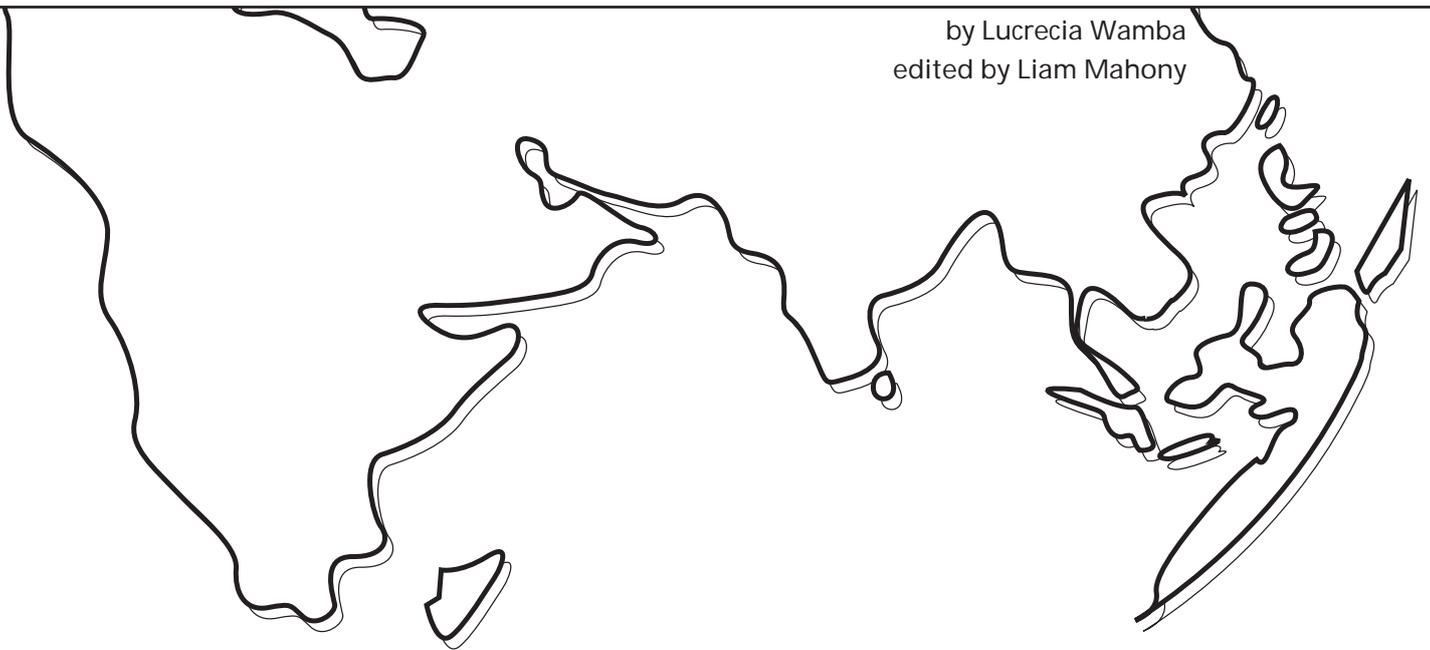


## **Complementary Strengths: Western Psychology & Traditional Healing**

Rebuilding hope for child soldiers in post-war Mozambique

by Lucrecia Wamba  
edited by Liam Mahony



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### **Lucrecia Wamba**

Lucrecia Wamba is a 29 year-old Mozambican psychologist, born in Maputo province. She studied psychology and pedagogy at Universidade Pedagogica in Maputo, and has also studied psychotraumatology and family therapy in a course co-organized by Reconstruindo a Esperança (RE, Rebuilding Hope) and Hamburg University (Germany).

Lucrecia began to work in RE's community-based programs in 2000, aiding with a project that provided psychological assistance to children affected by floods in the south of Mozambique. By seeing the work done by RE with former child soldiers, she soon became interested and involved. Her commitment has been deeply supported and reinforced by her colleagues, particularly Dr. Boia Junior, a psychologist and founding member of RE who has been involved since the beginning with the project to help former child soldiers.

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September 2004

Dear Friend,

Welcome to the New Tactics in Human Rights Tactical Notebook Series! In each notebook a human rights practitioner describes an innovative tactic used successfully in advancing human rights. The authors are part of the broad and diverse human rights movement, including non-government and government perspectives, educators, law enforcement personnel, truth and reconciliation processes, and women's rights and mental health advocates. They have both adapted and pioneered tactics that have contributed to human rights in their home countries. In addition, they have utilized tactics that, when adapted, can be applied in other countries and situations to address a variety of issues.

Each notebook contains detailed information on how the author and his or her organization achieved what they did. We want to inspire other human rights practitioners to think tactically-and to broaden the realm of tactics considered to effectively advance human rights.

In this notebook, we learn about efforts to integrate and maximize knowledge from traditional and western healing methods to reintegrate child soldiers into communities devastated by war. Rebuilding Hope saw the need for an integrated healing process that would allow families and communities to accept child soldiers back into their lives-even those who had killed their relatives and burned down villages. Acknowledging that traditional healers are often the first people community members approach when they need help (healing), Rebuilding Hope psychologists approached the healers as well as other community leaders, such as teachers and tribal leaders, to be project partners. The creation of an integrated support system combining western psychology and the traditional healing processes enabled children to be reintegrated into their families and communities as purified people, while the psychologists developed sustainable mental and emotional support systems for them. Such reintegration issues are not unique to Mozambique. Other communities dealing with these complex issues of reintegration, whether of child soldiers or other populations, can find this tactic helpful in generating ideas toward accessing traditional forms of support and healing.

The entire series of Tactical Notebooks is available online at [www.newtactics.org](http://www.newtactics.org). Additional notebooks are already available and others will continue to be added over time. On our web site you will also find other tools, including a searchable database of tactics, a discussion forum for human rights practitioners, and information about our workshops and symposia. To subscribe to the New Tactics newsletter, please send an e-mail to [tcornell@cvt.org](mailto:tcornell@cvt.org).

The New Tactics in Human Rights Project is an international initiative led by a diverse group of organizations and practitioners from around the world. The project is coordinated by the Center for Victims of Torture (CVT), and grew out of our experiences as a creator of new tactics and as a treatment center that also advocates for the protection of human rights from a unique position-one of healing and of reclaiming civic leadership.

We hope that you will find these notebooks informational and thought provoking.

Sincerely,

A handwritten signature in cursive script that reads "Kate Kelsch".

Kate Kelsch  
New Tactics Project Manager

## Introduction

Mental health practices and interventions in developing countries and post-conflict situations are extremely challenging. A common misperception is that mental health support is the sole task of psychologists, social workers, medical doctors, counselors, and nurses—in other words, western-trained personnel. Our experience, however, shows how a community process of mental health assistance must constructively involve all levels of experience and knowledge in the society. In this tactical notebook, we will describe the reintegration of former child soldiers back into their communities, a process that brought about the collaboration of community leaders, western-trained psychologists, and local *curandeiros* (healers).

All societies and cultures have developed, created, and learned mechanisms to deal with their specific problems in different spheres of life. If we seek to help a community to rebuild itself from trauma, our approach should first ask “how is this society or community already using its own resources to overcome or deal with the problem?”

To illustrate this, I will share with you the experience of a Mozambican non-governmental organization, Reconstruindo a Esperança (RE, Rebuilding Hope) in working with children affected by military violence, particularly in rural communities. The work focused on providing psychological assistance and promoting community reintegration after 16 years of war, in the process using and reinforcing community resources.

In this notebook we focus on Josina Machel Island, a rural community in Maputo province, 130 km from the city of Maputo. The island has 10,000 inhabitants, the majority of whom make a living from agriculture, fishing, livestock, and migratory labor (working in the Republic of South Africa). During the war an important military base was nearby. Many children were used as combatants, and many were sexually exploited.

Collective traumas, like war, are more than the sum of their individual effects. These traumas rip apart the social fabric, damaging the very foundations of social relations upon which mental health depends. Conventional psychotraumatology tends to focus on the individual's experience, but in order to help individuals heal as community members who have lived a collective trauma, something more is needed. The process must involve the community and its indigenous social and spiritual support mechanisms. People define their identity in relation to their community and ancestors, and after trauma they must rebuild that identity with the community. In the cosmology of that community process, individualized western psychology alone will not suffice.

Rebuilding Hope created a uniquely collaborative process, based on mutual respect for both western and

traditional disciplines of healing. The process we built was as inclusive as possible, facilitating the empowerment of the community as a whole while still caring for the individual psychological needs of our clients. The project encouraged and depended upon the leadership and support of community religious leaders, local teachers, and parents. With the help of traditional local and religious leaders, we forged links with local curandeiros. As a result of this collaboration, when those under our psychotherapeutic care felt they needed traditional purification rituals to wash away the bad spirits, we referred them to the curandeiros. Reciprocally, the traditional healers would purify their patients and send them to the psychologists for additional support.

As a result, an integrated support system was created: through traditional healing processes, children were reintegrated into their families and communities as purified people, while the psychologists developed sustainability methods for mental and emotional



Post-war community reconstruction of houses, schools, and the local hospital.

well-being. The result was a symbiotic model of psychotherapeutic interventions, taking into account the local knowledge and culture. During a period of eight years, Rebuilding Hope has worked with approximately 700 children.

The lessons we can learn from this go beyond the reintegration of child soldiers. It is our hope that our experience will help people working in other contexts to effectively integrate into their approaches the local capacities, cultural concepts, and wisdom, catalytic tools that can be essential in rebuilding community mental health. The need for such cross-cultural integration of healing strategies will certainly be relevant elsewhere, not only in the African context—i.e. Angola, Liberia, Sierra Leone, Burundi, Rwanda, and Ivory Coast—but in other countries as well.

### Political background

Mozambique is situated in southern Africa, with 2,800 km of coastline facing the Indian Ocean. With an area of 799,390 km<sup>2</sup>, its population of 16.9 million is 71.4 percent rural. Mozambique has one of the lowest Human Development Indices in Africa.<sup>1</sup> In spite of the population's largely Bantu origin, the country is multilingual and ethnically diverse, with a diversified mosaic of population origins (Maconde, Swahilis, Macuas, Podzos, Shonas, Senas, Changanes, Bitongas, Tsongas, Rongas, and others).

Five centuries of Portuguese colonial domination were marked by the oppression of the indigenous people, and by economic, social, and cultural inequalities. The Portuguese despised African culture and socio-political organization. After a nine-year war for liberation, Mozambique became independent in 1975. The ruling government of FRELIMO (Frente Libertação de Mozambique) then put a socialist system in place, prioritizing social and agricultural development. Until 1981, the country made considerable advances in education and health.

The social benefits of independence were cut short, however, by civil war. Not long after independence, those who opposed the newly installed socialist government formed RENAMO (Resistencia Nacional de Moçambique). The ensuing war between FRELIMO and RENAMO was one of the bloodiest in African history. It hindered the country's development, and its destruction of the economic and social infrastructure forced a great number of people to live as castaways and refugees.

The war was fueled by external regional and geopolitical alliances. The socialist FRELIMO government had close relationships with the communist block, and received economic and military support from countries like the USSR, China, and Cuba. Meanwhile, RENAMO was supported by the white-controlled regimes of South Africa and pre-independence Zimbabwe, and by some other countries.

The Mozambican conflict cost the lives of almost one million people, 45 percent of whom were children under the age of 15 (UNDP, 1990). One and a half million Mozambicans had to seek refuge in Zambia, Zimbabwe, Malawi, Tanzania, and South Africa. Still another three million became internally displaced, as rural communities were forced to migrate to urban centers or locations militarily more secure. At least 600,000 children were denied access to school due to the destruction of 2,655 primary schools, 22 secondary schools, and 36 boarding schools in rural areas.<sup>2</sup> By the end of the conflict, two million anti-personnel mines were scattered around the country. By 1988, UNICEF estimated that almost 250,000 Mozambican children suffered from psychic and physical traumas. These children had witnessed the deaths of their parents and other family members, had been forcibly displaced from their homes in search of secure shelter, and had been subjected to various forms of abuse, including kidnappings and sexual violence. Countless families were destroyed or separated.

Children were used as soldiers by both sides, often in front-line combat, with adults directing the combat from a safe distance. According to UNICEF, some 10,000 children were still being used in combat by RENAMO's guerrilla forces in 1988. An unknown number were forcibly integrated into the "milicias populares," local paramilitary forces directed by FRELIMO. Many children were also used as soldiers in the government army. The data gathered during demobilization efforts at the end of the conflict revealed that 27% (around 25,498) of the demobilized soldiers had been under the age of 18 at the time of their recruitment. Of these, 16,553 belonged to the government forces of FRELIMO and 8,945 to RENAMO.<sup>3</sup>

In the early 1990s, with the civilian population devastated and both warring parties militarily exhausted, FRELIMO and RENAMO negotiated a peace accord, which was signed in 1992. The first democratic elections took place in 1994. The end of hostilities was a boon to the population, but the peace process also had many flaws. In particular, neither RENAMO nor FRELIMO admitted to having used child soldiers, so children were completely left out of the demobilization process. Their guns and uniforms were taken, and they were simply sent back home to fend for themselves.

The accumulated impact of the war caused serious economic and social crises. There was no maintenance of the infrastructure, and farmers often could not maintain or invest in their land. Productivity decreased,

<sup>1</sup> The National Report on Mozambican Human Development (UNDP, 1999) rated Mozambique with a HDI of 0.341, last among African countries. The HDI establishes comparisons related to the level of human development among African nations, taking into account life expectancy at birth, educational level (adult literacy rates and schooling rates), and per capita income in dollars.

<sup>2</sup> Ratilal, Anabela 1989.

and farming production costs soared, rendering Mozambique dependent on foreign aid.

In addition to material privations, the conflict took a spiritual and psychological toll on children, their families, and their communities. In a deliberate strategy to de-stabilize FRELIMO's control over the country and to destroy the fiber of social life and community stability, RENAMO focused its attacks on civilian targets and infrastructures (Vines, 1991). FRELIMO, in turn, used some of the same strategies to regain control over contested zones.<sup>4</sup> The fabric of the community so necessary to collective mental health was itself, then, a target and a casualty of the war.

### Why the use of children as soldiers?

According to Boia Efraime Junior, children are considered easier than adults to train, to intimidate, and to control, and less likely to desert. Technological advances have also facilitated the use of children. AK-47 machine guns, for example, are light and can be used by children as young as eight years old.

In Mozambique the children themselves reported varying reasons for their participation. Some were forced to become soldiers by their own parents or by influential community members, while others were kidnapped. Children who refused to become soldiers were often killed as punishment and to intimidate others.

### How the tactic works: The healing of Jonas

Our strategy was anchored in the practical and spiritual realities of people's lives during and after the Mozambique civil war. Child soldiers lived through unimaginable horrors, and they processed these experiences through the lens of their community cultures and belief systems. Their healing needed to be processed through the same lens, in order to achieve both individual rehabilitation and community reintegration. To illustrate these realities, and to help place the subsequent analysis in context, I will start with the story of Jonas, a former child soldier referred first to a curandeiro and then to us because of persistent nightmares.

With client and family permission, our psychologists sometimes took part in the curandieros' purification rituals, and learned to analyze and interpret their role in the process of healing, reconciliation, and reintegration. Such cleansing rituals were very important for people returning from the military bases. These rituals were identified as a protective act. An excerpt from the *ku femba*—the healing process—performed

<sup>3</sup> (ONUMOS, Demobilization process in Mozambique, 1994).

<sup>4</sup> Deliberate destruction of community processes through terror in zones controlled or influenced by the military adversary is a classic strategy in guerrilla and counter-insurgency warfare. It serves to provoke fear of associating with the opponent, as well as to provoke displacement processes that weaken the opponent's perceived social and logistical support base.

on Jonas by the curandeiro Macuacua in 1995 reveals the potent cathartic effect of this ritual.

Macuacua: I cannot help you, because you know very well who are those people that follow you in your dreams. What I'm going to do is make them speak directly to you.

*The witchdoctor changed his clothes, placed necklaces made out of beads around his neck, arms, and legs, and held a wand made from a cow's tail. He approached Jonas and started sniffing him for dead souls. All of a sudden Macuacua became as if paralyzed. His helper came to him, and singing softly, took hold of him and gave him something to smell. She then took the cow's tail from his hand. His appearance was completely altered. He was a medium and through him a spirit spoke.*

Macuacua: You know me. I am the one who does not let you sleep.

Jonas: But what have I done?

Macuacua: What? Don't you know what you've done?

Jonas: Are you that man from Xinavane that we caught in the Bobole area?

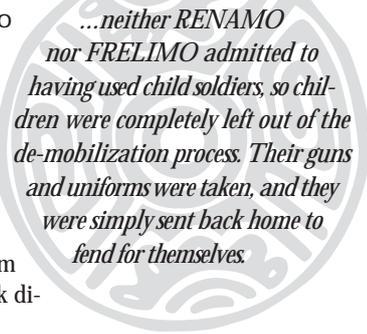
Macuacua: It looks like you remember.

Jonas: But if it's you, you know that what happened had to happen. If I hadn't done it the commander would have killed me.

Jonas' mother: But, who is this one? What have you done?

Macuacua: Tell her, tell her everything...

*Jonas started telling what happened. He belonged to a group of guerrillas responsible for assaulting cars on the National Road. Their mission was to cut communications between the center of the country and the capital in the south. They were to assault cars, set them alight, steal the goods, and kill the passengers. During one of the attacks, a man jumped out of a bus and ran into the bushes. The commander ordered Jonas to follow and capture the fugitive. Jonas found him trying to conceal himself in the bushes. He told the man to stand up and, when he was about to kill him, realized that it was a person he knew, a neighbor of his aunt at the stall where she sold vegetables in Xinavane. Jonas even called him uncle. He hesitated, and didn't kill him immediately. Suddenly another soldier came along, and Jonas said that they were not going to kill the man, but would use him as a porter. They forced the man to carry the loot that had been collected during the attack, and walked for three days. During the march, porters who slowed down were immediately shot. One woman had been forced to carry stolen goods; she was also carrying a baby on her back and had a son of about 12 years. As the weight of the child was slowing her down, a soldier told her to leave the child behind. The woman refused. The soldier grabbed the child from its mother and,*





Local traditional healer who performed purification rituals for former child soldiers.

*holding her by the feet, smashed her head against a tree. Everyone stared, petrified, at the tiny and inert body of the baby, at the crying mother and child. A man dropped his load and tried to attack the soldier who had killed the baby. He was struck over the head with the butt of a rifle and fell in pain. The commander appeared, wanting to know what was happening. After he was informed, he turned to the porters and told one of them to pick up the pack that had been dropped. He then turned to Jonas and ordered him to kill the prisoner lying on the floor.*

Jonas: I had to do it with the knife because a shot could be heard in the area. The slaughter would serve as an example to the other prisoners. It was only after I had the panga [knife] in my hand that I realized that the man I was supposed to kill was the one from Xinavane—my aunt's neighbor and the man I had saved three days earlier.

*Jonas hesitated. The commander, nervous, approached and asked what was happening. Jonas could not look into the eyes of the man lying on the floor. Trying not to look at him, he struck a blow to his throat. The blow wasn't sufficient to separate the head from the rest of the body. A spurt of blood reached Jonas' face and blinded him for a moment. The commander then took the panga and struck again. Jonas started to cry.*

Jonas (crying): Those eyes, the eyes... the man's head next to the baby's body haunt me in my dreams.... If I hadn't done it the commander would have killed me right there.... I had already saved your life, uncle, I had saved you when I found you in the bushes... I didn't want to....

Macuacua: But you killed me. I cannot take care of my family now. How do you want me to leave you in peace? Who is sorry for me? I'm not a wild animal to be killed the way I was in the middle of the road and without a decent burial.

*Jonas cries without answering.*

Jonas' mother (to the spirit of dead man): What did you want him to do? He was just a child. He was also kidnapped by the matsangas [rebels] in Incoluane. They forced him to do those ugly things.

Jonas' father: What are we going to do?

Macuacua: Go and see my family, take my clothes and make me a burial. And then I want this boy (pointing at Jonas) to go and stay with my family for a year and help them plow the fields.

Jonas and the family obeyed these demands. Jonas went and lived in Xinavane with the family of the man he had killed. The burial was also completed.

A year later, Jonas participated in six months of imaginative psychotherapy sessions, described later in this notebook.

## The development of the tactic

The work of Rebuilding Hope began in 1994 as a project inside the Mozambican Association for Public Health (AMOSAPU). With the end of the war, we needed to address the pressing problem of the many children who had been recruited or forced into the military. We were deeply concerned with their reintegration in the communities, and with the development of psychological disturbances due to their exposure to war-related situations. Rebuilding Hope then focused on psychological assistance and community reintegration for these former child soldiers.

### INITIAL SURVEY

In 1994 we conducted a survey to identify, among the many rural communities used as battlefields during the 16-year war, those that had been most deeply affected by the war and had a significant presence of former child soldiers. We decided to focus on three: Josina Machel Island in Maputo, Manjakazi in Gaza, and Mecuburi in Nampula Provinces.

Initial surveys conducted on Josina Machel Island revealed what people found when they returned home from the military bases:

- that their villages, houses, farms, grocery shops, and livestock had been completely destroyed;
- that their relatives and neighbors had been killed or had disappeared;
- that the perpetrators in the war were often their own children;
- that their female children had been raped, and had often come back as single mothers;
- that the fields on which they depended for agriculture were mined.

During the conflict Josina Machel Island found itself situated between two of RENAMO's largest and most important military bases. The island was subjected to night raids, in which RENAMO troops burned down homes, looted, and terrorized and killed local citizens. Rebuilding Hope knew that Josina Machel Island had many former child soldiers, but during our initial contacts with the community we found that adults were hesitant to admit their existence. Members of our team were strangers to the village, and there was no confidence within the community about our true objectives. In addition, villagers feared that their chil-



dren would be abducted once again and the war perpetuated through the use of child soldiers, and feared both retaliation against and judicial indictment of their children.

#### **DISCOVERING COMMUNITY RESOURCES; BUILDING PARTNERSHIPS**

To identify the child soldiers we approached people with recognized and important roles in the community—community leaders, teachers, the traditional chief, traditional healers, and bishops—inviting them to be project partners. The first lady, who belongs to the traditional leader family in the community, also became involved. These project partners introduced us and our mission to the community at large.

Through this partnership we were able to gather information on the child soldiers and on what was really happening in terms of reintegration. We learned that traditional healers and Zionist bishops were performing healing rituals aimed at treating war-related disturbances and promoting reintegration of the group. The partners facilitated our contact with the key social actors, including parents, healers, and the former child soldiers.

#### **DIAGNOSIS I: THE INDIVIDUAL PSYCHOLOGICAL IMPACT OF WAR IN THE TARGET GROUP**

According to a study done by RE, the disturbances prevalent among our young clients of Josina Machel could be classified into five categories: a) socialization, b) personality, c) cognitive capacities, d) psychosomatic responses, and e) contextually specific responses. The first four categories captured symptoms familiar to psychologists working with traumatized children, while the last included symptoms commonly present but not part of any syndrome defined by existing western diagnostic instruments.

##### *Socialization*

The children and youth of Josina Machel revealed disturbances in the process of socialization, particularly in the internalization of values, social norms, and ethics. Punamaki (1992) refers to the difficulty in educating children to respect human life—that is, “not to kill”—in a world where war is teaching the contrary lesson. The war disrupted socialization in a variety of ways. Wars model violent responses whenever children witness barbarities or are forced to commit them. Wars also undermine the legitimacy of parents and community leaders, rendering them incapable of educating children in accordance with community values.

People interviewed on Josina Machel Island, for instance, talked about cases of juvenile delinquency, and of disrespect shown to parents and other adults by some of the former child soldiers. During sessions, clients often expressed their contempt or disdain for adults.

#### **Local cultural and community resources for healing**

We have learned, on Josina Machel Island and elsewhere, that communities have healing resources, such as shamans and religious leaders, whose legitimacy and currency predates our arrival by several centuries (Efraime Jr. & Errante, 1999; Errante, 1999).

There has been growing interest in the cultural dimensions of psychology (Bruner, 1984; Cole, 1996; Levine, 1991; Schweder and Levine, 1984; Efraime Jr. and Errante, 1999; Errante, 1999). This body of work, along with that of psychologists working in wartime and post-war communities, has revealed the necessity of rethinking our understanding of trauma and psychotherapeutic intervention.

As an important component of the subjective dimension of trauma, culture can help us understand how individuals and groups define what constitutes trauma, how they explain its causes and manifestations, and the solutions they seek for dealing with it (di Giroloamo, 1993; DiNicola, 1996; Efraime Jr. & Errante, 2000; Errante, 2000).

In particular, as we attempted to develop psychotherapeutic interventions in cross-cultural contexts, we came to recognize the limitations of conventional views of psychotraumatology developed in the west. In the African context, for example, Dawes and Honwana (1998) suggest that we need to think more holistically about the traumatized individual in context, for it is only in this way that psychologists can understand the meaning which the individual brings and gives to a stressful experience. Moreover, it is only from this perspective that we can understand the resources available to an individual for dealing with a traumatic event. From this broader cultural context it may become apparent, as Honwana (1997) reveals, that there are many more healing resources available not only to the individual, but to the psychologist. Indeed, psychologists may discover that the “medicine” of western psychotherapy may have little healing currency in certain contexts, particularly if they assume that they are the only healers available to individuals and communities in crisis.

##### *Personality*

The former child soldiers displayed a lack of trust in adults and in themselves; a lack of perspective and/or a pessimistic perspective about their future; isolation; depression; resignation; high levels of aggression; apathy, or lack of enthusiasm; introversions; various phobias; a lack of adequate mechanisms to solve conflicts; and a limited capacity to accept frustrations.

##### *Cognitive capacities*

We also noted disturbances in secondary capacities of intelligence such as concentration, memory, and intellectual flexibility. These disturbances, associated with psychotraumatic elaboration such as flashbacks, affected normal development of intelligence.

### *Psychosomatic responses*

Children and youth of Josina Machel frequently complained of psychosomatic disturbances, including constant tiredness, dizziness, sleep disturbances, frequent headaches, and stomach pain. Some clients' sense of the general precariousness of life extended to views of their own bodies, which some began to find repulsive. Rather than being an instrument that protected them and with which they identified, their bodies had come to seem nothing more than bones, flesh, and liquid that could be easily torn apart by a bullet, an ax, or sexual abuse.

Among girls who had been sexually abused this sense of repulsion was particularly strong, and seemed to mirror their social stigmatization. Both guilt and a sense of disgrace forced them to hide their traumatic experiences. When their sexual abuse did become public knowledge, this sense of disgrace was used against them, and they were referred to as prostitutes. One of the repercussions of this social stigmatization was that girls and their families feared that a potential suitor and his family would be less willing to pay lobolo,<sup>5</sup> or inclined to pay significantly less.

### *Contextually specific responses: being out of harmony*

We found that many symptoms were not interpretable using the classic instruments of psychodiagnosis. In isolation it was not possible to group these symptoms into syndromes, making it difficult to establish either the relationships among them or their meaning. Nevertheless, the children and youth with whom we worked revealed certain behaviors considered abnormal by the people close to them. Their prevalence suggested that these symptoms might represent aspects of psychic elaboration of conflicts typical within Mozambican cultural traditions. Most of these symptoms were described in terms of a lack of harmony with the spiritual ties linking the living and the dead. Children reported being haunted by spirits in nightmares, and an inability to make contact with the spirits of their ancestors. They saw these as signs of falling from grace with their ancestors and, by extension, their family and community.

Children also faced many social problems, the most prevalent relating to the inordinate amount of time with no organized or planned activities. The social infrastructure was inadequate to respond to the children's daily needs. Many children displaced by the war and with no access to schooling for several years could not, for instance, attend local schools when they returned, as they were no longer of school age. Their lack of schooling marginalized them from their peer groups, which in turn tended to promote the development of anti-social behaviors. In other cases, the war

<sup>5</sup> Lobolo is the symbolic payment made to the bride's family by the groom's family. It is made as an offering to the bride's ancestors, a way of introducing the groom to the bride's ancestral family and also asking for its blessing.



Community movement around the project, and a meeting of local youth with parents, community leaders, the local judge, and other project partners.

forced children as young as twelve to assume adult responsibilities as heads of households, looking after their siblings and sometimes even their grandparents.

### **DIAGNOSIS II: EFFECTS OF VIOLENCE ON THE FAMILY SYSTEM**

While part of a family, the child learns to see authority as necessary and adequate. During the war, however, many of Josina Machel's children experienced an arbitrary use of authority and force. Many could not turn to their parents for protection or to satisfy their affective needs. The diminished sense of faith in important attachment bonds in some cases affected the development of self-esteem and adequate (as defined by community norms) forms of behavior, seriously weakening and even destroying family ties as a result.

Parents also experienced guilt over their inability to protect their children, leading them to construct taboos around discussions of their children's war-time experiences. This in turn contributed to the repression of painful memories and to the children's sense of abandonment and loss of respect for authority, which often manifested itself in family conflicts regarding authority.

On Josina Machel, for instance, chicken gizzards are reserved for the father of the family, and several major conflicts erupted when former child soldiers openly defied parental authority by eating the gizzards themselves. The children later explained that,

after their wartime experiences, they resented being forced back into their submissive role as children. Fathers, feeling their authority challenged, often retaliated by telling the children that should leave the household if they did not wish to live under parental authority.

Tensions between children and parents were also exacerbated by disturbances to conjugal relations. Both spouses often looked to the other to fulfill their own psychic needs but, as both were often overwhelmed by their own personal trauma, this often led to conflict in the conjugal sub-system.

Finally, fears of retaliation and re-victimization among both children and adults were exacerbated by the fragility of the peace process and the political polarization between the two factions. The government's inattention to social, material, and affective rehabilitation of the war victims further diminished people's faith in the peace process and in their futures. For former child soldiers the situation has been particularly acute, for they were intentionally forgotten in the demobilization process.

### **Rebuilding Hope: the aims of intervention**

- I. **To reestablish a feeling of trust**, especially for adults. Children and youth affected by military violence often lose trust in their parents, friends, community, and, by extension, all authority figures. It is crucial for the psychotherapist to build an alliance with the client, to avoid being seen as the bearer of opinions, and yet not to hide the gravity of the acts committed by the client.
- II. **To reestablish the capacity to give meaning to experienced traumatic events.** This entails working with the local cosmology and cultural norms through which children and youth make sense of and give meaning to their experiences. As part of the psychotherapy, we also take account of pre-traumatic experiences, the experiences of early childhood, and earlier encounters with stress. With children born in the military bases or socialized only through military violence, however, we found it very difficult to identify pre-traumatic memories that might enable them to conceive of war and of the barbarities they committed during it as exceptions. We also found that families advised the children not to speak of their experiences in the war. This was a way of protecting the children, and of hiding guilt at having been unable to fulfill their parenting role—to protect, educate, and care for their children—during the war.
- III. **To reestablish self-esteem.** In psychodynamic terms, self-esteem is strongly dependent on a person's position in relation to others. Violence

committed against the family, and the loss of persons close to a child, both have a powerful negative impact on self-esteem. Our clients' self-esteem had diminished further because the war had destroyed ethnic references and excluded the children from the community. This sense of alienation often produced a defense mechanism characterized by extreme arrogance and demonstrations of a magnificent and omnipotent "I." The psychic wounds revealed here had to be treated with respect, showing clients sensitivity to this narcissistic hemorrhage. We helped them find dignity by supporting their capacities to look after themselves—providing daily activities, learning activities, and self-help groups and initiatives. Teachers also had an important role to play here, helping children plan a new future orientation.

- IV. **To reestablish control over aggression.** According to Winnicott, growing is by nature an aggressive act, for growth supposes—by nature and culture—the death of the ghost, of imaginary parental representations, along with the mourning resulting from this death. This process, however, implies control of aggressive impulses, acquired as the child learns to repress gestures and words that hurt others, and lost when children or adults suffer aggressions or are forced to act with violence. We have tried to restore the capacity to relate to others by helping children gain awareness that these values of inter-relationship can protect them: from committing violence against others, and at the same time from being victims of violence themselves.
- V. **To reestablish identity.** Our self-image, our awareness of self, and our sense of identity depend upon the image that others have of us, as well as on cultural, social, historical, and spiritual elements. The ideological pressure caused by war can give rise to mechanisms of pseudo-identification, which give the child a comfortable, ready-to-wear identity that protects him or her from difficult questions related to the future.

Military solidarity, for example, creates a secure and predictable identity space for the soldier. There is, however, the risk of this identification becoming too rigid and conformist. We therefore learned to listen attentively to our clients, to discover which pieces of their identity were abandoned and replaced by the identity of "soldier." The use of sensitive and cultural activities such as drawing, painting, music, and drama allowed us to help the children curtail their prohibitions and deal with trauma in an indirect way.

Our experience with the psychotherapy groups shows that interaction with other children and youth in peer groups allows participants to come

into contact with new forms of identification that can be shared with others. This sometimes entails psychic acceptance in boys of a female personality component, and in girls of a male component. All of our approaches have the objective of reestablishing links of affection with others. The family and the community play a very important role, and domicile visits by members of our clinical staff are a central component in facilitating these interactions.

- VI. **To reestablish hope for a future.** People exposed to traumatic events can lose a sense of positive continuity in their lives. Their sense of the future has been foreshortened by violence, war, and victimization, and they have fatalistic expectations of death, misery, and sickness. Life becomes something to be endured, something not worth living. We have tried to help clients identify the positive potential inside and around them.

Literacy and professional training, schooling, and self-help groups are crucial, though these activities must not be heavy-handed or reminiscent of the military system. It is necessary to create room for individual initiative, even at the risk of seeming useless in the eyes of teachers. This reinforces in children a feeling of internal freedom, which we consider an important step in creating new post-war identities.

### **The collaborative strategy REWEAVING THE SOCIAL FABRIC: WAR, MENTAL HEALTH, AND THE COMMUNITY**

Clearly, these objectives could not all be met through a purely individualized process of psychological intervention. For trust to be reestablished in the mind of the child, there also had to be changes in the community, which had been affected by the perceived “evil actions” of child soldiers.

The process of giving meaning to traumatic events is a social one—the child’s sense of meaning must be compatible with that of the community. Self-esteem and identity are relational, deeply dependent on the extent to which the family and community acknowledge and support the re-integration process and the concurrent reconstruction of identity. Controlling aggression is both an internal and external process, related to individual belief in or respect for existing structures of social control and legitimate authority. And finally, all activities related to establishing hope in the future are community-based. Each of our objectives, then, had both individual and community ramifications, demanding an integrated strategy.

Conventional psychotraumatology tends to focus on the individual’s experience. Even when we do address the nature of collective trauma, we tend to it as if it were merely what emerges from the many individual responses to traumatic events. We learned, however,

that the war’s trauma had insinuated itself into the fabric of community life, and we could only reach the core of this dynamic by understanding the community cosmology or “world of meaning” (Avruch et al. 1991).

Members of this community believe that health and sickness are connected to the realm of their ancestors and the performance of sacred rituals for them, and are also related to the morality of actions, such as killing people during war. This cosmology underscores people’s understanding of health, and our first lesson was that illness is not universally conceived of as an individual phenomenon. In the case of Josina Machel, an individual’s state of illness or health was deeply tied to his or her relations to the community. This, in turn, underscored the importance of understanding the local sense of personhood—where the sense of “I” ended and “we” began in our clients (c.f. Schweder & Bourne, 1984), their families, and their communities; how the war had affected the web of relations supported by this sense of personhood; and how this influenced and was influenced by local constructions of and mechanisms for dealing with collective and individual experiences of trauma.

We saw integrated community involvement as absolutely necessary. Thus, as described earlier, our first step was to invite the collaboration of influential community leaders, including a local judge, teachers, traditional healers, a bishop of a Zionist church, and the first lady, who is the wife of a traditional chief of the region. They helped us identify the child soldiers, and learn about existing community healing and reintegration mechanisms.

We described our objectives to our new project partners. One of the first challenges faced in this introductory phase was explaining the concept of “psychologist” in the local Bantu language, Changane. We used metaphors (e.g. medical doctors heal physical wounds, while we deal with spiritual or psychic wounds), then asked how we could assist the community. Slowly, we had to negotiate the “therapeutic space” with the community. Our desire was to be as inclusive as possible—because ethically and philosophically we were committed to facilitating the empowerment of the



Self-sustainable activities: a former child soldier making a fishing boat.

*In the beginning, we went to the parents, asking "How are your children coming back? What is happening with them?" They replied, "They are being purified by the spiritual leaders and traditional leaders. They came back and their head is not good. We need to wash those bad spirits away."*

community as a whole, and also because our project needed the blessing and support of local leaders.

### **TRUST, HOPE, AND MATERIAL VULNERABILITY**

We began to meet with each of the communities and with the parents to determine what kind of support they needed. In the beginning, we encountered mistrust and hesitation to speak about problems.

People said to us, "If we feel sick we know what to do. We don't need you to tell us we are sick. No, we don't need you."

So we changed our strategy. We asked them, "What has changed in your life from this war? How have your options and possibilities and values changed?" Then people began to speak. "I used to have a house and cows, now I do not. I lost my husband...."

We next asked them to suggest solutions. "Maybe if we had agricultural tools. Maybe if we had seeds. Maybe if our children could go to school. Maybe if there were no mines.... Maybe then our lives would start to change."

We found that we had to reconsider the links among material, psychological, and social well-being. Access to desirable material goods affected the level of material well-being. But material goods also had symbolic significance; they represented, both for individuals and for the community at large, the degree to which persons could fulfill their roles within the community—as "good" or healthy children, as parents and teachers, as healers with potent medicine. It thus affected their perceptions of the degree to which their bonds within their families and the greater community were secure.

So we revised our conception of the task. We could not go in with only psychological services; we needed to address these material concerns as well. The necessities of seeds, tools, cows, schools, and de-mining were intricately related to the mental health of the community. We could not provide counseling without also pressing the government on its de-mining process, or without soliciting support for the local hospital. And thus a very complex project began. We decided to risk getting involved, but we needed to ensure that the community didn't simply benefit from these projects—that community members worked on and helped manage all of them.

To strategize this we organized discussions to identify causal relationships among the problems affecting the communities. Through these discussions participants were able to (1) identify the problems affecting their

well-being, (2) group the problems according to their characteristics and solutions, (3) prioritize the problems according to the level of gravity, (4) identify the necessary resources, and (5) identify the key allies. This process helped in solving problems related to agricultural tools, houses, schools, teachers, and self-aid activities.

Rebuilding Hope supported people, for example, in creating a farmers' association. Thirty members of the community were responsible for the project. Adults worked with children to teach farming skills, tailoring, and fishing; adults also organized sports for the children. We trained local teachers to provide psychosocial support, focusing on how to work with children affected by war, and RE psychologists and art-educators provided the teachers with direct supervision and support.

The RE team was offered a place to build its office and residence, which allowed us to fit into daily activities and be considered part of the community, important elements in strengthening trust and confidence. We had a place to stay, but all activities, apart from the psychotherapy, were the responsibility of the community. We were trying to create a sustainable structure.

It wasn't easy. People had no perspective of the future, even as far as tomorrow. Their goal was to stay alive today. For instance, they took the first cows given to them by the project, sent them out into the minefields, and blew them up. Then they had a feast.

Nevertheless, with the help of material support given to the community, they were able begin rebuilding things. The most important reality was that the war was over, and people began to feel secure in that fact. This was a crucial moment for bringing people back their own responsibilities in rebuilding their community.

### **COLLABORATION WITH TRADITIONAL HEALERS**

The traditional healers and bishops were the first people in the communities that families approached when they needed healing. When they saw that our work was complementary in terms of aims and goals, the healers and bishops embraced the project.

In the beginning, we went to the parents, asking "How are your children coming back? What is happening with them?" They replied, "They are being purified by the spiritual leaders and traditional leaders. They came back and their head is not good. We need to wash those bad spirits away."

So we went to each healer accompanied by an activist. The first lady of the community, for instance, was our entry into many healers' homes. She would be the first to speak, describing our desire to help. "They are

doctors. They are here to help. I just brought them to you because I think they have something to offer us." The healers would then tell us what they were doing for the children, and we would describe the educational processes of our own discipline, focusing on the children and the community at large. We felt we could work together. If the healer could first wash away the evil spirits, the children could then come to us and we could help build them up as men and women.

#### *The role of the traditional healers*

There are two major processes performed by traditional healers. In Ku Pilhaphuva, the healer uses a mixture of shells, small bones, coins, and so on to see what is happening with the client, speak with the client's ancestors, make a diagnosis, and to determine a remedy, which might consist of medicine or dialogues with the spirits. With Ku Phemba the healer incorporates the spirits into his body (see Jonas' story, above) The spirits speak through him to the client, allowing the client to have a dialogue with the spirit that is causing the illness. For us, this process has a very important rehabilitative effort, similar to that of a cathartic process in psychotherapy.

#### **PSYCHOLOGICAL APPROACHES**

The situations that led to each child to become a soldier or part of a militia varied, as did their ages, lengths of exposure, atrocities witnessed or committed, levels of psychic development, social structures, and perceptions of the traumatic events. Thus we needed a variety of approaches:

- Imaginative psychotherapy, in which clients bring in symbols from their culture. We can also use drawings and imaginative animals to address feelings and emotions in a "pseudo-identification" processes, or talk about particular events and use the senses to understand underlying issues. We are striving, then, to approach the holistic through its small parts.
- Client-centered psychotherapy (C. Rogers), in which we look at the individual as a whole, disregarding the social links, and target his interests, feelings, emotions, experiences, perspectives, and beliefs.
- Psychodynamic approach, in which we integrate the family, the community, the traditional healers, and so on. The focus is the client with all of his social links.

Our approach developed according to client needs. In a psychotherapeutic session, clients might allude to the fact that their problems (isolation, psychosomatic responses, personality disorders) needed traditional purification rituals to wash away the bad spirits, and psychologists would encourage them to go to their traditional healers and religious leaders. Reciprocally, the traditional healers would purify their patients and send them to the psychologists. Sometimes, with the

consent of the patients and their families, the psychologists would take part in the rituals.

Because the community wanted to purify the children, they were usually taken to traditional healers first. It was often important to take them to healer at some point, because then the children were accepted back into the community and society.

One link between traditional practices and psychology is in the recognition that healing is vital for rehabilitation and reintegration. For the curandeiros, the healing and reintegration process is seen as a single event—people are washed or purified, and then they are accepted. If the nightmares or symptoms return, the purification must be repeated, for the ancestral spirits are still unhappy. This is the traditional equivalent of our view as psychologists, in which we see a process that is going to take time, with symptoms that may recur or persist for weeks or even years.

Together we helped children reintegrate into their families and communities as purified people with mechanisms for sustaining mental and emotional well-being. The co-operation was unique, and through it we created and developed a symbiotic model of psychotherapeutic interventions, taking into account the local knowledge and culture.

#### **The war experience for girls**

Abducted from their villages, girls were forced to live on the military bases. They were used as slaves to produce food, and as sexual concubines for both adult and child soldiers. Testimonials indicate that girls were sexually assaulted in public, mutilated, and forced into compulsory marriages. They often became pregnant and bore unwanted children. In African traditional culture, women are viewed as unimportant and do not participate in decision-making processes. Not surprisingly, then, they were forgotten in the peace process, and national efforts to achieve social and economic reintegration privileged boys over girls.

At the beginning of the project, our activities focused on boys. The concept of the child soldier is normally linked to boys, as they are most likely to carry the guns. During our work, however, Rebuilding Hope became aware that there were gender-related roles for children in the war, and that the war had taken an emotional and physical toll on girls as well. In addition, we found that girls were often pregnant when they returned from the war, and thus unable to be married.

We began a series of workshops on women's rights and human rights, and created an association in which women could produce and sell crafts and other goods, while also building mutual support. In addition, we facilitated meetings in which women and girls could

discuss their experiences, and began literacy training for the girls; this training program continues today.

Because girls in our culture have a demanding domestic role, and are not as free as boys to spend significant time away from home, it was difficult to reach a great number of them. Girls in our program took part in the same traditional rituals with the curandeiros upon returning from the war, and participated in RE's joint processes. It was not unusual, however, to have only five girls in a group of 20 youths.

Maria<sup>5</sup> was nine years old when she was abducted from Josina Machel in 1989. She was held for three years in Marone, near Chinhuanine.

"When I arrived I was only nine years old, and they gave me to a man. I didn't want to but they forced me. We used to go to assault vehicles and residences. We had to carry the goods back to the base. In those assaults, we used to go with armed men and the kids that are here on the island. They would kill people because they had taken drugs—they were given drugs to give them more courage. I don't want to recall that bus we assaulted, where many people were killed and the vehicle was completely burned. I think no one survived."

Maria is now a single mother with two children, living with relatives, and has taken part in purification rituals and psychotherapy sessions conducted by the RE team. As single mother she will have difficulty remarking or earning respect in the patriarchal culture.

Rosita<sup>6</sup> was left in a military base when her mother fled, attempting to return home and believing that her child would be safer if left behind. When Rosita began sessions with us, she blamed and even hated her mother, and would not visit her mother's house. "My mother left me there to suffer. She wasn't there to protect me." After a long time, they were able to sit together and talk about what had happened.

"We suffered a lot during the war. We are still suffering as mothers. We don't have food for our children. But the project helped us."

## Outcomes and evaluation

Over the course of the project, Rebuilding Hope employed about 40 specialists, including psychologists, art educators, and physicians. The overall cost was about \$900,000 (US). We trained activists in 13 different villages on Josina Machel to provide ongoing support in their communities, and built up a small partner group in each village.

We worked with about 20 different healers and local bishops who were assisting former child soldiers, often on a regular basis. In some cases the collaboration centered on appeals to the healers to send their pa-



Use of theater, dance, and music to entertain and to elaborate on past experiences.

tients to see us. In the more intensive collaborations, however, we were able to become directly involved in the work of the healers, observing their practices and ceremonies.

Our project was recognized internationally in the human rights field. In 1999 Rebuilding Hope received the Human Rights Monitor Price in New York and in 2000 the Peace Prize from the city of Aachen, Germany.

Today, the community of Josina Machel Island and the Mozambican society at large still face post-war problems. Criminal activity—especially with the use of weapons—is rising. We believe that a comprehensive national reintegration program—including psychological rehabilitation, education, and professional skills training—with a DDR (Disarmament, Demobilization and Reintegration) process would have been an enormous step toward building peace in Mozambique.

Based on our established project objectives, however, the community has made progress toward a healthy normalcy. Qualitatively, looking at their early problems and analyzing their progress, we have found our project to be very successful.

- An innovative and symbiotic intervention instrument was created, linking psychology and the local healing processes.
- The direct target group of 700 children, throughout the many villages that make up Josina Machel Island, regained trust in themselves and in their community.

- The process contributed to community reintegration of the target group, and helped community members gain a perspective on the future.

The communities valued the material support projects—the cows, boats, schools, and rehabilitation of houses and hospitals. But they also saw the psychological and social changes:

The reintegration project ended in 2000. A subsequent evaluation on violence in the community showed that many problems were still prevalent, including conflicts ending in violence, parents claiming that their children did not respect them, lack of respect for authorities, sexual abuse, drug and alcohol abuse, delinquency, and sexually transmitted infections such as HIV/AIDS. A new project has been created to address these issues. But one of the major problems of psychosocial projects is the lack of funding. Activities in the field always depend on the availability of funds, rather than on real needs.

The following projects are still being implementing on Josina Machel Island:

- Disarmament, peace education, and research on the risks and causes of small weapons use, funded by Save the Children Sweden.
- A psychosocial support project on HIV/AIDS, domestic violence, and small arms use among children and teenagers in Zimpeto, Malhangalene, and Josina Machel Island (Province of Maputo), funded by the Open Society Initiative for Southern Africa (OSISA).

### Discussion I: Psychological support and material assistance

The most difficult part of our tactic was the material aspect. It is problematic for a psychologist to play a double role, helping provide material support for clients. The combination sets up a potential power dynamic and material dependency that can damage the therapeutic relationship. We chose to take this risk, in part because it helped us develop our relationship with the community. More importantly, though, it became clear to us that material concerns were intimately tied to ongoing psychological disturbances. In a sense, material assistance became a form of therapeutic intervention.

You cannot work as a psychologist with someone who has no food or shelter. When basic needs are not met, and there are no other institutions to which you can refer clients for help, you need to address the problem holistically, which includes providing for material needs.

People were returning to communities that had been destroyed. We encouraged other agencies to provide



the necessary support, but Rebuilding Hope was the only organization with a sustained presence. We were there for eight years, so all members of the community knew that support was coming through Rebuilding Hope. As is normal, there were conflicts over materials; dialogue was critical, and we took on the role of mediators.

### Discussion II: Human rights and traditional practices

We can learn a great deal from local cultures, traditions, and practices. We can also challenge them. The role of traditional leaders or healers is not always positive, and there has been considerable criticism of certain traditional practices from the international and domestic human rights communities.

But we cannot come in from the outside thinking that our processes are necessarily better. These traditional practices represent the importance of the community in the psychological health of the individual. Psychologists cannot replace the traditional healer any more than we can replace the community. We should not, then, look at traditionalism as inferior, but should instead look to create partnerships within the community.

In Mozambique, traditional healers have formed organizations that meet and discuss solutions to problems, and much is being learned in these settings. There are traditional healers who know that there are diseases they cannot heal, and they refer people to the local hospitals. And there have been meetings between the Mozambican Health Ministry and AMETRAMO (the association of traditional healers in Mozambique) to discuss issues of illness, medicinal plants, and so on.

Local healers are starting to collaborate with government hospitals and doctors, and are starting to look into cholera and HIV/AIDS. Obviously, these practitioners approach the problems differently—but the disciplines have a great deal to learn from each other. This is not an easy process, and is still not accessible to all villages, but the first steps have been made.

### Applying the tactic to a different context

Africa is dominated by numerous community-based traditional cultures. These cultures, and the traditional leaders within them, are especially influential and respected in rural Africa, where they mold the identities and belief systems of community members. War and human rights abuse have devastated many of these same rural communities. It is critical, therefore, that we use traditional cultural mechanisms to help communities recuperate from their collective traumas.

*“The project really helped our children because they went to school, married, built their own houses, had their own children, are not so aggressive...”*

In the face of such destructive collective and individual traumas, however, traditional mechanisms may not be enough. The disciplines of western psychology have a great deal to offer in terms of insight, diagnosis, and treatment possibilities for people whose lives and psyches have been so damaged by events beyond their control. The field of psychotraumatology has developed a great deal in recent decades, with an ever-increasing body of international experience and knowledge based on therapeutic interventions in situations of conflict in developing countries.

The international human rights community and the international mental health professions are both, however, dominated by a “western” culture of individualism and a belief in “science” that often translates into ignorance of, even antipathy towards, the spiritual traditions prevalent in rural communities. “Western” interventions in traditional communities, even those with laudable goals of human rights and improved health, have a disturbing tendency to ignore and disrespect local capacities, and de-legitimize local leadership and traditional beliefs. This process of de-legitimization, ironically, can further damage the social fabric of the community upon which people depend for their mental health and for the social control mechanisms that protect them from continued abuse in the future.

Traumatized communities and individuals need external support. But interventions must be designed so as to strengthen the community’s leadership and culture, not weaken them. We believe the kind of collaboration we have outlined in this notebook is one way to do this. Moreover, if western-trained mental health professionals recognize that their methods may be too focused on the individual to be sufficiently helpful in traditional communities undergoing collective trauma, and if we open ourselves to learning from some of the healing mechanisms in these communities, our understanding of the healing process will be enhanced.

The lesson of our experience thus extends far beyond child soldiers, and beyond Mozambique. The crucial insight is that communities themselves contain mechanisms for healing and reintegration, and that even an externally catalyzed process must be the responsibility of the community. As mental health professionals we can use our skills to reinforce both individual and community-wide processes of healing.

#### **UNDERSTANDING**

To help the individual and the community, you first must understand them; a lack of sufficient advance understanding will lead to failure of your program.

Consider, for instance, what is happening with HIV/AIDS. Ninety percent of the Mozambican population have information about prevention and transmission, but prevalence rates are increasing every day. Without analysis of the target group—its sexuality, gender roles, specific problems—simply disseminating information will do little to help slow the spread of the disease.

Thus the first step is open-minded inquiry and learning, in order to:

- gain insight to the local culture
- understand the community’s past experiences
- evaluate setting conditions (material aspects)
- characterize the specific problem, with its links, manifestations, impact, and consequences;
- learn how the community is dealing with or overcoming the problem
- understand the beliefs, conceptualizations, and symbolization related to the problem

Note that a post-conflict context offers children and youth few opportunities for social reintegration.

#### **PARTNERSHIPS**

You will need to develop close partnerships within the community from the start, since these partnerships will be essential to both the initial research and its eventual implementation. You need to:

- Identify influential leaders as project partners.
- Identify specific allies.
- Adopt a holistic approach to the individual/community: learn about the community and the relationships of the individuals to it, and pay close attention to the community aspects of mental health.
- Maintain a broad perspective, with humility and the ability to learn from others. Do not think that you know more than others do, because perhaps you went to university. Life is an on-going process of sharing and learning, and we must be able to understand and learn from the local people.
- Adjust the tactic to the situation as you learn. You may have one panoramic view in the beginning, but it can change during the process, demanding new strategies, new approaches, and new tools. Constant evaluation and supervision are crucial.
- Understand other problems faced by the target group.
- Monitor progress, using internal and external supervision.

#### **Conclusion**

We learned important lessons on Josina Machel Island. Assisting former child soldiers is long-term work that must involve all parts of the society, and requires partnership with both governmental and non-governmental institutions. The end of the war was not the end of the conflict. Peace-building and conflict transformation must be central in post-war rehabilitation

and reintegration programs. It is essential as well to support the advancement of efforts to prevent the use of child soldiers, including compliance with international treaties and peace accords. Educational, social, and economical developments are also critical factors in any sustainable reintegration efforts.

We found that to work with former child soldiers we needed a healing process that embraced the entire community. We had to understand the community and its culture, which took time and sensitivity. We had to listen to the community. And we needed to question our own conceptions about the role of psychotherapeutic assistance. Our analysis, for example, of the psychological implications of deep poverty and destruction for both the community and its individuals led us into material support tasks that we did not initially associate with psychological support. In addition, the community perspective needed for a true process of reintegration required us to expand the individualized conceptions so prevalent in psychotherapeutic work, and recognize the therapeutic role of the whole community in the healing and reintegration process.

This, in turn, required that we respect and learn from the curandieros whom the community trusted with its health. By building a close relationship with them and providing complementary services, we were able to take advantage of the community's own strengths and capacities.

The psychotherapeutic community has always faced a daunting challenge, one articulated by Freud when

### Project partners

- Mozambican association for Public Health (AMOSAPU)
- European Union
- German Ministry for Cooperation
- Center for Psychological Assistance for Children and Youth, Maputo Central Hospital
- Department of Mental Health, Health Ministry, Mozambique
- Psychiatric Hospital of Infulene, Maputo
- ONG: Action Nord-Sud (ANS)
- Medico Internacional e.V., Germany
- Einwelthaus Bielefeld e.V., (Germany)
- Aktion Kleiner Prinz e.V., (Germany)

the field was young: the quantitative need for psychological support is vastly greater, by many orders of magnitude, than the professional capacity to respond. This challenge is multiplied a hundred-fold in the aftermath of collective traumas like war, in which large portions of society are deeply traumatized, and have no access to adequate healing support.

Mental health must be considered a human right of the highest order. But recognizing the right and the need does not suffice—it does not solve the problem of capacity. As long as the current practices of war continue, there will never be enough psychotherapists in the world to offer individualized support to the ever-increasing number of traumatized victims—and traumatized communities. The challenge we face is to help communities heal themselves, taking advantage of their own capacities. It is our hope that what we have learned on Josina Machel Island will help others face that challenge.

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