



# Coalition to Stop the Use of Child Soldiers

International Secretariat

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This document is part of the Coalition's psychosocial web page. For more information on the psychosocial impact of armed conflict upon children go to:  
[www.child-soldiers.org/resources/psychosocial](http://www.child-soldiers.org/resources/psychosocial)

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## Psychosocial web page Editor's introduction

**Trauma, resilience and cultural healing: how do we move forward? (2007).** With contributions from: Napoleon Adok; Jiovani Arias; Lucia Castelli; Lucie Cluver; Chris Coulter; Myriam Denov; Nick Heeren; Elizabeth Jareg; Diane Lukeman; Orlee Oudwin; Malia Robinson; Patrick Smith and Mike Wessells (Edited by Dr. Linda Dowdney)

**'Trauma, culture and community: Getting beyond dichotomies'** Wessells (2007).

**'Is the culture always right? The dangers of reproducing gender stereotypes and inequalities'.** Denov (2007).

In this our eighth edition, we publish an edited discussion by experts in the field on issues surrounding child trauma, resilience and cultural healing. The discussion arose out of our reproduction in 2006 of two articles: 'Let us light a new fire' by Alcinda Honwana (1998) and 'Is the culture always right?' by Dyregrov et al, 2002 (see previous publications, English versions). Honwana's paper sought increased recognition of the importance of local healing approaches when responding to the psychosocial impact of war upon local communities. Dyregrov et al, on the other hand, asked whether the international community by emphasizing the natural resilience of children in war torn societies was, in effect, in denial about the negative consequences of trauma upon their well being.

Since it is some years since the original publication of these two papers, we were interested in whether, and how, the field has moved on since. We therefore invited a number of experts in the field of psychosocial interventions in war affected societies to comment on these two publications. Their responses were diverse, reflecting differing professional backgrounds, theoretical positions and experiences in the field. Our paper *'Trauma, resilience and cultural healing: how do we move forward?'* presents an edited summary of their key points, ideas and suggested future directions.

This expert contribution, we think, not only gets our 2007 webpage off to a stimulating and interesting start but also represents an important addition to the field. Our discussants effectively highlight the potential benefits for affected children from integrating non harmful traditional healing approaches and western trauma methods, and also highlight how the field needs to move on.

The Coalition to Stop the Use of Child Soldiers unites national, regional and international organisations and Coalitions in Africa, Asia, Europe, Latin America and the Middle East. Its Steering Committee member organizations are Amnesty International, Defence for Children International, Human Rights Watch, International Federation Terre des Hommes, International Save the Children Alliance, Jesuit Refugee Service, and the Quaker United Nations Office-Geneva.



We also present in full, the contributions to the discussion by Wessells (2007) 'Trauma, culture and community: Getting beyond dichotomies' and Denov (2007) 'Is the culture always right? The dangers of reproducing gender stereotypes and inequalities'.

We would like to extend our gratitude and thanks to these extremely busy field practitioners who, in spite of their very heavy workloads, took time out to contribute to this discussion.

Dr. Linda Dowdney, Editor ([research@child-soldiers.org](mailto:research@child-soldiers.org)). 11<sup>th</sup> January, 2007.



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## **TRAUMA, CULTURE, AND COMMUNITY: GETTING BEYOND DICHOTOMIES**

Michael Wessells, PhD (2007)

The two papers by Honwana (1998) and Dyregrov et al. (2002) illustrate the considerable variation in approaches that characterize the field of psychosocial assistance for former child soldiers and other war-affected children. Although diversity in a young field is desirable, this diversity can be unsettling and often leaves donors and policy makers wondering how to invest their limited funds. Some choose to fund approaches that focus on trauma and related clinical issues such as depression, anxiety, and chronic mental illness. Others choose to focus on a wider array of psychosocial issues such as family separation, stigmatization, changes in status, loss of livelihoods and positive social role, gender based violence, and the need for education, among others. Unfortunately, there is a tendency to dichotomize these approaches, as if an either-or choice had to be made. In this commentary, I urge us to move beyond dichotomous thinking and practice on how children have been affected and on the value of cultural resources in supporting former child soldiers and suggest that it is vital to develop holistic approaches to psychosocial assistance to former child soldiers.

### **PLACING TRAUMA IN PERSPECTIVE**

At the field level, dichotomous thinking is evident in the NGO system in which agencies deliberately position themselves either to address issues such as trauma or to address the wider array of psychosocial issues. Agencies that favor the latter approach often include cultural dimensions as an inherent part of psychosocial support, recognizing, for example, that following genocidal attacks, the restoration of one's culture is a fundamental form of psychosocial support. The existence of these divergent approaches is not problematic and serves as a creative stimulus. The divergent approaches become problematic, however, when they are viewed through the lens of either-or thinking, which suggests that one approach is inherently better than the other and we need to choose between them. This dichotomizing tendency is often backed by ideological fervor, which flourishes in the absence of a solid evidence base. It is an understatement to say that the evidence base in the field of psychosocial assistance is weak and in need of development.

Whatever its origins, this dichotomizing tendency causes harm in forms such as a paucity of quality supports for severely affected children. In my experience, it is a

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rarity rather than the norm to enter a war zone and find adequate attention to, and supports for, severely affected children. Whether this is due to denial, as Dyregrov et al. suggest, or other factors, the end result is that children who suffer trauma, depression or culturally defined dysfunctions suffer needlessly. In nearly every war zone, little attention is given to people, children or adults, who have chronic mental illness or neurological problems such as epilepsy. The evidence available indicates that although PTSD affects a small minority of former child soldiers, the effects are long-lasting and can take a very significant toll in terms of suffering, social relations, problems in living, and productivity. Dyregrov et al. sound a useful call for careful, systematic attention to the problems of severely affected children. As they note, there is a pendulum effect leading to emphasis at one moment on trauma and those who have been severely affected and at the next moment on resilience and the tendency of people to recover spontaneously over time. We are obligated as professionals to resist this pendulum effect and to help organize the supports that are needed for children who have been severely affected by war.

Equally conspicuous, however, are errors in the opposite direction. Some practitioners in war zones refer to nearly all children as “traumatized.” This abuse of technical terminology pathologizes people at the moment when they most need support. As Dyregrov et al. mention, there is also a tendency for practitioners to assume that if trauma is the problem, then counseling is the solution. This poorly founded belief causes harm by spawning efforts to train large numbers of counselors in unrealistically short periods of time and to turn them loose without adequate supervision.

Also, it is not uncommon to see psychosocial work equated with trauma analysis and healing. In some emergencies, the coordination of psychosocial work is overseen by a Ministry of Health or by psychiatrists who take a narrow, clinical focus. Conspicuously absent from the discussions, not to mention the actual work of providing broad supports for all war-affected people—are the enormous psychosocial issues that fall beneath the level that demands clinical attention but that nonetheless inflicts enormous suffering. In regard to former child soldiers, the sad irony is that in such circumstances, there may be ample attention to trauma and related issues demanding professional attention but little attention to issues such as family tracing and relations problems, threats of re-recruitment, isolation and stigmatization, health problems, and gnawing questions about how to transition to civilian life, get a paying job, and start a family. Many of the most pressing issues are culturally constructed and may relate to local beliefs and practices, a point returned to below. Many former child soldiers report that these issues, which are stresses in their current living environment, are more troubling than their memories of traumatic experiences. At the end of the day, we should remember that although PTSD is important, it is only one problem in a much larger mosaic of issues facing child soldiers as they attempt to enter civilian life. It is vital, then, to attend to trauma but also to keep it in perspective, avoiding the tendency to define trauma as the most urgent or significant problem in the psychosocial arena.

The best way to remedy these problems is to take a holistic approach that offers layered psychosocial supports for children having different reactions, coping resources, social supports, life situations, and needs. Experience in many disasters and conflict situations suggests the utility of envisioning the range of human responses and the types of interventions needed in terms of a pyramid. The top level of the pyramid, which represents perhaps 10-15% of the population, consists of children who have been severely affected; exhibit crippling trauma, depression, or



anxiety; are dysfunctional; and need intensive care and psychosocial interventions such as psychiatric intervention and specialized cultural supports such as traditional healing.

The middle level of the pyramid consists of a larger group of children, typically around 40% of the affected population, who remain relatively functional but who have been affected; are at risk of becoming worse if they do not receive support; and will benefit from community-based interventions. This middle layer frequently includes vulnerable children such as separated children, children who have disabilities, survivors of sexual violence, and those who have engaged in or are at risk of engaging in trafficking or child labor. People in this middle layer frequently benefit from non-formal supports, protection activities, and work within the community to address their immediate sources of vulnerability.

The bottom layer, the largest group comprising approximately half the affected population, consists of people who have experienced shock, grief, economic losses and other stressors but are relatively resilient and function normally as defined in the social context. They will benefit from improvements in economic and political conditions as well as opportunities for education, work and income generation and capacity building that enable communities to meet basic needs. A common misconception is that few former child soldiers fall into this layer of the pyramid. In fact, this layer includes many former child soldiers, particularly those who were not in armed groups for long, who suffered less exposure to death and traumatic experiences than the term “child soldiers” typically suggests, or who have strong coping skills and sources of support.

This differentiated view of psychosocial needs and interventions helps to move beyond dichotomies, provides a home for diverse kinds of psychosocial work, and highlights the complementarity of divergent approaches. It suggests that people who work on trauma and people who address other psychosocial issues contribute equally to the attainment of the broader goal of children’s well-being. Either-or thinking does not capture the reality that children at each layer of the pyramid need tailored supports. The agencies that focus on different levels of the pyramid need each other because the work conducted at different levels complements and supports the work conducted at other levels. Children who had been in the top layer and whose condition had stabilized or improved may become able to benefit from community-based activities. Movement across levels can occur in either direction. Left unsupported, former child soldiers in the middle layer who might have stabilized had they received appropriate assistance can move into the upper layer of very high vulnerability. Also, people who provide community-based supports of the kind that typically fall in the middle or bottom layers of the pyramid often encounter severely affected people who ought to be referred for more specialized assistance. Effective referral becomes very difficult, however, if there are few or no programs at the upper level of the pyramid. This pyramidal conception, then, shows the need for balance among diverse kinds of psychosocial approaches and for coordination across levels.

An alternate framework comes from the Psychosocial Working Group, an international collaboration between five academic partners and five NGOs (for details, see [www.forcedmigration.org](http://www.forcedmigration.org)). The framework emphasizes that psychosocial work entails improvements and supports in three key domains: human capital, social ecologies, and culture and values. Applied to former child soldiers, the human capital domain includes efforts to improve the mental health of those who have been severely affected and also steps to build the resilience and functionality of children



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who seek to integrate into civilian life. These steps include education, work, and life skills that enable children to enter the social roles that the society expects its children to fill. Here again, it is necessary both to support severely affected children and to help those who have been less affected to lead functional, meaningful lives. For former child soldiers, the transition to civilian life depends in no small part on key social ecologies such as families, peer groups, communities, and, at the macro-level, ethnic groups and societal institutions. These groups, which may either stigmatize or support former child soldiers, are crucial in the integration process, and quality programs recognize this by working not only with the affected individuals but also their families, peer groups, and villages. Since many of the supports available through these social ecologies reflect local culture, it is essential to build on local resources, assigning culture a central place in programs.

## **PLACING CULTURE AT THE CENTRE**

The value of Honwana's paper lies in showing the powerful influence of cultural beliefs in rural Angolan contexts on how people understand their situation and the effects of war. The use of an ethnographic approach brings to light psychosocial impacts of a spiritual nature that stand outside the realm of what Western trained psychologists tend to think of. Equally important, she identifies cultural practices of bereavement and cleansing that local people believe are critical for the well-being of former child soldiers who have been spiritually contaminated and for their families and communities. This work questions the view that the impacts of war are individual and reside more or less "between one's ears" since the spiritual afflictions she describes are understood as collective. Also, her work serves as a poignant reminder that cultures vary in their conceptions of illness, health and psychosocial well-being. Although some universals exist in regard to psychosocial reactions to extreme events, not all the reactions are captured in the DSM-IV, the handbook psychiatrists use to diagnose psychological reactions and disorders.

Honwana's work invites practitioners to identify and build upon local cultural resources such as local healers and traditional cleansing rituals as part of psychosocial support for war-affected children. This attempt to bring cultural practices out of the margins and onto center stage—not only by Honwana but also by many other researchers and practitioners, the author included—is fraught with complexities. To begin with, some cultural practices are harmful. The most notorious example to human rights advocates is the female genital mutilation that is widely practiced and defended by women in West Africa. The support of local cultural practices requires critical scrutiny to avoid causing harm. Another complexity is that well-intentioned outsiders who want to encourage the use of cultural practices that had been disrupted by war and displacement may inadvertently commercialize and weaken them. When local healers receive stipends for services they had previously rendered without pay, the stage is set for undermining potentially valuable local supports.

In some cases, practitioners have romanticized traditional practices, privileging them in ways that alienate former child soldiers and the communities they seek to enter. In Sierra Leone, for example, some former child soldiers say they need spiritual cleansing to rid themselves of the evil spirits that had entered them in the bush. However, other former child soldiers see themselves as Christians and do not want to participate in local spiritual rituals. It is important, then, to avoid a "one size fits all" approach based on simplistic portrayals of local culture. It is particularly important to avoid static conceptions of culture. Because culture is fluid, dynamic, and constantly



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affected by interactions between one group of people and others having different language and cultures, it can be highly misleading to talk about “traditional” practices.

Amidst these complexities, there have arisen a number of extreme positions that exemplify dichotomous thinking and suggest that culture is either the problem or the solution. In reality, culture has elements of both. Groups and agencies that support traditional healing and other cultural practices sometimes romanticize local culture, ignore the harm that may be done by engaging particular kinds of cultural resources in an uncritical manner, and may even shun the idea of using supports based on Western psychology, experience in other war zones, or both. Opponents of local cultural approaches denounce them as not addressing the real problems, which are universal reactions such as trauma, as the source of significant problems, and as dangerous. Both approaches are too extreme to be a helpful guide to the development of quality programs. Effective programming requires flexibility, cultural sensitivity, a willingness to build upon but also add to indigenous psychosocial supports, and a self-critical attitude that steers a middle course between blind acceptance and premature rejection.

Although the Dyregrov et al. paper acknowledges the value of various cultural practices, it makes a number of questionable assertions. Particularly problematic is the claim that “In Africa the culture has produced one massacre after another.” (p. 6) Aside from the dubious assumption that there is a single, essentialized African culture, this assertion overlooks the complex interplay between cultural elements and political, economic, and social factors. In Africa, as in many other regions, political leaders frequently use ethnicity, clan, language, religion, and a host of cultural dimensions as tools in highly politicized struggles. It is very difficult to claim that the odious massacres enacted as part of these struggles are products of culture alone. Another questionable idea is the implication or suggestion that talking directly about one’s experiences is universally helpful. The literature contains numerous examples showing that in some situations, avoidance of talking is an appropriate strategy. In countries such as Angola, Honwana’s work has shown that for former child soldiers who have been through a spiritual cleansing ritual, it is important not to talk about one’s experiences since doing so is believed to allow the evil spirits to return. Aside from these lapses, the Dyregrov et al. paper is correct in asserting that the culture is not always right.

Perhaps the best that one can conclude is this: Every culture has strengths; every culture has weaknesses; and no culture yet identified has the complete set of tools needed to support and protect former child soldiers. The program implication is that it is potentially useful to blend tools and approaches from different cultural systems, using both Western psychological tools adapted to the local context and local cultural resources.

## **POWER AND COMMUNITY**

It is very challenging, however, to implement this blending or integrative approach owing to the power dynamics inherent in humanitarian intervention in emergency settings. When one steps off the plane as a Western PhD, awed local people who are in desperate circumstances and desire for Western science sometimes silence their own culture or avoid talking about it for fear of appearing backward. This can undermine useful local resources and make the outsider psychology a form of “neocolonialism.” Nor is this problem attributable to outsiders alone. In Angola, when CCF hired Alcinda Honwana to do the work reported in the paper under discussion, a



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significant problem was that the Angolan local staff doubted the utility of examining local beliefs and practices. Having been educated in universities using Western psychological approaches, the staff felt that the local practices were unscientific and atavistic, and they failed to collect useful ethnographic data. To open their minds, Carlinda Monteiro, then the technical director of the program, conducted a workshop in which the staff reflected on the ways in which hundreds of years of colonialism and the despair over a decade long war had led them to believe that their own culture is inferior. This workshop, coupled with retraining on ethnographic methods, produced a breakthrough and enabled the research to move forward. In the end, CCF/Angola succeeded in constructing psychosocial supports that included a mixture of traditional and Western approaches.

The issue of power dynamics looms large in the construction of programs based on community mobilization and ownership, which are fundamental to the success of psychosocial programs. Not uncommonly, outside psychologists arrive in a rural village carrying white pads and asking a host of questions designed to assess exposure to and impact of traumatic events. Subsequently, the results are used to construct a program designed to reduce the trauma of war experiences. In the abstract, assessment surveys and program design efforts are necessary and useful. However, their impact on the community depends on the way in which they are done. Too often, outsiders hold all the power, ask all the questions, and design the program, whereas local people are regarded as passive victims, sources of data, or program beneficiaries. The fundamental problem with this frequently used approach is that it disempowers the affected population. An empowerment, mobilization oriented approach is itself a useful psychosocial support because it helps to restore the sense of control following overwhelming experiences. Field experience has shown consistently that community empowerment, mobilization, and participation are keys to the establishment of sustainable, effective psychosocial supports.

Although rigorous trauma measures are useful, it is important to use them in a manner that does not diminish local people's sense of agency or push into the background their local beliefs and practices. A useful starting point is to begin with qualitative methods that emphasize asking local people—especially former child soldiers—how they understand their situation and the impacts of war. An important follow-up step is to engage with local people as partners in designing steps to improve the well-being and reintegration of former child soldiers. Throughout this dialogue intensive approach, one can create spaces for mutual learning in which outside psychologists bring in potentially useful tools and local people also bring forward potentially useful tools. The dialogues also provide space for critical reflection on the benefits and harm that may be done through the use of different methods. The key is that the local people should make the main decisions about what supports to provide and how to move forward. Although this approach is more easily stated than implemented, it is a useful means of making local culture and participation central to reintegration programs and of avoiding the dichotomous thought and practice that limit our contribution to children's well-being.

#### References:

Dyregrov, M., Gupta, L., Gjestad, R. and Raundalen, M. (2002). Is the culture always right? *Traumatology* 8 (3), pp 135-145. Reproduced on: [www.child-soldiers.org/resources/psychosocial](http://www.child-soldiers.org/resources/psychosocial)



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Honwana, A. (1998). Okusiakala ondalo yokalye: Let us light a new fire. Local knowledge in the post-war healing and reintegration of war-affected children in Angola. Christian Children's Fund (CCF)/Angola. Reproduced on: [www.child-soldiers.org/resources/psychosocial](http://www.child-soldiers.org/resources/psychosocial)

**For further discussion of the issues referred to in this paper, please also see the following references:**

Wessells, M. G. (2006). Child soldiers: From violence to protection. Cambridge, MA: Harvard University Press.

Wessells, M. G. (1999). Culture, power, and community: Intercultural approaches to psychosocial assistance and healing. In K. Nader, N. Dubrow, & B. Stamm (Eds.), *Honoring differences: Cultural issues in the treatment of trauma and loss* (pp. 267-282). New York: Taylor & Francis.

Wessells, M. G. (1999). Systemic approaches to the understanding and prevention of genocide and mass killing. *Peace and Conflict: Journal of Peace Psychology*, 5(4), 365 - 371.

Wessells, M. G. & Jonah, D. (2006). Recruitment and reintegration of former youth soldiers in Sierra Leone: Challenges of reconciliation and postaccord peacebuilding. In S. McEvoy-Levy (Ed.), *Troublemakers or peacemakers? Youth and postaccord peacebuilding* (pp. 27-47). Notre Dame, Indiana: University of Notre Dame Press.

Wessells, M. G., & Monteiro, C. (2001). Psychosocial interventions and post-war reconstruction in Angola: Interweaving western and traditional approaches. In D. Christie, R. V. Wagner, & D. Winter (Eds.), *Peace, conflict, and violence: Peace psychology for the 21st century* (pp. 262-275). Upper Saddle River, NJ: Prentice-Hall.

**Psychosocial webpage Editor's note:**

This paper was one of a number of responses to the Dyregrov et al., (2002) and Honwana (1998) papers. The others can be found in:

Denov, M., (2007). Is the culture always right? The dangers of reproducing gender stereotypes and inequalities in psychosocial interventions for war-affected children. [www.child-soldiers.org/resources/psychosocial](http://www.child-soldiers.org/resources/psychosocial)

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