

CHAPTER 15

Post-Conflict Healing and Reconstruction for Peace: The Power of Social Mobilization

Michael G. Wessells

Massive, forced displacement has become a staple of the intra-state wars that now constitute the main form of armed conflict globally (Machel, 2001). As illustrated by the conflicts in Afghanistan, Sudan, Liberia, Kosovo, East Timor, and Sierra Leone, among many others, mass displacement is no mere side effect of war. It is both a terror tactic used to intimidate civilian populations and a means of achieving ethnic cleansing and resource control.

Psychologically, forced displacement creates immense human suffering associated with trauma, loss, uprooting, poverty, destruction of normal patterns of living, worsened economic status, political persecution, separation of families, and uncertainties about the location and safety of loved ones (cf. Boothby, 1988; Marsella, Bornemann, Ekblad, & Orley, 1994; Miller & Rasco, 2004; Petevi, 1996). Life inside camps for refugees or displaced people can produce problems of chronic stress, poor health, dependency, depression, and hopelessness, among many others. Living in forced exile, many refugees have powerful protection needs and feel stripped of their human dignity. In such contexts, psychosocial intervention is part of the humanitarian imperative to protect human rights and to restore human dignity and well-being.

Psychosocial intervention, however, is also a vital element in work towards peace (Wessells, 1998a; Wessells & Monteiro, 2000) and terrorism prevention (Wessells, 2003). The emotional, social, and spiritual wounds of war create a powerful impetus for continuing cycles of violence. Following the horrors of contemporary wars—ethnic cleansing, mass killings, rapes, destruction of homes and communities, child soldiering, mutilations, landmines, cultural and physical genocide—people often weave a sense of victimhood into their socially constructed identities. Displaced communities often create a discourse of victimization in which they construct their collective identity as good people who had been victimized by the diabolical Other. This victims' identity becomes a warrant for revenge and the human rights abuses that frequently occur when refugees return home. For example, as Kosovar Albanians returned home in the summer of 1999, they inflicted on Serbs, Roma, and other minorities the same kinds of atrocities that had been done to them. Transmitting heroic images of their struggle to their children, displaced peoples frequently pass their wounds on to future generations, which become militarized to avenge the wrongs of the past and to protect against future abuses (Volkan, 1997). Without coming to terms with the pain of the past, no bridge exists to a nonviolent future, and emotional and social wounds continue to fuel cycles of violence. In this respect, healing is a means of conflict prevention in situations of protracted conflict.

Increasingly, the international community views healing as a priority in post-conflict situations. Although psychosocial intervention in complex emergencies has become fashionable, this nascent field has a paucity of foundational theory, systematized knowledge about practice, standards for intervention, and widely accepted benchmarks for evaluation. In addition, post-conflict situations create the need to bridge work on healing and wider work on reconstruction for peace. The latter includes rebuilding social trust; facilitating the return of displaced people and building a sense of community; addressing issues of intolerance; nurturing respect for human rights; encouraging prosocial values and education for peace; supporting norms of nonviolence and law; rebuilding civil society; and enabling the social empowerment and mobilization needed to construct peace, among others. This work, however, is conducted mostly by separate tribes of psychologists, primarily clinicians on the one hand and social psychologists and conflict resolution experts on the other. These tribes have different discourses, training, and orientations. It is not surprising, then, that significant issues remain about how to promote healing in effective, sustainable ways, about linkages between healing and reconciliation, and about the role of power and the imperialistic tendencies evident in much well-intentioned psychosocial work.

The purpose of this paper is to expand the discourse on psychosocial assistance to refugees and displaced people beyond the trauma frame toward more holistic approaches that enable movement toward peace, conceived systemically to include nonviolence and social justice at multiple levels. Drawing on work from the field, much of it conducted by U.N. agencies and nongovernmental organizations (NGOs), it argues that narrow, clinical approaches are less well suited than are community-based approaches to the tasks of sustainable healing on a wide scale and of building peace. Examining community-based work in Angola, it illustrates the potential power of healing based on social mobilization that builds local capacities, uses local resources, and activates communities for economic development and social action on behalf of peace and the well-being of future generations.

Trauma, Healing, and Peace

To be effective, psychosocial intervention must fit the situation. In post-conflict situations, the active phase of organized fighting may have subsided, but lines remain blurred between war and peace. Typically, there exists a system of violence in which families, communities, and society are saturated with violence, which is a normalized part of social reality (Wessells, 1998b). Following the signing of a ceasefire, strong tensions and cleavages divide rival ethnic and political groups, and the return home of displaced people often results in political instability, stigmatization, intolerance, polarization, and continued fighting.

As evident in many of the conflicts in Southern Africa, the end of political violence often creates waves of criminal violence. In many cases, the perpetrators are youths who had been militarized, who have had little education or job training, and who view the power of the gun as their main means of meeting their needs. Crime is often linked with poverty, which armed conflict amplifies. Large numbers of soldiers, including children, need to reintegrate into society, yet many have constructed military identities, feel

stigmatized, and wonder whether they can find constructive roles as civilians (McCallin, 1998; Wessells & Jonah, in press). In the aftermath of war, the systemic violence and rapid social change, some of which is promulgated by humanitarian efforts, erodes patterns of culture and meaning that often provide a sense of continuity and well-being. In this context, healing must be social, culturally grounded, and oriented toward systemic, collective change for peace. Unfortunately, few roadmaps exist for how to effect social healing on the scale demanded by complex emergencies.

At present, a large, albeit unquantified, amount of psychosocial effort in post-conflict situations is guided by the trauma idiom, which provides the dominant approach to conceptualizing what happens psychologically to people in the context of life-threatening experiences and situations. As articulated by Herman (1992) and others, the trauma idiom has been very useful in identifying the range of normal responses to exceptional circumstances and to pointing the way toward appropriate clinical interventions to promote healing. Extensive research has documented that trauma and the more specific process of post-traumatic stress disorder occur in many different cultures and situations (cf. De Jong, 2002; Friedman & Marsella, 1996; van der Kolk, McFarlane, & Weisaeth, 1996). Using this knowledge, many clinical psychologists have developed trauma interventions which they apply in situations such as Kosovo, Rwanda, Angola, and Sierra Leone (Green et al, 2003). Clinical psychologists may provide direct services, but many work through NGOs to train local professionals to conduct trauma counseling and related activities. Following what has now become rather standard practice in the U. S. and other industrialized contexts, these interventions typically emphasize emotional expression, group or individual counseling, cultural rituals, social reconstruction, and emotional integration as key parts of the healing process (Green, 2003).

Trauma-oriented interventions can be very useful, particularly in assisting the most severely affected people in crisis situations. As a dominant focus for assisting war-affected people, however, trauma-oriented interventions create a host of problems as difficult as those they intend to address. Universalized trauma interventions are ill-advised, although psychiatry has tended to overlook or downplay the importance of cultural and regional variations (Higginbotham & Marsella, 1988). In some situations, trauma-oriented programs do significant damage (Bracken & Petty, 1998). For example, in many parts of sub-Saharan Africa, healing entails the conduct of rituals for purposes of spiritual cleansing. Talking about the situation or one's feelings following the conduct of the ritual is dangerous, since local beliefs hold that it allows bad spirits to re-enter (Honwana, 1997). Well-intentioned practitioners who are unaware of local cultural beliefs and practices may put people at risk of significant stress by encouraging emotional expression in such contexts. In war zones and complex emergencies, the tendency to think of the masses of people as traumatized and to help them through trauma-oriented interventions encounters a variety of problems such as those outlined below.

Fragmented Approaches

Problems in war zones are systemic and frequently involve poverty and shortages of food, water, shelter, and other necessities (Dawes & Donald, 1994; Wessells, 1998a). Little progress on healing can occur in the absence of attention to these needs, the fulfillment of which is necessary for the construction of peace (Burton, 1990; Christie,

1997; Kelman, 1990). In situations such as the 1999 crises in Kosovo and East Timor and the post-Taliban crisis in Afghanistan, the shortage of shelter is a primary need, and the construction of shelter is itself a necessary element of healing. Also, war-affected people frequently identify the shattering of social and economic structures as having greater psychosocial impact than the experience of traumatic events (Engdahl, de Silva, Solomon, & Somasundaram, 2003). Many trauma programs are stand-alone and poorly integrated with work that meets wider needs.

Individualization

Focus on the individual, which reflects the individualism that saturates Western, industrialized society, is prominent in trauma theory and practice. This individual focus is ill suited to collectivist societies in the developing world, where most armed conflicts occur. Further, in many contexts, people view the wounds of war as communal (Boothby, 1988; Reichenberg & Friedman, 1996; Wessells, 1999; Wessells & Monteiro, 2004), and this invites theory and practice having collective roots.

Cultural Imperialism

The imposition of outsider knowledge and practice can be a form of cultural imperialism that continues on an intellectual level the damaging legacy of colonialism (Dawes, 1997; Wessells, 1992). Rushing to accept trauma theory and practice that bears the imprimatur of Western science, local people may hide their own customs and knowledge. The resulting cultural disenfranchisement can exacerbate already severe problems of erosion of cultural identity and damage due to cultural genocide.

Victimization and Medicalization

The trauma idiom tends to portray people in war zones as victims and to emphasize deficits. This deficit focus frequently obscures people's resilience and local leadership ability even under difficult conditions. This representation encourages the view that the local people must be helped since they are too bad off to help themselves. In addition, analyses of trauma frequently medicalize problems that are inherently political and social (Punamäki, 1989). The term "disorder" in categories such as PTSD inadvertently pathologizes people living under very difficult circumstances. In many contexts, little empirical evidence links the PTSD diagnosis to social dysfunctionality.

Privileging of Clinical Intervention

In Western, industrialized contexts, trauma is a distinct psychological affliction to be addressed by trained specialists. It follows that in nonwestern contexts, intervention needs to be conducted or overseen by trained trauma specialists. This approach tacitly delegitimizes and silences local healers and practices in a context in which outsiders know little about what constitutes mental health in the local situation. To support the professionalized intervention, international agencies typically hire ex-patriate staff to oversee interventions such as counseling, which may have no basis in the local setting.

Dependency

Eager to gain the benefits of contemporary science and to obtain the funding of agencies that bring psychologists to their settings, local people gloss all their problems as

“trauma” and turn to outside agencies even before asking what tools they have locally to address their problems. While Western approaches have much to offer, the silencing of local voices and the creation of dependency on external expertise create a sense of helplessness that is antithetical to healing and peacebuilding.

Excessive Resource Allocation

In the aftermath of nearly any war or catastrophe, one sees an influx of psychologists who want to assist by providing trauma intervention. A relatively small percentage of populations in situations of armed conflict develop problems of clinical magnitude (e.g., Cairns, 1996). Many people who live in war zones are quick to point out that their main problem is not the past violence but their current inability to feed their families and to earn a living. In light of the wide array of psychosocial needs in war zones, it would make sense for a relatively small array of resources to be devoted to trauma intervention and a larger set of resources used to reunite children with families, improve behavioral aspects of health, reducing poverty, or reduce the fears that returning child soldiers will disrupt communities.

Unsustainability

Many psychologists help to set up professionalized programs that have little basis in the local culture and for which local people feel little ownership. Following the period of funding, when the attention of the world has become preoccupied with another crisis and the outside experts have left, the programs frequently collapse. This situation can create feelings of abandonment, and it raises many questions about what might have been accomplished had the funds been used to build local capacities and culturally sustainable approaches.

Linkage to Reconstruction for Peace

With regard to reconstruction for peace, the trauma-oriented approach presents numerous problems, not least of which is the potential conflict between projects of healing and reconciliation. As Kosovar refugees returned home in Summer and Fall of 1999, for example, many NGOs and local groups encouraged trauma healing through emotional expression and reintegration. Being in a relatively secure situation and having returned home following the most acute phase of the emergency, most Kosovar Albanians were willing and eager to talk and tell the story of what had happened to them and their families. In telling their stories, they achieved a measure of emotional release, solidarity with others who had endured similar pain, and ability to get on with their lives.

The difficulty, however, was that telling the story of one’s suffering often became a badge of honor and courage—their suffering was suffused with social meaning. Although this likely enabled coping and adaptation (Protacio-Marcelino, 1989; Punamäki, 1996), it also became part of the collective memory of victimization that stirred hatred of Serbs and invited revenge. Expression and emotional release may enable reintegration with one’s own ethnic group, but it may also contribute to destructive conflict between ethnic groups. Individual healing or intra-group healing activities cannot by themselves break cycles of violence. Applied too narrowly, psychological assistance can become a process of patching people up to continue fighting.

The limits of healing through expression are visible in many war zones, where material, emotional, and social needs intermix. Often healing occurs through the resumption of normal activities and patterns of living, which provide a sense of continuity (Gibbs, 1997). Material rebuilding is also a key part of healing. Building a home, for example, can re-establish a sense of control in the face of overwhelming, traumatic experiences and can help to meet a very pressing source of stress, the lack of shelter. Conversely, healing cannot occur through counseling or talking when local people are overwrought over where their next meal will come from or where they and their families can live in security. Further, as constructed by Western psychologists, healing is often viewed as an individual process. But in war zones, much of the healing is psychosocial, with the emphasis on the “social.” For healing to occur, refugees and displaced people need to reintegrate into society, to shed their stigmas, and to find constructive roles and identities. In this respect, the creation of jobs and economic opportunities are vital parts of healing and social integration. For these reasons, many practitioners and NGOs have turned to mobilization approaches that focus on social aspects of healing.

Social Mobilization and Healing

In contrast to trauma approaches, a mobilization approach to healing emphasizes self-help, use of local resources and networks, and processes of empowerment (e.g., Boothby, 1996; Reichenberg et al., 1996). Work on trauma may be included in the project work, but trauma is only one element in a wider approach, and it is addressed through non-clinical interventions. International NGOs may play a significant role, keeping outsider influence prominent, but they also share power with local actors, and the NGOs conceptualize their role as enabling, facilitative, and oriented toward partnership. Outsider knowledge is not privileged over insider knowledge, and attempts may be made to construct new communities of practice through joint dialogue and mutual learning across cultural boundaries (Gilbert, 1997).

The heart of a mobilization approach is collective self-transformation, which always occurs in a larger social context. As outlined in Figure 1, mobilization for peace entails

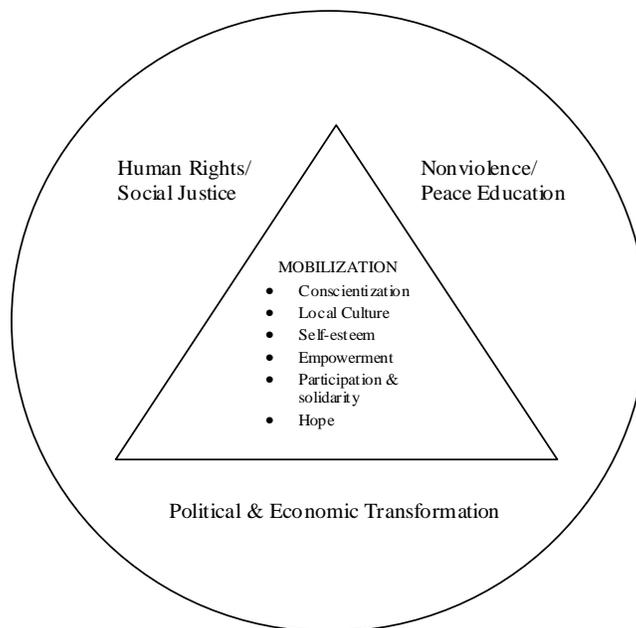


Figure 1. A social mobilization framework for healing and building peace

work to protect human rights and build social justice; to develop norms, practices, and values of nonviolence; and to promote political and economic transformation that meets basic human needs, insures participation by and respect for all groups, and enables sustainable development. In this framework, mobilization is systemic, stimulates activity at both macro- and micro- levels, and interconnects personal change with wider social changes that promote peace with social justice.

In regard to healing, 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) means awareness of self in historic context. This awareness is socially constructed by people inside the local culture using the categories and cultural meanings of their own context. The interpretive process may be aided by the use of concepts, tools, values, and understandings from outside, but fundamentally it is a process of collectively analyzing “What has happened to us?” and asking “How have we changed as a result of our historic experience?” In areas torn by decades of armed conflict, violence may seem entirely normal and peace may seem unreal, distant, even unimaginable. Further, 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. 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).

The conscientization dialogue entails elicitive processes that bring to the fore indigenous understandings, values, and tools (Lederach, 1995). The culturally grounded understandings that emerge may be quite different from analyses that flow from a trauma approach. In rural Angola, for example, practitioners encountered a girl whose village had been attacked, whose parents had been killed, and who had fled for his life. Western psychologists tend to view such a child as traumatized. Dialogue with the girl and community members, however, revealed that her greatest subjective stresses were spiritual. Since she had fled before she had conducted the culturally appropriate burial rituals for her parents, she worried that her parents’ spirits had been unable to make transition to the realm of the ancestors and lingered, causing problems for the living. This distress is communal since the angry spirits threaten everyone, and local beliefs hold that failure to conduct the appropriate burial rituals violated the bond between the living and the ancestral communities. Dialogue and ethnographic documentation regarding these and related processes can help to disclose key insights about local views of illness and health, life and death, and practices of healing. In this case, the conduct of an appropriate burial ritual is indicated and enables social reintegration and spiritual harmony (Wessells & Monteiro, 2000, 2004).

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 is a cornerstone of the healing 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. 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.

One must always approach mobilization and empowerment with critical awareness, asking who benefits and seeking to encourage full participation. 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, 1967). 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.

As groups become mobilized and start to take charge of building their own futures, hope is born again. Out of this hope arises new energy for projects and steps to improve local circumstances. When these projects help to improve both spiritual and material circumstances, hope and mobilization become catalysts of a self-sustaining cycle.

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.

At the same time, it is important not to romanticize community-based approaches. Each community 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?” Further, empowerment must occur across the lines of conflict if deep healing is to occur. Indeed, one can amplify conflict by systematically assisting and empowering one group while other groups in the conflict are neglected.

Community-based Healing and Social Integration in Angola

To illustrate both the strengths and the potential problems in using mobilization approaches, consider the following example from two related projects for assisting Angolan children conducted by Christian Children's Fund (CCF), an ecumenical NGO. A children's focus is appropriate in light of the fact that children comprise nearly half the displaced people worldwide and become the vehicles through which intergenerational wounds are transmitted. In addition, social healing and integration across lines of conflict often requires finding common ground. A focus on children can depoliticize relations and speak to a universally shared goal of building a better life for rising generations.

Both projects are framed by the U. N. Convention on the Rights of the Child (CRC) and an ecological perspective that situates child development within wider social systems of family, community, and society (Dawes & Donald, 2000). The first project emphasizes community-based healing for all children and families, including the displaced, while the second focuses on the social reintegration of former child soldiers. Both projects recognize that deep social healing and prevention of war cannot be achieved when children are exploited in armed conflict and grow up in situations in which violence is a centerpiece of social reality.

Community-based Healing in Angola

In Angola, torn by armed conflict for over 35 years, several generations of children have grown up with war as a constant. Following a brief ceasefire in 1991 and the rejection by UNITA, the opposition group, of the results of the first free elections, Angola plunged into highly damaging phase of war in 1992. By 1993, nearly 1,000 people died daily. Large numbers of civilians, mostly women and children, were subjected to direct attack, community destruction, displacement, landmines, and sexual violence. By 1994 and the signing of the Lusaka Protocol, humanitarian agencies had responded with extensive material assistance. The Angolan government, noting the depth of the psychological wounds, invited CCF to provide psychosocial assistance.

The psychosocial needs were profound by any measure. In a worst-case study of 100 displaced children living in Luanda, CCF/Angola observed that 27% of children had lost their parents; 94% had been exposed to attacks; 66% had witnessed mine explosions; 36% had lived with troops; 7% had fired guns; and 65% had escaped death. Children in the same sample reported fright and insecurity (67%), disturbed sleep (61%), intrusive images (51%), frequent thoughts about war (89%), and sensory-motor disturbance (24%).

To address these needs, CCF/Angola, with the guidance of Carlinda Monteiro, constructed a national team of five Angolan trainers having backgrounds in education and social work. The trainers realized that psychosocial stresses had to be understood in cultural context. For example, in an orphanage, children were unable to sleep because they believed they were haunted by a bad spirit. The trainers sought the assistance of a traditional healer, who conducted a ritual to get rid of the bad spirits, and this enabled the children to sleep again. These and related experiences led the team to work to blend Western and local approaches to assisting children. This insight became part of the foundation of a program to assist children through a training of trainers in which community-selected adults worked with children.

To integrate psychosocial assistance into different sectors, a five-person national team of trainers conducted week-long training seminars for adults working with various NGOs and government agencies. Conducted in a participatory mode and tailored to the low levels of formal education, the seminars were spaces for mutual learning and problem-solving about how to assist violence-affected children.

The curriculum included children's healthy psychosocial development, the impact of war and violence on children, local belief and rituals surrounding loss and bereavement, activities for assisting children, and nonviolent conflict resolution. Work on conflict resolution focused on families since there were reports of high levels of family violence and local norms of severe corporal punishment. In a politically charged environment, it was safer and more practical to discuss nonviolent conflict resolution at the family level than at community or societal levels. The activities for assisting children consisted of expressive arts such as drawing, song, dance, story-telling, drama, and other tools for improving emotional integration.

Although the seminars did not teach traditional practices, they valorized these practices and encouraged discussion of how to combine the tools of different cultural systems to assist children. Following training, the adults implemented activities on behalf of children and received follow-up support from the trainers. The main results from this pilot project—reduced problems related to sleep and aggression and improved social integration—led the team to expand the program on a national scale from 1995-98.

With the assistance of major funding from the U. S. Agency for International Development, CCF/Angola implemented the program in the eight most severely war-affected provinces: Benguela, Bie, Huambo, Luanda, Malange, Uige, Huila, and Moxico (in the latter two provinces, CCF collaborated with UNICEF). In each province, there was a three-person team of trainers who knew the local language and culture and whom local people respected and viewed as effective helpers of children. Applying the model used earlier in Luanda, these trainers conducted week-long training seminars aimed to build local capacity to assist children and to mobilize communities around children's needs. As the security situation improved, peace education was added to the training curriculum.

Having conducted a local situation analysis to identify the areas of greatest need, the province-based trainers, the team met with and demonstrated respect for local *sobas* (traditional chiefs), elders, influential women, and caregivers. If they expressed having strong material needs, the CCF trainers worked with other NGOs and local agencies to meet the material needs. To mobilize the communities, the trainers conducted sensitization dialogues with community groups and activated existing community networks, some of which had become inactive due to the pressures associated with war and displacement. Many local people viewed problems such as children's aggression as signs of disobedience rather than as impacts of war experiences of violence. The sensitization dialogues helped local people understand children's behavior and mobilized them around assisting children.

Using the community networks identified in the first two stages, the trainers selected well-respected adults such as organizers of youth groups or teachers who were in a good position to assist children. This use of existing community networks was designed to aid social mobilization and also to increase sustainability. Next, the trainers conducted week-long training seminars for groups of approximately 20 adults using the curriculum

outlined above, and they provided follow-up support through regular site visits. Following training, the trainees implemented activities on behalf of children. As the project evolved, trainees included more activities such as soccer teams and drama groups for increasing social integration. Since local people needed to see tangible improvements in their circumstances, the teams also began a program of giving small grants for community-planned projects such as school construction or building community huts. The project work was evaluated using a mixture of qualitative and quantitative methods and indicators. The evaluation system combined outsider and insider expertise, used participatory methodology, and was designed to provide on-line information to guide program improvements.

Over three years, the project trained 4,894 adults, who in turn assisted nearly 300,000 children. The main outcomes can only be summarized briefly here. The impacts on children included improved child-child and adult-child relationships; improved behavior and cooperation in the classroom; less evidence of war-related games and toys; diminished isolation behavior; reduced violence and aggressive behavior; fewer concentration problems; decreased hypervigilance; increased hope; and improved school attendance. Adults, too, reported discernible benefits. Many reported that the training seminars had for the first time provided space in which they could begin coming to terms with their own war experiences.

Significant benefits occurred in relation to community mobilization. Sobas and elders reported that communities, which had been relatively inactive and overwhelmed by war and poverty, had become more active and hopeful as a result of the project. Adults reported being more vigilant about children and their needs, and they had become actively engaged in planning, a process that they described as healing since it generated solidarity and a positive future orientation. The community development projects had particularly large impact on social mobilization since they reengaged war-affected communities in collective planning and action, which the war had largely disrupted. As schools were built the physical structures became tangible symbols of communal healing and monuments to people's hope and resilience. These effects serve as a poignant reminder of the close connections between physical community development, social mobilization, and psychosocial well-being.

With regard to wider tasks of building peace, this project had a number of beneficial effects. Both children and adults began to think and talk about peace, a subject that had literally dropped out of local discourse since it was politically charged and distant from the daily reality of Angola. Social trust was built as people from different generations and areas collaborated on meeting children's needs. Norms of nonviolence were strengthened as many parents began questioning the effects of using harsh, corporal punishment. Activation of local networks and children's support groups helped to build civil society. Still, the project encountered profound challenges, not the least of which were chronic poverty and insecurity, problems discussed further below.

Reintegration of Former Underage Soldiers

Worldwide, approximately 300,000 children, defined under international law as people under 18 years of age, are exploited as soldiers and serve as cooks, porters, spies, bodyguards, sex slaves, and combatants (Brett & McCallin, 1996; Machel, 2001). In Angola, nearly 9,000 children participated as soldiers, mostly for UNITA (Verhey, 1999).

The usual route of entry was force, as UNITA troops forced villages to submit a quota of youths lest the village be attacked and destroyed. The median age of entry into military activity was 13-14 years, at which point youths are regarded locally as adults since they have participated in culturally scripted rites of passage. Still, recruitment of youths under the age of 15 years violates the CRC and exposes youth to death, killing, attack, separation from home, and loss of positive paths of development.

Assisting child soldiers is a key step toward building peace. Highly militarized youths who have been deprived of education and job training, who have little hope for the future, and who understand the power associated with guns, can have a marked destabilizing effect on societies (Wessells, 1997). Often, former child soldiers become involved in banditry and other activities contrary to peace. Steps are needed to reintegrate former child soldiers, to help them abandon their military identity, and to enable them to have a positive future in civilian life.

Because of the extensive need for social healing and reintegration, CCF has favored culturally grounded, community-based approaches over center-based approaches and trauma interventions. Although center-based programs may be useful in enabling family tracing, providing a transition space, and offering basic counseling services, centers tend to become holding tanks, and too little attention is typically given to follow-up and community integration. In addition, Western counseling is ill-advised in regard to particular aspects of child soldiering. As occurs in many Bantu cultures, rural peoples believe that children who have killed in combat are contaminated by the unavenged spirits of the people they had killed. They regard the problem not as one of trauma but as discord between the living community and the community of the ancestors. In this context, a traditional purification ritual may be more appropriate than Western counseling (Honwana, 1997).

To mobilize communities for reintegration of the former child soldiers, CCF province-based teams worked 1996-98 through a network of approximately 200 *activistas*, who were connected with the local church and were recognized by their communities as being well positioned to assist returning youth. The *activistas* received training from the provincial teams on the psychosocial impacts of child soldiering and on methods of enabling child soldiers' reintegration.

Following the training, the *activistas* prepared for the children's return home by tracing their families while the children were in quartering areas and notifying their families. Having listened to family members' concerns, the *activistas* educated families about the situation of child soldiers and advised them on how to support family and community reintegration. Since families expressed concerns over disobedience, they raised awareness that such problems might reflect a child's war experiences rather than a damaged character, and they discussed means of managing behavior problems. Since some community people viewed returning soldiers as potential trouble makers, the *activistas* raised awareness about former child soldiers' needs, challenged stereotypes, and heard concerns about their return. Meetings with *sobas*, government leaders, and community influentials also provided venues for gaining support. In both families and communities, *activistas* worked to help identify socially constructive roles for returning child soldiers and to construct appropriate placements in schools, vocational training programs, and related venues.

To assist the return of the children to their villages, the activists partnered with UNICEF to accompany the children home. At the time, Angola was a divided country, and pressures for child recruitment and fighting remained strong. When several hundred youth who had been released from a quartering area disappeared, most people suspected that UNITA had re-abducted them. Since reuniting children with their families is an essential form of psychosocial assistance to children, the activists accompanied the child soldiers to meet their parents and arranged temporary foster care if families were unable to meet the children.

Over two thousand of the 4,104 demobilized youths who were from villages in the CCF project areas were successfully reunited with their families. Families, however, would have been reluctant to receive the returning youth without communal acceptance. To reconcile former child soldiers with their communities, the activists also arranged community receptions, which often included greeting rituals such as the Okupiolissa ritual documented in Huila province:

The community and family members are usually excited and pleased at the homecoming. Women prepare themselves for a greeting ceremony. . . . Some of the flour used to paint the women's foreheads is thrown at the child and a respected older woman of the village throws a gourd filled with ashes at the child's feet. At the same time, clean water is thrown over him as a means of purification. . . . The women of the village dance around the child, gesturing with hands and arms to ward away undesirable spirits or influences. . . . They each touch him with both hands from head to foot to cleanse him of impurities. . . . When the ritual is complete, the child is taken to his village and the villagers celebrate his return. A party is held in his home with only traditional beverages. . . . The child must be formally presented to the chiefs by his parents. . . . The child sits beside the chiefs, drinking and talking to them, and this act marks his change of status in the village.

Ethnographic documentation of local beliefs and cultural healing practices was a key part of the work to aid mobilization, healing, and social reintegration. Among the main social stressors in Angola, amplified by growing urban-rural differences, are the erosion and perceived inferiority of traditional beliefs and practices, which themselves can provide a sense of continuity and meaning in difficult situations. To aid social mobilization and recovery of cultural practices, the CCF teams partnered with local healers and leaders in conducting participatory action research to document local views of life and death, illness and health, and modes of healing. Documentation of these cultural aspects was initiated with an eye toward learning about indigenous psychosocial resources, strengthening sustainable processes of healing in areas having no clinical psychological services, and mobilizing people by empowering them to examine and honor their own cultural values and practices.

Although the evidence is preliminary, it appears that returning child soldiers go through a two-step process. First, the community greets them, while the traditional healer observes and studies the reactions of the youth and the community members. If a healer decides that a returning child soldier is unclean spiritually, then the healer arranges a

purification ritual in the presence of all the villagers to restore spiritual harmony with the ancestors.

Although the rituals vary by ethnic group and region, they typically include numerous steps. First, the healer uses special burning herbs to define a safe space that the bad spirits cannot enter. Next, the healer washes the soldier, who also inhales burning herbs that clean him of bad spirits. The healer also asks the spirit's forgiveness and makes a payment or sacrifices a chicken or goat to appease the spirit. The ceremony ends by having the young person step across a threshold, whereupon the healer announces that "This boy's life as a soldier has ended and he can now rejoin the community." The healer may also tell the boy not to look back, which in the local idiom means not talking about the matter any more lest the bad spirit return.

Few studies of long-term impact of cleansing rituals have been conducted. Growing evidence from case studies, including those involving people who had not been helped by psychiatric intervention, suggests that the purification rituals can assist individuals and also enable the community to accept the young person back without fear of spiritual reprisal. The following is an example:

Paulino, a 33-year-old man, joined the government army at age 17. After fighting for 3 years, he served as a political commissioner, encouraging soldiers to fight the enemy. Following demobilization in 1992, he went to live in Luanda with his oldest sister. There he drank and smoked excessively and experienced frequent headaches, irritability, nightmares, and hallucinations. He frequently "heard" the voice of a colleague whom he had persuaded to fight and who had been killed in the war. His sister described him as badly disturbed and unable to care for himself. He responded to neither a 6-month treatment in a psychiatric hospital nor rehabilitation programs in a Catholic mission or the Universal Kingdom of God Church. His mother decided to return him to his original home in the countryside, where he would receive traditional treatment.

The healer, a woman, used a divination process of working through Paulino's mother in a trance state. Through the mother, the healer learned the sources of Paulino's disturbance were spirits of Paulino's colleagues who had been killed during the war and his guilty feelings of having caused others to die. The healer treated Paulino by offering gifts such as bread, sugar, and chicken to the spirits. Then he was submitted to a purification ritual in the nearest river, where he bathed with water specially prepared with sacred herbs. Following bathing, Paulino's clothes were thrown away in the river and he was dressed in new clothes. The healer and family elders told Paulino to leave without looking back and to never talk about what had happened. Years later, Paulino now reports that he recovered following the treatment. Although his dreams and guilt have not abated completely, he now works for an NGO in Luanda.

There is great need of multicultural action research and long-term psychosocial follow-up on the methods, variations, and efficacy of traditional rituals.

To reintegrate, returning youths need jobs, means of earning a living, and a place in civilian society. Many youths did not view return to school as a viable option since the Angolan schools were poorly funded and often required that returning, older students

take classes with very young students. Since many youths were from agricultural areas, CCF/Angola provided small grants for land purchase and seeds and tools. To enable income generation, CCF also supported quick-impact projects in which youth started small businesses such as bakeries.

This multifaceted, social approach to healing and reintegration was disrupted by the renewal of fighting in December, 1998. Fortunately, a ceasefire achieved in 2002 has held and shows strong signs of continuing. Currently, the CCF team in Angola is using the lessons learned from the project described above to contribute to the current processes of peacebuilding and restoring national unity.

Future Challenges

Despite their strengths, mobilization approaches face numerous practical and conceptual obstacles. In some situations, organizational cultures provide significant challenges. When refugees flood across a border, for example, many relief agencies provide directly for services and material needs such as food, clothing, and shelter. Although this is necessary in acute crisis situations, the provision of direct services can become a surrogate for consultation, partnership, and empowerment. It can also become a mindset and part of organizational culture that is difficult to change. In emergency situations, a better approach is to integrate psychosocial support into different sectors of humanitarian assistance. One way to do this is to use a mobilization approach that engages local people in planning, delivering, and assessing the impact of aid, thereby enabling empowerment, self-help, and sustainable development.

Second, mobilization approaches can fall prey to the same problems of lack of coordination and paucity of standards that apply to other approaches as well. In nearly every emergency situation, NGOs that use mobilization approaches concentrate too tightly in some areas while other areas go underserved. This produces “assessment fatigue” and “consultation stress” on communities that face a lineup of NGOs wanting to partner but who do not themselves collaborate. It also increases tension between the “have” and “have-not” communities and heightens inter-NGO conflict for funding. Too often, the net results are poor resource allocation, failure to meet needs in a comprehensive manner, and frustration and feeling of exploitation among community members. In an era of increasing need for the protection of civilian populations, practitioners should give careful attention to coordination and even coverage, particularly since community mobilization enables people to become agents of their own protection.

The absence of widely accepted standards for practice and evaluation aggravates the issue of poor coordination. In the absence of well-defined, valid standards, coordination can devolve into dividing up the pie to various actors, without a means of insuring comprehensive provision of quality programs. Further, since mobilization approaches honor local culture, an inherent danger exists of romanticization (Dawes, 1997). Since all cultural resources—Western or not—are dynamic, complex, and a mixture of positive and negative elements, a critical stance informed by attention to human rights is necessary.

Mobilization approaches also face difficult ethical issues that confront all humanitarian work. For example, aid workers in the Goma refugee camp following the 1994 Rwandan genocide struggled over whether to assist people who were believed to be perpetrators of the genocide. In the absence of careful power mapping, attempts to

mobilize people for peace may inadvertently strengthen the hand of groups that will use “peace” and resources to advance their own political agendas, without regard for human rights.

The greatest challenges, however, are political. As the case of Angola illustrates, it is not always possible to engender full participation and social integration across the lines of conflict. Throughout the period in which the Lusaka Protocol was being implemented, Angola remained a country inside a country, and UNITA-controlled areas remained dangerous and relatively inaccessible. These political and security divisions thwarted efforts to encourage deep social healing. To contribute to peace, psychosocial programs must be integrated with wider efforts to achieve political and economic reform. Ultimately, the task of building peace is multidisciplinary and activist, meaning that the future psychosocial work will need to cross disciplinary boundaries and expand the intersection between research, practice, and social action of mobilization approaches.

References

- Aron, A., & Corne, S. (1994). *Writings for a liberation psychology: Ignacio Martín-Baró*. Cambridge, MA: Harvard University.
- Boothby, N. (1988). Unaccompanied children from a psychological perspective. In W. Ressler, N. Boothby, & D. Steinbock (Eds.), *Unaccompanied children: Care and protection in wars, natural disasters, and refugee movements* (pp. 133-180). Oxford: Oxford University Press.
- Boothby, N. (1996). Mobilizing communities to meet the psychosocial needs of children in war and refugee crises. In R. J. Apfel and B. Simon (Eds.), *Minefields in their hearts* (pp. 149-164). New Haven, CT: Yale University.
- Bracken, P. & Petty, C. (Eds.). (1998). *Rethinking the trauma of war*. London: Free Association Books.
- Brett, R., & McCallin, M. (1996). *Children: The invisible soldiers*. Vaxjo: Radda Barnen.
- Burton, J. W. (1990). *Conflict: Human needs theory*. New York, NY: St. Martin's.
- Cairns, E. (1996). *Children and political violence*. Oxford: Blackwell.
- Christie, D. J. (1997). Reducing direct and structural violence: The human needs theory. *Peace and Conflict: Journal of Peace Psychology*, 3(4), 315-332.
- Comas-Díaz, L., Lykes, M. B., & Alarcón, R. D. (1998). Ethnic conflict and the psychology of liberation in Guatemala, Peru, and Puerto Rico. *American Psychologist*, 53(7), 778-792.
- Dawes, A. (1997, July). *Cultural imperialism in the treatment of children following political violence and war: A Southern African perspective*. Paper presented at the Fifth International Symposium on the Contributions of Psychology to Peace, Melbourne.
- Dawes, A., & Donald, D. (1994). *Childhood & adversity: Psychological perspectives from South African research*. Cape Town: David Philip.
- Dawes, A., & Donald, D. (2000). Improving children's changes: Developmental theory and effective interventions in community contexts. In D. Donald, A. Dawes & J. Louw (Eds.), *Addressing childhood adversity* (pp. 1-25). Cape Town: David

Philip.

- De Jong, J. (2002). Public mental health, traumatic stress and human rights violations in low-income countries. A culturally appropriate model in times of conflict, disaster, and peace. In J. de Jong (Ed.), *Trauma, war, and violence: Public mental health in socio-cultural context*. New York: Kluwer/Plenum.
- Engdahl, B., de Silva, P., Solomon, Z., & Somasundaram, D. (2003). Former combatants. In B. Green et al. (Eds.), *Trauma interventions in war and peace: Prevention, practice, and policy* (pp. 271-289). New York: Kluwer/Plenum.
- Freire, P. (1968). *Pedagogy of the oppressed*. New York, NY: Herder & Herder.
- Friedman, M. J., & Marsella, A. J. (1996). Posttraumatic stress disorder: An overview of the concept. In A. J. Marsella, M. J. Friedman, E. T. Gerrity, and R. M. Scurfield (Eds.), *Ethnocultural aspects of posttraumatic stress disorder: Issues, research, and clinical applications* (pp. 11 - 32). Washington, DC: American Psychological Association.
- Gibbs, S. (1997). Postwar social reconstruction in Mozambique: Reframing children's experiences of trauma and healing. In K. Kumar (Ed.), *Rebuilding war-torn societies* (pp. 227-238). Boulder: Lynne Rienner.
- Gilbert, A. (1997). Small voices against the wind: Local knowledge and social transformation. *Peace and Conflict: Journal of Peace Psychology*, 3, 275-292.
- Green, B. (2003). Traumatic stress and its consequences. In B. Green et al. (Eds.), *Trauma interventions in war and peace: Prevention, practice, and policy* (pp. 17-32). New York: Kluwer/Plenum.
- Green, B., Friedman, M., de Jong, J., Solomon, S., Keane, T., Fairbank, Donelan, B., & Frey-Wouters, E. (Eds.) (2003). *Trauma interventions in war and peace: Prevention, practice, and policy*. New York: Kluwer/Plenum.
- Green, E. G., & Wessells, M. G. (1997). *Mid-term evaluation of the province-based war trauma team project: Meeting the psychosocial needs of children in Angola*. Arlington, VA: USAID Displaced children and Orphans Fund and War Victims Fund.
- Herman, J. (1992). *Trauma and recovery*. New York, NY: Basic Books.
- Higginbotham, N., & Marsella, A. (1988). International consulate and the homogenizations of psychiatry in Southeast Asia. *Social Science and Medicine*, 27, 553-561.
- Honwana, A. (1997). Healing for peace: Traditional healers and post-war reconstruction in Southern Mozambique. *Peace and Conflict: Journal of Peace Psychology*, 3(3), 275-292.
- Kelman, H. C. (1990). Applying a human needs perspective to the practice of conflict resolution: The Israeli-Palestinian case. In J. Burton (Ed.), *Conflict: Human needs theory* (pp. 283-300). New York, NY: St. Martin's.
- Lederach, J. P. (1995). *Preparing for peace: Conflict transformation across cultures*. Syracuse: Syracuse University.
- Lederach, J. P. (1997). *Building peace: Sustainable reconciliation in divided societies*. Washington, D. C.: U. S. Institute of Peace Press.
- Machel, G. (2001). *The impact of war on children*. Cape Town: David Philip.

- Marsella, A. J., Bornemann, T., Ekblad, S., & Orley, J. (Eds.). (1994). *Amidst peril and pain: The mental health and well-being of the world's refugees*. Washington, DC: American Psychological Association.
- McCallin, M. (1998). Community involvement in the social reintegration of former child soldiers. In P. Bracken & C. Petty (Eds.), *Rethinking the trauma of war* (pp. 60-75). London: Free Association Books.
- Miller, K. & Rasco, L. (Eds.)(2004), *From clinic to community: Ecological approaches to refugee mental health*. Upper Saddle River, NJ: Erlbaum.
- Petevi, M. (1996). Forced displacement: Refugee trauma, protection and assistance. In Y. Danieli, N. S. Rodley, and L. Weisaeth (Eds.), *International responses to traumatic stress* (pp. 161-192). Amityville, NY: Baywood.
- Protacio-Marcelino, E. (1989). Children of political detainees in the Philippines: Sources of stress and coping patterns. *International Journal of Mental Health, 18*, 71-86.
- Punamäki, R. (1996). Can ideological commitment protect children's psychosocial well-being in situations of political violence? *Child Development, 67*, 55-69.
- Punamäki, R. (1989). Political violence and mental health. *International Journal of Mental Health, 17*, 3 - 15.
- Reichenberg, D., & Friedman, S. (1996). Healing the invisible wounds of children in war: A rights approach. In Y. Danieli, N. S. Rodley, and L. Weisaeth (Eds.), *International responses to traumatic stress* (pp. 307-326). Amityville, NY: Baywood.
- Sherif, M. (1967). *Group conflict and cooperation*. London: Routledge & Kegan Paul.
- van der Kolk, V. A., McFarlane, A. C., & Weisaeth, L. (Eds.) (1996). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York, NY: Guilford.
- Verhey, B. (1999). *Lessons learned in prevention, demobilization and social reintegration of children involved in armed conflict: Angola case study*. New York: United Nations.
- Volkan, V. (1997). *Bloodlines: From ethnic pride to ethnic terrorism*. New York, NY: Farrar, Straus, and Giroux.
- Wessells, M. G. (1992). Building peace psychology on a global scale: Challenges and opportunities. *The Peace Psychology Bulletin, 1*, 32-44.
- Wessells, M. (1997). Child soldiers. *Bulletin of the Atomic Scientists, 53*(6), 32-39.
- Wessells, M. G. (1998a). Humanitarian intervention, psychosocial assistance, and peacekeeping. In H. Langholtz (Ed.), *The psychology of peacekeeping* (pp. 131-152). Westport, CT: Praeger.
- Wessells, M. G. (1998b). The changing nature of armed conflict and its implications for children: The Graca Machel/UN Study. *Peace and Conflict: Journal of Peace Psychology, 4*(4), 321-334.
- Wessells, M. G. (1999). Culture, power, and community: Intercultural approaches to psychosocial assistance and healing. In K. Nader, N. Dubrow, and B. Stamm (Eds.), *Honoring differences: Cultural issues in the treatment of trauma and loss* (pp. 267-282). New York, NY: Taylor & Francis.
- Wessells, M. G. (2003). Terrorism and the mental health and well-being of refugees and displaced people. In F. Moghaddam & A. Marsella (Eds.), *Understanding terrorism: Psychosocial roots, consequences, and interventions* (pp. 247 – 263). Washington,

DC: American Psychological Association.

Wessells, M. G. & Jonah, D. (in press). Reintegration of former youth soldiers in Sierra Leone: Challenges of reconciliation and post-accord peacebuilding. In S. McEvoy (Ed.), *Youth and post-accord peacebuilding*. South Bend, Indiana: University of Notre Dame Press.

Wessells, M. G., & Monteiro, C. (2000). Healing wounds of war in Angola: A community-based approach. In D. Donald, A. Dawes, & J. Louw (Eds.), *Addressing childhood adversity* (pp. 176-201). Cape Town: David Philip.

Wessells, M. G., & Monteiro, C. (2004). Healing the wounds following protracted conflict in Angola: A community-based approach to assisting war-affected children. In U. P. Gielen, J. Fish, & J. G. Draguns (Eds.), *Handbook of culture, therapy, and healing* (pp. 321-341). Mahwah, NJ: Erlbaum.

