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CHAPTER 22

PSYCHOSOCIAL INTERVENTION AND POST-WAR

RECONSTRUCTION IN ANGOLA: INTERWEAVING

WESTERN AND TRADITIONAL APPROACHES

Michael Wessells and Carlinda Monteiro

The intra-state wars that now comprise the dominant form of armed conflict in the world (Wal-lenstein & Sollenberg, 1998) cause immense physical, psychological, and social damage, and create profound obstacles to peace. Since the fighting occurs in and around communities, civilians constitute nearly 90 percent of the casualties, in contrast with the situation at the beginning of this century when combatants comprised the majority of war casualties (Garfield & Neugut, 1997; Sivard, 1991). Many of the intra-state conflicts of the 1990s are protracted: nearly 40 percent are ten or more years old, and 25 percent are over 20 years old (Smith, 1997). These conflicts have devastated local infrastructure and amplified already severe problems of poverty and displacement. Lacking well-defined endpoints and defying tidy distinctions between relief and development (*World Disasters Report*, 1996), they have created complex humanitarian emergen-

cies that entail mass needs for food, clean water, and basic health services. Typically, they place societies at risk of continuing cycles of political and criminal violence. In protracted conflicts, poverty and violence exist in a mutually supportive spiral, violence becomes normalized, and violence in communities and families continues long after the signing of a ceasefire.

These situations, exemplified in countries such as Angola, Guatemala, Rwanda, Somalia, and Uganda, require *post-war re-construction* (also called *post-conflict reconstruction*), defined as efforts to assist the transition from widespread violence to peace. Comprehensive post-war reconstruction is not simply social rehabilitation but a *proactive* step toward conflict prevention and interruption of ongoing cycles of violence. Following decades of economic, political, and ecological distress, effective assistance in rebuilding often comes from nongovernmental organizations (NGOs), U.N. agencies, and inter-governmental institutions such as the World Bank (Minear & Weiss, 1993; Weiss & Collins, 1996).

Peace psychology has much to contribute to efforts toward post-war reconstruction. Psychologists' role in post-conflict reconstruction, however, has seldom been articulated and is not widely appreciated, particularly among policy-makers who make decisions about handling complex emergencies. The purpose of this chapter is twofold. First, it aims to show that psychosocial reconstruction is an integral part of wider, multidisciplinary processes of post-war reconstruction. Second, it examines a national program for psychosocial reconstruction in Angola conducted by Christian Children's Fund (CCF), an international NGO. The program addresses two main elements of psychosocial reconstruction: healing the wounds of war and demobilizing and socially reintegrating former child soldiers. The focus on Angola is timely because the scale of human needs there is immense and because Angola remains trapped in recurrent cycles of violence. To

make its maximum contribution, psychological methods must be shown to apply under the most dire conditions. The program discussed here fits within the definition of peace psychology since it aims to help prevent violence. Further, Angolan cosmology and traditional practices challenge the assumptions of Western peace psychology, offer an opportunity for inter-cultural learning and integration, and work in a partnership mode.

TASKS AND CHALLENGES OF POST-WAR RECONSTRUCTION

Post-war reconstruction entails interrelated tasks of economic, political, and social reconstruction (Ball, 1997; Kumar, 1997). Economic reconstruction tasks include rebuilding damaged infrastructure, including homes, roads and bridges, health centers, and schools; currency stabilization and monetary reform; demining; agricultural reestablishment; job creation; and means of addressing poverty, which war amplifies. Political reconstruction tasks include creating a legitimate (typically integrated) government; regularly conducting elections; demilitarizing and demobilizing soldiers; constructing law and order through civilian police and a functioning justice system; political discourse; building norms of political participation; and settling political disputes. Social reconstruction tasks include rebuilding civil society; resettling displaced peoples; revitalizing the community; establishing awareness of and support for basic human rights; and creating social trust across the lines of conflict. In all of these tasks, a high priority is the establishment of *social justice*, transforming patterns of exclusion, inequity, and oppression that fuel tensions and fighting.

Psychosocial intervention is a small but essential part of post-conflict reconstruction (Wessells, 1998a; 1998b). Although the signing of a peace accord may be an important step, it does not constitute peace because a system of violence is what often remains on the ground. The

“wronged victims” identity thwarts peace, invites revenge, and provides convenient rationalization for acts of violence and oppression that might typically be regarded as immoral. War also creates powerful fears and exaggerated enemy images of the diabolical Other (White, 1984), all of which heighten the risk of ongoing cycles of violence and present powerful obstacles to national reconciliation and the construction of civil society. Protracted conflicts often normalize violence and draw large numbers of youth into soldiering (Brett & McCallin, 1996; Cairns, 1996; Wessells, 1997). In the aftermath of armed conflict, violence often saturates families and communities, and a shift may occur from political to criminal violence. Exposure to violence at various social levels impedes development, as violence-affected children may experience difficulties in school and violence-affected adults may not be in a good position to make decisions about health, governance, and the future.

In these situations, psychosocial intervention is needed to interrupt cycles of violence and to provide a psychological climate in which peacebuilding, reconciliation, and sustainable development processes can take root. More than a means of reducing suffering, psychosocial intervention is a key component of conflict prevention. Important tasks of psychosocial reconstruction include healing wounds of war; the social reintegration of former soldiers; community mobilization; social integration of displaced people; assistance to mine victims and mine-awareness training; cross-conflict dialogue and cooperation; fear-reduction; tolerance building; truth-telling; forgiveness and reconciliation; and the reestablishment of normal patterns and routines, among others.

Significant challenges, however, confront efforts at psychosocial reconstruction. First, few roadmaps exist for rebuilding psychologically on a national scale following long-term war in an

environment where money and psychological expertise are in short supply. Second, cultural differences thwart efforts to apply Western models “off the shelf,” and attempts to use Western methods exclusively can silence local knowledge, block the recovery of traditional methods, and promote psychological imperialism (Dawes, 1997). Third, the very definition of “reconstruction” is problematic. To define it as the rebuilding of what had been present before the fighting had erupted is to risk supporting a status quo that may violate human rights, privilege particular groups, and in the long run, encourage conflict. If external actors define reconstruction, problems of dependency and external domination arise. If internal elites define reconstruction, they may construct programs to advance their own political purposes, making reconstructive efforts a political tool. Fourth, psychologists are trained as specialists, but effective psychosocial reconstruction must be holistic and integrated with wider efforts toward political, economic, and social reconstruction (Wessells, 1998a; Wessells & Kostelny, 1996).

These challenges admit no simple answers and demand that psychosocial reconstruction work be initiated in a manner that encourages dialogue, mutual learning, and power-sharing; puts culture at the center; integrates psychosocial work into wider programs of reconstruction; and stimulates critical reflection about the goals, methods, and processes used. The program described in this chapter attempts to meet these challenges through the use of a community-based approach that blends Western and traditional methods and works collaboratively with a large number of local communities and agencies. To see the context for the program, it is necessary to sketch briefly the Angolan context.

WAR, STRESSES, AND HEALING IN ANGOLA

War raged in Angola for nearly 35 years, from 1961 to 1994, and new fighting on a wide scale

erupted at the end of 1998. The first stage of war, a liberation struggle against the Portuguese colonial regime, began in 1961. Although independence came in 1975, internal groups struggled for power. The Angolan civil war soon joined the ranks of the proxy wars in the global struggle between the United States and the Soviet Union (Minter, 1994). The Angolan socialist government, which received extensive aid from the Soviet Union and troops and military support from Cuba, fought against the opposition forces of UNITA (the National Union for the Total Independence of Angola), headed by Jonas Savimbi and backed by the United States and apartheid South Africa. The end of the Cold War, coupled with the defeat of South African forces in the 1988 battle of Cuito Cuanavale, undermined outside support for the warring parties. A stalemate in fighting and rising international pressures for peace led in May, 1991, to the Bicesse Peace Accords, establishing a ceasefire and enabling national elections.

The ceasefire, however, was short-lived. In national elections held in November, 1992, the current president, Eduardo dos Santos narrowly failed to achieve the required 50 percent of the vote over Jonas Savimbi. UNITA denounced the elections, and fighting re-erupted October 31, 1992. This time—late 1992 through May, 1994—the fighting was particularly intense and claimed heavy civilian casualties. A U.N. Consolidated Appeal estimated that 3.3 million people were in need of emergency assistance. The number of internally displaced people rose from 344,000 in May, 1993 to 1.2 million people by September, 1994. Both sides used landmines extensively, leaving Angola with approximately 6 million landmines and ranking her with Cambodia and Afghanistan as one of the world's most heavily mined countries.

A stalemate in the fighting, coupled with international pressures, led to the signing in November, 1994, of the Lusaka Protocol, which established a ceasefire, enabled disarmament and

demobilization, an integrated army, and the formation in April, 1997 of a new Government of National Unity and Reconciliation. However, tensions remained high. Weak governmental and civil institutions and grinding poverty and desperation spurred rising crime and pervasive hopelessness. These factors may also have set the stage for the renewed fighting that began in late 1998.

IMPACT ON CHILDREN

Programs of post-war reconstruction in Angola must attend to the needs of children, who comprise nearly half the population and are key future resources yet who have grown up in a situation in which war is a daily reality. The war killed nearly 500,000 children, and it created nearly 15,000 “unaccompanied” children (separated from their families). Hunger, disease, and the destruction of health facilities boosted morbidity rates. By 1993, UNICEF estimated that 320 out of 1,000 children died before they had reached the age of five years.

In numerous provinces, children experienced singly or in combination chronic poverty, attack, loss of loved ones, uprooting, and community destruction. To assess children’s war experiences and their psychosocial impact in provinces where extensive fighting had occurred, the Christian Children’s Fund team used Exposure and Impact Scales, respectively, developed initially by Nancy Dubrow and Magne Raundalen and modified to fit the Angolan context. Figure 22.1 shows the Exposure Scale data for a sample of 100 randomly selected children (59 male and 41 female) between seven and 18 years of age. Large percentages of children had experienced attack and starvation, seen dead and wounded people, or suffered loss of relatives and belongings. The strong psychological impact is evident in Figure 22.2, which shows data from the Impact Scale for the same sample of children. Many children experienced fears, disturbed dreams,

concentration difficulties, and exhibited heightened aggression and chronic isolation. In viewing these data, two caveats are noteworthy. First, there are no pre-war baseline data regarding these behaviors. Second, the effects may owe not only to children's war experiences but also to the related experience of post-war violence in the family or community.

Psychosocial impacts are evident also in mine victims, mostly children, who suffered loss, disfigurement, disability, and stigmatization (Dastoor & Mocellin, 1997). Because of the extreme poverty, the anarchic environment in many rural areas, and the involvement of many education-deprived youths in the military, many youths have turned to banditry, which remains one of the biggest security problems in Angola today. Socialization for fighting is both a psychosocial impact of war and a source of continued violence.

TRAUMA, CULTURE, AND HEALING

Western-trained psychologists tend to enter war zones focusing on clinical problems such as trauma. Although many Angolan children present symptoms characteristic of Post-Traumatic Stress Disorder (PTSD; for useful reviews, see Friedman & Marsella, 1996; van der Kolk, McFarlane, & Weisaeth, 1996), Western-defined diagnostic categories should be used judiciously. For many children, the biggest problem is poverty, and impoverished children who do not meet the formal criteria for PTSD may nonetheless be war-affected and in need of assistance (Dawes & Donald, 1994). In addition, war is profoundly political and social, yet terms such as "trauma" tend to medicalize and individualize the problem (Martín-Bar", 1994; Punamäki, 1989) and to focus intervention work excessively on individuals rather than on communities. Further, concentrating on trauma can pathologize entire populations, portraying people as victims, overlooking the significant resilience that often exists, and downplaying the importance of individual

differences (see Agger, this volume).

The wider problem, however, is cultural. As constructed in Western psychology, terms such as “trauma” usually have few spiritual connotations. But in Angola, as in many Bantu areas of Africa, spirituality is at the center of life, and spiritual attributions regarding life events have profound psychological implications (Wessells & Monteiro, 2000). In Angolan cosmology, the visible world is fused with the world of the ancestors, who protect and participate in the life of the community. Significant events such as loss of loved ones are typically attributed to spiritual discord or failure to honor the ancestors through practice of appropriate rituals and traditions.

In this belief system, the spiritual dimensions of terrible life events have great salience and may be the primary source of stress. If, for example, a soldier had killed innocent people, he might experience strong guilt, but the greater stress might be his perception that he is haunted by the unavenged spirits of those he had killed. Stress may also stem from community rejection, as local people may believe that he is spiritually contaminated and that his return home would visit spiritual pollution on the community. Similarly, a child whose village had been destroyed and whose parents had been killed might experience great stress as a result of having fled without having conducted the culturally appropriate burial rite for the parents. The local belief is that without these rites, the parents’ spirits cannot make transition to the realm of the ancestors, staying in a restless state and causing problems among the living. In both cases, the spiritual discord, which is communal rather than individual, threatens the vital linkage between the living and the ancestral community. Western-trained psychologists might overlook these spiritual, communal dimensions and might not learn about them from local people, who may withhold their traditional beliefs to avoid appearing backward. To be effective, work on healing must fit local beliefs

about life and death, illness and health.

In this context, healing entails the conduct of culturally appropriate rituals to restore spiritual harmony. Nearly every community has a traditional healer who is trained in the performance of these rituals and who takes a holistic approach that interconnects physical, spiritual, and social elements of healing. Traditional healing in Angola remains poorly documented and must be approached cautiously and without romanticizing or essentializing it (Dawes, 1997; Wessells & Monteiro, 2000). Having a strong cultural foundation and extensive roots in local communities, it constitutes a valuable, sustainable resource for programs of healing and reconstruction.

A MULTI-PROVINCE PROGRAM FOR ADDRESSING WAR STRESSES

Coming to terms with the pain of the past is an essential first step toward a positive future. In Angola, the wounds of war are communal, so approaches to healing should also be communal. Much distress stems not only from spiritual discord but also from uprooting, community destruction, and the disruption of traditions and patterns of daily living. In addition, problems of hopelessness and futurelessness are communally constructed and shared phenomena. After so many years of war, many communities have lapsed into a state of diminished planfulness and activity. Many people find it difficult to imagine conditions other than war, heightening their vulnerability to political manipulation. To promote healing and hope, it is essential to revitalize communities, to strengthen traditions that provide a sense of continuity and support, and to build processes of dialogue and participation that strengthen civil society.

Community-based approaches to healing are indicated also by considerations concerning culture, local capacity, and sustainability. Individual approaches do not fit well the collectivist,

group orientation of Angolan culture and are unaffordable in dire economic circumstances. Further, local communities embody local cultural practice and can assist in the construction of culturally grounded approaches to healing. Communities have a broad understanding of their needs, mitigating against programs that are not holistic and well integrated with community life. Since there are few trained psychologists in Angola, the emphasis should be on building local capacity and on scaling up to assist large numbers of war-affected people. By weaving this capacity into the fabric of communities, one increases sustainability, an immense concern in a country having very long-term needs that may outlast donors' interest.

The hallmarks of *community-based approaches* are that they honor local people and culture, using elicitive methods (Lederach, 1995) that stimulate mutual learning and working in a spirit of participation, dialogue, and partnership. It was in this vein that CCF/Angola initiated in September, 1995, a three-year training of trainers program that mobilizes communities around providing psychosocial assistance to war-affected children. The program worked in eight provinces most severely affected by war and it aimed to train 4,000 adults to assist 320,000 war-affected children.

To build local capacity, the program was led not by expatriates but by Angolans who knew the local situation, culture, and languages and who were selected for their leadership, commitment to children's well-being, strong relationship with local communities and organizations, background in social service, and flexibility in solving difficult problems. A five-person national team oversaw the program and selected and trained a team of three people in each province. Guidance for the trainings came from a situation analysis, the conduct of which enabled community entry and began a process of relationship building and partnership to assist children.

SITUATION ANALYSIS AND RELATIONSHIP BUILDING

In tandem with a pilot project conducted in Luanda from 1994 to 1995 (Wessells, 1996), the national team collected data from UNICEF, government ministries, and various NGOs to identify the provinces that had been most severely affected by war and that had the fewest services for providing psychosocial assistance to children. Within these provinces, work began with a *situation analysis* to identify children's needs, map the available local resources for assisting children, and pinpoint the communities in greatest need of assistance.

Sensitization (consciousness-raising) and relationship building were important elements of the local situation analyses. Since war had been a constant reality and the press of daily circumstances had made it difficult for local people to step back and reflect on their war experiences, there was little awareness of how children had been affected by the war. Most adults viewed problems such as children's aggression as signs of disobedience and did not connect them with children's experiences of war and violence. To build awareness, the provincial team typically met first, following Angolan custom, with the local *soba* or tribal chief and male elders, including traditional healers. The team asked about the community's war experiences and whether youth experienced problems such as sleep disturbances, chronic isolation, and heightened aggression. Having noted possible association with children's war experiences, they talked about ways other communities had addressed children's needs through various methods, including traditional healing methods. Deeply concerned about their children and feeling valorized by the interest in local healing methods, most communities rapidly expanded the dialogue to include women and community members who worked extensively with children. Dialogue often led to joint agreement that the CCF teams and the local community should collaborate on work to assist children.

COMMUNAL SELECTION AND TRAINING

Adults were selected for training by their communities on the basis of their commitment to children's well-being and their ability to assist significant numbers of children. To integrate the intervention fully into community life, an attempt was made also to include people from different sectors such as health, education, and church and also to achieve gender balance.

Working in pairs, members of the provincial teams conducted week-long training seminars for 20 to 25 adults. The curriculum included basic concepts in five areas: children's psychosocial development, the impact of war on children, rites of death and mourning, methods of healing, and nonviolent conflict resolution. Emphasizing dialogue, the trainers built sessions around questions such as "What do children need to develop in a healthy manner?" Discussion revealed that war stresses were increasing the levels of family violence, and it made little sense to address impacts of violence without also working to prevent additional violence. For this reason, the expanded curriculum included material on conflict resolution in families.

Conducted in a participatory style, the seminars enabled adults to talk about their own war experiences, and many reported that this was the first time they had engaged in such dialogue. The seminars also evoked much dialogue about traditional beliefs and local methods of healing. To teach specific activities that could be used to advance healing in children, the trainers emphasized Western methods of emotional expression in a secure, supportive environment. The seminars emphasized expressive arts such as drawing, drama, storytelling, and dance. In addition, organized sports were presented as a means of building cooperation and teamwork and of learning to handle conflict and frustration nonviolently. The seminars encouraged discussion about how to mix Western and traditional methods and about the strengths and weaknesses of various ap-

proaches.

ACTIVITIES AND PRELIMINARY RESULTS

Following the training seminars, trainees arranged in their communities a variety of expressive arts activities, sporting events, and educational dialogues. They also networked with traditional healers and, when appropriate, they encouraged the use of traditional healing methods for children.

To foster emotional expression in children, trainees used free-drawing methodology, giving children blank sheets of paper and crayons and asking them to draw whatever came to mind. Many children drew pictures related to their war experiences, enabling discussion with the trainer. Trainees also conducted structured group activities such as singing, dancing, sports, and informal educational dialogues. Within the community, trainees served as children's advocates who mobilized healers, teachers, elders, and others in assisting children. They arranged community discussions on children's needs, on ways in which the community could best meet these needs, and on policy changes that would assist children. Trainees received periodic follow-up visits and support from the trainers, who in turn received periodic follow-up visits and support from members of the national team.

Recognizing the close interconnection in a situation of poverty between psychosocial well-being and economic development, the province-based teams and trainees assisted communities in planning and implementing projects to assist children. For example, communities that planned to build a school could apply for a grant of approximately 10,000 U.S. dollars. The communities selected for funding, provided by the Dutch government, the World Bank, and other sources,

used the money to purchase building materials and donated the labor themselves. In this manner, communities became agents of their own reconstruction.

By the end of the project, 172 training seminars had been conducted for a total of 4,894 adults, well in excess of the goal of training 4,000 adults. Although systematic data from pre-and post-tests are not yet available, focus group discussions indicated that the training seminars have increased awareness of children's psychosocial needs, of connections between children's war experiences and their current behavior, and of how the war affected adults and communities. In some communities, demand for additional seminars was high since participation had become a symbol of one's commitment to children (Green & Wessells, 1997). Adults reported that the training seminars had boosted their self-esteem by validating the traditional aspects of culture that had been suppressed during the colonial regime.

Focus group discussions with community leaders, parents, and trainees revealed that the intervention (training plus activities) had numerous positive impacts on children: improved child-child and adult-child relationships; improved behavior and cooperation in the classroom; diminished isolation behavior; less evidence of war-related games or toys; reduced violence and aggressive behavior between children; fewer concentration problems; decreased hypervigilance; and increased school attendance (Green & Wessells, 1997).

In communities, the intervention stimulated both awareness and mobilization around children's needs. Focus group discussions indicate that community influentials were more likely to understand the impacts of war on children and to interpret children's negative behavior not as unruly or disobedient but as related to their war experiences. In addition, communities provided for children more structured activities through soccer teams, dance groups, community kinder-

gartens, theater groups, and handiwork groups. The most striking results occurred in communities that had initiated construction projects such as building a school or a community center. Community leaders, trainees, and trainers agreed that these projects had helped to build effective planning and reestablished a sense of control and hope, all of which are vital elements of resilience. As the structures were built, they became visible monuments of the community's empowerment, movement beyond its past, and efficacy in shaping its own future. These results suggest the importance of integrating psychosocial and economic reconstruction, thereby opening a pathway for wider processes of community development.

THE REINTEGRATION OF UNDERAGE SOLDIERS PROJECT

Worldwide, approximately a quarter of a million children participate in military activity, often as the result of victimization, coercion, or economic desperation (Brett & McCallin, 1996). Many have killed or witnessed tortures, executions, and deaths. In Angola in 1994, there were over 9,000 child soldiers, most of whom had been forcibly recruited at age 13 to 14 years.

Child soldiers pose one of the greatest obstacles to post-war reconstruction since they have been socialized into a system of violence and deprived of education, job training, and normal family life (Wessells, 1997). Communities may not welcome them home out of fear, remembrance of the bad things they had done, or concern that they will be trouble-makers. While youth between the ages of twelve and 18 years have the combination of physical stature and intellectual ability to cause much social turmoil, they are also in a position to make key choices about how to live their lives. In this post-war environment, work on demobilization and reintegration of former child soldiers is a high priority.

To complement the project on healing, CCF/Angola, with funding from USAID, conducted concurrent work with UNICEF on the demobilization and reintegration of underage soldiers in seven provinces. Of the 5,171 children who were demobilized, 4,104 children were demobilized into the areas where CCF and UNICEF were working.

Using a community-based approach, the provincial teams worked through a network of over 200 *activistas*, local influentials, many of whom were connected with the local church and were recognized by their communities as having been in a good position to assist returning youth. The provincial teams trained the *activistas* on the psychosocial impacts of child soldiering and on methods of enabling the reintegration of former soldiers. The training seminars, however, were oriented toward partnership and mutual learning. The *activistas* provided valuable information about views of their local communities toward returning soldiers, the problems they would likely encounter, and means of preparing for successful integration.

Preparation

The *activistas*' work in regard to a particular underage soldier occurred in three phases: preparation, re-entry, and social integration. While the recently demobilized youth were retained in quartering areas, *activistas* helped identify the youths accurately and to trace and notify their families, immediate or extended. To set the stage for re-entry, the *activistas* listened to family members' concerns, educated them about the situation of child soldiers, and advised them on how to aid the family and community reintegration of the youth. *Activistas* also worked to increase understanding that possible behavioral problems such as disobedience may relate to the youth's war experiences. For example, youth who had exercised command responsibilities or made life and death decisions might have difficulty submitting to parental authority subsequently.

Re-Entry

The *activistas* also provided assistance in reuniting children with their families and in mobilizing communities to receive the former child soldiers. This work was dangerous and fraught with problems, as tensions remained high in the rural areas. There were reports that groups of demobilized youths had been re-recruited, and some youth had disappeared en route to meeting their families. Frequent logistic failures occurred because of last-minute changes in the transportation dates and destination points, route changes necessitated by damage to roads and bridges, and problems of families knowing when and how to reach the designated meeting points.

Under these conditions, logistics support constitutes a form of psychosocial assistance, one of the most basic elements of which is family reunification. Helping with logistics, the *activistas* succeeded in reuniting 2,153 former child soldiers with their families. They also arranged community receptions for the former child soldiers. This was an important first step in reconciling former child soldiers with their communities, as no one had known how communities would react. Fortunately, families and communities greeted the returning youth with great joy and relief. Reunion occasioned much singing, dancing, and traditional re-entry rituals in which adults sprinkled the youths' faces and heads with flour or water.

Social Reintegration

For particular children, spiritual cleansing is a necessary first step toward reintegration back into the community. In rural areas, people believe that soldiers who have engaged in unjustified acts of killing are spiritually contaminated by the unavenged spirits of those killed. Local communities fear that the former soldiers will pollute spiritually the entire community, rupturing the bond

with the ancestors that constitutes the foundation of the living community. Western-based interventions such as counseling are ill-suited for addressing this situation. When leaders or healers see the need for spiritual cleansing, *traditional purification rituals* conducted by traditional healers are needed to restore spiritual harmony.

In one village, while the purification rituals are taking place, the women dance around the child, gesturing with hands and arms to ward away undesirable spirits or influences, sending them behind and away from him. Afterwards, they each touch him with both hands from head to foot to cleanse him of impurities.

When the ritual is complete, the child is taken to his village, where the villagers celebrate his return. A party is held in his home where only traditional beverages are served, principally to the village chiefs. The child must be formally presented to the chiefs by his parents. During the party, the child sits beside the chiefs, drinking and talking to them, thereby marking his changed status in the village.

Later, the village elders make plans with the young man about his future. They discuss whether he wants to stay in that village, what kind of work he would like to do, whether he prefers to live with his parents or to build his own home, and whether the elders should allocate some land for him to cultivate.

In a spiritually centered culture, this purification ritual is of considerable importance. The process, however, also has key social elements, as it communalizes recognition and acceptance that the young person is no longer a soldier but a citizen of the village. Individual approaches would not address these communal elements effectively.

To date, 158 traditional ceremonies have been conducted for returning young soldiers, and over 20 have been documented by CCF teams, working with Dr. Alcinda Honwana, a social anthropologist at the University of Cape Town. Much work remains to be done in the documentation of the rituals and their psychological effects on individuals and communities. Through documentation, one may identify potentially valuable local resources for healing and reintegration that complement the tools provided by Western psychology. The documentation process itself is an essential part of psychosocial reconstruction since it helps to reclaim traditions that had been damaged by colonialism but that provide a sense of support, identity, and self-esteem.

In communities, *activistas* have assisted social reintegration by helping to identify school, job, and vocational training placements. These are vital for building hope for the future and giving young people skills that will enable them to support themselves. From a psychosocial perspective, these placements are useful since participation in culturally appropriate patterns of activity provides a sense of normalcy, continuity, and social meaning (Gibbs, 1997). Unfortunately, although most of the youth have only three or four years of education, many have chosen not to return to school because of problems such as shortages of teachers and schools and embarrassment over having to take classes with young children in primary school. Many of the demobilized youths have returned to mostly agricultural communities, and approximately one-third of the youths listed their occupation in early 1998 as “helping the family in farming.” Because family lands are often limited, it is significant that some youths have purchased their own farm land through funding provided by the World Bank. In addition, the national team has administered a program that provides small grants for quick-impact projects, such as small business start-up. Much additional work, however, is needed to create viable paths through which youths make a

living.

In many areas, both elders and parents report that overall, returning underage soldiers were reintegrating into their families and communities. Integration, however, is a long-term process, and many difficulties have been encountered. Family members reported that returning minors often did not want to work, had problems communicating, or displayed anger frequently. The youth themselves reported that they got sick frequently, thought often about their experiences, angered easily, and had difficulty sleeping. It is too early to gauge the success of youths' reintegration.

In addition, powerful macrosocial barriers to integration exist, not least of which is the re-eruption of fighting. Reports of re-recruitment are not uncommon, and *activistas* have lost contact with some minors. Even in the absence of fighting, obstacles exist in the form of extreme poverty and lack of educational access. Extreme inflation and shortages of food and basic materials tempt youth to use violence to obtain what they want. Collectively, these barriers provide a reminder that although peace must be built at the grassroots level, the achievement of peace requires structural changes and the transformation of larger social systems.

TOWARD THE FUTURE

Looking forward in this new millennium, war prevention remains a very high priority. To prevent war, it is essential to have viable models of post-war reconstruction that break ongoing cycles of violence. This chapter describes a model that builds local capacity through training local trainers and integrates psychosocial work into the larger project of post-conflict reconstruction. Although the particulars of the model would need to be tailored to the realities of specific cultures and

situations, it has several generalizable features. First, it is holistic and avoids the individualism and fragmentation that has attended many humanitarian projects. Second, it is community-based and emphasizes participation and leadership by local people. Third, it is culturally grounded and supports and utilizes community psychosocial resources that fit with local beliefs and practices. It avoids the application of Western methods in a colonial mode, and it invites intercultural dialogue and joint learning that can significantly enrich peace psychology. Fourth, it entails systematic documentation and evaluation processes. These are important not only for donor accountability but also for enabling communities to take stock of how they are doing, to improve program effectiveness, to plan effectively, and to present data that may influence policy decisions. We believe the model, applied with cultural sensitivity and critical awareness, could be used to assist war-affected children and communities worldwide.

In the future, psychosocial assistance will need to be applied on a wide scale to respond effectively to societal crises such as those in Bosnia, Rwanda, and other intra-state conflicts. Failure to include psychosocial assistance in programs of post-war reconstruction is likely to leave wounds and social cleavages that invite additional conflict. This said, one must humbly appreciate the limits on what psychosocial assistance and peace psychology can accomplish. As indicated by the case of Angola, which is moving once again toward internal war, psychosocial assistance alone cannot build peace. There must also be political will for peace, and this has been sorely lacking on UNITA's side. If psychosocial assistance is to be more than patching up people so they can fight more, it must be integrated thoroughly with wider programs of political and economic reconstruction. In this respect, the future challenge is to develop multidisciplinary, highly integrated approaches to the reconstruction of war-torn societies.

Figure 22.1 War experiences of children.

Figure 22.2 Psychological and physiological impact of exposure to violence