



Coalition to Stop the Use of Child Soldiers

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Okusiakala ondalo yokalye: Let us light a new fire. *Local knowledge in the Post-War Healing and Reintegration of War-Affected Children in Angola* (1998) by Alcinda Honwana,

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Psychosocial web page Editor's introduction:

In our April, 2006 edition, we present two papers: Okusiakala ondalo yokalye: **Let us light a new fire**. *Local knowledge in the Post-War Healing and Reintegration of War-Affected Children in Angola* (1998) by Alcinda Honwana, and **Is the culture always right?** (2002) by Atle Dyregrov, Leila Gupta, Rolf Gjestad and Magne Raundalen.

These papers present differing perspectives on the influence of culture on psychosocial approaches to war affected children. In *'Let us light a new fire'*, Alcinda Honwana, a Mozambiquean social anthropologist, investigates traditional healing practices in Angola, and usefully reminds us of their importance and utility in that country.

A central assertion of Honwana's paper is that we need to recognize 'ill health' as a social construction – with its meaning and management being shaped by social and cultural understanding. The paper outlines the importance of a traditional African approach which is marked as different from western bio-medical approaches in important ways. Ill-health is seen as having both a physical and a social dimension, with both the living and the spiritual world playing a role in its causation and healing. Consequently, 'treatment', which takes place via familial and community rituals, incorporates both political and social elements. The African approach is thus holistic, firstly because it aims to treat the person as a whole, and secondly because it regards the 'patient' primarily as a social being embedded within a familial and cultural structure. Unlike western approaches, therefore, traditional African treatment necessarily transcends the individual to involve the collective body. The approach offers individuals and communities the opportunity to both face and obtain closure on the past, to obtain forgiveness for acts committed in wartime, and to effect the social reintegration of those returning to the community. From this perspective, it essential that those offering psychosocial interventions with war affected individuals, work within a framework which recognizes both the importance of local social and cultural realities and the complex social context within which their interventions will take place.

In the second paper, Atle Dyregrov, a clinical psychologist who has worked with war traumatized children in different societies, bravely poses a different question when he asks: *"Is the culture always right?"* In this paper, Dyregrov and colleagues wonder whether our

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 founding organisations are Amnesty International, Defence for Children International, Human Rights Watch, International Federation Terre des Hommes, International Save the Children Alliance, Jesuit Refugee Service, the Quaker United Nations Office-Geneva and World Vision International.



inability to prevent war time atrocities and massacres results, within the international community, in a collective denial of child trauma. This denial, they suggest, may take the form of an undue emphasis on the healing achieved by local cultural healing systems and the natural resilience of children. By such means, we can avoid accepting our responsibility for the collective traumatization of children and its potential long term consequences. The paper systematically and thoughtfully addresses the major criticisms made of the application of western models of therapy in the non-western world. It strives to maintain a balance between recognizing that in some situations it would be “unwise, unethical and impossible to introduce western individual or family trauma therapy”, and the view that trauma knowledge and simple self-help methods can be widely disseminated so that communities can themselves alleviate the distress of their children. The therapy advocated in this paper is not the traditional ‘one-to-one’ therapeutic approach, the limitations of which have been rightly criticized. Rather, the authors suggest intervention strategies which empower families and local communities to help children – but which recognize that some traditional approaches may need modification if they are to avoid negative effects upon the children they are seeking to help. The two papers concur in so far as both argue that where western knowledge and practices are applicable, they should be used to complement, rather than replace, established social and cultural healing mechanisms.

Dr. Linda Dowdney

27th April, 2006

Christian Children's Fund

Okusiakala ondalo yokalye: Let us light a new fire

Local Knowledge in the Post-War Healing and Reintegration Of War-Affected Children in Angola

Alcinda Honwana

Research Project conducted by
the CCF Team in Angola

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Abstract

OKUSIAKALA ONDALO YOKALYE can be translated as let's light a new fire. This stands for a ritual performed by Angolans in the provinces of Huambo and Bie. According to the local population, this ritual is performed after crises such as natural disasters, war and other misfortunes of great magnitude. Everybody extinguishes its old fires. A new fire, sparked out of the friction of two sticks, is lit in the centre of the village. A portion of this new fire is distributed to every household so that all new fires have a common origin. The symbolism is simple but powerful: a burial of the past, a new start, a fresh beginning and a rebirth of hope. By adopting this title, we want to pay tribute to all the Angolan children who survived the inhumanity of war, and undoubtedly deserve the opportunity of a new start, a new life, a new fire.

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Okusiakala ondalo yokalye: Let us light a new fire

Executive Summary

1. The present report is based on a research project carried out in Angola from July 1997 to April 1998 in the provinces of Uige, Malange, Moxico, Bie and Huambo among the Bakongo, Tchokwe, Kimbundu and Ovimbundu social groups (see map). The research was aimed at the identification of local traditional concepts, beliefs, and practices related to healing, cleansing and social reintegration of war-affected children.
2. The report is organised into four parts. Part I deals with the context in which the project was created and its rationale. Part II concentrates on local philosophical and cosmological understandings of the relationship between society and the transcendent which have a direct impact on the way health and healing are conceived. Part III examines the context of children's involvement in political violence and their experiences of war. Finally, part IV considers the therapeutic strategies used by the local population to treat children's war related afflictions.
3. The major point of this report is that dominant western conceptions of mental distress and trauma cannot continue to be blindly imposed on afflicted populations across the globe since the way in which people embody, give meaning and manage their afflictions is essentially shaped by social and cultural understandings. While modern psychotherapy has a strong role to play in contexts other than western, this should be in conjunction with local concepts and meanings and complementary rather than the rule.
4. The report identifies key conceptual beliefs which underline peoples perceptions and motivations to act in a certain manner. There is a vast body of knowledge and expertise regarding processes of healing the social wounds of war, which are currently being used in many areas of the country. While some 'traditional' healing practices can today be considered unacceptable, dangerous and even damaging to individuals and groups, these do not constitute the rule. It is therefore important to identify and promote safe and helpful therapeutic strategies so that society can regain its own balance. The report also acknowledges that while these traditional therapeutic strategies and conflict resolution initiatives have a strong impact on processes of post-war cleansing, healing and social reconciliation, there is a need to complement them with effective education and skills training, as well as with poverty alleviation schemes which would allow these children to start envisaging the prospect of a decent future.

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Introduction

Background on the Angolan War

Angola is a country that has been ravaged by war for many years. The struggle for independence from Portugal started in the early 1960s when political movements such as UPA (Union of Angolan Peoples)-FNLA (National Front for the Liberation of Angola), MPLA (Popular Movement for the Liberation of Angola) and UNITA (National Union for the Total Independence of Angola) fought against colonial rule. The Portuguese coup in 1974 marked the end of the armed conflict against colonialism. However, the war in the country did not end with the coup. Postcolonial conflict began even before independence, with the three movements fighting each other for control of the country. The MPLA (Popular Movement for the Liberation of Angola) emerged victorious and proclaimed Angola's independence in November 1975. In the subsequent years, and while the FNLA (National Front for the Liberation of Angola) faded in importance, UNITA (National Union for the Total Independence of Angola) reconstituted itself and found support in the USA, South Africa and other countries, and continued its fight against the MPLA government (Minter, 1994).

The war between UNITA and the government was a prolonged one which directly involved South African and Cuban troops giving support to UNITA and the MPLA respectively. The first chance for peace came in May 1991 with the signature of a cease-fire agreement between the two parties, which seems to have been upheld until the elections in September 1992. In these democratic elections, deemed free and fair by the international community, the MPLA won a majority of the votes. Unhappy with the election results, Savimbi ordered his UNITA troops to return to war, reigniting full-scale conflict in October 1992 (Minter, 1994 ; UNDP, 1997). This brutal and intense war lasted until 1994, and took a heavy toll on the civilian population especially on children. In November 1994, a new Peace agreement was signed in Lusaka between the government and UNITA. The Lusaka Protocol was aimed at restoring peace in the territory and promoting national reconciliation through a cease-fire followed by complete disarmament and cantonment of troops. In April 1997 a government of National Reconciliation and Unity, which brought UNITA members as well as some from other political parties into the cabinet, was established (UNDP, 1997).

Even before the renewed war at the end of 1992, the UN estimated that more than \$30 billion had been lost during the Angolan conflict. It is estimated that in the 1992-94 war more than 100 000 people died from war related causes; the number of land mine victims rose to 70 000; and about 1.2 million people were displaced in September 1994 (Minter, 1994). According to the 1997 UNDP Report on Human Development in Angola about 280 000 people are currently living in the neighbouring countries as refugees and approximately 1.2 million Angolans are internally displaced. The urban population rose by 50% in 1995 compared to 15% in 1970.

Reaching War-affected Children

It is estimated that around one million children have been directly affected by the war. Statistics estimate that more than 500,000 children died during the war. Many were kidnapped in military incursions. About 50% of the displaced population are children under 15 years of age. Nine thousand hundred thirty-three underage soldiers were registered in the 1996/7 demobilisation process. UNICEF (The United Nations Children's Fund) statistics pointed that in 1993 nearly 840,000 children were living in difficult circumstances (Minter, 1994).

Thousands of children are unaccompanied, orphaned or separated from their families, and many were dragged into armies and militia. In 1997 it was estimated that about 8,500 under-age soldiers would be demobilised by March 1997 (UNDP, 1997). Indirectly the war has affected many more children. Malnutrition has increased due to low food production and displacement. The deterioration of health-care services during the war resulted in higher infant and child mortality rates. Many children were prevented

from attending school due mainly to displacement and destruction of schools.¹

The situation of children in the aftermath of the armed conflict in the country is therefore devastating. In addition to problems of death and physical trauma, dire poverty, hunger and ongoing social and emotional problems caused by this prolonged exposure to political violence makes their situation much worse. Today, special attention has to be given to war-affected children in the process of reconstituting the nation's social fabric, as they constitute the generations of the future. Society has to regain its own balance. Thus, healing the psychosocial wounds of the war is essential if the Angolan peace process is to take root at the community level.

It is in this regard that in 1995 the Christian Children's Fund (CCF) started the Province Based War Trauma Training Project (PBWTT (Province-based War Trauma Training)) in Angola. The aim of the project is to facilitate the social reintegration of war-affected children into families and communities. This is done through training local trainers, who in turn trained those who assist child victims of political violence. Another programme initiated by the CCF in Angola is the Reintegration of Underage Soldiers (RUS (Reintegration of Underage Soldiers)) which concentrates specifically on the demobilisation process and social reintegration of young combatants.

According to a mid-term evaluation conducted in April 1997 by Edward Green and Michael Wessells (further information: <http://earlybird.qeh.ox.ac.uk/cgi-bin/ps/saxon.pl?additional.pwg001.xml?maintext.xml?1>), both the PBWTT (Province-based War Trauma Training) (further information: <http://earlybird.qeh.ox.ac.uk/cgi-bin/ps/saxon.pl?additional.pwg001.xml?maintext.xml?2>) and the RUS (Reintegration of Underage Soldiers) (further information: <http://earlybird.qeh.ox.ac.uk/cgi-bin/ps/saxon.pl?additional.pwg001.xml?maintext.xml?3>) programmes are having a positive impact in improving the situation of war-affected children in the country. The evaluation report states that through low-cost and culturally appropriate community-based interventions the CCF's PBWTT project has reached adults in positions of childcare and trained them in weeklong seminars. Training involves basic information about child development, the emotional impact of war on children, non-violent methods of conflict resolution and healing approaches which emphasise children's emotional expression through dance, drawing, singing, drama and story-telling. From the outset the PBWTT was interested in combining a variety of approaches to healing psychological disorders, so special attention was given to local traditional and religious beliefs and practices. The report also states that the RUS programme has provided key technical and logistical assistance in the processes of demobilisation and social reintegration of underage soldiers.

However, regarding the collection and documentation of local traditional beliefs and practices that relate to the healing and reintegration of war-affected children, the report states that,

Although there was some training of national staff in Bantu cultural patterns and qualitative research methodology, progress to this date in learning about and documenting traditional healing has been limited. The PBWTT has not yet documented traditional healing to the extent needed².

Thus, one of the recommendations of the mid-term evaluation report which emerged from discussions with the local CCF team, was to enlist outside expert assistance to undertake a specific research project to document traditional healing practices as they relate to war-affected children, through ethnographic observation and case studies accompanied by measurement at regular time intervals.

It is in this context that the present project was born.

The Present Project

The project, which was named The Impact of Traditional Healing Practices in the Social Reintegration of War-Affected Children, was initiated in July 1997 and completed in April 1998. The aims were to undertake research and documentation of traditional beliefs and practices related to health, healing and well-being which were and are being used by the local population in the healing and reintegration of war-affected children.

The Conceptual Basis

The project is based on the assumption that psychological distress and trauma have a social and cultural dimension. The manner in which people understand and give meaning to afflictions is undoubtedly linked to beliefs about the origins of such distress. Such beliefs are central in devising appropriate therapeutic strategies for its elimination.

The dominant paradigms shaping aid policies and interventions in African conflicts have been strongly informed by Western biomedical notions of health and illness. Western definitions and understandings of distress and trauma, of diagnosis and healing and even of childhood, have often been applied to societies that possess very different ontologies and social-cultural patterns (Honwana, 1997 ; Dawes & Honwana, 1996).

Notions of ill-health and healing, and in this particular case of traumatic distress, cannot be 'universalised' because the ways in which individuals and groups express, embody and ascribe meaning to traumatic experiences and events is intrinsically related to specific social and cultural contexts. Geertz (1973) has defined culture as a 'a pattern of meaning' that shapes human experiences and provides a framework of understandings and beliefs which underpin people's life actions. Culture plays a crucial role in psycho-social well being since the processes through which people manage their afflictions are at least in part built on cultural perceptions (Boyden & Gibbs, 1996). So, the way in which victims of political violence should be helped to manage such predicaments depends largely on particular social and cultural environments.

The project is therefore grounded on the conviction that, there is a body of knowledge rooted in local ancient traditions which informs specific cultural understandings about the causes of ill-health and psychological trauma; about notions of childhood and adulthood; and also about the effect that traumatic experiences and events might have on individuals and groups. Similar studies carried out in other contexts³ have proved the importance of local knowledge in post-conflict healing reconciliation and social reconstruction. A pluralistic approach to healing, which combines several therapeutic strategies 'traditional', 'modern', religious, etc..., has proved to be effective and useful in widening people's options and choices of medical care.

The research project was designed in July 1997 after a visit to Angola aimed at establishing contact with the reality on the 'ground'. Contacts were established in Luanda with the CCF central co-ordination team to discuss the objectives of the project (further information: <http://earlybird.qeh.ox.ac.uk/cgi-bin/ps/saxon.pl?additional.pwg001.xml?maintext.xsl?4>). I also had a chance to go through all the documentation produced by the PBWTT including materials from the training workshops as well as documents from the RUS programme. At the OIM (Organization for Internal Migration) Transit Centre in Viana, contacts were established with OIM (Organization for Internal Migration) officials working with former child-soldiers and some young recently demobilised soldiers were also interviewed in the centre. A trip to Kuito, province of Bie, provided the opportunity to meet and discuss ideas about the project with members of CCF provincial team. In Kuito interviews were also conducted with traditional healers and relatives of war-affected children.

After acquainting myself with both the PBWTT and the RUS programmes through these visits and the literature available, it was possible to design the basic guidelines for the four day training course with the members of the CCF central team in Luanda who would be directly involved in the research. The training course took place from 14 to 17 July 1997. Apart from giving a brief introduction to cultural anthropology and its research methods, the course covered topics such as: cross-cultural understandings of healing, health and well-being; rituals of healing and their symbolic dimensions; notions and discourses of childhood;

culture and psychological trauma; children and war trauma; and the quest for healing and therapy in post-conflict situations in Africa⁴ Apart from the nine members of the central CCF team, the course was attended by people from other institutions such as education and UNICEF (The United Nations Children's Fund) . At the end of the training course and as a result of discussions with the participants, the conceptual framework of the research project was formulated.

The project consisted of research undertaken at two levels of intervention. The first involved the investigation of local cosmological beliefs and practices regarding health, healing and wellbeing of individuals and groups. At this level interviews and meetings were conducted with elderly members of the community, traditional chiefs, traditional healers and leaders of religious congregations, among others. Here the aim was to gather information concerning the relationship between the mundane and the transcendent, between human beings and the environment and the relationship amongst human beings in society, in short their world view and system of meanings. Still at this level, we tried to investigate people's perceptions and understandings of the war and the use of children in the conflict as well as their points of view regarding the reconstitution of the social fabric in the post-war period.

The second level of intervention focused on the identification and follow-up of case studies. The aim was to capture life histories of children directly affected by the war, and examine the different therapeutic strategies to which they might have been submitted to resolve their afflictions. These life histories were collected through interviews with the children themselves and with their relatives, teachers, friends and neighbours. The idea was to establish a follow up process of the selected cases, to evaluate the impact of the different strategies based on the particular conditions of each child.⁵

According to the research design of the project, fieldwork was undertaken from August to December 1997 with an evaluation and analysis in February 1998. The second period of field research was carried out from February to mid April 1998. Collected research material was regularly sent to me for analysis and recommendations, between November and April 1998. Also used in the project were documents produced by CCF in Angola in their training programmes and previous research on related issues.

The Fieldwork

Field research was undertaken in the provinces of Bie, Uige, Moxico, Huambo and Malange, among the Bakongo, Tchokwe, Kimbundu and Ovimbundu social groups (see map). The choice of provinces had to do with the fact that these were some of the areas where CCF Angola was operating. And within the areas covered by CCF, the social groups chosen are fairly representative of the Angolan ethnic diversity. Each province was supervised by a member of the central CCF team, who in turn prepared local team members for the research (a minimum of two persons from the province). Fieldwork was undertaken from August 1997 to mid April 1998. Although ideally the research should have covered the two levels simultaneously, most teams approached them separately concentrating first on level one and afterwards on the second level. This did not allow for observation of the case studies over a period of time as most of these were looked at in the second half of the project. However, the fact that most of the team members had been working with the children since 1995 or 1996 meant that they were already familiar with some of the cases studies chosen for the project which helped their assessment.

The research was carried out without major difficulties, although in the first months of fieldwork some teams were quite slow, and did not manage to gather substantial information. Productivity increased in the following months as team members became more comfortable with the research and some of the hindrances encountered were clarified. The team's engagement with the local population, especially the elderly and the 'traditional' authorities, to learn about local 'traditional' beliefs and practices seems to have received a very positive response. Many team members reported people's appreciation of the fact that the research acknowledged local 'traditional' knowledge. Unfortunately, the research did not manage to articulate as many women's voices as had been intended, especially in relation to the first level of investigation.

Okusiakala ondalo yokalye: Let us light a new fire

Okusiakala ondalo yokalye: Let us light a new fire

Local Cosmological Beliefs and Practices

Relationship between the Mundane and the Transcendent

Relationship between the Mundane and the Transcendent In many societies people believe that life does not end with death, but that it continues as the dead pass on to a new dimension. In anthropological literature, this is commonly referred to as the 'cult of the ancestors'. When an individual dies and the body is buried, the spirit is believed to remain as the effective manifestation of the power, personality and knowledge of that person in society. The spirits of the dead are regarded as having a powerful influence over the living, guiding and controlling their lives, providing protection against misfortune and illness and assuring societal wellbeing.

The hierarchy among the ancestral spirits reproduces that which exists among the living. The most important spirits are those of the elders, who, in life held positions of seniority. So, the spirits of children or youth do not have the same status as that of a senior person. The 'ainê-cadet' relationship is thus transposed on the spiritual world, or in other words, the spiritual world is a continuity of the living world in the sense that even after death the elders continue to guide and control their descendants. In the words of soba Chissico from Bie "... our power lies in the hands of our dead seculos (elders)." Adding to this, soba Chilombo pointed out that "We have our own natural power, but this power needs to be enhanced by that of our ancestors." ⁶

The spirits are responsible for promoting the health, good fortune and well being of individuals and entire communities. However, as clearly stated by seculo Kalema,

The ancestral spirits can help you, but they can also harm you ... if they feel neglected they can punish people by provoking illness or can even cause death ⁷

Kalema pointed out that there are different types of spirits (hambas) some being more dangerous than others and that those that cause death and female sterility among the Tchokwe group are called ngombo, thambe and nhanga. Informants from Moxico referred to the fact that misfortune in business, hunting and fishing, female infertility and constant miscarriages are often attributed to the unhappiness of the ancestral spirits. ⁸

To deserve the blessing and protection of the spiritual entities, people must venerate them through prayer and ritual performance. The living has to "... show respect towards the dead..." ⁹. One way of honouring them, according to seculo Selundo, is to build a hut in the family yard for the olosandu (name given to the spirits among the Ovimbundu) of the family. Regular offerings should be placed in the hut, especially food and drink that relate to the spirits' likes and dislikes. Bread, sugar, and caxi ('traditional' beer) are some of the most common offerings.

Many people agreed that the spirits provide protection if one takes good care of them.

The dead are always with us. During the war we walked day and night through the bush, we crossed rivers and nothing happened to us precisely because our ancestors were watching over us. So, for that reason, when a relative dies we have to take good care of the grave, to make him/her happy to help us. ¹⁰

Non compliance with these social obligations may lead to a lack of protection and thus vulnerability to evil forces. As seculo Congo from Uige put it:

We have to respect our dead ... we should obey those of us who have already gone. In case of difficulty one should pray to them and say: `nuakuetu,

nuafuakala na yenda ku na yenda' (you our ancestors wherever you are) please tell me why isn't my life good, why isn't my family well? ¹¹

Such prayers will only be acknowledged however, if the spirits are satisfied with the petitioner's social behaviour.

Kinship (at the family level) and geo-political hierarchy (at the community level) orders the approach to the spiritual world of the ancestors. Thus, in this context there are two categories of rituals. The first includes those rituals that are performed within the family unit ¹², and are addressed to the ancestral spirits of that particular family. These are conducted by the *seculo* (elders) of the family. The second category refers to those which are performed to venerate the spirits of the land (the spirits of the chiefs), in the form of collective feasts officiated by the 'traditional' chief (*soba*) of the area. These can be rain and fertility rituals or just simple rituals of devotion.

When it does not rain on time people perform rituals to ask the ancestors for rain. Among the Ovimbundu, this ritual is performed in the place where the heads of the previous 'traditional' chiefs of the area are buried - the *akokoto*. Only the senior members of the community are allowed to approach the *akokoto*. Animals (goats or chicken) to be sacrificed and offered to the ancestors of the *soba*, as well as 'traditional' beer and food stuffs like beans, maize flour and the like, are taken. The place of ritual is properly cleaned for the occasion, and food is prepared by the *nassoma* (senior women). 'Traditional' drinks like *caxi* and *kissangua* as well as food are offered to the spirits. Drums are played and people eat and drink. If the spirits of the chiefs receive the offerings, it will rain on the same day. If it does not rain, this means that the spirits are not happy with the ceremony, and it has to be performed again. ¹³

In Moxico rain rituals are generally officiated by the *soba*. The ritual takes place in the village in the yard of the chief's house. The *soba* sacrifices a goat or an ox in the *muyombo* (the site of the ancestors) in the presence of the people. The animal's blood is spread in the *muyombo* while the *soba* addresses the spirits asking them for rain. All villagers join the *soba* in his petition. The sacrificed animal is then divided and shared by all participants. When all goes well the rain comes that night and lasts until dawn. Nobody is allowed to work the land until the second rain comes. ¹⁴

The regularity of such rituals varies according to the type (family or communal) and also from one region to another. For example, in Malange a ceremony to venerate the ancestral spirits of the land is performed every second year. This constitutes a big feast presided over by the *soba* of the area who addresses the *axaculo* (ancestors) invoking their names and saying: "... please guide our lives, give us luck, give us health and good harvests." During such feasts many animals are slaughtered, traditional beer is brewed, drums are played and people dance in celebration of the occasion. ¹⁵

Apart from these rituals of veneration, it was clear from our research reports that people place a great deal of importance on the first series of rituals to be performed for the dead, that is, the burial rituals. Burial rituals or *obitos* (Portuguese term through which these rituals are commonly known in Angola) constitute a very important stage in the relationship between the living world (the mundane) and that of the ancestral spirits (the transcendent). These rituals are seen as the mechanism through which the deeds are placed in their proper positions in the world of the spirits. Failure to perform burial rituals or an inappropriate performance hinders the possibility of establishing a suitable rapport with the dead. As *seculo* Kapata puts it:

...We perform burial rituals so that the spirits of the dead continue to be linked with the living without problems ¹⁶

The War and the Performance of Burial Rituals

Notwithstanding the importance of burial rituals, in difficult circumstances such as the war, in which many people died of unnatural causes (the majority being either killed or died of war related causes) it becomes extremely difficult or almost impossible to bury the dead properly. Thus, the number of dead who did not have proper burial rituals during the war is enormous and these are believed to be unsettled and unhappy spirits that can harm the community. Below are some of the stories that people shared with us:

*My mother was killed during the war, and because at that time there was no way of performing the burial, we did not do anything. After some time, my daughter became ill, and ordinary traditional treatment did not cure her illness. Later a kimbanda (diviner) told us that the spirit of my mother had possessed my daughter because since she died we did not do anything. After performing the obito, the child's illness disappeared.*¹⁷

*During the war, my father was killed. I did not perform a burial because I thought that in times of war there is no need for that. But I dreamed of my father telling me that 'I am dead but I haven't reached the place of the dead, you have to perform my obito because I can see the way to the place where other dead people are but I have no way to get there'. (After this dream) I performed the rituals, and I have never dreamed of my father again.*¹⁸

It is interesting to note in the above statement that the dead father needed the rituals in order to see the way to his proper position in the world of the shades. Despite seeing it, he could not get there. In this regard, an elderly traditional healer explained that when someone dies it is imperative to perform the burial rituals because without them access to the spiritual world can be blocked. The other spirits will not allow someone who did not have an obito¹⁹ to enter. So, the unburied dead have to catch the attention of their relatives (through illness or dreams) and ask them for a proper obito .

In times of war, most of the burial rituals that are performed happen without the dead body, as most often people receive the news of a relative's death by word of mouth. In such circumstances burials continue to take place because it is believed that the spirits of the dead will come with the wind to join their kin for the ceremony. This is expressed in seculo Kapata's comment:

*...even when the person dies far away from home (and the dead body is not present) the spirit comes with the wind*²⁰ .

The very same idea was expressed by seculo Marimba from Huambo who pointed out that:

*... (even those who) died away from home need a burial ceremony. When they die far away their soul stays there unsettled. With the performance of the burial the soul comes with the wind and settles down.*²¹

An interesting case was mentioned by various informants in the town of Kuito in Bie. The town was severely affected by the 1992-1994 war, and thousands of people lost their lives. Many of them died on a plateau during 'batidas'²² or when trying to escape from military attacks. Landmines have prevented people from reaching the plateau and so the deeds have remained there. The population of Kuito believes that things will not go well unless something is done to appease the dead and place them in the world of the spirits. Kutximula and Aurora²³, two female traditional healers, stated that the government should organise a big feast to honour the dead of the plateau. Their views were shared by soba Capumba who pointed out that:

The government must think of having collective ceremonies to bury the bones of

*those killed by the war ... for example here in Kuito many people died and no ceremonies were performed to appease their souls. Their souls are wandering about and can afflict anyone*²⁴ .

Chief Kavingangi from Bie, went as far as saying that if the government gives its permission

*it would be possible to collect all the bones that are still lying in town and in the bushes and bury them with an obito (proper burial ceremony). But for that we need the government's approval, we cannot do it without their approval.*²⁵

In Huambo, people referred to these big collective feasts to calm down the spirits of the dead as ayele rituals. Here ayele rituals are performed once a year and may last a whole week. During such rituals people will eat and drink, and sing and dance to honour the spirits²⁶ .

As we can see from these testimonies, burial rituals constitute a key issue in the relationship between the mundane and the transcendent. The dead who have not had proper burials become unsettled and unhappy spirits, who may instead of protecting the living, be harmful. Even in times of war, when social instability and the breakdown of normal life does not allow such rituals to take place, they should be performed as soon as it becomes possible to do so. Resuming normal life goes hand in hand with appeasing and honouring the spirits of the dead. Therefore, if we are dealing with post-war reintegration and reconstruction of the social fabric, the issue of burial rituals and other rituals for the dead becomes essential for the normalisation of life in these communities. We will return to this issue later in the report when discussing post-war healing rituals.

Children and Burial Rituals

Children are not allowed to participate freely in burial rituals. Their exposure to such rituals is regulated by specific rules and procedures. During the PBWTT training workshops, many participants mentioned some of the practices that are most frequently used in their own areas. When one or both parents die, the children are allowed to take part in the burial proceedings. In Kuito, children are expected to pass under the coffin of their parents at a particular moment of the ceremony. They are also permitted to say a few words and ask for their parent(s) forgiveness for any wrongdoing or problem they may have caused them in the past.²⁷

In the case of the death of the traditional chief of the area, children are not allowed to participate in the proceedings. They are even protected and hidden away to avoid being affected by malevolent forces. Mothers who bring their babies have to protect them by placing a ribbon on one of the baby's arms²⁸ .

In Malange, some people mentioned that when there is a death in the family it is customary to cut the children's hair as a sign of sadness and respect for the dead. Making them pass under the coffin four times is also presented as a way of avoiding their affliction by the spirit of the deceased. During burial rituals, there is always an adult whose role is to take care of the children and ensure that all the necessary rules are observed.

²⁹

Some participants in the training workshops also pointed out that children should not participate in funerals as this may frighten them and cause them to have bad dreams. Others mentioned that children should never see a dead body. Special care is given to the way in which a parent's death is explained to the children. This is generally done by elderly relatives.³⁰ However, in times of deep social disruption such a war there is no chance to follow these rules as families are torn apart, communities destroyed, villages bombed and burned and many children are lost, kidnapped and exposed to the most horrendous experiences. Children's experiences of war will be discussed in the next section.

Children of War: Experiences of Violence and Terror

The Recruitment of Young Soldiers

An enormous number of children in Angola have been directly exposed to the war as combatants. Statistics indicate that more than 9,000 children under the age of 18 took part in armed conflict as soldiers in both the UNITA and government armies. However, while there were certainly some young soldiers in the government army, UNITA appears to have had a deliberate policy of child recruitment (see diagrams between pages 57 and 58). This systematic preference for children as soldiers is a common phenomenon in many parts of the world - Cambodia, Mozambique, Afghanistan, Liberia, Palestine, Uganda, to mention just a few.

Child military recruitment is often based on assumptions that children can in many ways become better soldiers than adults. Many believe that they are easier to control and manipulate; that they can be easily programmed to feel little fear or revulsion for their actions and to think of war and only war; that they have excessive energy which can be used in military activities; and that once trained, they carry out attacks with greater enthusiasm and brutality than adults (Furley, 1995; Human Rights Watch, 1994). Child recruitment into the armed forces in Angola took many forms as the following testimonies reveal.

Dunga³¹, an 18 year old whom I interviewed in Lombe (Malange) was captured by UNITA soldiers when he was on his way to visit his brother-in-law. They stopped him and,

*... (they) told me to go with them, later I managed to escape and return home. But the UNITA soldiers asked the soba (traditional chief) to show them my house, and in the evening they came and took me for the second time.*³²

Astro was 12 years old when he started his military training with UNITA in Karilonge (Huambo). His recruitment took place in the street: ... I was walking

*... when I was near the railway line, the UNITA soldiers came and said 'Hey boy, come with us we want you to do some work for us', I went with them to N'gove ... and there I did my military training which lasted only five months due to an attack which we suffered from the government troops ... my training should have lasted eight months.*³³

Lopes was 12 years old in 1993 when he was selected at school to be sent to the UNITA forces.

*The sobas (traditional chiefs) had to provide UNITA with soldiers from their sobados (areas of jurisdiction of the sobas)... I was taken from school by the soba straight to the UNITA base where I had military training for three months before starting to go on missions*³⁴.

Similarly, 19 year old Domingo from Cacuso, Malange was taken into UNITA from school. He stated that four boys from his class (including himself) were taken on the same day. His teacher was killed by UNITA troops as they found him wearing an MPLA T-shirt. Domingo and his three colleagues were made to march a long way to the base and two of them died in the process³⁵.

*I started military service in 1994, I volunteered to join the government army because we were suffering a lot in my village ... I wanted to defend my province and help my family with the products that I could get from the military ambushes.*³⁶

(Pitango, was 15 years old when he joined the military in the province of Bie - Angola)

Balto is an 18-year-old who served in the government army, here is his story:

Government soldiers took me from my uncle's house in Kunge... my uncle was not at home and they were five soldiers who ordered me to go with them... I was 13 years old at that time and when the soldiers came to look for me they already had 3 other boys with them ... they found me inside the house, there was no way I could have escaped.³⁷

Fonseca is a 17-year-old from Kuito who also fought alongside the government army.

I went for military service in July 1994. The soba told us that he received orders from the government to ask all young men to present themselves for military service. I went voluntarily. I didn't want to be ruscado (caught and forced) because I knew I would be mistreated. I trained here in Kuito and then went to Kwanza-Sul ... I was in the communications unit.

From these accounts, one can see that the forced recruitment of children was significant. Children were taken from school, from their homes, and from the street, directly to military camps for training. Many were kidnapped during military attacks on villages as well as in road ambushes. Parents and relatives were not informed of their children's whereabouts, and many of those who did not manage to escape lost contact with their families until the end of the war.

Voluntary affiliation was also a reality. Many children seem also to have joined the army (both the government and the rebel) of their own will. The reasons for this are diverse, and can range from political motivation, ethnic alliances, peer pressure to search for protection, food, possibilities to loot as well as a search for power. The possession of an instrument of coercion - the gun - often becomes the only means to food (through looting), and to a sense of power to challenge the authority of the elders.³⁸

Many authors consider that the breakdown of the social and economic structures in the rural areas is certainly at the root of the youth's disenchantment and consequently their voluntarily involvement in armed conflict. For example, a study carried out in the Mozambican province of Nampula shows that many youth voluntarily adhered to the rebel army because of the crisis in the countryside. Migration to town rarely proved to be a solution and many were forced to return to the rural areas. In Mozambique the 1984 Operacao Producao returned those who were seen as 'unproductive' to the countryside. The state closed doors to 'parasites'. These 'returned' youths were no longer able to fit in with the local structures of authority (gerontocratic authority) and the hard life in the rural areas (poverty, lack of education, employment etc). This made them easy targets for RENAMO who offered them a 'different' purpose in life by putting a gun in their hands (Geffray, 1990 ; Geffray & Pederson, 1988). A similar situation is apparent in Pitango's account where he states that suffering, shortages of food and the need to protect his family drove him into military activities.

It is interesting to note the direct involvement of the 'traditional' authorities in the recruitment of child soldiers. Many interviewees referred to the role of sobas in identifying and recruiting young soldiers. Some mentioned that the sobas were forced by UNITA to provide recruits, and would go from village to village recruiting minors. There were cases in which parents had to give their young boys to the soba, who would then send them to UNITA.

UNITA asked the sobas to give a certain number of boys. Parents were responsible for encouraging the boys to stay with UNITA, and to return them if they escaped. If the boys escaped and were not returned to the soba, the families would suffer and could even be killed.³⁹

Mrs Andrade, mother of a former young soldier told us that her son was forcibly recruited and then sent back because he was ill. When the UNITA troops who had recruited him discovered that he was back home, they blamed her and her husband. they said that I prevented him from joining the military

... I said no, the boy was very ill. My husband is a very religious person and the UNITA soldiers harassed him and he had to let them take our son..⁴⁰ .

In such circumstances parents become unable to protect their offspring, and surrender to political pressures and the power of the gun, often manipulated by young soldiers. Political and ethnic alliances may have also played a role in this because not everyone was compelled to act in this way. Some sobas or parents and even some youths may have decided to take such a course of action because, according to their convictions, it was the right thing to do. There was a case in which people mentioned a soba who recruited soldiers for the government.

Children's Initiation into Violence and Terror

Military training started as soon as the recruits arrived at the camps and lasted between 3 weeks to 8 months. Training consisted of very early morning physical exercise and marching, manipulation of weapons and war tactics and strategies. Lopes and Sam⁴¹ who served as UNITA soldiers referred to the AK 47, the mortar 60 and the RPJ7 as some of the weapons they had learned to use.

The training process was aimed at preparing these children to fight a war and execute terrible atrocities. So, heavy psychological pressure was placed on them. In fact, military training in these particular conditions constituted an initiation to violence. Such an initiation was marked by cutting the links of the child with society (family, friends and `normal' life) and programming them to think of war and only war. There seems to have been a deliberate policy to dehumanise the children, and turn them into killing machines.

Those who had been forcibly recruited often had to endure severe beatings and were deliberately terrorised to impress upon them that there was no going back. Once under training, discipline was very harsh and the penalty for attempted escape was execution. Many ex-child soldiers from UNITA referred to 'the parade'. This took place in the morning and on many occasions those who were found trying to escape would be executed in the presence of the whole group. Sometimes recruits were made to execute a colleague who had attempted to escape as their first military assignment at the parade. The order had to be carried out in order to save their own life.

In the parade those who tried to escape were shot.⁴²

Sometimes recruits were urged to suck and drink the blood of the person they had just executed as the following testimonies acknowledge. The aim was to make them fearless and not feel any remorse when committing atrocities.

I saw many people being killed, many dead bodies ... my friend who tried to escape was killed in front of me ... they drunk his blood ... I saw it, they do it in front of everybody to discourage those who want to flee ... escapees who were found were generally killed. They were tied to a post and all the troops would be called to watch. They were killed, and the killer had sometimes to drink the victim's blood. The blood was said to be good for the person not to feel remorse

⁴³ .

Do you think it (drinking the blood) works?

Yes, it works. ⁴⁴

I used to drink the blood of the people I killed ... today I cannot look at red wine because I feel like killing and sucking blood again. ⁴⁵

The drinking of blood seems to have had the function of an initiation rite, as Eduardo an 18-year-old former soldier from the government army recalls:

I drank blood the day I finished my military training, in the swearing in ceremony. We all had to drink two spoons of blood each. They told us that this was important to prevent us from being haunted by the spirits of the people we might kill.

Some form of 'traditional' treatment was provided for those who were unable to cope with drinking blood or killing their colleagues in the parade. Other forms of treatment were given to make them fearless and to give protection during combat. There were references to healers who helped the soldiers in the camps.

... in order not to be afraid of fighting the war we had to kill a person at the parade ... those who cried in the evening (after having killed) were treated by the kimbandas (traditional healers) ⁴⁶ .

Some young soldiers pointed out that the commanders also submitted to treatment by kimbandas to defend themselves against death. Sula is a former UNITA soldier from Cangumbe who reported that the commanders used mufuca (a tail of an animal prepared with remedies) which they had to shake in dangerous situations in order to protect themselves. However, not all commanders and soldiers had access to these special treatments.

I don't think all commanders were protected by the kimbanda ... I saw many commanders die in combat .. ⁴⁷ .

Some young soldiers had to hold their own suffering within themselves and had no access to help. This was the case of a young man who witnessed the brutal killing of his own brother and could not do anything about it, not even cry.

My brother and I were together in the same camp ... my brother was caught while trying to escape and was tied to a tree and killed. I was watching but I had to hold myself from crying because if they discovered that we were related I could be killed too. ⁴⁸

There are also cases of young combatants who were forced to eliminate relatives, when they became a hindrance, as in the following case.

One of my friends became insane because he killed his own mother ... one cannot play with blood, blood is very strong ⁴⁹ .

What happened was that the boy and his mother were forced by some UNITA soldiers to carry the spoils of their looting to the base. During the long journey the mother, who was carrying a heavy load was unable to

proceed due to exhaustion. The commander of the group gave his gun to the son and ordered him to kill his mother.

It was common practice to give these children new war names. Sometimes they were even forbidden to use their birth names, traditional names or nicknames that were related to their past experiences with family and friends. The new names were often designed to enhance their combative morale and performance, for instance, 'Strong' 'Rambo', 'Invincible', 'Russian', 'Powerful' etc. Sometimes ordinary names were used but they were different and bore no relationship to the young recruits' birth and family names. They were also usually chosen to relate to the personality of the young soldier.

... in the war they called me 'the quiet' because I don't talk a lot. It was the commander who gave me that name.⁵⁰

Russian was my war name. Here nobody knows that name, only those who were in the war with me⁵¹.

My name during the war was N'gangula⁵². The Commander gave me that name because I was very young and very courageous⁵³.

My commander gave me the name of Chicago. I never understood why he gave me that name, and everybody knew me by that name⁵⁴.

Many children mentioned the fact that on certain evenings they were forced to sing and dance non-stop for the whole night. This practice, according to some of the children was aimed at preventing them from thinking of home, of their parents, brothers and sisters or friends. They had to be kept busy all the time. The use of hallucinogenics was also reported by some children who mentioned that liamba (marijuana) was used in some camps and that they also ate bullet powder to make them very strong and fight without fear.

To be fearless we often smoked traditional tobacco (liamba) ... we also ate polvora (gun powder)⁵⁵.

In our camp, we were not allowed to smoke liamba because the soldiers would not listen and become disrespectful. We used to drink polvora (bullet powder)⁵⁶.

The hard military training to which these children were submitted to, together with the elimination of close relatives or persons to whom they could relate, the use of hallucinogenics and the changing of their birth names, represented a powerful initiation ritual into violence and terror. They were brainwashed and subjected to the most violent psychological pressures that made them lose their previous identity and assume a new one: that of a merciless killer. They had to become completely dependent and subservient to their mentors. No doubt, they seem to have committed the most cruel war atrocities. The military assignments of young soldiers ranged from reconnaissance, mining, looting to direct involvement in military combats. Although playing a direct role in the war as a soldier seems to have been the most traumatic experience for a child in a context of political violence, being a victim of an anti-personnel landmine is no less traumatic.

Children's Encounters with Landmines

Many children were victims of landmines. This section concentrates on the experiences of young victims. It

is estimated that during the 30 years of war, more than five million anti-personnel landmines were planted in the Angolan territory, and that about 60% of them are concentrated in the provinces of Moxico, Kuando-Kubango and Cunene (UNDP, 1997). According to the UNDP report, the majority of landmine victims are not soldiers or the military, but civilian peasants - especially women and children. Many children encountered landmines in their daily activities - farming, searching for firewood and water, herding animals, or even playing in the fields.

Lena was nine years old when she lost her leg after stepping on a landmine in Kuito-Bie. Here is her story:

I stepped onto a landmine when we went looking for food to eat (with my mother) ... When I stepped onto it I did not hear any noise or feel anything I just saw myself lying on the floor and a lot of blood coming out of my leg, when I started to shout and cry my mother also started to cry ... my uncle took me to hospital. At the hospital I didn't see anything, I just remember waking up to see that my leg had been amputated⁵⁷ .

Today Lena is a 12-year-old girl who had the opportunity to go to Germany where she was treated and got a prosthesis. She said that she is very sad about having lost her leg and also about losing her sister and uncle who died during the war. She often has bad dreams - dreams about the war.

Yesterday I dreamed of the war ... that I was here in Kuito and that the war came and we started to run, then my prosthesis fell and I hopped ... my mother left me behind ... I was talking and crying in my sleep, then my mother woke me up and held me tight.

Lena gets some support from an organisation called AAD (Angolan Action for Development) which has a project dedicated to war victims and disabled people.

Another young victim is 12 year old Manuel from Malange, an orphan who lives in a government orphanage. He was playing under a mango tree at his grandmother's house when he stepped on a landmine. One leg was instantly severed and the other had to be amputated later. Manuel went to Luanda and then to Germany, where he received appropriate medical care.

I still remember the landmine exploding on me ... I cry when I am on my own ... sometimes I talk about it with my friend Jaco (a colleague in the orphanage), he helps me to wash the dishes and to have my bath. Jaco tells me not to think about it because I become very sad⁵⁸

Manuel goes to a primary school and is doing his third grade now. At the orphanage, a caretaker described him as being a very nice child who is doing well at school. However, she mentioned that he is sometimes very aggressive when arguing with other children and that he is very unhappy about not being able to play football with the others.

Rosa is a 17-year-old girl whose parents died during the war in the province of Bie. All happened in October 1996, when she was living with her aunt (mother's sister) in Huambo

I woke up in the morning and went out of our yard, taking a footpath that goes up to our neighbour Maria. I wanted to get fire to prepare breakfast, then I just heard it explode and found myself lying on the floor. My leg was cut off and my arm and chest injured. I cried and then people came to rescue me and take me to the hospital⁵⁹ .

Rosa was treated at the Huambo provincial hospital where she spent about 11 months. She has been visiting an orthopaedic centre, and is waiting for her wounds to heal so that she can have a prosthesis.

Twelve years old Pedrito, from Moxico, lost a leg after stepping on a landmine when he was 9 years old. His father, who was with him at the time, told us the story:

It was in June 1995 that it happened ... we were on a white man's farm in Cassongo. I was walking with Mr Noe and my son was following us ... we were a few yards in front when we heard the noise, when Mr Noe and I looked back it was my son who had fallen into the trap⁶⁰.

Pedrito was immediately taken to hospital where his leg was amputated. At the local hospital there were no remedies to treat him, but his father managed to get these with the help of the farm owner. Pedrito mentioned that the food in the hospital was very bad and that his mother had to make sacrifices to send him food from home from time to time. His father or brother would sometimes sleep with him at the hospital to help him wash and change. Pedrito is a very sad child, his family is extremely poor and he says he has no friends because the other children call him "disabled, disabled" and only his brother plays with him.

Another case is that of Victor a 10-year-old who lost his leg while playing with three friends in a field near his village in Huambo.

The four of us were playing in the field looking for sticks ... one of my friends saw a 'thing' and he picked it up and started playing with it ... I looked at it and told him to leave it because it was very dangerous (he knew how to recognise a landmine) but my friend did not listen to me, he thought I was joking ... Then I started to run away, the other two boys remained next to him and he threw the thing up and it exploded ... all my three friends died and it caught my leg⁶¹.

These are just a few of thousands of landmine victims stories. Landmine victims carry a permanent reminder of the war with them everyday of their lives. It is a reality that is inscribed in their bodies and from which they cannot escape or hide. Some of them have been overseas, and have benefited from good medical care and wear prostheses. However, the vast majority of child victims of landmines have not received adequate care or prostheses and are hopping and crawling in the streets of their neighbourhoods and villages. Even for those who have benefited from medical care, the benefits may be temporary, as for children and adolescents a prosthesis needs to be changed or readjusted every 6 months (UNDP, 1997). Moreover, the traumatic experience of having been blown up by a landmine is something that many children have serious difficulties in dealing with.

Witnessing and Living under Violence and Terror

Apart from the children who were directly involved in armed conflict as fighters (soldiers carrying guns) and those who were victims of landmines there is a vast number of children who were kidnapped and forced to live in the military camps fulfilling a number of tasks. They were utilised to do domestic work (especially young girls), to search for firewood and wild fruits among other things. Girls were often used as 'wives' by soldiers and would have to perform all 'home' duties. Many of them were exploited and sexually abused.⁶²

Many other children were affected by the war in their hometowns and villages when these were ambushed and attacked. This usually meant losing several relatives and friends and being deprived of the bare necessities of life. The inability to produce food in times of war and the massive displacement increased malnutrition and child mortality rates, which were aggravated by the deterioration of health-care services. School attendance also decreased during the war due to instability and the enforced movement to find safer

places. Many children were forced to abandon their own homes, their villages and escape to town or neighbouring provinces and countries. According to the UNDP report on human development, about 45% of the national budget was spent on the war. Thus, the financial resources that would have been invested in the education and health care systems were diverted to the war, which had a negative impact on the children's well being.

Here are some of these children's stories.

Marcela is a 16-year-old girl from Zanga in Malange, who witnessed her mother being killed in cold blood by UNITA soldiers. When the UNITA troops arrived in Zanga, Marcela, her mother, and many other villagers tried to escape to the area of Kajimungo. They were ambushed by UNITA troops who killed the whole group. Marcela was spared because one of the soldiers decided to take her with him to the military camp. In the camp Marcela lived with him and had to do all the domestic chores, work in the field and collect water and fire wood. Marcela referred to the fact that she rarely had time to relax or play. She often had to go to the JURA (UNITA's Youth Organisation) and dance non-stop for the whole day.

Marcela also said that she saw many people being killed in the camp because they were said to belong to the MPLA. There were no burials for the enemies killed, the UNITA troops only performed burials for their colleagues. Marcela's father also died during the war. He fell in one of UNITA's military ambushes and was killed. His cousin, who escaped the attack, brought the news to the family. Marcela believes that the fact that she worked a lot in the UNITA camp has impaired her growth, and that this is why today, despite being 16 she still looks like a 12 year old.

Tinho is 11 years old and lives in Malange. During the war, he had to leave his home village and live in the bush because UNITA soldiers were killing people. His cousin was ambushed by UNITA. They broke both his legs with gunshots and then ordered him to walk. Because he was unable to do so, he was stabbed to death. Tinho saw many people being killed by UNITA.

I saw a lady (with a baby), they took the baby from her back, put the baby in a mortar and they hammered the baby to death (in front of the mother) and the mother could not even cry because otherwise she would also be killed. UNITA's main order was to kill, always kill, they never pardoned anybody.

Tinho also said that during the war he suffered from starvation. Often they would only have cabbage for breakfast and the next meal would be dinner when they would also have cabbage with maize meal.

Flor is a 16-year-old girl from Kilengues in Huila province who is presently living in one of the government orphanages. During the war Flor, her grandmother and her three younger sisters had to walk for days fleeing from military attacks.

When the war came my father told us to go with the people who were fleeing the village. He decided to stay to take care of our things; we walked and walked, all day walking, hungry and thirsty. I felt sorry for my little sisters and my grandmother who had to carry the younger one on her back. I was also afraid that we might be caught by 'them' (the soldiers). In the evening, we arrived in Lola, but that wasn't our final destination. My legs were swollen: we walked during the night until we got to Bibala. In the morning, my legs were very sore, I couldn't take the pain any more and my grandmother took me to the hospital. There they gave me an injection and I fell asleep. When I woke up my legs had been amputated. I cried a lot - my legs -why did they do this to me, I was very upset.

Flor said that she still thinks a lot about what happened to her during the war. Both her parents died, but she says she wants to return to Kilengues (her home village) to see her house and their things and make sure that her father really died. Flor said that when she grows up she wants to be a teacher, or a medical doctor to cure her younger sisters.

The next case is that of Gabriel a 14 year old from Huambo. Both his parents died during the war and he went to live with his aunt. He did not get along well with his aunt's husband and moved to his brother's place. In the mornings, he attends school and in the afternoons, he sells cigarettes to make some money to buy food and clothes. He says that life is very hard without his parents.

I really have to do any type of work and earn money to eat. My life was much better when my mother was with us - we had food to eat, I didn't need to sell or beg to eat. Now everything is very difficult, since my parents died I am suffering a lot. Before I had time to play, but now I can't because otherwise we will go to bed with empty stomachs.

Gabriel told us he likes to study but he hasn't got the school materials he needs - no books, no pencils. He becomes miserable if he does not manage to secure any food and then he is unable to sleep at night. He misses his parents a lot.

Okusiakala ondalo yokalye: Let us light a new fire

The Quest for Reconciliation and Healing

Returning Home: The Joys and Fears of a New Start

The demobilisation of under age soldiers started late in 1996. During this process 9,133 underage soldiers were registered, but only 5,171 were demobilised (4,811 from UNITA and 360 from the government's army). Of the 3,962 that were not demobilised, 3,471 belonged to UNITA and 491 to the government's army.

During demobilisation, only UNITA underage soldiers were placed in quartering areas⁶³. The demobilisation process entailed: the return to the areas of origin within a period of six months; a monetary subsidy in Kwanzas; a kit with basic foodstuffs and clothing among other things. A tremendous effort had to be made to trace members of the children's immediate or extended family and then reunite them as soon as it was possible. Many NGOs were involved in the process, among these was CCF with its specific programme on Reintegration of Underage Soldiers (RUS).

We spoke to many youths who have been part of this process

... we were suffering a lot (during the war) and the things that they promised to us we never saw them ... no we don't want to return to the war. That is why we were so happy when we were called to be demobilised⁶⁴.

I stayed in a quartering area about one year waiting to be demobilised. The day of my demobilisation I was taken by car from Malange to Luanda where I spent a day. Then I flew to Luena where I waited four days for my family to come and fetch me. I went to my uncle's house and I took with me (from the demobilisation package) 35 million Kwanzas; two blankets, two cardigans, two hoes, two cooking pots, five plates, three bags of maize, 25kg of dried beans and 25kg of salt.⁶⁵

I was in Huila when the Blue Barrettes took us to our quartering area in Vila Nova. In the quartering areas we often gave false names and sometimes lied about our areas of origin because we were afraid of being re-recruited. I received three bags of maize, a pair of trousers, a shirt, a pair of shoes and 39 million Kwanzas. From the quartering area I was taken to the church of S. Pedro and it was a catequista (church people)⁶⁶ who reunited me with my family⁶⁷

When demobilisation came I was very happy, because I am young I wanted to go home and study⁶⁸.

Pitango was in the demobilisation centre of Grafanil in Luanda and was demobilised in January 1997. OIM took him to their transit centre in Kuito. Pitango says that he was well received by his family who killed a chicken and organised a small party for him.

In August 1996 the brigadier called all the young soldiers and told us that we should get ready to go to Luanda to be demobilised ... we went to Gabela for 2 weeks and then to Grafanil in Luanda. After 2 months our demobilisation came, that day we were 320 young soldiers to be demobilised. OIM took us to a transit centre and CCF took me to my Aunt Cristiana.

The process of demobilisation seems to have run smoothly for most of them. Very few had serious complaints. However, many of these youths expressed mixed feelings - joys, fears and uncertainties - about returning to their communities of origin and starting from scratch. On the one hand was the fear of being re-recruited into the armies. Some did not want to return to their areas (especially those coming from UNITA's strongholds) because they had heard that UNITA still wanted them. There was also fear of rejection by their communities because of the role they had played during the war alongside UNITA (especially those returning to the areas that supported the MPLA government).

On the other hand there was the joy of leaving all the violence and terror that had dehumanised their lives behind, and returning to their parents, relatives and friends. Of course this sometimes involved the anxiety of not knowing whether they would find them alive upon their return, or if their villages or homes had been bombed. Others worried about what to do after the war. Many had no training, no skills and no formal education. Thus, it was a whole new stage in their lives, full of joy from breaking with the past, but also full of fear and uncertainty about the present and the future.

In the village some people despise the ex-soldiers who belonged to UNITA, they say that they will denounce us to the government ... I live in fear ... I fear the war might start again ... when I think of all that, I think it is better if I die because I have suffered a lot, many in my family died in the war and some disappeared.⁶⁹ ...

some people in my village look down at me because I was part of the UNITA army. That makes me very sad and sometimes I don't sleep well ... the people in the village don't respect the ex-soldiers from UNITA.⁷⁰

I don't have much appetite. When I am sitting on my own I think a lot about the war, and sometimes I feel like taking a knife and hurting or killing somebody, I feel like I want to see blood again ... now the only thing that helps me to forget is to drink⁷¹.

... some people don't like to see me at all because I was a UNITA soldier. They hate us because they say UNITA came here killed the people and robbed their possessions ... that makes me fear that something might happen to me⁷².

Most of these young soldiers as well as other children who witnessed the war or were landmine victims are seriously disturbed by what happened to them. The CCF's PBWTT programme is aimed at training community members to help the reintegration and adjustment of war-affected children. The RUS programme also has a team of trained local catequistas (church people) who help former young soldiers, as well as parents, teachers and community leaders to understand and deal with their problems.

Depending on their particular experiences, war affected children may experience flashbacks and nightmares about traumatic events. This may cause problems with concentration and sleep, and can impair judgement and performance at school and work. Some children, especially the former combatants, may experience an inability to control aggressive impulses and behaviour. The assessment of war related traumas carried out by the CCF teams shows that many war-affected children experience problems of sleeplessness, fear, guilt, anxiety and depression among other disorders. There was however, also evidence of tremendous resilience in some war-affected children and youths.

Today, there is a need for therapy and healing for these children and youths. The psychological and social

wounds of war need to be healed as children are assisted in coming to terms with their experiences of death, violence and terror. The social and psychological healing process can be facilitated by modern psychotherapy as well as by local institutions such as traditional healers, diviners, mediums, and elderly family members. Local institutions also possess a body of knowledge and expertise that is tied to specific social, cultural and religious cosmological understandings. In a war-ravaged country with extremely limited biomedical healthcare networks and facilities in the countryside, traditional healing is often the most accessible type of healthcare available.

African 'Traditional' Healing Systems: Some General Notes

As Kleinman (1986) states, healing systems are both cultural and social systems which articulate ill-health as a cultural idiom and establish a systematic relationship between beliefs about the causation of illness, the experience of symptoms, decisions concerning treatment and evaluations of therapeutic outcomes.

It is precisely in this vein that we see the relationship between health and culture. 'Traditional' healing systems, is an expression that is generally associated with medical systems other than the biomedical (modern western medicine). These systems are recognised as different because they rely on forms of knowledge that often fall outside the domain of science. In African 'traditional' healing systems, notions of health and healing transcend the physical body to be interwoven with mental, social and cultural predicaments.

In these systems ill-health is usually considered to be primarily a social phenomenon which establishes an alteration in the normal course of the individual's life, and which may or may not find its reflection in the physical body. African 'traditional' healing thus involves a holistic approach combining both the social and the physical dimensions of the malady in order to treat the person as a whole.

Here, there is an overall integration between body and mind. The social imbalance in a patient's life is generally reflected in the physical body, and both dimensions are taken into equal consideration to restore the patient's health. The corollary is that healing is achieved through a double therapeutic strategy. On the one hand is divination, a process of diagnosing the social causes of the patient's affliction - in this case the prescription is generally linked to the performance of some ritual obligations which the patient might have neglected and which are at the root of his/her problems. On the other hand, is the physical healing which addresses the suppression of the bodily symptoms of that affliction through the use of herbal pharmacology.

Moreover, the individual is never treated as a singular entity but rather as part of a group or a community. The family is directly involved in all the treatment procedures, and sometimes the patient does not need to attend the divinatory seance, any close associate can seek divination on the patient's behalf. During divination the diviner always looks at the state of the patient's social relationships in the community (relationships with the living and with the spiritual world) in order to reach the diagnosis. The diviner-client dialogue, developed during the consultation, represents a reciprocal learning process in which, as Jackson (1978) puts it, a process of transference and counter-transference of information occurs and brings them together. The relationship between practitioner and client appears to be very close and enhances the cultural bonds between them. In this sense 'traditional' healing systems can be extremely effective in dealing with psychological trauma and other war related social disorders.

These notions of health and healing also entail both the living world and that of the spirits (supernatural) playing a role in the process of causation and healing of ill-health. In fact, and as referred to above, spiritual agencies are believed to have the power to afflict and to heal. The processes of identifying the causes and that of healing are often achieved through spiritual mediation. Health practitioners commonly known as *kimbandas* are generally possessed by spiritual forces, or function under spiritual inspiration. There are several types of traditional practitioners: they can be herbalists, diviners or spirit-mediums.

People take recourse to traditional medical systems not only to cure physically manifested illnesses but also, to seek protection from the hazards of life; discover the causes of a death in the family; discover why domestic animals are dying or why agricultural production is not going well. Above all, people seek the powers of traditional practitioners to communicate with the ancestral world and uncover the reasons behind such events and how to restore balance into their lives.

Beyond Post Traumatic Stress Disorder

Dominant Western psycho-therapeutic models are often seen as universal and applicable everywhere. However, this assumption has been challenged as western psychology is also a culturally constructed system. Modern psychology locates the causes of psycho-social distress within the individual and devises responses that are primarily based on individual therapy (Gibbs & Boyden, 1996). Thus, recovery is achieved through helping the individual 'come to terms' with the traumatic experience, and healing is held in private sessions aimed at 'talking out' and externalising feelings and afflictions. The PTSD, which appeared in the 1980s in the US, is thus firmly grounded in these dominant western psychological paradigms.

The situation appears to be diverse in other social-cultural contexts. For example, Boyden & Gibbs (1996) have shown that in Cambodia individual therapy conducted by a medical expert can be ineffective because it does not account for the place that ancestral spirits, malevolent spirits and other spiritual forces have in the causation and healing processes. Second, by focusing exclusively on the individual it undermines family and community efforts to provide support and care. Likewise, studies on healing war trauma in Mozambique.⁷³ have shown that recalling the traumatic experience through verbal externalisation as a means to healing, is not always effective. In many instances people would rather not talk about the past or look back, and prefer to start afresh once certain ritual procedures, which do not necessarily involve verbal expression of the affliction, have been performed.

Another issue concerning the PTSD approach is the fact that it was developed out of attempts to understand the problems faced by the American soldiers who fought in the Vietnam war. In this regard, it was conceived as an instrument to deal with psychological distress in people who went from a situation of relative 'normality' into a traumatic experience (the Vietnam War), and then returned to 'normality'. I guess that is why the prefix 'post'.

What happens in Angola and in other conflict zones, especially in Africa, is that the vast majority of children we are dealing with today were born during the war. The armed conflict in Angola has lasted more than 20 years. Thus, for these children trauma is not 'post', but is rather current and very much part of their everyday life. Carolyn Nordstrom's (1997) work on war and violence in Mozambique stresses the fact that there, violence goes well beyond the military attacks, the landmines and direct war situations, and touches on spheres like poverty, hunger, displacement, and the like. In line with this argument, one can say that most of the children we have been dealing with in the aftermath of the war in Angola are still living under violent and potentially traumatic circumstances. Therefore, when applying such models there is a need to adapt them to the concrete situations of the children in question.

War Trauma and the Spirits of the Dead

In Angola, there are local ways of understanding war trauma. Many people believe that war related psychological trauma is directly linked to the anger of the spirits of those killed during the war, and who were not properly buried. People believe that when a person kills someone, he/she is haunted by the unavenged spirit of that person. As mentioned above proper burial rituals, to appease, ask for forgiveness and place the dead in their proper positions in the world of the spirits, are seen as extremely important to avoid spiritual anger and retaliation.

with this war many people died and did not have proper burials, their heads are

*in the bush ... the souls of those who died and were not buried are wandering around and will not let us have peace. The war will continue because the spirits are angry*⁷⁴.

These unsettled spirits are believed to have the capacity to harm those who killed them or mistreated them in life and can even be nasty to passers-by (Honwana, 1996 ; 1997). Various testimonies referred to the need to appease the spirits of the dead so that peace could ensue.

The notion of social pollution is thus an important factor in the context of post-war healing in Angola. Pollution may arise from being in contact with death and bloodshed. Individuals who have been in a war, who killed or saw people being killed are believed to be polluted by the spirits of the dead. They are the vehicles through which the spirits might enter the community. These spirits constitute a threat not only to the individual who committed the offence but to the whole group, since they can afflict family relatives and even passers-by.

After a war when soldiers and refugees return home, they are believed to be potential contaminators of the social body. The spirits of the dead, which haunt them, can disrupt life in their families and villages. Thus, the cleansing process is seen as a fundamental condition for collective protection against pollution and for the social reintegration of war-affected people into society.

*(a person) can become insane because there (in the war) many things happened: (seeing) the blood of others; carrying dead bodies; killing ... when he (the soldier) comes back to the village ... those things haunt him in his sleep, he dreams the things that took place during the war..*⁷⁵ ..

Equally in Malange soba Santos pointed out that it is an old 'tradition' to treat those who have been exposed to war, especially the soldiers. In his words:

*if a person goes to fight a war, he becomes another person, because he learns how to kill other people, even his own mother and father ... during that time he only thinks of killing ... when he returns he has to be treated to become his own self again .*⁷⁶

Another account expressed how individuals can become affected by their experiences of war and provides an example of what happened in his home.

*after fighting the war the kazumbi (name of spirits in Malange) can afflict you ... my son came back from the FAA (government troops) in 1991 and he was not well, he was very disturbed and even attacked me ... he was unable to look at any kind of blood because that reminded him of the war ... I took him for traditional treatment.*⁷⁷

In the aftermath of war, many families perform cleansing rituals to purify and protect their relatives from the atrocities of the war. This is more predominant in the countryside where family solidarity, age hierarchies and 'traditional' religious beliefs and practices still have a considerable influence on people's health seeking decisions and strategies. In urban and semi-urban settings, where people are exposed to other ways of solving their afflictions, some practice these traditional rituals, others do not and others might combine a series of therapeutic strategies (biomedical, traditional or religious). Religious and political alliances also determine peoples decisions concerning treatment alternatives. In the next section I will analyse some of the rituals used in healing war-affected children.

Post-War Healing Rituals

Rituals performed in the aftermath of military conflict are, therefore, aimed at resolving the wrong doings and traumas that have been caused by the conflict. Several types of rituals are addressed at war-affected children and some of these will be considered here.

Rituals for Soldiers

It is believed that soldiers who fought in the war, killed and committed other terrible atrocities, need appropriate treatments in order to return to normal life after the war. Such ritual treatments are believed to prevent their being haunted by the spirits of the dead of the war. Thus, the acknowledgement of such behaviour and subsequent break from it is articulated in ritual performance. In this category of rituals some specific procedures are addressed at those who may potentially be haunted by the spirits of the dead due to the nature of their involvement in the war. There are also other particular ritual forms that are directed at those who are already being haunted by the dead. The latter procedures seem to be more complex and frequently require the expertise of a 'traditional' healer. It is believed that the spirits of the dead can make the individual insane for the rest of his/her life.

Indeed, when a child who fought in the war comes home, before returning to socialisation with the relatives, some form of symbolic cleansing is enacted by the family. Such cleansing or purification procedures vary from one area to another, but the basic assumptions are the same.

I was demobilised in January 1997 ... when I arrived in the kimbo (village) my mother called all our relatives and acted according to the tradition ... My aunt took a live chicken and rubbed it all over my body, as if she was dusting it, then she rubbed palm oil on my hands and some ashes on my forehead. After that she threw fuba (maize meal) all over my body.

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In certain areas in the Huambo province when a soldier returns to this community he cannot enter the house before stepping on an egg - elembui (the first egg of a chicken⁷⁹) - that is placed at the entrance. The broken egg symbolises a break from the past and the expulsion of the spirits of the war that may haunt the soldier. Another ritual procedure for a returning soldier involves the killing of a chicken and having him jump over the animal while it is still shaking. After this he will be showered with water before entering the family house.⁸⁰ Also in Huambo, a pot full of water is sometimes thrown and broken between the soldier's legs. This is usually done by the mother who says the following words:

'Onhassa': for the spirits to go away and for him to become as pure as the water thrown to his feet.⁸¹

In Bie for example, the child's body is rubbed with cassava meal, chicken blood is placed on the forehead, and palm oil is laid on the hands and feet. The feet of the child are sometimes swept to symbolise the cleaning away of the past. In many instances herbal remedies are prepared for the child to drink or use in his/her bath water. During these proceedings the ancestral spirits of the family are often called upon to protect the child who needs to restart a new life.

According to seculo Kazunzu from Uige, this arrival ritual takes a different form among the Bakongo, despite having the same essence. He said that:

In the past when a young man returned from the war, before getting into the family house he was taken to the river. In the river an elderly person treats him

*with water and the leaves of a tree called mululua*⁸²

His comments were corroborated and expanded by one of his colleagues who pointed out that:

*The treatment in the river always takes place at dawn ... in the middle of the river (in the stream) the soldier has to drink medicine - lulua, ngola and cassale - and the liquid extracted from the mululua leaves is splashed in the body ... When he gets out of the river the soldier cannot look back until he gets to the village*⁸³

In some cases this treatment can last up to three days. The major objective of such treatment is to avoid dementia caused by the spirits of the dead. During the period of the treatment there are certain taboos and restrictions which must be observed - the avoidance of close social interaction with relatives and friends, of sexual intercourse and also of some types of food and drinks.

In the province of Moxico, soba M.S. remarked that there is no specific treatment for a soldier returning home after the war. What they do is welcome him home by throwing fuba (maize meal) to his face and head as a sign of happiness and gratitude to the Gods for having protected him. Only if a soldier start showing signs of disturbance, a diviner is called in and once the source of the problem is identified a treatment ritual is performed.⁸⁴

The same is true for some areas in Bie province. According to a retired teacher, when his nephew returned from the war a ceremony welcoming him back to the family, was held. Animals were slaughtered (chicken and goats) and all family relatives were invited and contributed with something. The family was not only welcoming him back but also, at the same time, thanking the ancestral spirits for bringing him back alive. The nephew was given palm oil to rub onto his hands and fuba was thrown at his head and face. Our source also pointed out that:

*those who killed unjustly ... the spirit of the dead person possess them and they become mentally disturbed. When that happens it is necessary to do traditional treatment - ku thoka - so that the illness goes away ... my nephew seems to be all right, so far we haven't noticed any strange behaviour but we will be watching him carefully, and if necessary look for a kimbanda to treat him.*⁸⁵

Through the accounts presented above we can see that there are indeed two moments in the treatment of the demobilised soldiers. The first moment is marked by a simple (in some cases somewhat more elaborated than in other) arrival ritual which deals more with symbolic cleansing and purification - the wrongs of the war have to be kept outside the house and the family. The second moment occurs when, and if the soldier becomes afflicted by the dead (mental disturbance, sleeplessness, panic attacks etc...). This generally occurs in individuals who have killed or mistreated others, or been directly involved in serious offences. In these circumstances a more complex healing process takes place, and a specialist is required to deal with the problem.

Nzinga is a 55 year old kimbanda (traditional healer) from Malanje. When her 19 year old nephew Pedro returned after spending more than 7 years fighting the war she performed a ritual for him. When asked about it she said:

I could not let him stay without the treatment. He needed it because he might have done bad things there - like kill, beat and rob people ... without the treatment the spirits of the dead would harm him. I do not know what happened

*there, he said he did not do anything ... young people sometimes lie ... I decided to go for full treatment because otherwise he could become crazy or even die..*⁸⁶

The full treatment she referred to, is generally performed by 'traditional' healers. It lasted 4 days and took place at her house. It required a chicken, a luando (mat), and some wine or 'traditional' beer. She had to put her nephew in a place of seclusion called mwanza, where she placed the luando (mat) for him to sleep on. Some powdered medicine (ditondo and dikezo) had already been placed under the mat and in his food and drink. The child had to stay inside the mwanza for three consecutive days.

At dawn on the fourth day he was taken to the river to be washed. After this he could not look back. He had to break with the past and the clothes that he wore during the 3 days in the mwanza were destroyed. Back home Nzinga opened an egg, put some sugar and powdered remedies inside and then threw it out saying:

... you malevolent spirits, there is what you want ... leave us now.

The ritual chicken that the child had to eat and drink throughout the period of treatment, had been prepared and cooked with medicine and the wine had also been mixed with various remedies.

*all young soldiers have to go through the mwanza treatment according to our tradition. In the mwanza he does not talk to anyone apart from the kimbanda who is treating him. The kimbanda prepares his food and talks to him about what happened during the war ... this is our kind of therapy.*⁸⁷

It is interesting to see the parallel that is established with modern psychology. The kimbanda functions as a psychoanalyst who establishes a relationship with the patient and not only talks with him about the past, but also lives with him - sharing every moment of his life - throughout the duration of the treatment.

Another fascinating and detailed account was given by Sacambo from Moxico, who said that it is not only the killings and war exposure that may cause vulnerability to the spirits of the dead and thus insanity. Mental disturbance can also arise when a person uses 'magic' to be protected from death. He said that:

*... a magic object - luphelo - once swallowed can make the person to be transformed into a small animal - bird, cockroach etc... - so that he can escape without being noticed by the enemy. The magic clown - katotola - can make a person or an entire battalion bullet proof.*⁸⁸

If, however, this 'magic' is not undone when the war is over, it can turn against the person it was protecting. A person with serious war related mental disorders is submitted to the following treatment:

*the patient is taken to the bush by the kimbanda and stands on top of a mupanga (small sand hill) with the shape of a crocodile made for the occasion. On the side of the crocodile's head the kimbanda places a pot with herbal remedies in boiling water, and on the side of the tail a pot containing cold water. In the midst of singing and drumming the kimbanda splashes alternately hot and cold water from the pots onto the patient's body ... In this treatment the use of hot water is aimed at the expulsion of the malevolent spirits and the cold water at calming down the patient*⁸⁹.

Family and friends of the patient are often present in order to express their sympathy and solidarity and also to help whenever necessary. The kimbanda often assigns small tasks to relatives and friends. After the treatment session in the bush, another session is organised at the house of the afflicted a few days later. Again the participation of family and friends is very active. The treatment that takes place in the bush and in the home is different from the arrival cleansing ritual (discussed above), which is performed by a kimbanda, and only when there are signs of serious mental disturbance.

However, not all treatments are performed by kimbandas. Leaders and prophets of Independent Churches and from established religious denominations also organise religious services and special ritual treatments to alleviate war related afflictions.

When Gil, a young man from Huambo who was in the FAA (government army) became ill after demobilisation, he went to hospital but was not cured. Some people suggested that he should see a prophet. The prophet was an elderly woman who agreed to treat him. She requested rice, oil, salt, firewood and matches as well as a few candles for the treatment that took place in church. First, the rice was cooked with the oil and salt and offered to the Gods and then a plate of the food was placed inside the church and left there overnight. If the food remains untouched next morning it is seen as bad news - a rejection of the offering by the Gods and thus the impossibility of a cure.

Fortunately for Gil, his offerings were accepted and the prophet began treatment, giving him medicine to drink and for bathing, as well as for protecting his home. She held regular prayer sessions for him placing her hands on his head and chest while praying. No payment was required, instead Gil had to become a member of the church and give up smoking and drinking in order to maintain the health he had regained.

In Chongoroi some young demobilised soldiers who were attending a catholic service were invited by the priest to the altar and presented to the congregation. Each of the 13 young men was given an opportunity to introduce themselves saying a few words to the congregation. A CCF activist working with them also addressed the congregation and urged them to support the social reintegration of these youths. The church members sang, danced and prayed for them⁹⁰

This is not the first initiative of this kind by this priest. He had performed similar services in other areas. So, despite not having ritual treatments to deal with war affected children and often being opposed to 'traditional' rituals, some established Christian denominations do offer some kind of support to the social reintegration of these children. In this case it was by calling on the congregation to offer support and not despise or marginalise them.

Many people take a pluralistic approach to these healing rituals. They might submit themselves simultaneously to several healing strategies by going through 'traditional' rituals, church rituals as well as going to a hospital for treatment. The proliferation of independent churches such as the Universal Church of God; the Assembly of God and other churches which address healing in a more systematic way, contribute to the plurality with which people approach healing in the aftermath of war.

Ritual Treatments for Non-Soldiers

Apart from these elaborate ritual performances kimbandas use a number of other treatments which are aimed at solving afflictions presented by children who did not fight in the war or kill anyone, but who witnessed killings or bombardments or were victims of landmines or military attacks. Such treatments are also aimed at children who have become disturbed by displacement, instability and the loss of loved ones. Disturbances such as insomnia, nightmares, panic attacks, depression and other mental disorders are often treated by elderly relatives, church people and traditional healers. Some specific rituals are also addressed at orphans who are taken in by foster families. In this case, the rituals are performed to help the child settle in his/her new family and to appease the deceased parents.

These treatments involve the administration of herbal remedies through ingestion, inhalation and body hygiene (bath). The herbal pharmacopoeia may be presented in the form of a powder or paste or may be fresh and dry leaves and roots etc. Remedies are also boiled in water and burnt in order to produce smoke for inhalation. The use of these remedies is attached to a very strong symbolic component. In some cases some kind of symbolic performance is required to authenticate the medicine's power.

Ten- year old Veronica from Lubango started to show signs of distress after she survived a military attack in 1992 in which her mother and brother died. She was rescued by her father from underneath dead bodies many hours after the massacre. Veronica's relatives were very concerned about the effect of this on her and decided to do something about it. Her father who is a devoted catholic did not disclose to us that she was submitted to 'traditional' treatments. Her grand parents were the ones who described to us the ritual treatments the family organised for Veronica.

Because we were displaced and away from our village we did not have the means to do things properly. A goat was necessary for the treatment but we did not have one ... we used plants, the roots of the muhongo and enhati trees.

The roots were boiled in water that she was given to drink. The rest of the plants were used to prepare a cleansing steam bath for the whole body. Veronica was instructed to inhale the steam while sweating.

The problems described above, and the rituals performed illustrate the complexities of healing and reconciliation after a devastating war when people have to start from scratch and rebuild their lives. In the post-war period, people have to deal with situations in which families were torn apart: sons who killed their fathers; child soldiers who were forced to raid their own villages; mothers who have to deal with children who fought on different sides and so forth. In these circumstances, the processes of healing and social rebuilding become very intricate, and reconciliation and healing are often articulated by reference to 'traditional' beliefs in the power of spiritual agencies.

Spirit possession embodies the evil that can kill or provoke insanity, but simultaneously embodies good - the ancestral spirits who can help protect the child from insanity and death, by making sure that the message reaches the offended. So, the rituals are performed to communicate the concerns of the living to the world of the spirits, and to appeal to their understanding and protection.

The performance of these rituals and the politics that precede them transcend the particular individual(s) concerned and involve the collective body. The family and friends are involved and the ancestral spirits are also implicated in mediating for a good outcome. The cases presented above show how the living has to acknowledge the dead (the past), both the ancestors and those who died in the war, in order to carry on with their lives. The rituals are aimed at asking for forgiveness, appeasing the souls of the dead and preventing any future afflictions (retaliations) from the spirits of the dead, and in this way closing the links with that 'bad' past.

Envisaging the Future

There is no doubt that the performance of these cleansing and healing rituals plays a significant role in helping war-affected children come to terms with their experiences and in reintegrating them in the communities. However, such practices on their own cannot always sustain long lasting results, especially when dealing with children (such as the young soldiers) who do not have yet a clear direction in their lives. While these rituals can provide some psychological and emotional relief as well as family support, the fact that they do not have jobs, that they are not attending school and have no skills makes them vulnerable to many sorts of problems.

Thus, in these circumstances the rituals have to be complemented by job creation and skills training

programmes as well as a general alleviation of poverty, in order to give these children and youths some perspective of a better future. If the children and especially the youths are not given a chance to improve their lives they are likely to be easily absorbed into violence (gangs and other illicit dealings and business).

Here is what some of the children said they would like to be after the war.

When I grow up, I want to be a teacher; I want to teach children to write so that they can in turn become teachers too⁹¹.

Mario, a 19 year old from Huambo, who fought alongside UNITA pointed out that after demobilisation he has been worried about his future, and that when he thinks of that he becomes very sad.

... I lost my time in the military and now I don't manage to study to learn a profession ... working the land without fertilisers won't produce anything. Also here in the village there is nothing to do to amuse us, the only soccer ball we had tore up a long time ago ... when I think of all this my heart beats and becomes sore and I am unable to sleep at night ... for the future ... I want to be a good farmer, because I already lost hope of being able to study, and because I don't want to lose hope completely in my life, I would rather live, work the land, help my mother and try to get a wife⁹².

Fonseca wants to be a mechanic and to get a driver's licence. He is registered in a skill-training centre in Kuito. Regarding marriage and family Fonseca says: I am in big trouble. Three of my girlfriends are expecting my babies. Each of their families want me to marry them but I have no condition to marry anybody ... I want to study, but these pregnancies happened so, I don't know what to do. If I could I would have 15 children, but I wouldn't want any of them to be a soldier⁹³.

if I could I would have told those who gave orders to start the war to talk among themselves and stop the war. Because of the war, I cannot be a truck driver, I needed to have studied, but I lost my time in the war. When I came back, I learned that my father died. Now I cannot study, I have to work to help my mother and my younger siblings.

Manecas is a 20 years old ex-soldier who is having problems finding employment. He applied for a plumbing course but was turned down.

They did not accept me, they want those who have studied. I am in trouble. When I came back, I started seeing a girl and she fell pregnant. I paid her family with some clothing and shoes bought with the money I received from demobilisation.

Manecas shares his life with the girl who is expecting his child and wants to marry her. However, he did not study and doesn't have a job.

I want to be a tailor. I want to have a wife and 12 children. But I don't want my children to go to war; there is a lot of suffering and death in war⁹⁴.

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Conclusions and Recommendations

Apart from discussing local worldviews and systems of meanings as well as the nature of children's involvement in conflict, this report has tried to convey children's experiences of political violence during the long and devastating Angolan war. The report has also examined local 'traditional' therapeutic strategies used by the local population to heal war-affected children and youth. A large number of ritual procedures were described in some detail as well as the conceptions and symbolic meanings attached to them.

This research project has shown that there is a vast body of knowledge and expertise with regard to the healing of the social wounds of war, which are naturally tied to local social and cultural understandings. In countries completely ravaged by war, and with extremely limited resources in the rural areas, 'traditional' healing systems are often the only accessible form of health care available. Their popularity however, is not secured by the absence of other biomedical healthcare but essentially by the identification of the patients with the social and cultural understandings which underline such beliefs and practices.

It is, however, important to note that some of the practices of 'traditional' healing systems may not be acceptable today, and could even be considered dangerous and damaging to individuals and groups. So, the task here is to identify what is safe and helpful in healing war trauma in this specific social context. It is also crucial to absorb all aspects of modern medicine that can be easily and effectively applied here. A kind of pluralistic approach which combines forms of therapy from different healthcare systems, and which preserves the cultural identity of the people involved, seems to be the most appropriate one.

Rather than being a dismissal of biomedicine this project was geared at providing some space and dignity to local knowledge, more specifically to local 'traditional' beliefs and practices which inform processes of healing and social reintegration of war-affected children in Angola. Of course these ritual practices alone will not solve all the problem as these youths and children need skills and employment in order to create a decent life for themselves.

Recommendations

1. Aid and relief agency workers need to develop an understanding of the social and cultural realities of the populations they are trying to help. Thus, studies of this nature, which create awareness of these realities, should be multiplied.
2. There is a need to devise an effective follow up programme for war-affected children who are, or have been exposed to a single and/or a multiplicity of healing therapies in order to evaluate the ways in which their coping strategies are developed.
3. It is necessary to reinforce the social cultural component in the existing CCF PBWTT and RUS programmes in order to respond more positively to people's expectations and aspirations.
4. There is a need to implement a number of skill training programmes and poverty alleviation schemes in urban and rural settings alongside cleansing and healing rituals, in order to improve the condition of children and youths. It is important to concentrate assistance on promoting skills training; especially for young combatants who, after the war lost all the power they had (power of the gun) and are unable to find employment due to a lack of skills. This would help minimise the chances of their being drawn into gangs and criminal organisations.

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Notes

1. For more information see UNDP Report on Human Development in Angola, 1997
2. Green and Wessells, 1997 Mid-Term Evaluation Report pp 56.
3. See Boyden & Gibbs, 1997 ; Honwana, 1995 ; Dawes, 1996 ; Reynolds, 1997 , to cite just a few.
4. The course lectures and discussions have been organised into a working document for CCF's central and provincial teams.
5. The guidelines for the research have been delineated in a working document for CCF's central and provincial teams.
6. Huambo/Bie report, December 1997:2.
7. Moxico, 1997:3
8. Interviews with C. Tchivunda and D. Tchissole, Moxico report, December 1997:2,3.
9. Seculo Selundo, Huambo/Bie 1997:2
10. *Soba* Camarada from Huambo, Huambo/Bie report 1997:3.
11. Uige report, 1997:3.
12. Here I am not simply referring to nuclear family units but to extended families as the notion of nuclear family does not seem to be relevant in the "traditional" context.
13. *Soba* Calicongole, *soba* Cateia and seculo Sumbelele, Huambo/Bie report, 1997:21.
14. Seculos Tchissola, Caimao, Valentim and Kalema, Moxico report, 1997:5,6.
15. Malange report, December 1997:3,4.
16. Moxico, 1997:2.
17. *Soba* Lohali, Bie, 1997:2
18. *Seculo* Samba, Huambo/Bie, 1997:4
19. This is apparent in Wambembe's account, Huambo/Bie report, 1997:5.
20. From Kapata's interview, Moxico report 1997:2.
21. Huambo/Bie report, 1997:6
22. "Batidas" were the trips that people made across fire lines to get food. This was a very specific usage of the term in Kuito during the war.
23. Interviewed by Alcinda and Carlinda in Kuito, July 1997.

24. Huambo/Bie report, 1997:14.
25. Huambo/Bie report, 1997:14.
26. Huambo/Bie report, 1997:15.
27. CCF Ódocuments on Cerimonias de Morte e Luto, Bie, 1997:3.
28. Cerimonias de Morte e Luto, Bie, 1997:1.
29. Cerimonias de Morte e Luto, Malange, 1997:1,2.
30. Cerimonias de Morte e Luto, Bie, 1997:4.
31. The names of all the children involved in this research have been changed to protect their identity
32. Interview conducted by Alcinda in February 1998, Lombe - Malange province.
33. Interview conducted in March 1998 by the CCF team in Huambo.
34. I conducted this interview in July 1997 in Viana (Luanda) at the OIM Transit Centre, where Lopes was waiting for his relatives to come and take him home.
35. Domingo was interviewed in February 1998 in Malange. I also managed to talk to his mother and sister-in-law with whom he lived for a while. At that time Domingo had a job was studying at night and had just paid bridewealth for a girl who moved in with him.
36. Interview conducted in Cambandua - Bie by the CCF team in March 1998.
37. Balto was interviewed by myself and Carlinda in Huambo in February 1998
38. For more on youth and the challenge of gerontocratic authority see Geffray 1990 and Furley (1995) .
39. Ben a 20 year old youth from Malange who was a UNITA soldier. Interview conducted in February 1998.
40. Mrs Andrade was interviewed in Malange in February 1998.
41. Lopes and Sam are two young man demobilised from UNITA interviewed in the OIM transit centre in Viana in July 1997.
42. Kingles a former UNITA soldier. Interview conducted in Malange in February 1998.
43. Dunga from Lombe - Malange, who served as a UNITA soldier was interviewed in December 1997.
44. This was the opinion of Dunga, a former UNITA combatant from Lombe, Malange. Interviewed in February 1998.
45. Jose from Malange, who fought alongside UNITA forces interviewed in June 1997.
46. Sam, interviewed in Viana in July 97.

47. Eduardo, 18 years old former government soldier from Kuito.
48. Jose a former UNITA soldier from Lombe. Interviewed in June 1997.
49. Matos a 20 year old youth from Huambo referring to his friend's story who fought alongside UNITA troops. Interviewed in Huambo in February 1998
50. Tuta is an 18-year-old from Kunje who served in the government army
51. Domingo a former UNITA soldier from Malange.
52. Augusto N'gangula was a child hero during the MPLA struggle for independence. N'gangula is today considered a national hero by the government.
53. Eduardo a former government soldier from Kuito.
54. Jamba a 17-years-old from Bie.
55. Lopes, from Malange interviewed in Viana, July 97.
56. Dunga, a former UNITA soldier from Malange. February 1998.
57. Case study collected by the CCF team in the province of Bie
58. Case study collected in March 1998 by the CCF team in Malange.
59. Case study collected by the CCF team in Huambo in December 1997
60. Case study from Moxico collected by the CCF provincial team in April 1998
61. Victor was interviewed in the Huambo hospital by the CCF provincial team in October 1997.
62. Unfortunately, we did not managed to get testimonies from girls on this issue, as it is a very delicate and sensitive subject to tackle.
63. According to Lusaka Protocol, UNITA troops had to be quarrrtered and registered before the demobilization process
64. Jacinto from Malange.
65. Antonio Sula from Cangumbe.
66. CCF has a network of activists in the communities and many of them are church people.
67. Astro from Karilongue.
68. Pitango a 17 year old from Cambandua in Bie.
69. Soma a 19 year old from Huambo.
70. Joao a 20 year old from Huambo.
71. Miguel a 16 years old from Uige.

72. Mario, 19 years old from Huambo
73. Marrato, 1996 ; Honwana, 1995
74. *Soba* Kavingangi, Huambo/Bie report 1997:12.
75. Saldanha, Uige report 1997:1.
76. Santos, Malange report, 1997:5.
77. Mr Adam from Malange, February 1998.
78. Gil, a 19 year old who fought in the government army, Huambo February 1998.
79. Vieira, Huambo/Bie report, 1997:18.
80. Huambo, Formas Tradicionais de Cura, September 1997:1.
81. *soba* Calei, Huambo/Bie report, 1997:24
82. *seculo* Kazunzu, Uige report, 1997:1.
83. *seculo* Loloca, Uige report 1997:2.
84. M.S. Moxico, Formas Tradicionais de Cura 1997:6.
85. Mr A. R. from Bie interviewed by myself in July 1997.
86. Interview conducted in March 1998 by the CCF team in Malanje.
87. Mr Chico from Malange, interviewed in February 1998
88. Sacamboa, Moxico August 1996.
89. Sacamboa, Moxico, interview conducted by Fernando Miji, August 1996.
90. Report by Francisco Canivete, Benguela, Julho 1997.
91. Victor a 10 year old from Huambo landmine victim.
92. Mario from Huambo, 19-years-old.
93. Fonseca, from Kuito 18 years old.
94. Gito, a 19 years old from Moxico.

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Appendix 1: Links

- Angola Home Page: <http://www.angola.org/>
- Christian Children's Fund (CCF): <http://www.christianchildrensfund.org/>
- UNICEF: <http://www.unicef.org/>
- UNDP: <http://www.undp.org/>