



Coalition to Stop the Use of Child Soldiers
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Psychosocial web page Editor's introduction:

Sierra Leone and Civil War: Neglected Trauma and Forgotten Children by Nick Heeren

The Psychological Impact of Civil War in Sierra Leone by Victor E.M. Gbegba and Hassan Koroma

We present in this, our 6th issue, two papers on children who have been left with disabilities as a result of armed conflict. The needs and rights of children with disabilities can easily be overlooked – both in society in general, and also in the aftermath of armed conflict. We are pleased, therefore, to publish two papers written by members of Handicap International (HI), an organisation devoted to the rehabilitation and inclusion of disabled individuals.

In his article, Nick Heeren draws on HI's extensive expertise in the area of children with disabilities, gained whilst working in Sierra Leone. In the Sierra Leonean armed conflict (1991-2002), thousands of men, women and children were deliberately maimed by means of the infamous 'short' or 'long' sleeve limb amputations. Nick Heeren outlines the work of HI in Sierra Leone between 1996 and the present day, but begins by outlining the historical context of Sierra Leone and its subsequent decline which culminated in armed conflict and the exodus of thousands of Sierra Leonean refugees.

In seeking to help us understand the psychological impact of amputations, Heeren describes the social consequences of a conflict in which family ties and cultural taboos were deliberately broken in order to enable violence to be committed by and against child soldiers and other children. The subsequent consequences of these contraventions, he asserts, were traumatic at the individual, familial and societal level.

The psychological intervention programme run by both international and Sierra Leonean staff, seeks to place the individual within their cultural and social context, and to gain an understanding of what amputation means uniquely for each one of them. It is the individual's own story and understanding which is the starting point for interventions. Heeren discusses the links between somatic bodily complaints and their psychological manifestations, and also the impact upon staff of working with those amputees who do not appear to 'heal' in spite of their best efforts. Finally, the author suggests that a fundamental humanitarian question is what will happen to this generation of Sierra Leonean children as they struggle to understand, and come to terms with, the consequences of what has happened to them, their families and their society?

Gbegba and Koroma, who also work for HI, base their article on a report submitted by HI to the Truth and Reconciliation Committee (TRC) in Sierra Leone -a report requested by the TRC in recognition of the psychological expertise of HI's team in Sierra Leone. Although the work of Handicap International in Sierra Leone is described briefly; the main focus of the

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paper is a consideration of the psychosocial effects of armed conflict upon adults and children in the particular social and cultural context of Sierra Leone.

As with Heeren, Gbegba and Koroma discuss the impact of deliberate maiming upon self perception and society's attitudes and responses to the victims. They, too, draw links between the soma and psyche. Case histories poignantly illustrate the points the authors make. In contrast to Heeren, however, the authors set their deliberations within the context of changes to the traditional family system within Sierra Leone which resulted from the armed conflict.

The extent of social and familial upheaval during and after the conflict has severely challenged the ability of the traditional extended family system to support vulnerable children. Customary practices of placing orphaned children with the extended family were hitherto supported by emotional ties between family members. Following the conflict, however, the need to reintegrate so many displaced or orphaned children resulted in them being placed with families with whom they had genealogical ties, but with whom there was no pre-existing emotional bonding. Well intentioned, but hasty, reintegration programs had concentrated on the material and physical wellbeing of the children, rather than on their emotional needs. The absence of secure attachment relationships between the children and their adoptive families resulted in many unsatisfactory placements. Additionally, the damage to the extended family system, combined with the psychological impact upon adults of the high levels of violence they had experienced during the conflict, has markedly increased intra-familial violence towards children. As a result, vulnerable and abused children – whether displaced, orphaned or former child soldiers - have increasingly sought refuge in the streets of Sierra Leone.

The two articles offer complementary views on the aftermath of the conflict in Sierra Leone and remind us all of the need to respect the dignity and rights of those with disabilities, in addition to recognising the potential psychosocial impact of disability.

Dr. Linda Dowdney
Editor



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SIERRA LEONE AND CIVIL WAR NEGLECTED TRAUMA AND FORGOTTEN CHILDREN¹

by Nick HEEREN²

ABSTRACT

This article describes the work led by Handicap International in Sierra Leone with those, particularly children, who are suffering psychological distress as a consequence of being subjected to extreme violence or, in the case of child-soldiers, which they have both experienced and inflicted upon others.

The article begins with a short historical perspective, outlining the origins of the Krios of Sierra Leone, who as freed slaves after the abolition of slavery were beneficiaries of a humanist (humanitarian one would say today) endeavour. This review allows us to perceive not only the complex identity of the Sierra Leonean population, but also the economic process of 'de-development' by which the 'Switzerland of West Africa' became the country with the lowest Human Development Indicator in the world. Since 1996/97, with the aid of local teams who have continued to function, despite the absence of international staff who were evacuated at the hottest moments of the conflict, Handicap International has been able to carry on with their work on psychological suffering.

In contrast to standardized or 'quick fix' approaches in the field of psychology, the approach of Handicap International is to strive to gain an understanding of the individual, the life s/he has lived, his/her personal experience of trauma and the process by which, in spite of everything, s/he makes sense of it, in order that they

¹ An earlier version of this article was published in the *Revue Humanitaire* N° 9 of *Medecins du Monde* in March 2004 (Paris).

² The author has been working in development cooperation for over 20 years and is currently the Director of Programmes, Methods & Techniques of Handicap International. He worked for a British NGO in Sierra Leone in the early 90's; carried out an evaluation as an independent consultant of the HI activities in the Sierra Leonean refugee camps on the Guinea border in 2000 and is involved in the HI Sierra Leone programme in his current function.

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may “live a future”. In particular, what is to become of an entire generation of children in Sierra Leone is what is at stake here, and poses a truly fundamental humanitarian question for all stake holders, NGOs, public actors and donors. It is necessary also to underline the importance of working with other emergency-workers or development-workers who are also confronted (indirectly) with societal violence and who can, therefore, find themselves suffering psychologically.

The words of a Sierra Leonean story-teller are a good reminder of the essence of the problem of human violence: *“Well things are happening that you know, but cannot understand”*. Nevertheless, it is necessary to give them meaning.

INTRODUCTION

“Well things are happening that you know but cannot understand”³

In the 1980s, Adult Education NGOs based in Sierra Leone were showing an interest in oral literature and going around the country making tape-recordings of local story-tellers; interviewing them; translating their stories into Krio and English and proposing possible interpretations. The quotation above, is taken from one of these collections, and reflects on the incomprehensible things happening in those days. Many more incomprehensible things were to take place in the future history of Sierra Leone.....

Generally speaking, humanitarian aid workers are acting in the “here-and-now” of emergency situations. For relief action that can be sufficient. However, if we are to understand recent events, and understand and possibly identify a future, a historical perspective is necessary.

OF FREE TOWNS AND FREED SLAVES

Sierra Leone’s creation is a result of a humanist action (“humanitarian” one would say today), namely the abolition of slavery in Great Britain. Freed slaves, often ex-soldiers from the British side of the American War of Independence were settled on a strip of land that was to become Freetown. White prostitutes from London, and freed slaves from the ongoing transatlantic slavery trade of Portuguese origin (Angola-Brazil) were also settled in Freetown.

Eventually these settlers mixed, and their descendents became a group known as “Krios”- a group with their own a special Creole language. Krios were and are mainly Christian (while the hinterland is Muslim) and were often well educated. The first University in black Africa is based in Freetown enabling many to do further studies. Krios have therefore played a major role, especially at the end of the 19th century, in the administration of the British colonies in West Africa. For example, many occupied positions as senior civil servants (medical administrators, etc.) in Nigeria and the Cameroons. This process stopped at the beginning of the 20th century when British administration became “white”⁴.

³ From Fishing in the rivers of Sierra Leone, Oral literature, people’s Educational Association of Sierra Leone, Freetown 1987.

⁴ Indeed, Sierra Leone was called “the white man’s grave” because of the high mortality rate of its’ “white” administrators, notably before (and even after) the discovery of the causes of malaria by Dr Ross (in Freetown) in the 1890s. There is an interesting parallel between the discovery of the causes of malaria (and so it’s potential prevention) and the beginning of the dense “white” presence in Africa around that period which is marked by the Berlin Conference carve-up of the continent in 1898. Before



On the more negative side, the economic activities of the Krios were often implemented in the manner of their former white masters. Perceiving themselves to be “masters” of the indigenous Sierra Leoneans, they treated them as they themselves had been treated when slaves. While the town of Freetown was perhaps “free”, it often seemed that the hinterland had been “colonized” by the Krios⁵ - and later by British settlers.

At its independence in 1960, Sierra Leone was one of the richest countries in West Africa. The economy was self sufficient in many areas. There were abundant fishing grounds; local rice improvement and seed multiplication centres, resulting in net-exports of high quality rice with⁶; a mining industry (gold and diamonds in the East of the country; iron, and one of the world’s only two rutile mines. In addition, there was a functioning educational system with both primary and secondary schools. There were also two universities – the famous Fourah Bay College (founded over a century ago) and the Njala Agricultural Training College where students came from all over Africa to study. An internal network of roads, railroads and even airways, led to people calling Sierra Leone, the Switzerland of West Africa.

Over the subsequent thirty years, the various governments of Sierra Leone through a process of privatisation (notably of the diamond trade) and selling-off of assets (e.g. the railroads), along with corruption and greed, made Sierra Leone in 1990, the country with the worst Human Development Indicator (HDI)⁷ in the world. Sergeant Strasser’s coup d’état of 1992 was perhaps the first uprising to spread benefits to all (his inspiration came from Rawlings in Ghana - including the trade-mark black glasses - a political example for many to follow). In that sense, Strasser was initially a rebel “with a cause”, but unfortunately, he soon slipped into the same egoistic behaviour as his predecessors.

At the beginning of the 1990s, few INGOs⁸ worked in Sierra Leone. It was a tranquil backwater of Africa, and despite the world’s worst Development Indicators, quiet and forgotten. Then, the Liberian crisis spilled over into the southeast of the country and a long-lasting destabilization process began which would last for almost ten years. During the height of this crisis at the end of the nineties, the media focused their attention on the refugees from Sierra Leone. Arriving, in various waves, by their hundreds of thousands in Guinea-Conakry, many had gone through atrocious experiences, notably the ill-famous “short sleeve” and “long sleeve” mutilations⁹ in which hands or arms were cut off with machetes by drugged and drunken armed

the 1890’s black Krios held various important offices in the British administration. After the 1890’s, white colonisers took over.

⁵ There is obviously a parallel here with the origins of Liberia, another country-created for freed (American) slaves, where tension between the new black immigrants in Monrovia and the coastal plain and the up-country population was based on quasi master-slave relations.

⁶ A British specialist from the Indian Orissa State having come in during the colonial days to “improve” local production, said that all what was necessary was already known in Sierra Leone.

⁷ The Human Development Index is based on a series of statistical indices measuring different aspects of human development, or well-being. These indices are contained in an independent *Human Development Report*, commissioned by the United Nations Development Programme (UNDP), which is published annually. For further information, see <http://hdr.undp.org/statistics/data/>

⁸ Among those present: VSO, Peace Corps, AFVP, Water Aid, Action Aid, MdM, CUSO

⁹ “Long sleeve” being amputations of hands, while “short sleeve” meaning above-elbow amputations.



persons. These mutilations were inflicted on all, be they women, children, elderly persons or even babies¹⁰.

Although figures have been exaggerated (which, as such, poses an ethical question about the need to “worsen the picture” in order to obtain attention and resources for refugees), the suffering and trauma these men, women and children went through is beyond belief.

The overall majority of the 350,000 Sierra Leonean refugees were settled by the Guinean authorities and UNHCR into several big, and a larger number of smaller, camps¹¹. These camps became fairly permanent settlements as the conflict in Sierra Leone entered into “sustained instability”. International aid therefore took the form of help in providing semi-permanent mud block houses; wells; food distribution; establishing schools and vocational training, micro-credit, etc. This aid was, of course, aimed at refugees only¹². As Guinea-Conakry was one of the poorest nations in Africa (its’ HDI falling even below that of Sierra Leone), services delivered to refugees were, bizarre as it may sound, of better quality those available to the local population. For example, educational services for refugees were totally subsidised and implemented by international NGOS. As such, they were better than the fairly poor education services available to the locally population. Thus, the result overall was a difference in the objective living situation of the refugees¹³ and the local Guinean population, which did not benefit from international aid and certainly lacked all these services. Yet, ethnically speaking, many of the refugees from “across the border” were of the same cultural background as the local population. While language and culture were not, therefore, really a problem, this very similarity made the “refugee-specificity” of the international aid difficult to comprehend for the local Guinean population. The problem of refugee specific aid was, in this situation therefore, magnified by emergency and development situations existing next to each other. Nonetheless, that did not stop either the local population, or the refugees, developing subtle strategies to benefit from the aid-flow, and thus, in a way, “redistributing the wealth”¹⁴.

FORGOTTEN CRISIS, FORGOTTEN CHILDREN

This war, which was ignored for a long time by the world at large, was also characterised by the presence of children among the aggressors. According to Unicef, 3 to 4,000 children were forced to take up arms in the Sierra Leone conflict. It should, however, be remembered that the use of very young people as soldiers, is

¹⁰ The youngest person amputated in the HI statistics is 8 months old (above-elbow amputation); the oldest is 72 years.

¹¹ HI worked in 14 camps, and planned to increase to 18 camps out of a number of more than 30 camps.

¹² The UNHCR mandate is very clear on this point. The funds given to them by governments can only be used in favour of refugees and not for the local population (even though they might be affected from the influx of refugees, e.g. through massive deforestation).

¹³ Obviously the trauma many refugees went through cannot be compared to the situation of the local Guinean population.

¹⁴ We recognize here the Emergency/Rehabilitation/Development-debate which, as HUSSON and PIROTTE clearly showed in “Entre Urgence et développement” (Karthala, 1995, Paris, English translation “Between emergency and development” published by Zed Books) and the URD Group in later research, that it is a mistake to think these three dimensions as three separate chronological phases, but rather that pockets of each of these dimensions exist next to each other and are clearly interrelated.



not purely a “typically African” phenomenon. History suggests that children have been used as soldiers world-wide. For instance, Louis XV started a French elitist officer school in 1764 for 250 children between 8 and 11. The Prussians did the same. Napoleon incorporated many children in his armies. Civil wars and liberation movements in, for instance, South America in the 70s and 80s saw the use of very young people in military, revolutionary or contra-rebel ranks. Iran sent its young people fighting the American and European backed superior forces of Saddam Hussein. Even the first Gulf War had 16-old American youth fighting¹⁵.

It is difficult to estimate with accuracy the numbers of child soldiers in the world, but in 2004 it was suggested that up to 100,000 children remained involved in hostilities in Africa¹⁶. But beyond those figures, other questions pose themselves. Children, be they child-soldiers or “ordinary” victims, have been involved in great numbers. What has happened to those children? How can they and their traumas be helped? What will their future be once the war is over? What kind of healing process can be imagined for those who never had a childhood? Few development and relief actors work really on these issues, and even fewer in a more individualising manner. This article tries to illustrate the activities in this domain developed by Handicap International (HI).

WORK ON TRAUMA BY HANDICAP INTERNATIONAL

Handicap International’s activities have addressed the psychological suffering and trauma issues of children in various war circumstances, among others, those in Ex-Yugoslavia, Algeria, and Rwanda¹⁷. Although each country (and in fact each case) is specific, the work of HI in this domain, initially in Sierra Leone itself, then in the Sierra Leonean refugee camps on the Guinea border and ultimately in Sierra Leone after peace was signed, was but a logical continuation of this commitment. Indeed, looking back, we can distinguish various phases in the psychological work of HI with victims of violence, or as they were later called in UNHCR terms, survivors of violence:

- a. HI started in the East of Sierra Leone (Bo, Kenema) in 1996/97 where the war first spilled over from Liberia into these diamond and gold-rich lands.
- b. In 1998 WHO asked HI to work in the Freetown area – work which was interrupted by various evacuations of the international staff when the war from upland touched the very heart of the capital (December, 1998 and January, 1999); During that extremely violent period, the HI Sierra Leonean team ensured the continuity of care despite the reigning uncertainty and insecurity.
- c. During the late 1990s and early 2000, in the Sierra Leonean refugee-camps in Guinea, individual and later small group work on trauma occurred with displaced persons, using an approach which sees each individual as embedded within their familial and social context
- d. After the signing of the peace agreement, Handicap International’s work included again international staff helping Sierra Leonean staff who had continued in Freetown. Activities took place in the field of Ortho-prosthetics with psychological trauma work being directed towards amputees.

¹⁵ Source: La Guerre, Enfants admis, GRIP e.a., Editions Complexe, Brussels, 2001

¹⁶ Global Report (2004), Coalition to Stop the Use of Child Soldiers (p31), www.child-soldiers.org.

¹⁷ See Medecins du Monde’s Revue Humanitaire n° 3, the article *Le lieu du juste* by Serge Baqué of HI (page 51) on Rwanda.



- e. Parallel to the work outlined above, it also became more and more obvious that psychological care had to be taken of the paramedical workers in the ortho-prosthetics workshops. Confronted with the results of extreme violence, caretakers had a need to understand and “make sense” of their experiences. Special sessions were, therefore, set up to explore these issues. Within the psychological work there was a continued attention to children either directly or with the various partners involved with children, notably Unicef.
- f. Since 2002 HI has worked with street-children some of whom, so it appears more recently, are ex-child soldiers who had no other choice than to live on the streets with the closure of the Unicef child-soldier-homes in 2002.
- g. In order to have a more durable impact, a psychological module has been introduced in the Institute for the training of social worker in Freetown.

Broken bonds in a broken community: Every war disrupts family and community bonds, but the violent conflict in Sierra Leone has taken that process much further. Indeed the war has completely devastated the communities from which children were abducted and forced into the armed conflict to help out at first, but later to become “officers” of small armed groups and to commit atrocities.

This scenario can be illustrated in the case of 12 year old boy “A” who was captured in an attack on his village at the age of 9 years. At first he was made to do domestic work and later helped in carrying ammunition to the front for the rebels. One day the rebels gave him his own gun and he used it to commit many atrocities. He had 8 adults under his command and was married with 3 wives¹⁸.

The physical loss of their child was accompanied for many parents by a sense of psychological loss as they struggled to understand their children’s situation and outcome. In short, there was a breakdown in the internal and external bonds of individuals and communities.

The psychological support that has been developed by Handicap International takes into account the familial and social context of the individual. In this “contextualising” approach, the focus of support is not only on those who are direct victims of war such as amputees, child soldiers or war orphans, but also on their families as a whole. Using this approach, HI has worked with adults, teenagers and children. By and large, however, the work has focussed on children and teenagers who are considered more vulnerable.

In order to work on psychological trauma it is essential that children are given opportunities to relate and discuss their experiences. This requires a supportive therapeutic framework (which can take a variety of forms). In the case of HI, therapeutic activities which were available to the children included a “space” in which they could express their difficulties. In addition to direct work with the children, and reflecting the partnership approach of HI, the psychological team also ran practical ‘elaboration groups’ for social workers and caregivers who themselves worked directly with the children. The aim of these groups was to help both caregivers and health professionals to understand, and to face, the psychological difficulties experienced by children affected by armed conflict. In addition, the groups offered participants the opportunity to share with others the violence directed towards them by the children. It was hoped that this would facilitate participants understanding that

¹⁸ All cases are taken from the work done by HI psychological team in Sierra Leone and are real cases.



these attacks were a result of the children's previous experiences, and were not simply a direct response to the participants themselves. These group discussions also helped them to gain the skills of reflecting upon the reasons for the children's behaviours rather than responding to them automatically.

The violation of three human taboos: Three universally accepted taboos in human society have been violated in the war in Sierra Leone: i.e. murder, incest and cannibalism. By actively involving young children in the transgression of these taboos, all existing social, cultural and psychological boundaries are taken away. The removal of these barriers to unacceptable behaviour impacts in a gruesome manner upon the child's psyche. Children become de-humanised (although the term is strictly speaking incorrect as humans have inflicted these acts of violence) and made into wolves for other men, homo homini lupus. Indeed when no boundaries exist, normality becomes a nonsense. A few examples are provided, although unfortunately, many others exist which are not provided here.

In a country where saying hello is done by asking "How di bodi?", the symbolic value of the body is no doubt strong. The widespread use of amputations in the war has marked many forever in their bodies. We do not know exactly how many thousands experienced amputations, as only those who survived the experience can talk. And even those survivors are not sure whether they are truly alive.

"K" is a victim of the double amputation of his upper limbs at the age of 12. He explains during the therapeutic interviews how, being now totally dependent on others for each single task of the day, he doesn't feel like a human being, but sometimes an object where "I am dead on the inside, and without hands, I am also dead in my body". He is almost an adult now and cannot eat by himself, wash his own body, ease himself, and he is no longer recognised. All that which constitutes for him "a man" has gone.

Others survived their terrible ordeals but are forever marked with a self-perception of the body, which is traumatised.

"A" was abducted at the age of 10. She was wife and sexual partner to the Kamajors in her entourage. She witnessed serial killings, murders, gang rape and cannibalism by the perpetrators who inflicted these acts on civilians. "A" cooked the intestines or parts of the victims, which the perpetrators ate greedily. Whenever "A" refused to partake, corporal punishment was afflicted on her and sometimes extended to gang rape.. After the conflict, not withstanding her traumatic experiences and the constant nightmares which haunted her; she decided to join a new body trade and is now engaged in commercial sex work.

Cannibalism, directly linked to murder, has been reported by survivors. Forcing close family members to witness and become active actors in the process is an intensely traumatic experience from which a return to "normality" is difficult to imagine.

"B" saw his father and brother beaten to death and their internal organs removed and given to his mother to prepare as a meal. The mother obeyed or else she would also have been killed. When the meal was ready, the rebels asked "B" and his mother to join them in eating the meal.



The training of the child soldiers is almost “classical” in the sense of forging a group-spirit by undoing existing family ties and creating a new feeling of bonding with the group and a total respect for the commanding officers. But this training goes way beyond any classical notion when one realises that children were actually commanding grown-up men, again radically changing all existing social conventions. Such training also goes beyond traditional initiation processes, as during the initiation process children are forced to kill a companion to enter “the group”.

“SJ” explains this ceremony during the therapeutic session as if he was in trance, a state which has to be understood as an effect of the traumatic aspect of the rite.
“I went through the training in front of the whole group, I was so proud. The test was on one of my members of the same age and consisted in a protection of bullet proof (be untouchable by bullets). I didn’t dare hit him at the beginning but he first shot me on the foot and on the ankle, (he shows us the scar). I thought I was dead at a moment, but I realised that the bullet did not reach. I was stronger than that now. So I decided to revenge when I realised that it was him or me. I killed him. I was so proud, I was now a rebel. Everybody was so enthusiastic, they screamed with joy. (his face shows extreme emotion). The end of the training was marked by a lot of ceremonies. This I can not explain because I took an oath. Then they took me to a gorgeous party. We drank, we danced and sang. We were all so happy”.

About the necessary interaction between psychological care for victims of amputation and the professional health workers working with amputees: It is also important for both the victims and those who work with them, to analyse and take into account the psychological dimensions of amputations¹⁹.

HI started working on this latter dimension in 1999. The psychological care provided by the Sierra Leone HI psychology team aims to help the amputee articulate, and “make sense”²⁰ of, the external events they experienced which led to their trauma. This therapeutic approach seeks to link external events with the intra-psychic life of each individual. In this way, individual amputees come to create their own story of the traumatising event, its personal meaning to them, and the impact they perceive it has had upon their lives. By recognising the uniqueness of each individual’s interpretation of their experiences, and the impact of these within a given culture, the approach aims to allow each individual to elaborate (psychological term for “make sense of”), and then to take control of, the traumatic event. The stakes here are those of subjective life itself: how can a person live rather than just survive after another human being has cut off one, or both, of his or her hands or arms?

With this aim in mind, psychological work with amputees is a meeting-place between:

- the person’s individual suffering (the meaning the subject is going to give to such an event, but also what “via the trauma dynamics, is revealed as to latent

¹⁹ Adaptation from the report of the HI psychological team in Sierra Leone for the Truth and Reconciliation Commission

²⁰ In the psychological sense of the term.



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- personal issues which, without this event, would probably have remained unconscious”²¹);
- the articulation between the individual and the group (the subject has been “registered” in one way or another in the history of the group, but is also the bearer and representative of the group’s unconscious psychological contents, in other words, the individual is “in” (part of) the group, and the group is “in” the individual (representation);
 - the specificity of the event (the *intentionality* of the act of amputation methodically adopted by the aggressors so as to mark the person for life by the absence of something in the body).

Deliberate amputation or mutilation of one human being by another has very specific psychological effects. In such situations, both the amputee and aggressor are ‘dehumanised’. Vignar (1989)²² reminds us that in such situations, unlike situations where injuries are sustained accidentally (e.g. in natural catastrophes), amputee survivors have experienced the “discovery of a human will which intentionally, methodically and calculatedly seeks to destroy”. According to Sironi (1999)²³, “the context in which a traumatic event occurs is of prime importance both for the patient and for the therapist.” In this particular context, one of extreme violence and deliberate maiming, the person will experience psychological suffering which has universal and singular aspects. In common with other victims of extreme violence, they experience a confrontation with the inconceivability of their own death. But, specific to this type of event is the psychological suffering arising from the stump acting as a ceaseless reminder of what took place before, during and after their amputation. This contextualisation can be seen in the case of child “GB” who had “only” one finger amputated. His psychological suffering derives not only from witnessing the bilateral amputation of his father, but also from the fact his father sacrificed himself to save the boy from the rebels. The absence of the boy’s finger serves to remind him of these events - physical trauma and psychological trauma are thus closely linked, bodily mutilation acting perforce as a reminder of the traumatic situation.

The degree of psychological suffering entails thinking about the intentionality of the aggressors. By, mutilating their victims, whilst keeping them alive, they seek to leave an indelible bodily trace of their omnipotence. By this means, they keep the power relationship between themselves and their victims active and present – a power relationship which is reinforced by the amnesty and the absence of retribution²⁴. In this context, which is objectively traumatic, amputation takes on the value of

²¹ J. PUJET et al in *Violence d’Etat et Psychanalyse*, Dunod, Paris, 1989 (*State violence and psychoanalysis*). PUJET refers here to psychological impact of suffering or trauma lived through before the civil war (personal issues), which effects are revealed (explicitly or consciously) or even multiplied after subsequent trauma during the war-days.

²² M.N. VIGNAR in *Violence sociale et réalité dans l’analyse (Social violence and reality in analysis)*, in J. PUJET e.a. *Violence d’Etat et Psychanalyse*, Dunod, Paris, 1989 (*State violence and psychoanalysis*)

²³ F. SIRONI, *Bourreaux et victimes, psychologie de la torture*, Odile Jacob, 1999 (*Torturers and victims, the psychology of torture*)

²⁴ The Sierra Leone Special Court (SLSC) upon the UN Security Council’s decision envisages “fast” judgement (faster than the Rwanda’s International Court of Justice) of the key-players, while the Truth and Reconciliation Commission (TRC based on the South African example) looked for outlets of grief and suffering in order to render them public (put words on trauma) and thus control them. So rather than seeking justice for all, the combined action was to help create a new starting point for society. Probably more efficient time-wise, but its’ “general amnesty” dimension is particularly hard for certain victims to swallow.



castration, damaging the subject's narcissistic and symbolic foundations²⁵, banishing him or her from the human community, unable to identify with other people. The psychological apparatus is thus confronted by an event which cannot be symbolised and the effects of which cover a broad field (psychological break-up, loss of the barrier between inner and outer, concentration difficulties, loss of memory, and so on). The subject experiences a psychological catastrophe resulting from the dehumanisation he or she has been the victim of, moreover sometimes faced by a non-choice situation, forced to take part in his or her own amputation (drawing lots to choose the level of amputation or choosing the limb to be cut off).

The links between psychological suffering and physical trauma come into play over and over again in professional encounters by health professionals with persons with amputations. For instance the first prosthesis fitting session confronts the subject with the real absence of the amputated limb. Physical therapy on the body calls up again by association the trauma undergone. The psychological absence of a limb (as a realisation of the physical absence) evokes experiences of separation and mourning which have not been worked through. At the same time, the mutilated body, representing as it does what the subject has been through (and lost), can become a vehicle for the person's expression of their psychological distress. Thus, complaints about physical problems, concerning either the body itself or the prosthetic appliance, are often the person's only way of communicating their psychological suffering. Thus, the body conveys both physical and psychological distress. This recognition of the communicative role of the physical complaint, or symptom, allows a simultaneous 'listening' to both the body and the psyche. Grasping the nature of this mind-body relationship - be it during simultaneous physical/psychological care, or via work with the rehabilitation team and ortho-prosthetists - enables the person's psychological suffering to be heard, despite their inability to speak of it directly. It can also support the medical care team when they are dealing with patient complaints and dissatisfaction. The orthotist-prosthetists, for example, find themselves entrusted with the patients' suffering – a raw suffering displaced in the form of a complaint about the appliance, which then has to be reworked over and over, to the point where the patient may actually never wear one at all. Such situations, if they cannot be thought about and worked through in some other place, can create suffering in the professionals themselves as they will not be able to "do their job" (i.e., fit patients). Hence, the links between the various professionals concerned are indispensable both for the survivors of violence and for the caretakers who would otherwise find themselves alone in receiving and bearing the patient's psychological suffering and sometimes even stopped in their own professional objectives.

BY WAY OF CONCLUSION

As we have seen, and as should be remembered, in Sierra Leone everyone has been confronted directly or indirectly by the violence of the aggressors. Nobody "got through unscathed". Both Sierra Leoneans (victims and survivors) as well as international aid-personnel have been confronted with the trauma after the terrible events. Taking into account the psychic impact on the survivors, notably children, who while they still have their lives in front of them, may have been deeply touched in the very roots of their psyche, is and should be an essential dimension of aid work.

²⁵ "Foundations" in the sense of "wholeness" of the body as symbol of the "wholeness" of "being" and thus amputation being associated with "not being" whole.



We should be all aware, INGOs and donors alike, of our humanitarian responsibilities towards a whole generation. In addition, attention has also to be paid in these working environments to all health workers or humanitarian workers, as all face directly or indirectly the violence that has touched the society and its inhabitants to their core even though the effects might not always clearly visible. It is essential, therefore that the relationship between psychological and somatic care is clearly articulated. Hence the importance of the aid which psychologists can provide to help a caretaker think and consider him or herself in relation to a patient, so that their physical treatment may also serve as a place where the subject can once again experience his or her membership of the human community, despite (or with) an amputation.

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