rwanda, Staub et al. (2005; Staub, 2006) have conducted community trauma healing workshops that combine remembering and coming to terms with difficult experience with education and collective reflection on the causes of the genocide. A key component of this approach is to establish a shared, collective memory of the events that discloses what happened and why, and enables both sides to move forward. This communally oriented approach has produced reductions in the levels of traumatic stress reactions and improvements in social cohesion and inter-group relations. It is not known whether this intervention can be linked in constructive ways to the local *gacaca* processes of truth and reconciliation.

Holistic, community-based approach. Following the Rwandan genocide, which produced large numbers of orphans, extensive psychosocial work focused on family tracing and reunification (DeLay, 2002, 2003; Dona, 2001; Hepburn, 2006), with many children passing through centers for unaccompanied children. This work stood on the assumption that being in the care and protection of one's family is one of the pillars of psychosocial support for war-affected children. Children whose families had been killed or who could not be reunified with their families were typically placed with foster families. Although this approach proved useful, subsequent research identified significant complexity in this approach. For one thing, some foster families marginalized the separated children, and others exploited them for their labor, often forcing them to drop out of school (Dona, 2001; Veale & Dona, 2003; Tolfree, 2003). Also, family reunification did not invariably turn out to have positive benefits for children, as families, too, can be marginalizing and exploitative (Ager, 2006). This learning experience was instrumental in helping child protection workers to view family reunification and fostering as potentially valuable but as requiring a critical perspective.

Research on community-based supports for formerly abducted children increasingly indicates that trauma and mental health issues are not the main problems faced by most children. Apio (2008) reports that in Uganda, children born out of rape of young women inside armed groups are likely to be stigmatized, isolated and in need of livelihood support. The SWAY (2007) research indicated that most formerly abducted children showed mild to moderate distress and chose lack of livelihoods and education as their biggest areas of need. In fact, former abductees were only half as likely to be engaged in productive work as children who had not been abducted. This theme of the importance of livelihoods is echoed in the sentiments of formerly abducted children (Chrobok et al., 2008). Unfortunately, in Uganda, disproportionate emphasis

has gone to psychosocial support in reception or transit centers, which have shown some benefits for children (MacMullen et al., 2004), rather than to community generated reintegration efforts, which ought to include a mixture of traditional healing, education, livelihood support, and efforts to reduce the stigma of formerly recruited children (SWAY, 2007; McKay et al., 2004).

Reintegration work in the region has also challenged the deficits approach of much psychosocial work on war-affected children. In Ethiopia, girls who had decided to join the Tigrean People's Liberation Army reported that they had found meaning in their participation in the struggle for liberation and felt stronger, more confident, and better able to deal with difficult situations (Veale, 2005). Having participated in armed groups with strong norms of equality, they preferred living in a situation of gender equity and found it difficult to integrate back into a civilian society where women were unequal. For them, a main challenge is to redefine their identity from that of freedom fighters into that of civilians. This challenge notwithstanding, it seems clear that it is inappropriate to regard formerly recruited girls as victims whose time inside an armed group had been lost or wasted. A significant challenge is to reconstruct reintegration supports so they make use of the positive skills developed inside an armed group and work explicitly on the task of identity transition, which in collective environment is a communal task.

As had been true of West Africa, a significant gap in East Africa has been the lack of a comprehensive system of mental health and psychosocial supports. In northern Uganda, for example, most practitioners report that although much community-based psychosocial work occurs, few channels or resources exist for the referral of severely affected people. Another gap has been the weak emphasis in many areas on local cultural resources, including religious practices and traditional practices, which help people make meaning and find relief from

suffering under very challenging circumstances (Ager et al., 2005; SWAY, 2007). A third gap has to do with age. Particularly in Uganda, research has focused on youth (SWAY, 2007) and also on young children (Kostenly, 2008), yet rather little work has been conducted on adults. The mental health burden on war-affected adults is hinted at by recent evidence indicating that in IDP camps in northern Uganda, over 40% of women had been targets of family violence within the past year (Columbia University, 2008). Although there are many reports of suicide in northern Uganda, there has been little research on the issue or programs designed explicitly to limit it. Filling these gaps remains an important task for the future.

Southern Africa

Southern Africa has been torn by numerous protracted conflicts such as those in Angola and Mozambique, together with state sponsored violence as seen in the former apartheid regime of South Africa and currently in Zimbabwe.

Mental illness/trauma approach. Numerous studies have indicated that exposure to conflict and violence in Southern Africa has had a major impact on the population. Of adolescents in Lubango, Angola which was severely affected by the war, nearly two-thirds met the criteria for having PTSD (McIntyre & Ventura, 2003). Girls were more likely than boys to show PTSD as were adolescents who expressed no interest in tribal values. In South Africa, extensive work has addressed the mental health issues associated with torture and structural violence. Pointing out that in the lives of many youth living in townships that were saturated with violence, Straker (1988) suggested that it is more appropriate to focus on continuous, ongoing stress than on 'post' traumatic stress. Indeed, in many parts of Africa, one might well ask "Where's the 'post'?"

Some analysts expected that participation in the Truth and Reconciliation Commission (TRC) in South Africa would itself provide mental health benefits by enabling people to make public their previously invisible suffering and pain. However, the anticipated mental health benefits may have been offset by other factors. Many survivors continued even after the TRC to live in abject poverty while they watched some of the perpetrators who had testified living lives of privilege and relative opulence. Although the TRC and participation in it were believed to have produced some healing, it also created problems of false expectations and left in its wake a host of ongoing problems (Hamber, in press), not least of which is the continuing structural violence.

An important strand of mental health work in South Africa is the work of grassroots groups in providing treatment for survivors of torture, most of whom had been political prisoners during the apartheid era. Colvin (2000) describes the work of the Torture Project, which operated under the auspices of the Trauma Centre for Survivors of Violence and Torture in Cape Town. The Torture Project offered various kinds of individual and group psychotherapy for survivors, and it also engaged in monitoring and evaluation, networking, outreach to survivors, and advocacy efforts. A related effort is Khulumani, a national, grassroots network that aims to support survivors, including those who had testified as part of the hearings of the national Truth and Reconciliation Commission.

According to Colvin (2000), neither group identified reconciliation explicitly as one of its goals. More often, they identified healing as their primary work. Among the Western Cape Branch of Khulumani, the members focused primarily on empowerment and justice issues, including the exclusion of large numbers of survivors from the formal TRC process and the reparations issue that had dogged the TRC (Abrahamson et al., 2005; Hamber, 2000). Survivors

pointed out the absurdity of having access to counseling while not having enough food to feed their families, particularly when the perpetrators who had spoken before the TRC received amnesty and continued to enjoy opulent life styles. Although this does not mean that reconciliation is unimportant in processes of healing and promoting mental health and psychosocial well-being, it points out the challenges of creating meaningful reconciliation that addresses the structural injustices associated with economic discrimination, joblessness, and inadequate housing.

Holistic, community-based approach. In Southern Africa, community-based, holistic approaches to psychosocial support have consistently emphasized the importance of mobilizing community resources and processes (Boothby, 1996; Dawes & Donald, 1994, 2000; Wessells & Monteiro, 2000, 2004). A key component of community resources are the traditional healers and healing practices that are central to life in many rural areas of countries such as Angola and Mozambique (Boothby et al., 2006; Honwana, 2006; Wessells & Monteiro, 2004). Other important cultural resources were traditional leaders and decision-making structures at the local level. During the Angolan war, these traditional leaders and structures had been undermined, as UNITA (the opposition group) forced traditional leaders to turn over a quota of children and youth as soldiers, lest they destroy their villages. This strategy was a deliberate attempt to undermine civil society and any resistance by showing the leaders were unable to protect young people and to give the appearance of support for UNITA.

In a large-scale program in seven of the most severely war-affected provinces in Angola, CCF/Angola worked with local communities to identify the people whom children naturally seek out for support and help. These people, who also included traditional healers, participated in

week-long workshops on the impact of war on children; how to support children's well-being through traditional rituals and also through activities such as song, dance, story-telling, and soccer; and how to promote nonviolent conflict resolution. Following the workshops, the adults implemented the activities for children in their areas of living, which included villages and also camps and settlement areas. Children who had been profoundly affected were referred for additional support. At the same time, communities engaged in collective planning and action on self-selected projects such rebuilding damaged schools that were designed to support war-affected children. The children who participated showed improved social behavior, reduced aggressiveness and isolation, and increased hope for the future. Communities, too, reported that they felt more hopeful toward the future.

This project is noteworthy in numerous respects. First, it worked on a large scale and succeeded in reaching nearly 300,000 children and families. The inability of many psychosocial programs to provide support on a scale has often been a limiting factor in war zones, where nearly all children are affected by the war and its associated hardships. Second, it pointed out the importance of helping the helpers. The adult trainees reported that the workshops had provided the first space they had had for healing or reflecting on how they had been affected by the war, and they reported that as a result they were in a better position to support children. Third, the beneficial effects described above proved to be sustainable only through the addition of elements aimed at improving the material conditions in the community (Wessells & Monteiro, 2000, 2001). This serves as a reminder that although western psychologists may see healing as a process in which individuals and groups come to terms with what they have been through, local people often see it differently and place material and economic improvements in a central position. Fourth, the program succeeded in blending western and traditional elements. This was

possible in part because the program devolved power to the local people, who often decided how to intermix western and local supports. A limit of this research was its lack of comparison groups.

A landmark in the study of the reintegration of former child soldiers is the longitudinal study of Boothby et al. (2006), who tracked a cohort of formerly recruited male soldiers from 1988 to 2003. The most significant finding was the majority of the young men showed good adjustment and integration into civilian life. According to local understandings of what it means for young men to be well (e.g., they have a job, start a family, have friends, etc.), the boys were remarkably functional and resilient. This positive life outcome seemingly owed to a combination of traditional cleansing, livelihoods support, access to education and life skills, and community acceptance. An important observation, however, is that half the boys continued to show signs of mental distress, which led to the use of various coping strategies such as avoidance. For example, a boy who would normally have passed on his way to work the tree where his father had been hanged took a different route, thereby managing his painful memories. Only a small percentage of boys, however, showed severe distress. The finding that young people who show signs of traumatic reactions according to western derived measures of PTSD may nonetheless show positive signs of adjustment and well-being according to locally derived measures serves as a reminder of the importance of using contextually appropriate measures. However, the study used a small, nonrandom sample and focused solely on boys. Still, its encouraging outcomes counter the often heard stereotypes of former child soldiers as a “Lost Generation” or besieged by crippling mental health problems.

The importance of using contextually appropriate measures is also visible in the research of Eyber (Eyber & Ager, 2004), who repeated the McIntyre et al. (2003) observation that approximately two-thirds of Angolan adolescents in severely war-affected provinces met criteria for PTSD as determined by the use of exposure and impact scales. Only a small minority of these adolescents showed signs of dysfunctionality as understood in the Angolan context, as most viewed themselves and were viewed by others as doing relatively well by local standards. A cynical interpretation of this observation is that war trauma had pulled down the entire Angolan society so low that trauma had become 'normal.' A more likely interpretation is that western measures of PTSD do not tap into local understandings of well-being and distress.

Overall, the psychosocial work in Southern Africa underscores the importance of focusing less on clinical syndromes and individual healing than on economics, livelihoods, and poor access to basic services. Throughout the region, issues of structural violence and the hardships of daily life are significant sources of distress and potentially plant the seeds for future conflict. Although this does not mean that psychologists ought to abandon their discipline for economics, it does point out the necessity of taking a multidisciplinary approach that includes economic dimensions and a human rights approach that addresses structural violence. It also highlights the importance of connecting work with families and groups at a micro-level with work to strengthen political reforms at a macro-level.

Conclusion

This review points out a number of significant gaps. First, a powerful need exists for the development of holistic systems of mental health and psychosocial support that link with political reforms and societal human rights and social justice. In most of the literature reviewed,

the focus is on support for specific groups of affected people or on one layer of the intervention pyramid. It is rare to find adequate attention to the development of a comprehensive support system with connections and referral mechanisms across layers. Similarly, most psychosocial work in the field is not done with careful attention to wider issues of human rights and social transformation. Although many NGOs conceptualize their work as embodying a rights-based approach, there is often inadequate attention to transforming systems of structural violence into systems of peace. In fact, most psychosocial work is not linked intentionally to peacebuilding and processes of sustainable development.

Second, the evidence base regarding effective interventions remains weak and poorly developed. Although the review cited random control trials that were nonexistent in emergencies even a decade ago, the most systematic methods have focused mostly on individual pathologies and mental health. Robust methodologies have not been developed for measuring community resilience and the collective impact of holistic, community-based psychosocial support, which is often regarded as ‘fuzzy’ and difficult to define and measure. The ability to influence policy and practice in the wider arena requires concerted attention to this issue of strengthening the evidence base.

Third, the treatment of culture continues to be inadequate and superficial. Field programs on psychosocial support continue to veer erratically between cultural disdain and cultural fetishism. Although lip service is paid increasingly to the importance of cultural supports, the universalizing tendency of western psychology is highly visible and most of the practices and measures reviewed are western in origin. Many epidemiological studies continue to use strictly western methods and treat culture as a variable rather than as constitutive. A real danger exists

that work on mental health and psychosocial support is colonizing in its approach and continuing global patterns of structural violence. Where culture is taken seriously, there is a disturbing tendency to treat it as a monolithic ‘thing’ having unassailable value. In reality, culture is as much a dynamic process as a product, and it is always embedded in systems of power and linked with multiple practices that challenge human rights. It remains highly important to view culture cautiously and to use human rights standards as benchmarks for reflecting on which cultural practices are supportive or harmful.

Last, psychosocial workers are only beginning to learn how to connect their work with contextual improvements. One is tempted to ask, as donors sometimes do, ‘if livelihoods are so important, why don’t you just work on economics and not this elusive thing called “psychosocial support?”’ Of course, this is not an either-or choice, as having access to livelihoods will mean little if people are too overwhelmed to work. Conversely, people will benefit only so much from social and psychological support if their bellies are empty and they fear for the survival of their children and families. One way forward is to focus holistic supports on people who are most vulnerable in terms of mental health and psychosocial well-being and to do this in a nonstigmatizing manner. A complementary approach is to build psychosocial dimensions into multiple sectors of humanitarian assistance, insuring that aid in sectors such as food relief enable well-being by virtue of the way in which the aid is organized and delivered (IASC, 2007). If aid in other sectors promotes dignity and empowerment, supports the most vulnerable people, and enables human rights, then the system of supports will promote psychosocial well-being at the moment in which it is most needed. In the end, this approach makes psychosocial support everyone’s business, not just something to be done by psychologists and psychiatrists. The extension of this integrated approach political and economic reconstruction for peace, social

justice, and sustainable development, holds considerable promise for strengthening the well-being of war affected people and developing our still young field.

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