

**HEALING, MOBILIZATION, AND SOCIAL INTEGRATION:
COMMUNITY-BASED ASSISTANCE FOR WAR-AFFECTED ANGOLAN CHILDREN**

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In the last several decades, a significant shift has occurred in the global pattern of armed conflict. Since the late 1980s, approximately 25-30 intra-state wars have occurred each year, while the frequency of inter-state wars declined to a level near zero (Wallenstein & Sollenberg, 2000). Intra-state conflicts take a profound toll on civilians (Wessells, 1998a). As evidenced by the conflicts such as those in the former Yugoslavia, Cambodia, Guatemala, Somalia, and Rwanda, fighting occurs increasingly not on well-defined battlefields but in and around communities. Often it involves personalized acts of violence, rapes and other atrocities committed by former neighbors, and ethnic cleansing and genocide. As a result, the war-related civilian death rate has risen sharply. In the early part of this century and in previous centuries, it is estimated that civilians comprised approximately 20% of war-related deaths. By the 1990s, however, civilians comprised nearly 90% of war-related deaths (Garfield & Neugut, 1997; Sivard, 1996; UNICEF, 1996).

Associated with this changed pattern of warfare is sharply increased psychological fallout for civilian populations. Intercommunal fighting shatters social trust, and following the fighting, there remain deeply divided societies in which one's neighbors may be people who had done horrible things during the war. Trauma occurs on a large scale, as many civilians are subjected to attack, loss, uprooting, and human rights violations. The attack on homes and communities disrupts daily routines and ruptures people's sense of normalcy and continuity. Large numbers of landmines may make it impossible to return home or to resume agriculture, which for many people in the developing world is both traditional and necessary for survival. Nearly 40% of contemporary conflicts have lasted ten or more years (Smith, 1997), and these protracted conflicts devastate

infrastructure, amplify already severe poverty and social injustice, and create hopelessness. While any one of these problems could have profound psychological impact, it is the accumulation of multiple, chronic stresses that poses the gravest psychological risk to civilian populations (Garbarino & Kostelny, 1996; Straker, 1987). In many areas, violence becomes normalized and saturates various social levels from family to community and society. Worldwide, approximately 300,000 youth get drawn into soldiering, typically by desperation, victimization, and force (Brett & McCallin, 1996; Cohn & Goodwin-Gill, 1994). These youths are at risk of continuing cycles of violence (Straker, 1992; Wessells, 1997, 1998b; Wessells & Monteiro, 2001).

In war-torn contexts, great need exists for large-scale, psychosocial intervention both to relieve suffering and to enable processes of development and societal reconstruction for peace. People who live in conflict-torn areas frequently report that the emotional and social wounds of war are as or more painful than physical wounds. In many areas, victimization is so pervasive and communalized that it becomes woven into the fabric of social identity. The collective trauma is heroized, takes on mythic proportions, and gets passed from one generation to the next, continuing selective war memories that plant seeds of future conflict (Volkan, 1997). Trauma, depression, and war-related stresses inflicted on a mass scale may reduce people's ability to make decisions needed to insure the survival of themselves and their families.

In constructing psychosocial interventions, it is vital to address the needs of children, defined as people under 18 years of age, since they are key future resources, are vulnerable, and, during adolescence, are making key choices about how they will live their lives. War-affected children may not be in a position to concentrate and to benefit fully from education, job training, and other activities that promote healthy development. Children exposed to violence through witnessing, victimization, or perpetration are at heightened risk of getting involved in violence, either through soldiering or through community violence.

This chapter describes a large scale program of psychosocial assistance to war-affected children conducted in Angola by an international nongovernmental organization (NGO), Christian Children's Fund. Focusing on the period 1995-98, during which there were hopes for peace in the aftermath of the Lusaka Protocol, it places culture and community participation at the center of psychosocial

reconstruction. Having described the Angolan war and its impact on civilians, we will outline the local cosmologies and cultural practices that color the interpretation of people's war experiences and provide the foundation for culturally relevant methods of healing and social integration. Against this cultural background, we will analyze the implications for psychosocial intervention on a mass scale. In particular, we will describe two, concurrent community-based projects that focus on healing and on reintegration of former child soldiers, respectively. Although the results of these projects will be discussed, we shall emphasize the process of integrating Western and traditional methods since this process has implications for the conduct of psychosocial work in other regions.

War in Angola

War in Angola is so long-standing that it has become part of the psychological horizon. Having grown up under war conditions, many people do not remember the good times that antedated the war. Many report that they cannot imagine living in conditions of peace, and to speak of peace in times of tension is to endanger oneself.

War erupted in 1961 as a liberation struggle against the Portuguese colonial regime. Although Angola gained independence in 1975, the country was devastated and lacked functional government and social infrastructure (Lodico, 1996). The three main groups--the MPLA (Movimento Popular de Libertacao de Angola), the FNLA (Frente Nacional de Libertacao de Angola), and UNITA (Uniao Nacional para a Independencia Total de Angola)--that had fought the Portuguese then embarked in a power struggle, plunging Angola into civil war. With the socialist, MPLA-dominated government in Luanda receiving extensive aid from the Soviet Union and Cuba, South African invaded Angola in support of UNITA. At the same time, the U. S. began providing extensive aid to both UNITA and the FNLA, which joined forces against the MPLA (Human Rights Watch, 1994).

In this manner, the Angolan civil war became a proxy war, one of many waged by the U. S. and the Soviet Union during the Cold War. By the late 1980s, Cuba had 50,000 troops in Angola. But the defeat of South African forces in the 1988 battle of Cuito Cuanavale, together with the end of the Cold War, sharply reduced the outside support for the warring parties. In late 1988, the Cubans agreed to withdraw their troops under the supervision of a U. N. peacekeeping mission, the United National Angolan Verification Mission (UNAVEM I). By May, 1991, Cuban troops had left Angola,

and the MPLA and UNITA signed the Bicesse Peace Accords, temporarily stopping a conflict that had killed between 100,000 and 350,000 people in combat (Human Rights Watch, 1994).

The Bicesse Accords called for free elections in 1992, and the U. N. dispatched military observers (UNAVEM II) to support the peace agreement. In the September, 1992 elections, the MPLA candidate, President Jose Eduardo dos Santos, received 49.6% of the vote, while Jonas Savimbi, who had led UNITA since 1966 and who had garnered extensive U. S. support over the years, received 40.1%. Since the Angolan constitution stipulated that a majority of 50% was needed to achieve victory, a second round of elections was planned. But UNITA denounced the election results as fraudulent and withdrew its forces from the newly established national army. Rising tensions and violent acts on both sides led to another round of war, beginning October 31, 1992 (Lodico, 1996).

This time--late 1992 through May, 1994--the fighting was particularly intense and inflicted very heavy civilian casualties. The 21-month siege of the city of Kuito devastated the city, where house-house fighting and sniper attacks were common and where civilian populations were systematically starved, resulting in 20,000 - 30,000 deaths. Other cities such as Huambo suffered prolonged attacks as well. On both sides of the conflict during this period, there were indiscriminate shellings and bombings of cities, summary executions and tortures, and recruitment of child soldiers (Human Rights Watch, 1994). The rate of killing rose as high as 1,000 people per day, and fighting led to anarchy and hunger in much of the country (Lodico, 1996). The number of internally displaced people rose from 344,000 in May, 1993 to 1.2 million people by September, 1994. Many lived in desperate circumstances.

This most recent phase of the war profoundly impacted children, who comprised nearly half the 1.2 million displaced people. It is estimated that approximately 500,000 children died as a direct result of the war and that 15,000 children were "unaccompanied," that is, separated from their families and without adult supervision. Throughout Angola, hunger, disease, and the destruction of health facilities boosted morbidity rates. By 1993, UNICEF estimated that nearly 840,000 children were living in "especially difficult circumstances." UNICEF also estimated that 320 out of 1,000 children die before they had reached the age of five years. Large numbers of children were killed or maimed by landmines, which were used widely throughout Angola. Today Angola, which has a

population of approximately 11 million people, is estimated to have 6-10 million landmines, ranking with Cambodia and Afghanistan as one of the three most heavily mined countries in the world.

A stalemate in the fighting, coupled with international pressures, led to the signing in November, 1994 of the Lusaka Protocol, which set the stage for the construction of a new Government of National Unity and Reconciliation in April, 1997. Many UNITA officials entered the government amidst recurrent U. N. criticisms of Savimbi for failure to comply fully with the terms of the Lusaka Protocols. In the period 1995-98, tensions remained high and access to UNITA-controlled areas was sporadic, keeping Angola in the situation of being a country inside a country. Because of the grinding poverty, the anarchic environment in many rural areas, and the involvement of many education-deprived youths in the military, many youths turned to banditry, which remains one of the biggest security problems in Angola today.

The war has had a powerful impact on children, who comprise nearly half the population of Angola and have grown up never having known anything other than war. In 1995, Christian Children's Fund/Angola conducted a study of a nonrandom sample of 200 unaccompanied children between the ages of 9 and 16 years who had come to the capital city, Luanda, from ten provinces. Although it was a worst case analysis, the results were shocking: 27% had lost their parents, 94% had been exposed to attacks, 66% had witnessed mine explosions and 5% had been victims thereof, 36% had lived with troops, 33% had suffered injuries by shooting or shelling, 65% had escaped death, and 7% had fired guns. These experiences had a powerful psychological impact on the children, who exhibited trauma symptoms such as fright and insecurity (67%), disturbed sleep (61%), intrusive images (59%), frequent thoughts about war (89%), and sensory-motor disturbance (24%). Moreover, 91% of children in the sample exhibited three or more symptoms of trauma.

It would be misleading, however, to focus on symptomatic behavior. The wider psychosocial effects of the war can be understood only in the context of Angolan culture.

Cultural Beliefs and Rituals

Angolan culture is variegated and reflects a mixture of indigenous African groups. The main ethno-linguistic groups of Angola are of Bantu origin, including Kikongos (Bakongo), Kimbundos (Kymbundu), Lunda-Kiokos (Lunda-Tcholwe), Mbundos (Ovimbundos), Ganguelas (Nganguelas),

Nhaneca-Humbe (Nyaneca-Nkhumbi), Hereros (Tjiherer or Thielele), and Xindongos (Oshindonga). Of non-Bantu origin are the Bochimanes (Vakwankala or Vasekele), Khoisan (Cazama), Cuissis (Kuisi or Ova-Kwanda), and Vatuas.

Due to its colonial heritage, Angolan culture also reflects strong influence of Portuguese and other European cultures. During the colonial era, much was done to suppress or eliminate local culture, which was viewed as primitive and which led many local people to internalize a sense of inferiority regarding their own culture. In addition, the turmoil and displacement caused by the war disrupted or altered established social patterns and weakened the force of traditions. Nevertheless, it is possible to identify common themes and centuries-old patterns of belief and practice having much in common with wider patterns of Bantu culture seen in countries throughout sub-Saharan Africa.

Community and Spirituality

In contrast to the individualistic orientation of many modern Western societies, traditional Bantu societies place a strong emphasis on extended family and on community, which includes both the living and the spirits of the ancestors. Traditional cosmology holds that when someone dies, the life of the person continues in the spirit world. The spirits of the ancestors protect the living community, which is an extension of the ancestral community. If the ancestors are not honored through the teaching of traditions and the practice of appropriate rituals, their spirits cause problems manifest in poor health, misfortune, social disruption, and even war. Life is governed by the principle of unity (Altuna, 1985). The ancestors participate in the daily life of the community, the visible, living portion of which is an extension of the ancestral community. In this sense, the visible and invisible realms are indestructibly fused. Life on earth and life beyond are continuous and interdependent. It is as if the world were a spider's web in which any touch of a single thread reverberates throughout the entire structure (Tempels, 1965).

Although the visible and invisible worlds interact continuously, the invisible world is most fundamental, and all major happenings are attributed to it. The spirit world of the ancestors is made up of a god and the founder of the clan, former heroes, spirits, geniuses, chiefs, hunters, warriors, magicians and all other ancestors. Ancestors can be good or bad and intervene in the

visible world, causing both good fortune and problems. Consequently, the living are constantly afraid of upsetting their ancestors and attempt to please them to win favors. Because of ancestors' powers and the fact that the living are an extension of the same community as the ancestors, Bantu people know that they risk annihilation if they damage their relationship with the ancestors or other parts of their community. In this belief system, the individual is an extension of the collective, has rights derived from participation in a wider community, and is responsible to have offspring and for transmitting traditions to them, thereby continuing the community and maintaining spiritual harmony with the ancestors.

Funeral Rites

Rites and rituals surrounding death are of great importance in marking the solidarity between the living and the dead and enabling successful spiritual passage of a person from the visible world to the next world. If the funeral rites are applied according to tradition and the wishes of ancestors, the dead person will arrive safely at his destination, the life force transformed but continued in the spiritual reality of the ancestors.

As soon as the person dies, the relatives cry, shout, dance, and show their grief over the loss. The person is called by name, thanked, and recognized for positive actions in life, and the dead person is wished well for this phase. At the same time, the person or entity who caused the death is cursed. The whole community participates in gestures, body contortions, and dances. In this way, the community shows the ancestors that the person who died was well behaved and respected. This is intended also to placate the dead person so that he or she does not return to harm the community. Festivals and ceremonies are also thought to encourage the dead person to cope with the situation while awaiting transformation into the world of the ancestors.

In the funeral rite, the body is washed, dressed in good clothes and perfumed. This preparation is a form of honoring the family, but more importantly allows the dead person to maintain his or her dignity alongside the ancestors at the point of transition. Personal objects are placed alongside the dead person to help meet needs during the "journey." All relatives should be informed of the death in the family, even if they live some distance away. It is a time in the life of the community that most demands solidarity of all its members. Only in extreme circumstances can relatives be

excused from the funeral. The community eats, drinks and dances for several days. The food and drink are intended not to help the members of the community to cope with the death, but to help the dead person to manage the transition.

Through the funeral rite, the family and community "promote" the deceased to the class of ancestors. Conducted properly, the ritual helps to establish harmony with the spirit world and to guarantee protection of the visible world by the ancestors. Failure to conduct the rite properly, however, would betray community solidarity and place the living community at risk. Without proper burial, it is believed that the dead person's spirit wanders around lost and disgraced and may wreak vengeance on the living. This is viewed as a source of permanent danger, as the living community is secure only if the individual really "dies" through the funeral rites and is received into the community of ancestors.

In rural Angola where spirituality is at the center of life, the failure to perform the burial rituals is a source of psychological distress, as it is believed that the spirits of the deceased person visit and ask to be buried properly. As an elder in Huambo stated,

“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 with my father telling me that ‘I am dead but I haven’t reached the place of the dead, you have to perform my obito [burial rites] 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 ritual, and I have never dreamed of my father again.”
(Honwana, 1998, pp. 26-27)

Similarly, Lohali, a soba (traditional chief) in Bie province, reported:

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 sometime 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." (Honwana, 1998, p. 26)

It is not known how many people, faced with difficult war situations, failed to perform burial rituals for loved ones. Some people fear that the spirits of the unburied people wander around and cause significant damage. Thus it should be an ongoing priority to enable people to conduct the appropriate burial rites.

Concepts of Health, Illness, and Healing

In Angola, the local concepts of health and illness are holistic and spiritually oriented, and distinctions between mind, body, and spirit do not carry the same weight they do in most Western societies. Health is defined as a harmonious relation between the individual and the environment, which includes one's ancestors and other community members. Any gap in that harmony is attributed to harmful interference of ancestors' spirits which are dissatisfied as the result of inappropriate behavior of the living. Illness affects the whole person, and its causes are attributed to imbalances in the interaction of natural, social, and spiritual forces. Although many illnesses are viewed as having natural causes such as contact with someone who is ill, many illnesses are attributed to social, moral, and spiritual transgressions or to omissions, both of which anger the ancestors. This intermixing of natural and spiritual causes of illness, found in much of Southern Africa, entails the use of two systems of understanding and healing: Western and traditional (Louw & Pretorius, 1995).

In general, local healing is based on an explanation of why the individual was affected in a particular manner. This explanation, which may appeal to both physical and spiritual influences, identifies the "forces" that were disturbed and with which restitution must be made. Healing, too, may have physical and spiritual components and can take several forms from divination to herbal treatment. Not infrequently, treatment involves ceremonies of social integration or appeal and offers of sacrifices to ancestors in hopes of regaining protection. Local communities typically include healers (*kimbandas*) of various kinds. The healer may be an herbalist whose connection with the spirit world is limited. Or the healer may be trained as a "channel" between the living and the ancestors. In some instances, healers believe they have been selected by the ancestors as

intermediaries with the living.

It is important to avoid essentializing “traditional healing” (Dawes, 1997), as even very old practices reflect extensive interpenetration between different cultures. In addition, traditions are not fossilized but grow and change over time. As a result of Angola’s colonial heritage, European ideas and practices have intermixed extensively with local practices. Traditional healing methods and their evolution remain poorly documented, as the traditions themselves have been transmitted orally.

Many Angolans have ambivalent feelings about traditional healing. The colonial regime sought to weaken or eliminate Angolan culture, leading many Angolans to internalize feelings of inferiority. Particularly in urban areas where Portuguese influence was strong, many Angolans lack knowledge of traditional ways. Lacking a sense of rootedness in their own culture, many Angolans feel alienated. An important step toward psychosocial reconstruction is to document traditions and to support them where it is ethically appropriate to do so as a means of strengthening the sense of continuity and social meaning. As described below, documentation of local beliefs and practices became an integral part of the psychosocial intervention.

Psychosocial Intervention

Due to the local culture and history of war, psychosocial intervention in Angola faces significant challenges. Large numbers of people have been affected by war, but there are very few trained psychologists. Extreme poverty, badly damaged infrastructure, the very difficult health situation, and the prevalence of unmet basic human needs have necessitated holistic approaches that provide psychosocial assistance in the context of meeting a wider spectrum of needs. Few roadmaps exist for the construction and implementation of such approaches, and poverty and donor fatigue thwart the long-term approaches that are needed.

Amidst the war-related chaos and dire economic circumstances, it is often international NGOs and U. N. agencies that have the resources and will to provide assistance (Dubrow, Lowski, Palacios, & Gardinier, 1996; Minear & Weiss, 1993). External intervention, however, can cause significant problems (Anderson, 1996; Prendergast, 1996), particularly in an historic context of power asymmetry in which external actors had exploited Angola. Reliance on external intervention often

creates problems of dependency and program unsustainability. Even well intentioned intervention by Western NGOs can promote colonialism and undermine local beliefs, values, and processes.

When most external NGOs enter a war zone, they typically bring Eurocentric ideas and Western-trained technical expertise. Aside from issues of culture bias and cultural sensitivity, the imposition of Western methods and modes of analysis is an act of psychological imperialism that marginalizes and undermines local ways of understanding and addressing psychosocial problems (Dawes, 1997; Nasanemang & Dawes, 1998; Wessells & Kostelny, 1996; Wessells, 1999). This imposition seldom occurs directly. More often, it occurs subtly through the deference of local people to the presumed wisdom of Western scientific experts, through the Western experts' disinterest in or lack of enthusiasm for learning about local modes of healing, and through the silence of local people who want to please NGOs in hopes that they may obtain valuable food, water, and shelter as part of whatever programs are constructed. In some areas, it is as if one must "give permission" before local people will discuss traditional healing with outsiders. Although NGOs cannot correct the power and resource asymmetry inherent in their work, they can be conscious of it and can work to share power and decision-making, as discussed below.

Trauma and War Stress--Limits of Western Approaches

Cultural assumptions and values saturate all intervention efforts. In examining psychosocial needs and structuring interventions in a war-torn context, Western-trained psychologists tend naturally to focus on well-validated concepts such as "trauma" and "post-traumatic stress disorder" (cf. Friedman & Marsella, 1996). Although these concepts have considerable value, excessive focus on trauma can detract attention from the fact that even people who do not meet formal diagnostic criteria for PTSD may nonetheless be war-affected, experiencing difficulties such as hopelessness, helplessness, fear, etc. In addition, psychologists often speak of "trauma" in the context of punctuated life-threatening experiences, whereas in war zones, people face multiple, chronic stressors, not least of which is poverty (Dawes & Donald, 1994; Straker, 1987). Further, the use of such terms tends to medicalize problems that are profoundly political and social (Punamaki, 1989). Excessive focus on trauma can inadvertently pathologize entire populations, encouraging the treatment of local people as victims when, in fact, local people often exhibit remarkable resilience

even in the worst war conditions.

Not everyone is affected in the same manner by war experiences. The psychosocial effects of war on children varies according to the multiplicity and chronicity of stressors, the nature of one's war experiences, the meaning assigned to the experiences, the coping strategies used, and the availability of emotional support by adult caregivers, among others (Arroyo & Eth, 1996; Cairns, 1996; Dawes & Donald, 1994; Garbarino & Kostelny, 1996; Leavitt & Fox, 1993; Macksoud & Aber, 1996; Punamaki, 1996; Straker, 1992; Wessells, 1998b).

Furthermore, spiritual cosmology colors the interpretation of traumatic events in Angola. If, for example, a boy's home had been attacked, his parents had been killed before his eyes, and he had fled his village, he might present symptoms of trauma such as sleep disturbances and concentration problems associated with flashbacks. The deeper problem, however, might be spiritual--if he had been unable to conduct the appropriate burial ritual for his parents, the boy might believe that his parents spirits lingered unavenged and caused problems for him and those around him. This spiritual distress extends well beyond the parameters usually associated with terms such as "trauma." Whereas Western societies view trauma as an individual phenomenon, spiritual discord such as that associated with failure to conduct the appropriate burial ritual is highly communal. For these reasons, terms such as "war stresses" or "violence-related stresses" are preferable to "trauma."

Attempts to use strictly Western interventions to assist the boy described above would be of limited value. Typically, Western interventions for trauma entail the provision of a safe environment and the encouragement of emotional expression in a supportive context as a means of enabling the client to come to terms with and to reintegrate his or her traumatic experience (Herman, 1982). In Angola, however, talking and emotional expression do not always fit the cultural scripts for healing. As in Southern Mozambique, talking about the past is not a key part of coming to terms, and talking is viewed as an invitation for the return of bad spirits (Honwana, 1997). What are indicated are culturally appropriate rituals conducted by traditional healers as a means of restoring spiritual harmony. This is not to deny the value of Western interventions in Angola but to caution against "off the shelf" application without appropriate cultural tailoring and against single-

minded use of Western-based methods in a context that warrants the integration of different methods.

The situation in Angola poses equally formidable obstacles to the use of Western methods, which tend to focus on interventions for individuals and families. The surface problem is the paucity of trained psychologists, which is by far incommensurate with the scale of the need. Even if services were available, however, the widespread poverty would severely limit people's ability to pay for them. The deeper problem is that the damage is that the psychological wounds are communal and cannot be addressed effectively at the individual or family levels. The war in Angola badly damaged the fabric of social relations, destroyed communities, created loss and displacement on a massive scale, and produced deterioration of social and cultural norms. In this context, it is meaningless to think of mental health in individual terms, disconnected from wider social, political, and economic systems (Martin-Baro, 1994; Reichenberg & Friedman, 1996). Communal wounds require communal interventions, which focus on rebuilding positive community and reestablishing normal patterns of living and tradition that contribute to people's sense of continuity and meaning (Gibbs, 1994). This is best accomplished through a community-based approach.

A Community-Based Approach

Angola offers many opportunities for the construction of community-based approaches. Culturally, there is a strong communal orientation. Despite the ravages of 35 years of war, Angolans exhibit remarkable resilience, desire to break the yoke of colonialism, and willingness to address societal problems even while living and working under very difficult conditions.

While community-based approaches come in different varieties, they have five distinguishing features, outlined below with reference to psychosocial interventions.

Partnership. The community is regarded neither as beneficiaries nor as a locus for intervention but as a partner who brings important cultural and human resources to the table and with whom power should be shared in all phases of program conception, design, implementation, evaluation, and reporting. Local people are viewed not as helpless victims but as people living under difficult circumstances with whom power is shared and decisions are made jointly. Participatory process, joint dialogue, and collaborative problem-solving are emphasized.

Community Mobilization. Since war disrupts society, a central priority is to support and enable the reestablishment of community, physically and psychologically (Boothby, 1996). This entails work with and through local leaders, networks, and social influence processes, mobilization of the community around pressing needs, and building local capacity. It also entails conscientization for empowerment, since, amidst war, many communities lacked the luxury of stepping back, asking how they have been affected by the war, what their historic situation and reality are, and what steps they can take to construct a more positive future (Lederach, 1995).

Cultural Relevance. Local culture is regarded as a set of potentially useful resources for identifying, understanding, and addressing psychosocial needs. The aim is to learn from local culture and to construct culturally relevant interventions, recognizing that local methods evolve and may be enriched by integration with methods derived from other cultural systems.

Holism. Diverse social mediators and pathways influence the effects of exposure to violence. Since war zones create systems of violence, ecological approaches that integrate work at family, community, and societal levels are indicated. To assist children, it is necessary to assist the primary caregivers and families that mediate the effects of stress and play a pivotal role in children's development. Some of the worst stresses are economic, as war leads to losses, hunger, and changes in status. Since psychosocial influences are inextricably interconnected with biological needs and with the political, economic, and social milieu, psychosocial interventions should not be stand-alone but integrated and holistic. Ideally, psychosocial work is coordinated with efforts to meet basic biological needs, to restructure the political and economic system, and to introduce appropriate changes in the policy arena. This approach invites participation and minimizes stigma that might be associated with individual counseling and the use of psychological centers.

Sustainability. The emphasis is on processes that will endure and address long-term needs. The main goal is to build local capacity and to use culturally appropriate methods based on community participation and ownership. In this approach, Western psychologists may provide training and consultation, but their role is supportive and aims to strengthen local psychology and psychological services. These features are integral to the philosophy and implementation of the two interventions described below.

Community-Based Healing

In Angola, two key psychosocial priorities are community healing and reintegration of former child soldiers. Without social healing and coming to terms with the past, it is difficult for people to construct a bridge between the present and a positive future. As discussed above, healing is a communal project that is intimately connected with cultural issues. In a context in which war had disrupted traditional practices and normal patterns of living and where Western NGOs were operating, there was a temptation to impose outsider approaches rather than to support and strengthen local cultural practices. This section tells the story of how the program developers learned to incorporate local cultural beliefs, practices, and resources into the program on healing.

The Luanda-based Pilot Project

Initially, the work on healing was constructed within a trauma idiom, as indicated by a pilot project conducted in Luanda in 1994-95 and called the Mobile War Trauma Team project (Wessells, 1996). Its strategy was to train a mobile team of adults who could then organize healing activities for traumatized street children and for orphans who had little social support. To build local capacities for psychosocial assistance, CCF formed a national team of five Angolans led by Carlinda Monteiro. This team received an intensive four-week training on basic principles of child development:

- the emotional impact of war on children,
- methods of assisting war-affected children,
- and nonviolent conflict resolution.

The assistance methods initially were expressive activities such as song, dance, drawing, and storytelling, all of which aimed to enable emotional expression and integration.

This pilot project collaborated with local communities and with government agencies such as the Ministry of Rehabilitation and Social Reintegration to select for training adults who worked with children and were in a position to have a positive impact. Working with groups of 15-20 people, the national team provided two-week, participatory seminars that included the curriculum elements described above and that taught methods of assisting children. Following the seminars, trainees used these methods in the context in which they normally worked with children, with the national

team providing follow-up support in solving problems or providing additional training on-site. The national team, in turn, received ongoing training, support, and supervision from Carlinda Monteiro and from outside consultants.

During the pilot project, the Angolan team rapidly learned the importance of local beliefs and resources. On one occasion, the children in an orphanage believed that a spirit haunted the premises and were unable to sleep, making the orphanage a very difficult environment to live or work in. Recognizing that the solution was not to be found in emotional expression or talking, the team recruited a local healer who visited the orphanage and conducted a ritual to get rid of the bad spirit. Subsequently, the children were able to sleep, enabling life in the orphanage to return to normal. Having learned the value of local practices in assisting children, the team made three important changes.

- First, they networked with traditional healers, developing good working relations that made it possible to draw upon the knowledge and skills of the healers.
- Second, they incorporated information about local beliefs and practices into the training seminars. They accomplished this through the use of a highly participatory, elicitive pedagogy (Lederach, 1995) that invited the participants to bring to the table their local beliefs and the practices surrounding them.
- Third, they reconceptualized the seminars as spaces in which the participants discussed how to integrate the Western-based, expressive methods with the local, ritual-focused methods which centered around rituals. In this manner, the participants and the trainers became co-learners who sought to use the best insights from different cultural systems to support war-affected children.

This pilot project was instrumental in building participatory processes with local communities, learning from traditional healers, and testing ways of intermixing traditional and Western methods of healing. Through interventions such as organized dances, drawing sessions, storytelling, drama, and sports and games, this project reached nearly 15,000 children, who exhibited improved child-child and adult-child relations; decreased sleeping problems; reduced bedwetting, stress reactions,

and aggressive behavior; diminished concentration problems and social isolation; and improved future orientation (Wessells, 1996).

A Multi-Province Approach

The next challenge was to apply on a large scale the methodology that had been developed in the pilot project. With the assistance of major funding from the U. S. Agency for International Development, CCF/Angola implemented a program of community-based healing in the eight most severely war-affected provinces: Benguela, Bie, Huambo, Luanda, Malange, Uige, Huila, and Moxico (in the latter two provinces, CCF collaborated with UNICEF). In each province, there was a three-person team of trainers who knew the local language and culture and who were respected by local people. Applying the model that had been used successfully in Luanda, these provincial trainers conducted week-long training seminars aimed to build local capacity to assist children and to mobilize communities around children's needs. At the national level, most of the work was conducted in Portuguese. Locally, however, the work was conducted mostly in Umbundu, the dominant language in most of the rural areas. The provincial teams spoke both Umbundu and Portuguese and translated when it was necessary.

The province-based trainers' work included seven steps (Green & Wessells, 1997).

- First, the team conducted a local situation analysis to identify the geographic areas of greatest need.
- Second, the team visited local communities, meeting with and demonstrating respect for local sobas (traditional chiefs), elders, influential women, and caregivers. If they expressed having strong material needs, the CCF trainers worked with other NGOs and local agencies to meet the material needs.
- Third, the trainers conducted sensitization dialogues with community groups. Many local people viewed problems such as children's aggression as signs of disobedience rather than as impacts of war experiences of violence. The sensitization dialogues helped local people understand children's behavior and activated them around assisting children.

- Fourth, using the community networks identified in the first two stages, the trainers selected well respected adults such as organizers of youth groups or teachers who were in a good position to assist children.
- Fifth, the trainers conducted week-long training seminars for groups of approximately 20 adults using the curriculum outlined above. Follow-up support was provided through regular site visits.
- Sixth, the trainees implemented activities on behalf of children. Following the seminars, trainees applied what they had learned in the venues in which they worked with children in their respective communities. To encourage emotional expression in a supportive group context, trainees arranged group activities such as singing, story-telling, drama, and dancing. Particularly for young or withdrawn children, they often encouraged free drawing, giving children a sheet of paper and crayons and asking them to draw whatever they want. Typically, children drew pictures of their war experiences, enabling discussion and emotional reintegration in a safe environment. Although these activities were accessible to all children, the trainees gave special attention to the children with whom they worked who exhibited the strongest psychosocial impact of war. Activities also included informal educational discussions and noncompetitive athletic activities. These structured activities were designed to encourage prosocial behaviors and to increase the amount of time children spent under the supervision of adults who had a basic understanding of the impacts of war and skills to assist children. Having benefitted from discussions of war experiences during the seminars, trainees often talked with others in the community about how they had individually and collectively been impacted by war.

To mobilize communities around the needs of children, the trainees acted as community advocates on behalf of children. They convened community discussions about the status and needs of children, helped to conceptualize projects to assist children, and identified policies that were in children's interests. This work was complemented by trainees' advocacy of policies at the municipal and local levels that serve the needs of children. Recognizing the harmful effects of institutionalizing orphans, for example, they

advocated for more intensive work on tracing and family reunification of orphans. As the project evolved, trainees included more activities such as soccer teams and drama groups for increasing social integration. Since local people needed to see tangible improvements in their circumstances, the teams also began a program of giving small grants for community-planned projects such as school construction or building community huts. These projects were conducted in partnership, with CCF supplying the materials and selected community adults supplying the labor.

- The seventh step was to evaluate the work using a mixture of qualitative and quantitative methods and indicators. The results, which have been presented in greater detail elsewhere (Wessells & Monteiro, 2000), will be summarized here. Over three years, the project trained 4,894 adults, who in turn assisted nearly 300,000 children. The impacts on children included improved child-child and adult-child relationships; improved behavior and cooperation in the classroom; less evidence of war-related games and toys; diminished isolation behavior; reduced violence and aggressive behavior; fewer concentration problems; decreased hypervigilance; increased hope; and improved school attendance. Adults, too, reported discernible benefits. Many reported that the training seminars had for the first time provided space in which they could begin coming to terms with their own war experiences.

At the communal level, the project had powerful effects. Sobas and elders reported that communities had become more active and hopeful as a result of the project. As schools were built, for example, the physical structures became tangible symbols of communal healing and monuments to people's hope and resilience. There was an intimate connection between physical reconstruction and healing, a topic that has received relatively little attention in the psychological literature. Much of the healing was social as people rebuilt systems of planning, dialogue, and joint activity that normalized life and embodied social trust.

Social healing also occurred through cultural reclamation and the strengthening of traditional social structure and practices. Centuries of colonialism had damaged traditional authority and had

led local people to feel inferior about their own culture. People who feel inferior and who doubt their own abilities are not in a good position to plan effectively for the future. Many adults reported that the project, by working in partnership with sobas and healers, had strengthened belief in the value of local culture, helped to restore social traditions and practices, and reinforced belief in the ability of local people to take charge of their own future. In this sense, the project's cultural approach was a key part of the communal empowerment and mobilization process. The project on reintegration of underage soldiers sought to strengthen this process.

The Reintegration of Underage Soldiers Project

Approximately 9,000 Angolan children, defined in accord with international law as people under 18 years of age, were drawn into soldiering, mostly on the side of UNITA. Most children were recruited forcibly either through roundups in public places or through imposition of a quota system. In the latter, troops entered a village and demanded that the soba turn over a particular number of young people lest the entire village be attacked and destroyed. Boys usually acted as combatants, porters, cooks, and spies, while girls often assumed roles as concubines or sex slaves.

Brutal tactics were often used to indoctrinate young people into military life. Many young recruits were beaten and threatened with execution if they tried to escape. According to one boy soldier, "...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" (Honwana, 1998, p. 41). It was not uncommon to force young people to kill someone who had tried to escape as a means of deterring escape, instilling terror, and normalizing the act of killing. To boost their morale and strengthen their military identities, young soldiers were typically given names such as "Strong" or "Rambo."

When CCF first sought to assist these young people, the term "child soldiers" posed problems. In Angola as in most Bantu societies, people who have participated in culturally defined rites of passage, typically at 12 or 13 years of age, are considered adults. The term "child soldiers" embodied Western views of childhood and of children's rights which do not fit the local beliefs. Fortunately, the local authorities agreed that it is damaging and undesirable for people under 18 years of age to be soldiers, enabling reference to "underage soldiers."

Concurrently with the community-based healing project, the "Reintegration of Underage Soldiers" (RUS) project was implemented in 1996-98 in partnership with UNICEF in the same provinces and many of the same localities where the work on healing had been conducted. The project strategy was to reintegrate former underage soldiers into families and communities through a holistic approach that combined family preparation and integration, community sensitization, microeconomic development, and traditional healing. This social integration approach contrasts

with that of placing returning youth in transitional centers where they receive counseling. Although center-based approaches are valuable in some circumstances, they tend to take on a life of their own. Short-term stays give way to long-term stays, and, too often, insufficient attention is given to reintegration into family and community life, the broader goals to which any rehabilitation program must aspire. In the Angolan context, centers and counseling are unsustainable, as neither has a basis in the local culture.

Preparation, Re-entry, and Reintegration

To initiate the project at the grassroots level, the province-based teams identified, trained, and supported a network of approximately 200 *activistas*. Many of the *activistas* were associated with the local church, had strong networks with the local communities, and were recognized by their communities as being in a good position to assist returning youth. The provincial teams trained the *activistas* on:

- social mobilization,
- the psychosocial impacts of child soldiering,
- and methods of enabling the integration of former soldiers.

The *activistas* conducted their work in three stages:

- preparation,
- re-entry, and
- reintegration.

These are described briefly since the primary emphasis is on the traditional healing aspects of the project.

While the former soldiers, most of whom had been recruited at 13-14 years of age, were in quartering areas, the *activistas* traced and notified their families. The *activistas* listened to family members' concerns, educated them about the situation of child soldiers, and advised them on how to aid family and community reintegration. They also worked to increase understanding that problems such as disobedience might stem not from bad character but from war experiences. In the community, *activistas* worked to raise awareness of the needs of former child soldiers, to reduce stereotypes, and to hear concerns about their return. They also worked to gain support of

local officials by conducting meetings with sobas, government leaders, and community influentials. These meetings helped to sensitize to the needs for vocational training, apprenticeships, economic opportunities, and positive roles and life options for returning child soldiers.

The re-entry work was very dangerous since Angola remained a divided country, and strong pressures existed in UNITA-controlled areas to continue fighting and to reabduct former soldiers. Recognizing that family reunification is one of the most basic forms of psychosocial assistance to children, the activists provided extensive logistical and transportation support, accompanying the child soldiers to their rendezvous points and arranging temporary foster care when it was impossible for the families to meet the children. Of the 4,104 youths demobilized into the CCF/UNICEF project areas, over 50% were successfully reunited with their families. The activists also arranged community receptions, which occasioned singing, dancing, and traditional re-entry rituals in which adults sprinkled the youths' faces and heads with flour or water. The activists networked with kimbandas, who typically attended the receptions and conducted greeting rituals.

To promote integration, activists helped 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. In addition, participation in culturally appropriate patterns of activity provides a sense of normalcy, continuity, and social meaning (Gibbs, 1997). Unfortunately, many youths chose not to return to school due to embarrassment over having to take classes with young children in primary school. Since many youth will return to agricultural life, CCF/Angola, with the aid of funding from the World Bank, provided small grants for land purchase and quick-impact projects such as starting a small business. Preliminary evidence indicated that youths felt hopeful and were making the transition effectively from military to civilian life as they entered carpentry or agriculture or started small businesses. This approach underscores the importance of linking psychosocial healing with economic reconstruction in an integrated effort.

Among the most important aspects of reintegration is the process of spiritual cleansing of returning soldiers. As described below, traditional purification is a crucial gateway for social reintegration, and without it, returning former soldiers are viewed as placing the community at risk. Unfortunately, many international NGOs have focused so strongly on trauma and on outsider

concepts that they have not put themselves in the positions of students who stand to learn much about local culture. The RUS project sought to study this gateway and to weave it into the fabric of the holistic approach described above. It assumed that analyzing local beliefs and practices surrounding soldiering and the return home is an important first step in understanding how young people have been affected and in constructing interventions that enable social functionality and integration. The next section describes the gateway and the process through which the Angolan team studied and valorized it.

Traditional Healing and Community Reconciliation

The RUS project sought to document traditional beliefs and rituals that had been transmitted orally across generations and had not, to anyone's knowledge, been described by people who had received appropriate anthropological training. Initiated in a spirit of action research, the documentation effort sought to describe indigenous psychological tools and resources that may be useful in assisting war-affected children. It also aimed to valorize local traditions as part of the process of cultural reclamation and boosting of collective self-esteem and empowerment. Indeed, the documentation was part of the process of psychosocial healing since it heightened the salience and prestige associated with cultural beliefs and practices that enable social meaning, provide support under difficult circumstances, and build continuity between past, present, and future. The process of documentation was also one of mobilization and strengthening local networks, as many people had become separated from healers or had not been referring with them as frequently as had been the practice before the war.

To prepare for the documentation, Alcinda Honwana, a Mozambiquan social anthropologist, trained the province-based teams in ethnographic methodology. The teams then used this methodology to interview key informants and learn about local beliefs on life and death, illness and health, and ritual purification. A key lesson from this part of the project was the need for ongoing training that contributed not only to technical expertise but also to open-mindedness. The provincial teams consisted of university educated people who had embraced the mindsets of the colonizers and who themselves tended to see traditional practices as being backwards. Accordingly, follow-up trainings used a reflective methodology in which the Angolans discussed why they held

such deep prejudices toward their own culture, the value of the local cultural beliefs for people living in the rural areas, and the importance of documenting the beliefs and practices. Although the documentation is still in its early stages, numerous patterns and themes are visible.

One of the main findings is that spiritual contamination rather than trauma is viewed locally as the heart of the problems facing returning underage soldiers. Among the former soldiers and the local communities, the belief is that one who has killed is haunted by the unavenged spirits of the people who had been killed. The spirits are believed to cause mental disturbance. According to one informant, “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...” (Honwana, 1998, pp. 77-78).

The local belief is that the spirits of the dead cause injury or harm and that traditional treatment is required to remedy the problem. Speaking of her 19-year-old nephew who had returned following seven years of fighting in the war, a kimbanda from Malanje said “I could not let him stay without the treatment. He needed it because there he might have done bad things 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...” (Honwana, 1998, p. 79).

In the view of local people, the problem is one of spiritual contamination, and it is communal in nature. If a returning soldier who is haunted returns to the village, the haunting spirit causes bad behavior, creating problems such as crime and killing in the community. The members of the living community are obligated to restore spiritual harmony through the conduct of an appropriate purification ritual that avenges the spirits of those who had been killed. The failure to conduct the purification ritual jeopardizes the entire community. This communal distress constitutes a powerful barrier to the reintegration of returning underage soldiers. To open the door for integration, it is necessary to achieve spiritual cleansing or decontamination, which is accomplished through symbolic purification rituals performed by a kimbanda. The performance of these rituals opens the door to reconciliation between the returning young person and the community.

To illustrate the cleansing process, consider the case of M.P., a 20-year-old from Huambo who had narrowly escaped death twice while in the military. Speaking of his joyful reunification with his mother, he described the greeting ritual that was performed. "...a chicken was killed and I ate it all. They also scrubbed me fuba (cassava flour) in the face and swept my legs with a broom. I asked why, and she said 'It will not do you any harm. We did this because you have been far away for a long time. You didn't die, you returned, that is why.' Then we danced batuque [a traditional dance accompanied by drums] with the whole family and the neighbors".

Subsequently, through networks of the CCF trainers, a local healer judged that the cleansing process was incomplete, leading him to conduct a more thorough purification ritual. This and other evidence suggests that there is a two-stage process of cleansing in which more thorough methods are applied if the initial procedures do not achieve the cleansing. The ritual included creation of a safe space, fumigation, offering to the spirits, and a mixture of purgative and preventative elements as described below.

The healer placed several herbs (green leaves, dry leaves, and roots) in a basin containing water, which he put on the threshold of the front door. The healer put dry leaves of the Uvanga plant into a can containing two lighted pieces of charcoal, and he placed the can on the right side of the basin. The burning leaves created a white fume that transformed the atmosphere. Fanning the can to expand the fume all over the room and the back yard, the healer said "This fume expels the souls of the other world. The souls of the other world, and the spirits, that want to harm you step back when they find in the door Uvanga or its fume." A bunch of dried Jelele branches was then placed in the front part of the basin. The branches were tied as to form a traditional or handmade broom, which was placed in front of the door. The healer said, "This broom is to impede the entrance of the 'filthiness' that was attached to you until now."

M.P.'s mother was allowed to help organize the herbs according to the healer's instructions. When everything was ready, the old man poured some liquor in each of the four corners of the room, around the basin, and finally over it, forming a cross.

In the same places, he also poured the Kissangua [a traditional non-alcoholic drink] and small amounts of Kanjika [a local food consisting of corn and beans]. The healer explained that this was a symbolic gesture for offering a banquet or party to the spirits.

Seated on a small bench with the basin of herbs between his feet, M.P. rested his feet on Upu leaves, thereby squashing, stepping on, and killing evils he carried such as spirits of the dead or curses put upon him. M.P. removed his shirt, and the healer then scrubbed his chest with black Jolela root to avoid all evils that might have wanted to attack frontally. The same root was scrubbed on M.P.'s back so that he would have the same protection on both the back and front of his body. The rubbing of front and back was repeated using the rubber stem of the Olunenva plant, thereby blocking evil, removing curses, and adding protection. The bathing continued with Evonguevongue, which the healer explained would block anyone who wants to hinder a person's progress.

Following a full-body bath, the healer covered M. P. with cloths and a bathing towel and turned his face toward the basin. Heated mud stones which had been built by salele (fire ants) were placed in the basin, causing the water to boil and giving off a vapor that caused M. P. to sweat. The healer explained that "Even if somebody wants to harm you, in a short time, he forgets what he wanted to do against you." While M.P. breathed the hot vapor, the old healer began to rotate the chicken around M.P.'s head. He also said, "You didn't make anything. You don't know anything. This already began a long time ago; all the evil that it is in our son, we don't know, the evil that is in our son should leave; if he has done any wrong, it is because he was forced to do, it was not his will; because he did not begin it in the first place." According to the healer, the chicken is important because it serves as payment for the spirit that is causing all evildoing... The healer explained that the chicken has to be offered to the spirit to achieve the patient's protection: "If the spirit receives a chicken from somebody wanting him to engage in evildoing, he no

longer can do it because he has been paid already. The spirit returns and tells the person who sent the chicken that he cannot do it anymore, so the person who was to have suffered the harm is set free."

The ceremony having ended, the participants and witnesses celebrated by consuming Kanjika, bread, liquor and Kissangua. Smiling, M.P. dressed himself. The healer observed M.P. and moments later requested that he leave the room by jumping through the door. M.P. jumped over the basin as requested. The jump signified that starting from that day, all types of wickedness, persecutions by the spirits of the dead, living enemies, envy and diseases, were left behind. Thus began a new life for M.P., who is now seen as having been purified from all evil. "Now he is lighter, all the weight that he carried, all the filthiness came out," the old healer said.

Programmatically, the RUS project did not itself invent or apply traditional treatments. Rather, it played a facilitative role that encouraged local communities to strengthen traditional processes that war, colonialism, and poverty had tended to disrupt. The importance of this facilitative role should not be underestimated, as the entry of humanitarian assistance agencies into war zones brings a host of outsider values and social influences that may subtly contribute to the erosion of local traditions and practices that are valuable sources of psychosocial support. Through documentation processes, local communities may move into a better position to analyze the strengths and weaknesses of their traditions and practices and to make conscious choices about which paths to pursue in community development.

Sadly, the re-eruption of war in Angola in December, 1998 disrupted work on reintegration of underage soldiers. Since additional youths have been recruited since, there will be great need of future work along the lines outlined above. Although this reintegration work is prevention-oriented in that it seeks to reduce the risks of re-abduction and to create positive life options for youths, it is only one element of comprehensive prevention efforts. To strengthen prevention efforts, the CCF teams have consistently supported policies that provide more effective protection for children and that outlaw such objectionable exploitation of children.

Toward the Future

As the fighting associated with the current round of war winds down, there will be great need of additional psychosocial work on healing and reintegration of underage soldiers. Although the projects described in this paper have had significant positive impact, they surely raise more questions than they answer. Enormous needs exist for ongoing evaluation research to address questions such as the following. How effective is traditional healing, and to what extent do project impacts owe to traditional methods, to Western methods, or to their combination? How long-term are the effects of the projects? How will the use of Western-based methods alter traditional beliefs, practices, and values and what are the implications of these changes? What roles does the family play in buffering the effects of stress or, in cases of excessive discipline and child abuse, in spreading and amplifying effects of community-level violence? Much more remains to be learned about the pathways through which violence and healing methods influence stress and behavior. Fortunately, the projects have helped to build a foundation of interest in and expertise for collecting data to address these and related issues. The intent is to refine the interventions through continued evaluation research, enabling the project to serve as a model for conducting culturally relevant interventions in other war-torn countries.

Ultimately, the aim of projects such as these is to contribute to peace. Peace, however, requires political, social, and economic transformations on a large scale. To maximize their impact, psychologists in war zones need to develop more effective means of integrating their work into macro-social programs for transforming cultures of violence into cultures of peace.

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