

**Trauma, Peacebuilding, and Development:
An overview of key positions and critical questions**

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Introduction

There is no panacea for societies affected by complex political emergencies; each situation has its own history and particulars. We therefore need to be wary of a “one size fits all” approach to peacebuilding and/or development, and even within such societies its inhabitants are likely to be divided over the best way to deal with these thorny subjects. Despite these societies’ heterogeneity, however, many academics and practitioners concede that the problems arising from complex political emergencies, particularly the trauma they are said to engender, are best addressed through a psychosocial framework. The consensus, however, ends there as there is little agreement about exactly what the term “psychosocial” entails, and even less about what goals, plans, and practices should govern psychosocial interventions (Ager, 2002; Pupavac, 2001; Wiles et al., 2000).

This paper examines the methods academics and practitioners have advocated and utilised to deal with the trauma said to result from complex political emergencies, and how these methods relate to wider issues of peacebuilding and development. The first section outlines the concepts of “complex political emergencies”, “peacebuilding”, “development”, and “trauma”. The second section details psychotherapeutic approaches to trauma, and charts the growth, validation, and development of Post Traumatic Stress Disorder (PTSD) as a method of diagnosing and processing trauma in complex political emergencies. The third section provides an overview of the arguments made by the many critics of the psychotherapeutic approach, and it also critically analyses an alternative, psychosocial approach to trauma work. The final section concludes by reiterating why psychosocial, rather than psychotherapeutic, approaches are often better suited to addressing the “extreme traumatization” brought about by political violence. However, whilst more suitable, the final section will also restate the problems that psychosocial trauma programmes will continue to face when intervening in complex political emergencies. In doing so, this paper seeks lay the groundwork for a discussion as to what constitutes “best practice” for cross-cultural psychosocial interventions, as well as their applicability in a wide range of contexts.

Defining key concepts

This paper, as was noted above, considers the interplay between “complex political emergencies”, “peacebuilding”, “development”, and “trauma”, so as to enhance interventions aimed at assisting those most acutely affected by political conflict. The first challenge is defining what is meant by each concept.

Complex political emergencies

The end of the Cold War ushered in a panoply of violent conflicts that were fundamentally different from those which preceded them. More often than not, conflicts were now fought within, rather than between, states, and the ethno-national character of many intrastate conflicts did not fit comfortably into traditional definitions of civil war (Duffield, 1991; Hobsbawm, 1994). The ostensible break with previous patterns of hostility led these conflicts to be christened “complex political emergencies”. Like “complex emergencies”, these conflicts often result in “the destruction of the affected population’s political, economic, sociocultural and health care infrastructures” (Mollica et al., 2004, p. 2058). The dynamics of this destruction is often linked with globalisation and foreign policy tensions and conflicts (Duffield, 2001). However, these conflicts differ from complex emergencies; they are the direct result of political discord, are usually entrenched within existing social cleavages, and these social cleavages in turn are often a reflection of intergroup division and antipathy (Goodhand & Hulme, 1999). Therefore, social structures and networks are often primary targets in complex political emergencies, whereas they are only indirectly affected by the natural disasters associated with “complex emergencies”. Of course, “complex political emergencies” and “complex emergencies” are not discrete entities; the two often intersect, and this tendency in turn renders their management all the more nettlesome (e.g. post-tsunami Sri Lanka). However, the focus of this paper is upon trauma engendered by political conflict, therefore emphasis will be given to the particular problems arising from complex political emergencies. In spite of the term’s use throughout this paper, however, it should be acknowledged that ‘complex political emergency’ is not without its flaws: post-conflict situations are often permeated with violence, and it should be acknowledged here that ‘complex political emergency’ fails

to capture the violence and violations associated with everyday life in many areas (e.g. Kashmir, Gaza, etc.). Therefore, the challenge for conference participants is to devise concepts and psychosocial frameworks that can better encapsulate and address the daily violations and violence that characterise many divided societies.

Development

The changing nature of conflict in the Cold War's aftermath brought about a concomitant change in the way governments, non-governmental organisations (NGOs) and donor nations conceive of aid delivery. Previously, relief and development were defined as separate spheres, or opposite ends of a continuum, with the latter only being undertaken after a crisis had largely abated and emergency relief was deemed no longer necessary (White & Cliffe, 2000). Relief was defined as the provision of basic services such as food, water, health, protection, and shelter (Buchanan-Smith & Maxwell, 1994), whereas development denoted efforts to promote "peace, justice, social equity, and an absence of, or at least declining trend in, ignorance, disease, and poverty" (Smillie, 1998, p. xx). This conceptual distinction suited the bipolarity of the Cold War; it gave emergency relief the appearance of neutrality, as development activities often intimated a certain political solidarity with recipients (Macrae et al., 1997).

The division, however, was problematic both during and after the Cold War, as its assumption of a relatively seamless, linear transition from a crisis to "normal" development was at odds with the prolonged character of many complex political emergencies. Also, viewing conflict as conceptually inimical to development failed to capture both the self-sustaining nature of war economies and the symbiosis between many relief and development activities (e.g. rebuilding roads to facilitate the distribution of relief supplies) (Duffield, 1994; White & Cliffe, 2000). Furthermore, the fact that most complex political emergencies in the post-Cold War era are concentrated in developing countries meant that these conflicts could not simply be viewed as simple deviations from countries' otherwise "normal" development (Tschirgi, 2002). Rather, the propensity for political violence in the least developing and developed countries has led to increasing recognition of correlation, if not a causal connection between poverty and war (Atwood, 2003).

Peacebuilding

Definitions of peacebuilding are often context-bound and can vary among NGOs, communities at large, policy-makers, politicians and funders (Hamber & Kelly, 2005). There seems to be some consensus, however, that “peacebuilding” requires a long-term commitment to addressing the underlying causes of conflict through both structural and relational transformation (Lederach, 1997). As such, in addition to dealing with a complex political emergency’s immediate impact, “peacebuilding” attempts to establish peace and prevent violence from continuing or re-emerging, through addressing, over a longer time scale, the causes and consequences of conflict through institution building, reconciliation, political and socioeconomic transformation, mechanisms to address the past, developing effective governance and environmental rejuvenation (Hamber & Kelly, 2005). This could translate into programmes operating at a range of different levels, i.e. the political level, community level or interventions aimed at individuals (Hamber & Kelly, 2005). In addition to this, civil society is often seen as key to peacebuilding efforts.

Peacebuilding programmes are obviously related to development. There is a growing recognition that the Millennium Development Goals, for example, will not be achieved without a dramatic reduction in political conflict (SaferWorld quoted in House of Commons, 2006). It is assumed that development and peace are inextricably tied together: political conflict and war is a threat to development, but equally development could help to reduce conflict. Development, like peacebuilding, can therefore also seek to obviate, mitigate, and/or resolve the causes and consequences of political violence (Tschirgi, 2002) utilising similar strategies such as strengthening governance or building gender equality, but generally being more focussed on improving the well-being and human security of individuals through the reduction of disease and poverty, and through promoting social and economic transformation. The link between relief and development has also been buttressed in the last decade through a redefinition of peacebuilding within the development field. Although initially applied to post-conflict reconstruction (Boutros-Ghali, 1992), “peacebuilding” was broadened to also encompass activities that both precede a conflict and occur during its duration. This is not to say, however, that all forms of development are necessarily benign, nor intended to primarily benefit a society’s

inhabitants. Therefore, one of the critical questions of this project is to ask, as Mike Wessells has in his paper, “Development for whom?” in order to determine those forms of development that can best promote psychosocial well-being, and vice versa. Moreover, if we are to determine exactly how development relates to psychosocial well-being we must, as Wessells argues, take a more expansive view of “development” so that it is not simply synonymous with economic progress.

Moreover, there has been a greater recognition that peacebuilding activities need to be understood in more nuanced ways. For example, reflecting wider UN debates regarding the rights of children and women’s political participation (United Nations, 1989; 2000), and particularly the passing of UN Resolution 1325, it is now recognised that “peacebuilding” should encompass both efforts to address how conflict differentially affects both women and children and attempts to render them agents, rather than just objects, of peace and development activities (McCallin, 1991; Porter, 2007). That said, despite advancement in this area and the recognition of the role of women in the peacebuilding process, the evidence suggest that “many of the peacebuilding and reconstruction institutional frameworks and their implementation continue to fail to address underlying gender roles and associated power dynamics that lay the basis for institutionalized gender discrimination” (Strickland & Duvvury, 2003, p. 2; for more recent discussions on this topic see Mukhopadhyay & Singh, 2007; and Binder, Lukas & Schweiger, 2008).

Although such efforts are usually far removed the high politics of “peacemaking” (e.g. Track-One diplomacy to either prevent or end a conflict), they are presumed to be both beneficial and appropriate for several reasons.

First, peacebuilding’s syncretic approach to relief and development, along with its recognition that peace and conflict affect women and children differently intimate a broader commitment to social transformation than is implied by traditional “statist” approaches to security (Hamber et al., 2006). It is assumed that this broader commitment is more likely to bring about a sustainable peace (Hamber et al., 2006). Second, peacebuilding’s emphasis upon civil society is considered doubly appropriate given that civilians bear the brunt of casualties sustained in complex political emergencies (UNDP, 1994). Third, recognition of conflict’s non-linearity necessitates

the related recognition that a conflict can be sustained by issues, both micro-level and macro-level, other than those which precipitated its outbreak (Jabri, 1996). Therefore, in this framework, “peace” is more than just the mere absence of violence; rather, “peacebuilding” recognises that it is intimately connected to wider issues of economic and social development, gender equality, reconciliation, and social justice (Goodhand & Hulme, 1999; Porter, 2007).

Although this redefinition of “peacebuilding” appears better suited to the challenges that complex political emergencies present, it is not without its problems.

First, whilst the redefinition provides a welcome focus upon micro-level issues, it does not change the fact that conflicts are largely governed by macro-level issues. Thus, it is hard to envision the success of peacebuilding efforts bereft of sustained political support from national governments. For example, development programmes which aim to transform the criminal networks often associated with conflicts are liable to meet an ignominious end if they are not complemented by wider efforts to address global trade in conflict goods (Ballentine & Nitzschke, 2003).

Second, although the more holistic definition of “peacebuilding” acknowledges the broader forces that can contribute to a conflict’s outbreak and perpetuation, this acknowledgement has rarely been translated into practice. Many peacebuilding programmes remain obstinately focussed upon a single country, and this in turn has often led to a failure to address the regional aspects of complex political emergencies (Tschirgi, 2002). Furthermore, although peacebuilding attempts to comprehensively address child and gender-related issues in war-affected societies, the exigencies of “peacemaking” often mean that these issues are only superficially dealt with in practice, as alluded to above.

A third problem concerns the adequacy of funding peacebuilding projects. Although many of novel ways of underwriting peacebuilding activities currently exist (see Kievelitz et al., 2004), the problem of adequate finance persists and as Tschirgi (2004, p. 13) notes, lack of sufficient funding condemns peacebuilding programmes to “tinkering on the margins”. Additionally, peacebuilding’s long-term goals are often inimical to the short-term funding cycles of many NGOs and government agencies

(e.g. the initial four-year funding cycle of the EU's Programme for Peace and Reconciliation in Northern Ireland and the Border Region of Ireland, see Hamber & Kelly, 2005, and Harvey, 2003), and the excessively complex nature of many funding applications and funding bodies' detailed auditing processes often privileges established groups over their newer, less experienced—but possibly more responsive and dynamic—counterparts. Receipt of donor money also necessitates that aid agencies forge a certain accommodation with donor preferences, and these preferences might not always complement the needs, both short-term and long-term, of the target communities. Moreover, although the latest definition of “peacebuilding” implies partnerships with local actors, this is often challenging. Local partners remain poorly integrated into many “peacebuilding” strategies. Failure to adequately integrate local actors into peacebuilding strategies is particularly problematic for many reasons, two of which are outlined here. First, as Chesterman (2004) has pointed out in relation to the UN, there is a fundamental contradiction in preparing populations for democratic self-rule by imposing a form of “benevolent autocracy”. Second, as Brinton Lykes argues in her paper, integration strategies that fail to carefully grasp the differences in power between groups and individuals within a community, or simply conceive ‘communities’ as being without power risk perpetuating and/or exacerbating extant power differentials.

Finally, whilst peacebuilding's redefinition has recognised the non-linearity of most political conflicts, this recognition has not been followed by any attempts to outline the proper parameters of “peacebuilding” interventions in conflicts which are ongoing and/or chronic. For example, a syncretic approach to relief and development via “peacebuilding” often forces aid agencies to work with “quasi-states” (Jackson, 1990) and this subsequently raises questions about the neutrality of aid in many ongoing and/or chronic conflicts, as it opens up the possibility of aid being used to legitimise and/or further war aims (Macrae, 2001). On the other hand, consciously abandoning aid neutrality by conflating “relief” and “development” runs the risk of creating a moral hierarchy of victims and leaves open the possibility of denying relief in the interest of promoting the “greater good” (Fox, 2001; Vaux, 2001). The lack of parameters and examples of how “peacebuilding” has been used in ongoing and/or chronic conflict situations has also done little to challenge the perception that peacebuilding is a post-conflict concept. This has contributed to the belief that

peacebuilding is not relevant to ongoing conflict and consequently perpetuating the view that conflicts are only solved from the top down. This can result in the international community focussing only on negotiations or peacemaking between political parties during conflict, alienating civil society and groups they represent (e.g. women,) from such processes and undermining the role of civil society in peacebuilding efforts post-conflict.

Therefore, while a broader definition renders the concept of “peacebuilding” more theoretically and normatively appealing, myriad practical problems remain.

Trauma

One concept that has been considered integral to syncretic “peacebuilding” approaches to complex political emergencies is the notion of trauma. This is particularly the case if one understands the political violence associated with complex political emergencies in broad terms. The violence in complex political emergencies not only results in successive and cumulative injuries to individuals (Kornfeld, 1995), but is generally aimed at the destruction of social structures, relationships, and institutions (Beristain, 2006; Lykes, 2000) and often contains structural elements (e.g. poverty, human rights abuses, racism, gender discrimination etc.). All this undermines prospects for development and peacebuilding both during and after conflict.

Trauma in the context of complex political emergencies can be understood as implying “the destruction of the individual and/or collective structures” via a traumatic situation, which in turn is defined as “an event or several events of extreme violence that occur within a social context” (Becker, 2004, p.3). Although the latter is not a sufficient condition to produce trauma, its definition more or less encapsulates what occurs during a complex political emergency. To describe the situation where individual and collective structures are often constantly under assault, as is generally the case complex political emergencies, Chilean mental health specialists coined the term “extreme traumatization” (Becker, Castillo, Gomez, Kovalskys & Lira, 1989; Becker, 1995; 2006). What needs to be “healed” is therefore the multitude of individual, political, social, and cultural responses to a traumatic situation and its aftermath. This requires assistance from a range of agencies, groups, and different

parts of society. Extreme political trauma it is not just a health problem, but a socio-political problem. Therefore, it is unsurprising that attempts to heal trauma have become closely associated with efforts to build peace and sustainable development in societies affected by political violence. The next sections will outline the various ways in which trauma has been conceived of and implemented by both academics and practitioners over the years, and how these conceptions relate to wider issues of syncretic peacebuilding.

Psychotherapeutic approaches to trauma: the origins of PTSD

The most common methods for dealing with trauma in complex political emergencies have been psychotherapeutic in nature, with a shared central emphasis on PTSD. While a global therapeutic approach to trauma work would appear sensible upon first glance, the uncritical application of PTSD in diverse conflicts across the globe has garnered opprobrium from aid workers, mental health practitioners, and theorists.

This is not to suggest, however, that the PTSD concept is entirely useless. Indeed, if a global scan of the suffering engendered by political violence were to be undertaken, one would expect to find both traumatic stress reactions and a range of culturally induced phenomena throughout the case studies (de Jong, 2007). The fact that a certain percentage of a population that has experienced political violence and violations will require psychiatric care is also acknowledged in the IASC's *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007). What is important, however, is that it psychological and psychiatric services only represent a very small portion of a wide array of services offered within a given intervention (please see the IASC intervention pyramid in Mike Wessells' paper). Nesting psychiatric and psychological services within a wider array of services is an explicit admission that the bulk of any population's suffering will have social, rather than medical, origins. Therefore, the following sections will review the origins of PTSD, and the many critiques of its use as a method of diagnosing and treating suffering engendered by political violence and violations. In doing so, it will be demonstrated that the disorder's culturally specific assumptions, and its medicalised approach render it inappropriate as the primary method of intervention in societies affected by political conflict.

With PTSD being found in settings ranging from combat to office conflict, one could be forgiven for assuming the diagnosis to be a timeless, universal entity. Indeed, the suggestion that it can be found in the epic *Gilgamesh* and in the writings of US civil war soldiers lends credence to the idea that PTSD has always “existed” and was simply awaiting discovery by psychiatrists (Boehnlein & Kinzie, 1992; Dean, 1997). However, the work of Scott (1990) and Young (1995) has demonstrated that the disorder is the product of particular socio-political circumstances obtaining in the United States in the immediate aftermath of the Vietnam War.

Before Vietnam, interpretations of war neuroses tended to focus on the background and psychological makeup of individual soldiers, with those soldiers who developed neuroses regarded as psychologically weak (Scott, 1990; Summerfield, 2001). The post-Vietnam era, however, saw a shift in emphasis away from individual psychological makeup towards the notion of war as inherently traumatic. Although the physiological link between events and trauma symptoms had actually been broken before World War One—and although many psychiatrists had come to accept the psychological origins of war neuroses in its aftermath—the notion of traumatic memory remained clinically marginal prior to the Vietnam War (Young, 1995). However, the lobbying of several psychiatrists helped traumatic memory to gain prominence within psychoanalytic circles. Angry with the way in which they perceived military psychiatry to have served the interests of the military rather than those of the soldiers in Vietnam, a group of US psychiatrists who had been active in the anti-war movement began to liaise with anti-war veteran’s groups, universities, professional publication outlets, and psychiatric organisations. Through these activities the anti-war psychiatrists sought to ensure the recognition of veterans’ psychological suffering and to highlight their own opposition to the war (Dean, 1997; Lembecke, 1998; Lifton, 1974; Scott, 1990, 1993; Shepherd, 2000; Young, 1995). These psychiatrists then went on to form a Working Group to have “post-combat stress disorder” recognised in the forthcoming third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III). Members of the Working Group built their case by liaising with psychiatrists who had worked with Holocaust survivors to see if the symptoms of “post-combat stress disorder” were part of a larger phenomenon, and by collecting as much hard data as possible to appeal to DSM-III

Reactive Disorders Committee's empirical proclivities (Scott, 1990). Their efforts ultimately paid off, and PTSD was included in DSM-III.

Rather than being defined exclusively in terms of combat stress, PTSD's aetiology was broadly defined as "a recognizable stressor that would evoke significant symptoms in almost anyone", and was later revised to mean a traumatic event that is "outside the range of usual human experience" (American Psychiatric Association, 1980; 1987). Although a number of symptoms are associated with PTSD, they are broadly grouped into three categories: *intrusive symptoms*, characterised by distressing memories of the traumatic event; *avoidance symptoms*, characterised by steering clear of situations, people, or events associated with the traumatic event; and *arousal symptoms*, characterised by hyper vigilance and difficulty sleeping (American Psychiatric Association, 1987). The breadth of its definition and symptomatology allowed PTSD to become the disorder *du jour* (Dean, 1997), and it was not long before it was applied to victims of extreme political violence. Under this approach, NGO and government personnel working in complex political emergencies often screen for PTSD, and individuals diagnosed with the disorder are offered assistance in the form of cognitive therapy, psychoeducation, eye movement desensitisation and reprocessing, antidepressants, psychological debriefing, and/or psychodynamic therapy, although the latter two approaches have become less popular in recent years (Lykes & Mersky, 2006; National Institute of Mental Health, 2002). The aim of such assistance is to help individuals, and by extension communities, to confront their traumatic memories in order to overcome the fragmentation engendered by trauma (Becker, 2004; Herman, 2001). Projecting the insights of traditional psychotherapy onto the international realm, it is assumed that the failure to confront traumatic memories will not only have dire consequences for the individual, but that it might also lock societies into a pernicious cycle of violence, as it is assumed that the "abused" will later become the "abuser" (Agger, 2001; Levy & Sidel, 2003; Pupavac, 2004, Volkan, 2000). Therefore, psychotherapeutic approaches to trauma attempt to engage in peacebuilding in war-affected societies by making their inhabitants "emotionally literate" and by helping them to overcome the psychological impact of war. By providing individuals with the space to deal with their trauma, psychotherapeutic practitioners facilitate the emotional self-understanding which is argued to be the linchpin of responsible citizenship (Giddens, 1994; Sandel, 1996),

and arguably ensure effective participation in development processes. Therefore, by implication, psychotherapeutic models assume that confronting psychological dysfunctionality paves the way for peace and prosperity by preparing populations for self-governance (Pupavac, 2004b, pp. 151-152).

PTSD and its discontents: the psychosocial critique

Whilst ostensibly reasonable, the use of PTSD in complex emergencies has come in for increasing criticism over the past decade. Academics and practitioners alike have questioned the utility of a diagnostic tool which is heavily reliant upon western notions of mental health and the individual in non-western settings. Utilising Scott and Young's culturally relative accounts of PTSD's post-Vietnam provenances, critics argue that the diagnosis' application in complex political emergencies overestimates those suffering from PTSD.

First, the assumption that war begets mass traumatisation is just that, an assumption. Northern Ireland is a society where comprehensive medical records are available, yet evidence that the conflict had a negative impact on mental health is both vague and contradictory (Curran, 1988; Fraser, 1973; O'Reilly & Stevenson, 2003; Summerfield, 2000). Besides, to argue that the peace process in Northern Ireland has provided the space for individuals to now work through their trauma is to take a diametrically opposed view of peace and war wherein the war and conflict is viewed as an entirely negative phenomenon. To do so ignores war's positive social aspects (e.g. camaraderie and community bonding), the resilience of individuals, and disregards the myriad social, political, economic, and cultural factors which influence individual decisions to seek help for mental health issues (Gilligan, 2006).

Second, the sheer number of symptoms associated with PTSD makes it difficult to distinguish between PTSD and other conditions such as depression and generalised anxiety disorders. In addition, the conscious construction of the relationship between time and causality within the disorder leaves open the possibility that PTSD is not a distinct nosological category (Young, 1995).

Third, the presence of symptoms alone is not a good indicator as to whether an individual will go on to develop PTSD, and a diagnosis of PTSD does not necessarily mean that an individual will be incapacitated by the disorder (Burstow, 2005; Silove, 2005; Summerfield, 1999, 2001). PTSD also has the potential to augment individual suffering and thwart a community's ability to reconstitute itself by pathologising resilience and denigrating local coping mechanisms (Bracken, 1998; Burstow, 2005; Deahl, 1998; Furedi, 2003; Losi, 2000; Pupavac, 2001, 2004b; Summerfield, 1997). Additionally, PTSD can exacerbate individual and group suffering through the indiscriminate application of psychological debriefing, which has been shown to be harmful (Ballenger et al., 2004; Rose and Bisson, 1998; Rose, Bisson & Wessely, 2003; Sensky, 2003). The diagnosis has also contributed to the stigmatisation that often occurs when individuals are labelled as being mentally ill or as having a disorder (Lykes & Mersky, 2006; Wiles et al., 2000). Introducing PTSD's medicalised idiom into a region can also change and/or distort the way its inhabitants describe their own suffering, as individuals are liable to frame their distress within PTSD's parameters to gain professional attention (see Beristain, 2006).

Finally, taking the presence of PTSD-related symptoms to mean that the disorder is present within a given society is to commit what Kleinman called (1977) a "category fallacy", which occurs when the imposition of one culture's diagnostic categories leads a practitioner to assume that phenomena have the same meaning across cultures. Wessells, for example, points out that in Angolan society individuals have a range of terms for mental illness and distress, but none of these correspond to western conceptualisations of PTSD (Wessells, 2006). Imposing an external categorisation is not only problematic from a scientific perspective, but can—and in line with what was argued above—silence local people's understandings of distress (Wessells, 2006).

Kleinman's "category fallacy" serves to remind us both of the importance of meaning in trauma work, and that PTSD is just one idiom of suffering among many others, not all of which are medical in nature. Of course, all idioms of suffering fail to capture trauma's "unspeakable" and "amorphous" dimensions (Gampel, 2000; Gigiliotti, 2003; Laub, 1992; Laub and Lee, 2003; Ross, 2003); large-scale violent atrocity fits best with the post-modern disposition that seeks to communicate rupture, discontinuity, and disconnection (Humphrey, 2002). However, PTSD's

individualistic and positivistic underpinnings are conspicuously ill-suited to describing suffering's social and non-rational aspects, particularly when suffering is brought about by political violence that is deeply intertwined with social destruction and structural violence. The traumatisation engendered by political violence is characterised as "extreme" because one of its key aims is to provoke existential crises (Humphrey, 2002). In addition to physically removing groups and individuals from a society, political violence attempts to render its targets "outsiders" through the destruction of institutions, social bonds, and norms that constitute a society. Along with its socially polarising effects, the disintegration of a society's constituent parts means that prior social meanings have little purchase upon current events, thus robbing individuals and groups of a valuable coping skill that would normally be available to survivors of other types of trauma. Thus PTSD's failure to distinguish between different types of trauma leaves the disorder ill-equipped to deal with political violence's "extreme traumatization", as attempts to address this type of trauma must deal with issues of context, morality, and subjective and social meaning if they are to have any utility (Hamber, 2006; Lykes & Mersky, 2006).

PTSD's aetiology and rigid definition of neither allow for the concept of "sequential traumatization", wherein trauma can persist long after a traumatic event and we can expect people to experience different mental health impacts at different moments in time depending on social context (Becker, 2001; Keilson, 1992),¹ nor for the concept of intergenerational trauma, (Lykes & Mersky, 2006), but both are associated with the "extreme traumatization" seen in complex political emergencies. Furthermore, although PTSD's emphasis on individual suffering would appear suited to conveying some of the sense of rupture and disconnection brought about by political violence, the disorder's scientific underpinnings fail to capture the sense of uncanny associated with "extreme traumatization".

The term "uncanny" seeks to describe that which is at once both strange and familiar, and the sense of unease which flows from this dual recognition (Freud, 1919). In

¹ Keilson's sequential traumatisation or contextual model implies that social context, or what he would call traumatic sequences over different time periods, shapes the traumatic outcome often more profoundly than the original violation. The corollary of this, stated plainly, is presumably that changing the social context influences the traumatic outcome. For a more detailed discussion on the concept see Becker (2001) and Hamber (forthcoming, 2009).

terms of trauma engendered by political violence, “uncanny” seeks to describe the sense of anxiety and/or terror created when the familiar is both a source of comfort and dread (Gampel, 2000). Examples of this include the transformation of relations between neighbours during interethnic violence; the way that the lines between civilian and combatant can become indistinguishable in many complex political emergencies; and how sites of “normality” are turned into places of horror (e.g. the infamous massacre at Nyarubuye Church during the Rwandan genocide). As described above, political violence denigrates prior social meanings by targeting a society’s constituent parts. In doing so, perpetrators of political violence blur the boundaries between what is safe and unsafe, as the violence reveals social relationships to be more ambiguous and contingent than initially assumed.

Whilst PTSD can to a certain extent expose the anguish engendered by the individual’s experience of the “uncanny”, the disorder’s rational and individual focuses do not allow for linkages to be made between this experience and wider social processes, and the meaning individuals attribute to violence. PTSD’s aetiology leads to an emphasis upon immediate symptoms, and this thwarts an adequate understanding or amelioration of the symptoms of those individuals whose suffering antedates or postdates the disorder’s timeframe, or whose “symptomology” (e.g. depression, anxiety) might be associated with wider social loss and destruction (e.g. losing one’s land or livelihood). As noted in a review of the mental health needs of Palestinian adolescents: “all too often, a focus on events pertaining to the individual, divorced from context and community, have led to unfortunate emphases on individual remedies (such as one-to-one counselling) when recovery could have been achieved in more effective ways by focusing on strengthening the social fabric and communal support, elements that are known to weaken in times of conflict” (Giacaman, 2004, p.xii).

PTSD’s emphasis upon the individual allows for a certain articulation of suffering, but a fuller understanding of such suffering is occluded through the disorder’s failure to connect an individual’s trauma to the destruction of his/her social world and the meaning attached to this. Given these problems, it is unsurprising that many academics and practitioners have specifically questioned the utility of PTSD as both a diagnostic tool and as a means of dealing with trauma in war-affected societies

(Becker et al., 1997; Becker, 2001, 2006; Beristain, 2006; Bracken et al., 1995; Bracken & Petty, 1998; Hamber 2003, 2005, 2006; Humphrey, 2002; Lykes & Mersky, 2006; Pupavac, 2001, 2002, 2004a, 2004b; Robben & Suárez-Orozco, 2000; Summerfield, 1999, 2000, 2001, 2005; Wessels & Monteiro, 2000).

Similar to those who see the UN as “a vast system of outdoor relief for Third World elites” (Simms, 2001), many critics of PTSD view it as a convenient means of medicalising a problem that’s roots are largely sociostructural and political; as such, they argue that by assuaging the consciences of individuals from donor nations, PTSD does more for those diagnosing the disorder than it does for the subjects of the diagnosis (Pupavac, 2004a, 2004b; Summerfield, 1999, 2001). According to Pupavac (2004a, 2004b, 2008), the “complexity” of political emergencies is nothing new. She contends that the term emerged in response to donor countries and aid agencies’ loss of ideological certainty in the aftermath of the Cold War and in the face of the many trenchant criticisms of aid provision (see Anderson, 1999; Belloni, 2007; de Waal, 1997; Gourevitch, 1998; Macrae, 2001; Maren, 1997; Reiff, 2002; Sogge, 1996; Terry, 2002). Pupavac maintains that this loss of meaning and certainty left aid workers and representatives of donor nations emotionally vulnerable, and it also left them unable to view war as anything but atavistic and irrational. As such, PTSD represents an ideal ideological framework for the justification of aid work, as its scientific foundations are better suited to the beliefs of a secular society (Nolan, 1998). Given this projection of vulnerability and specific system of meaning onto war-affected populations via the PTSD framework, brutal experiences are thought to necessarily beget brutalisation, in the proper sense of the term, and therefore therapeutic intervention into the private emotions of individuals affected by complex political emergencies is deemed both appropriate and necessary.

Projecting their own vulnerability and system of meaning onto war-affected individuals via PTSD, critics argue that the disorder has allowed aid agencies and donor nations to reaffirm their legitimacy, and the “personalised”, human aspects of a therapeutic approach to trauma work has enabled aid workers to combat the notion that their work had become overly bureaucratic (Pupavac, 2004a). Moreover, opponents of PTSD further contend that the characterisation of war-affected populations as “vulnerable” and “traumatised” has also legitimated aid agencies’

encroachment into the private sphere, as emotions needed to be regulated in order to obviate the outbreak of future conflict. Whilst the projection of this vulnerability has many advantages for aid agencies and donor nations, its benefits for individuals affected by complex political emergencies are less obvious.

First, PTSD's critics argue that the assumption of vulnerability is not necessarily correct, and the further assumption that brutal experiences necessarily beget brutalisation ignores that an individual's response to such experiences will be mediated by a host of other factors such as his/her personality, beliefs, social circumstances, and prior experiences of adversity (Shepherd, 2000).

Second, by describing individuals affected by complex emergencies as "vulnerable" and "traumatised", and by pathologising their behaviour, psychotherapeutic approaches run the added risk of victimising them. Opponents of psychotherapeutic approaches contend that such victimisation often serves to legitimate certain groups' suffering and attendant moral claims whilst denigrating that of others. Pupavac (2004b) argues that this is why many groups are willing to characterise themselves as traumatised whilst rejecting the corollary that they are therefore unfit for self-government. Victims can also serve as important political tools in situations where a government's legitimacy is contested—and this is particularly salient for governments formed in the aftermath of political violence—as their suffering can be used as a means of imputing moral authority to a fledgling regime (Smyth, 2006). In situations where a conflict is ongoing, victims' suffering can be used by political and military élites to perpetuate a conflict by augmenting both tacit and overt support for violence (Ramanathapillai, 2006). Moreover, the resulting moral simplification of a complex emergency often absolves "victimised" groups of any responsibility for their role in its outbreak and continuation. Victimisation can also often lead to dependency on international actors, and this can have a deleterious effect upon individuals' mental health, as a sense of control is integral to an individual's emotional well-being (de Jong et al., 1999; Papadopoulos, 2001; Persaud, 1977; Pupavac, 2001).

Thus, its critics believe that the contradiction at the heart of the psychotherapeutic approach exposes its potential for iatrogenic effects: the rhetoric of the psychotherapeutic approach stresses empowerment, yet at the same time it legitimises

individuals' non-participation in the political realm because of their psychological dysfunctionality; it promotes self-esteem, yet it seeks to reconcile individuals to disappointment (Pupavac, 2004b; Samuels, 1996).

Therefore, by relocating the causes of war to the psyche, critics of the psychotherapeutic approach argue that it obscures the structural and material causes of conflict, and that it justifies the denial of substantive political rights by equating democratic participation with exercises in self-esteem (Lasch, 1995). As well as obscuring the substantive sources of conflict, Pupavac (2004b, p. 163) claims that when applied to ethnic conflicts the psychotherapeutic method often entrenches ethnic divides by reinforcing "the solipsism of the divided ethnic groups", and by discouraging "a politics moving beyond ethnicized positions". As such, opponents of the psychotherapeutic approach contend that it does little to ameliorate the plight of individuals affected by complex political emergencies and has the potential to perpetuate and/or exacerbate their predicament.

The psychosocial alternative

As the above sections have shown, the use of PTSD as a means of diagnosing and alleviating distress resulting from political conflict has been under sustained attack ever since Young published *The harmony of illusions* in 1995. As Stevan Weine notes in his paper, however, this critique "reads more as a polemic than either an inquiry, a theoretical contribution, or a blueprint for action". Although not quite a 'blueprint', the psychosocial approach provides a means of thinking about distress from social, cultural and medical perspectives. Moreover, although PTSD's critics are sceptical of the merits of its widespread use in complex political emergencies, few advocate a wholesale jettisoning of a medicalised approach. On the contrary, they argue that the limitations of PTSD should be acknowledged, and as such advocate that medical methods should be deemphasised in favour of psychosocial approaches that are culturally sensitive and largely socioeconomic in nature (Ager, 1997; Bracken, Gillen & Summerfield, 1995; Summerfield, 1999).

The term psychosocial "attempts to express the recognition that there is always a close, ongoing circular interaction between an individual's psychological state and his

or her social environment” (Bergh & Jareg cited in Agger, 2001b, p. 307). In essence, the psychosocial approach demands that we think about how social conditions relate to mental health. For political violence this means we have to think about the social context of violence and not only its individual consequences, as well as how the social and political context influences individuals. Such an approach has a direct synergy with development and peacebuilding work.

Rejecting the Cartesian dualism associated with the psychotherapeutic method, proponents of psychosocial approaches to trauma seek to create programmes that recognise that an individual’s psychology is not wholly internal, but rather partially arises from his/her “practical engagement with the world” (Summerfield, 2005, p. 76). This assumption is vital to a proper understanding of what a “psychosocial” project entails because, as was noted in the introduction to this paper, there is little agreement about exactly what the term “psychosocial” entails. Many projects labelled as being “psychosocial” actually describe activities that are largely or solely concerned with either mental health interventions or community service projects (see McCallin, 1991; Wiles et al., 2000). Projects termed psychosocial in the development field have also been criticised for being culturally inappropriate at times (Wiles et al., 2000, referring to projects in Kosovo), and the psychosocial label has been used for programmes that emphasise PTSD (Almedom, 2004; Stubbs and Soroya, 1996).

Some work has been done to produce a Conceptual Framework which maps the field of psychosocial intervention in complex emergencies (Psychosocial Working Group, 2003), and projects around the globe have tried to develop psychosocial interventions that seriously takes context into account (for example, Agger, Jareg, Herzberg, Mimica, & Rebien, 1999; Arafat & Boothby, 2003; C. Becker, 2001; Martin-Cardinal, 1999; Melville & Scarlet, 2003; Schinina’ & Guthmiller, 2004; Weyermann, 2003, 2006). Psychosocial-based training manuals for aid workers have also been developed (Becker & Weyermann, 2006; Simonsen & Reyes, 2002), and as mentioned above, the IASC has produced its *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007). However, while these guidelines and training manuals emphasise what *not to do* in complex political emergencies (i.e., not making medicalised approaches the primary focus of an intervention), they say little about *how* to engage in psychosocial work. Moreover, although these manuals and

guidelines emphasise that psychosocial interventions should be multi-systemic, multi-agency, multi-modal, participatory, etc., little is said about how to engage in psychosocial work so as to maximise both its utility as practical concept and its related effects upon peacebuilding and development.

For the purposes of this paper “psychosocial projects” will be defined as those which explicitly recognise the link between social agency and mental health through the utilisation of a medical and/or psychological intervention (or whatever constitutes a therapeutic intervention in a given culture) to promote a social end, and/or a social, cultural or political intervention that promotes medical and/or psychological well-being.

Additionally, rather than viewing war-affected individuals as inherently vulnerable, advocates of psychosocial methods adopt a salutogenic or “health-centred” approach wherein individuals are assumed to be resilient, and their ability to manage hardship depends upon their ability to recreate or maintain a “sense of coherence” (Antonovsky, 1987). The ability to maintain or recreate a “sense of coherence” in turn depends upon an individual’s resources, context, and culture. As such, psychosocial approaches aim to assist individuals and groups in rebuilding their human capacity (i.e. physical and mental health of community members and the skills and knowledge of its people), social ecology (i.e. social relations within families, peer groups and religious, cultural, civic and political institutions, etc.) and the “cultures and values” of their community (Ager et al., 2005). None of these activities is considered to be discrete, and this is particularly salient in psychosocial interventions, as linking personal and community capacity building marks a conscious turn away from individual-centred psychotherapeutic approaches to trauma. Furthermore, as they are cognisant that a sense of control and well-being are inextricably linked, practitioners utilising psychosocial methods emphasise that they *assist* in rebuilding personal and community capacity.

Within these broad parameters, psychosocial projects vary widely. This variation, however, is unavoidable given the importance of context when designing specific psychosocial projects for complex political emergencies. Nevertheless, psychosocial approaches can be broadly grouped into three categories: rights-based approaches,

indigenous approaches, and/or a gender-based approaches (Agger, 2001a). All of these approaches can be generated by members themselves with no recourse to outside assistance (as in the case of the *Magamba* spirits in Mozambique); can be generated by external agencies; and/or can be “community-based” (with services located in the community) or “community-engaged” (with members of the affected community involved in the design, implementation, monitoring and the evaluation of such approaches).

Rights-based approaches

Apart from outlining basic rights and the “best practices” for service provision, a rights-based approach seeks to mitigate the stigmatisation that often accompanies treatment by helping to provide individuals with identities other than that of “victims” (Agger 2001a; Agger & Jensen, 1990; Losi, 2000; McCallin, 2001). Although therapists working with Holocaust survivors utilised this approach, it is most closely associated with the work of therapists working with survivors of the Chilean dictatorship. Although trained in traditional methods of biomedicine, many therapists working with survivors of dictatorship recognised that political repression that aimed to completely destroy an individual through the annihilation of his/her sense of belonging to a society and his/her social activities (Becker, 2004) required treatment that departed from many of the mainstays of traditional therapy. As such, therapists abandoned their neutrality to empathise with survivors and their relatives and to establish a “bond of commitment” with them (Becker, 2004; Cienfuegos & Monelli, 1983; Reszycynski et al., 1991). Therapists often encouraged survivors and their relatives to record their sessions, and therapists and clients then collaborated to produce a testimony that was presented to human rights activists as part of a wider condemnation of the dictatorship (Cienfuegos & Monelli, 1983). Thus, therapists attempted to facilitate survivors in their recovery of a “sense of coherence” by linking their stories to a wider societal process of coming to terms with the crimes of the regime; in doing so, they hoped to provide a space where survivors could reconstruct both their sense of self and their sense of belonging to a wider community (Hamber, forthcoming, 2009; Weine et al., 1998).

A similar logic governs the use of Truth and Reconciliation Commissions (TRC) in societies coming to grips with the legacy of conflict. Although TRCs were initially promoted on the basis of their investigative and documentary powers, they have latterly become associated with attempts to promote reconciliation and healing in post-conflict societies (Hamber, 2006; Hayner, 2001). The South African experience is considered the quintessential individually and socially ameliorative TRC. Drawing heavily from the Chilean experience, the South African TRC sought to lay the basis for a new political and moral order in South Africa by promoting “truth, healing and reconciliation” (de la Rey & Owens, 1998, p. 258). By providing survivors with a rostrum to tell their stories, it was presumed that the South African TRC could promote both individual healing by allowing survivors to be heard and by linking their experiences to a wider societal narrative. Testimony was also thought to be cathartic for both the individual and the nation, as one of the TRC’s governing assumptions was that South Africans were collectively traumatised by the experience of apartheid (Hamber & Wilson, 2002). In the South African model, it was presumed that a symbiotic relationship existed between individual and collective healing, and between traditional psychology and larger political goals: public acknowledgement of individual suffering would bring about individual healing, and such healing would also be facilitated by the placement of individual narratives of suffering into a societal context. Individual testimonies in turn would provide a forum for the debate about memory and the past, and when taken together these testimonies could collectively “heal” the “traumatised” South African nation.

Whilst many of the goals of a rights-based psychosocial approach are laudable, a closer reading reveals many of their assumptions to be both tenuous and heavily influenced by western notions of mental health and the individual. Both the Chilean and South African examples are relatively individual-centred and heavily reliant upon the expectation that catharsis facilitates healing and recovery. In this sense then, the above rights-based approaches still take place within a medical framework which emphasises individual treatment and recovery (Summerfield, 2002). The prevalence of the medicalised approach in the South African example can also be seen through its assumption of a collective, “traumatised” psyche in need of healing. Although collective in its focus, this presumption reveals the continued influence of individual-centred approaches to trauma, as it is merely a projection of traditional, individual

psychology onto the nation. The notion of a collective psyche is highly questionable, as it assumes a level of unity and coherence that is rarely present in the individual, let alone the nation (Ignatieff, 1998; Hamber & Wilson, 2002). The previous example of Northern Ireland demonstrates that the idea of widespread trauma following political violence is difficult to sustain; although there is evidence of testimony being psychologically beneficial in some uncontrolled studies of non-TRC contexts (see Cienfuegos & Monelli; 1983; Agger & Jensen, 1990; Weine et al., 1998. For more ambiguous results within a controlled study, see Igreja et al., 2004), there is little empirical evidence from the South African example which points to an individual's changed psychiatric state in the wake of his/her testimony at the TRC (Kaminer et al., 2001). If there is little evidence to support the notion that individual testimony at the South African TRC engendered a beneficial catharsis for the testifier, the idea that such testimony had a similar effect on the nation is equally suspect.

While the therapeutic goals of a TRC are may be difficult to realise, it is important to remember that such commissions have other aims as well. TRCs are also nation-building projects, and this goal has the potential to conflict with individual coping and/or healing processes. As Summerfield (2002) and Hamber (forthcoming, 2009) have shown, a moral economy operated at the South African TRC, wherein expressions of sadness and/or forgiveness were welcomed, but feelings of anger and/or retribution were ambivalently, and sometimes irritably, received. The presence of such a moral economy reminds us that rights-based approaches also carry the danger of changing one's language of suffering, and also run the risk of leading survivors into premature or "false reconciliations" (Ignatieff, 1996). The South African TRC's moral economy also highlights the potential for rights-based approaches to denigrate—and possibly pathologise (see Kamminer et al., 2001)—individual coping strategies, as individuals who continue to harbour anger and/or seek redress through the courts are often criticised.

The premium placed upon catharsis and forgiveness revealed much about the South African TRC's wider political aims, as "healing the nation" was also part of a wider nation-building discourse (Wilson, 2001). Although South Africa was undergoing a transition, large swathes of the pre-apartheid state remained intact, and the TRC itself was established on the basis that it would grant political amnesty to individuals who

fulfilled the requirements for such an amnesty (Boraine, 2000; Sarkin, 2007). Although such amnesties were not necessarily inimical to the concept of justice (see Dyzenhaus, 2000) they did fall short of many survivors' expectations. The gap between survivors' expectations and what the South African TRC delivered is unsurprising, as one of the key objectives of any conflict resolution process is to facilitate integration, rather than harmony (Becker, 2006), and the polity that individuals are being integrated into has often not undergone a radical socio-political or economic transformation. Therefore, like Pupavac's criticisms of the psychotherapeutic approach, TRCs also suffer from internal contradictions: they stress the language of transformation and empowerment, but ultimately they seek to reconcile individuals to disappointment.

Furthermore, just as medicalised approaches to trauma can depoliticise individuals turning them into "dysfunctional" victims, so too can TRCs contribute to the depoliticising of violence and individualising of victims' experiences. It has been argued that a focus on direct human rights violations (e.g. murder, torture) in the South African case has resulted in apartheid's structural oppression, such as racial and economic exclusion, being under-emphasised (Mamdani, 1996, 1997, 2000, 2007; Posel, 2002). Equally, a focus on direct violence meant that many women came before the TRC to talk about what happened to men (e.g. an assassinated husband), rather than focussing on their own structural oppression, violence towards them and having to cope with the consequences of the death in a deeply patriarchal society (Goldblatt & Meintjies, 1997; Gobodo-Madikizela, 2005; Ross, 2003). The TRC has thus been criticised for locating women in the private realm and depoliticising women's experiences of conflict (Graybill, 2002).

The TRC's dual mandate of personal and political reconciliation also raises the spectre of testimony being appropriated for the greater political good. Like Girard's (1972, 1977) scapegoat whose sacrifice removes mimetic desire and its attendant violence from society, both survivors' and perpetrators' testimonies can be utilised for social and moral renewal; perpetrators' guilt can be used to absolve the wider population of any wrongdoing, and the symbolic authority of survivors' testimony can be reproduced to impute moral and political legitimacy to a new regime (Humphrey, 2002; Smyth, 2006). Although the notion of collective guilt is also problematic, the

former situation can lead wider society into a “false reconciliation”; the latter holds the same risk for survivors, and it also leaves them vulnerable to re-victimisation. Finally, given the non-linear nature of grieving and mourning processes, the social reproduction of survivors’ testimony can lead to their disillusionment with the formal truth and reconciliation processes.

Despite these criticisms, however, rights-based approaches do offer a way for survivors of political violence to process their trauma. As mentioned above, one of the key aims of political violence is to destroy its targets’ senses of self, belonging, and meaning. One way in which perpetrators of political violence can do this is by denying knowledge to its victims and their families (e.g. political disappearances) (Laub, 2000; Jelin & Kaufman, 2002). Denial of such knowledge often provokes existential crises within victims’ families, as it places relatives in a liminal state wherein grieving represents an affront to the hope that their loved one could still be alive. Therefore, through its fact-finding and testimonial apparatuses, rights-based approaches can facilitate grieving and mourning processes. As mentioned previously, by placing individual suffering within a wider framework, rights-based approaches can also facilitate survivors’ re-creation of their senses of meaning and belonging. That said, rights-based approaches are not appropriate for every situation, and therefore must be implemented with a keen appreciation for a conflict’s social, political, historical, and gendered context. For example, implementing a rights-based approach in ongoing ethno-national conflict has the potential to exacerbate the dispute, as the promotion of human rights in the absence of a cross-community human rights movement is also liable to “reinforce the solipsism of the divided ethnic groups”, (Pupavac, 2004b, p. 163; Agger, 2001a; Mimica; 2001). Furthermore, the TRC in Sierra Leone was not welcomed by everyone, as its testimonial ethos was largely contrary to the country’s “forgive and forget” culture (Shaw, 2005). Also, many victims of sexual violence are reluctant to testify in criminal tribunals, as their adversarial character can lead to a sense of re-victimisation. Although TRCs are less confrontational, their public nature and the gendered assumptions which govern them (e.g. sexual violence often does not fall under the ambit of “political crimes” and therefore is not prioritised) can dissuade victims from testifying (DeLaet, 2006).

Finally, rights-based approaches take place within a wider political context that will inevitably be informed by pragmatism, and recognition of such pragmatism requires the related recognition that rights-based approaches will need to be complemented by other initiatives. Although the relationship between rights-based approaches and peacebuilding is clear, development issues are only peripherally addressed by such approaches (i.e. providing a polity with the stability necessary for inward investment, and possibly contributing to social development). Therefore, to address development issues rights-based approaches will need to be complemented by political advocacy, and grass-roots and governmental initiatives. Rights-based approaches will also have to be linked to social justice questions, and move beyond a limited focus on civil and political rights issues, and direct violations against victims. Moreover, the non-linear, sequential nature of trauma means that such approaches should be complemented by other measures, such as indigenous, gender-based and/or therapeutic approaches.

Indigenous approaches

Indigenous approaches to trauma offer an alternative to traditional western approaches to mental health. As mentioned above, meaning is central to both political violence and attempts to ameliorate its impact. The centrality of meaning, however, renders a universal approach to trauma problematic, as individuals' and groups' interpretation of social and/or psychological suffering will undoubtedly be mediated by a host of cultural, social and political factors (Honwana, 2001). As not all societies subscribe a belief in mind-body dualism, it stands to reason that an approach which views these two realms as distinct would not be appropriate as the main form of trauma treatment, or perhaps would not be appropriate at all. Programmes which emphasise individual suffering and treatment through a secular framework would be similarly inappropriate as a primary treatment in communities where suffering was ascribed to spiritual discord (see Eppel, 2006; Honwana, 1998; Wessells & Monteiro, 2000). Therefore, proponents of indigenous approaches to trauma seek to devise programmes that facilitate social reintegration by speaking to local idioms of suffering; in doing so, they hope to lay the basis for the emergence of a stable and economically vibrant society.

As there are innumerable interpretations of social suffering, indigenous approaches to trauma are varied in nature. Many indigenous approaches are plural in orientation, reflecting both aid agencies' desire to assist heterogeneous populations with diverse needs, and some survivors' propensity to avail of a wide array of "local" and "western" therapies (Honwana, 2001). Mixed approaches, however, should go beyond simply utilising local traditions to facilitate a wider awareness of western-based notions of trauma. For example, in Angola, the Christian Children's Fund (CCF) collaborated with local groups in order to reintegrate former child soldiers into their communities. Active community participation was a hallmark of the CCF's Angolan project. Local CCF workers were not merely trained how to recognise the PTSD symptoms; rather, they asked village leaders what problems their youth experienced, and determined whether these problems could be war related. Having done so, local workers asked village leaders what methods would be best for addressing their youth's problems. This cooperation resulted in the reunification of children with their families, purification rituals with local healers, structured educational and leisure activities for children, the administration of small grants, and the funding of community projects such as the building of community centres and schools (Wessells & Monteiro, 2001).

Through this approach the CCF sought to address the spiritual and communal impact of the Angolan civil war. As unjust killing is believed to be a source of spiritual and social pollution in rural Angola, the purification rituals were primarily aimed at allowing child soldiers to return and successfully reintegrate into their villages. Their secondary aim, however, was to re-establish the spiritual bond between the living and their deceased ancestors that serves as the communal bedrock in rural Angola (Wessells & Monteiro, 2001). Structured educational and leisure activities, along with grants and community projects, were an explicit recognition of the positive impact that development and a sense of ownership have upon psychosocial well-being (Wessells & Monteiro, 2001). Educational and leisure activities were aimed at mitigating the re-recruitment of child soldiers by giving them transferable skills and restoring a sense of normality to their lives (Wessells & Monteiro, 2001). Apart from stimulating economic activity, small grants and building projects sought to empower communities by making them the primary arbiters of such projects.

Although the CCF's Angolan project was not perfect, nor could it address the macro-level conditions that continued to destabilise Angola, it did demonstrate the benefit of a culturally specific approach that went beyond merely training local workers in the PTSD framework. Similar efforts have occurred in Mozambique, where traditional healers exorcised *magamba* spirits (usually the spirit of dead soldiers) said to possess some inhabitants of the rural Gorongosa region. Dealing with *magamba* spirits not only sought to cure individual ailments; it also created a space wherein participants could express their feelings about the war (Igreja & Dias-Lambranca, 2008). This space allowed for feelings of revenge and anger to be aired without the threat of violence occurring; thus, in contrast to Girard's thesis, feelings of anger and a desire for vengeance could be expressed without recourse to a *new* scapegoat. Therefore, exorcising *magamba* spirits facilitated individual healing and a form of communal restorative justice. Furthermore, it also stimulated a communal dialogue about the war and reconciliation that was particularly salient given its absence on a national level (Igreja & Dias-Lambranca, 2008).

Whilst indigenous approaches to trauma are often more appropriate than the PTSD paradigm in many situations, they too are not without problems. Although western approaches often emphasise the individual at the expense of the group, many indigenous approaches can make the opposite error, and thus run the risk of valorising "traditional" or "community" methods. We should guard against romanticising the community or idealising the family, neighbourhood, village, collective, and community, which are all vague terms and difficult to define (Somasundaram, 2007). Wider social attachments are an integral part of the "African self", but as Nwoye (2006) reminds us, this is something different than saying that such attachments wholly constitute the "African self". Similarly, no matter how important group attachments are, groups are bound to have strong, moderate, and weak identifiers, thus cautioning against the utilisation of a indigenous-based strategy as a panacea for all of a region's ills. Internal differentiation within groups also necessitates the use of a multiplicity of strategies to address a war-affected population's psychosocial needs. For example, in Igreja and Dias-Lambranca's (2008) study, a woman was unable have a *magamba* spirit exorcised because of her Christian father's refusal to participate in the ceremony, thus leaving her with no means of alleviating her suffering. Moreover, as only male soldiers can return as *magamba* spirits, the justice they offer is

patriarchal in nature, thus leading Igreja and Dias-Lambranca to argue that the women of Mozambique require interventions that can both speak to their particular traumas and can help to foster gender equality (for an example of *magamba* spirits altering gender relations, see Igreja et al., 2008). The use of indigenous approaches to trauma alone is also cautioned against by Alie (2008) who notes that despite high rates of intermarriage, most *Mende* rituals in Sierra Leone are only open to members of the *Mende* community.

Emphasising indigenous approaches also runs the risk of implying that a region's culture is both static and has singular provenances (Alie, 2008). Culture is the product of myriad influences, and its protean nature is a reflection of constant interaction with other groups and their traditions. Cultural hybridity is particularly salient for war-affected regions, as they usually come into contact with other groups and traditions through population displacements and refugee outflows, and through neighbouring states' propensity to become embroiled in conflicts. Implicit in many descriptions of indigenous approaches to trauma is that a community's traditions are widely known and readily available. However, a protracted conflict may leave many individuals unaware of their community's traditions and practices, and given the inflexibility of many traditions, it may also leave a community bereft of the resources to perform justice and reconciliation rituals (Ojera Latigo, 2008).

The precipitate demands of war may also produce dissatisfaction with prior traditions and modes of life. For instance, if women previously played an ancillary role in communal life—or no role whatsoever—their mobilisation as soldiers during wartime may lead to demands for social and political change either during a conflict and/or after a conflict has abated (Turshen, 1998). Ignoring local traditions whilst trying to address the effects of political violence would be wrong, but it would be equally wrong to discourage potential sources of societal transformation in the interest of “tradition”. This problem is highlighted by Chinkin (2003), who notes that “reconstructing” a society can entail re-establishing structures that may have marginalised women and minority groups. Some traditions may also have been partially responsible for the outbreak of violence, and therefore ought to be discouraged. The latter two injunctions against a slavish adherence to “tradition” when implementing indigenous programmes highlight an important consideration that

is often overlooked; that is, no matter how culturally sensitive such programmes are, they, like western approaches to trauma, will also be informed by aid agencies and donors' conceptions of what constitutes the good, both politically and socially. In other words, the conception and evaluation of the "traditional intervention"—like those which inform PTSD—are likely to be influenced by western thought. Moreover, as Silove (2000) argues, obstinately insisting that groups require an indigenous approach can be just as patronising as asserting that such approaches are of no value. Also, the tendency to subsume all countries that are underdeveloped and/or experience conflict under the label of "non-western" is highlighted by Mimica (2001), who recalls foreign colleagues complaining about her approach to trauma work in Croatia being too "westernised", a complaint which belies their claim to cultural sensitivity as it fails to acknowledge that Croatia's long tradition of psychoanalysis.

The preceding paragraph underscores that indigenous approaches fail to escape many of the knotty problems which plague both medicalised and rights-based approaches to trauma. PTSD's medicalised idiom distorts the social suffering engendered by political violence, but indigenous approaches leave open the possibility of that those individuals with either acute psychiatric disorders or extreme reactions to trauma will not receive proper treatment. Failure to treat the mentally ill will have deleterious consequences for such individuals, and the burden of caring for a mentally ill family member could also prevent their families from achieving self-sufficiency (Silove, 2000).

Like PTSD and rights-based interventions, indigenous psychosocial programmes are also subject to macro-political, macro-social, and macro-economic conditions beyond their practitioners' control, and indigenous interventions which lack a keen appreciation for a region's "high politics" are easy targets for infiltration and manipulation by élites who wish to expand their political power base. Furthermore, as Igreja and Dias-Lambranca demonstrate in the case of Mozambique, emphasis upon local traditions can be used by political élites as an excuse for not engaging in a national dialogue about the past. Nevertheless, Huyse has argued that tradition-based mechanisms, despite several shortcomings such as being male-dominated and being of limited use in ethnically mixed communities, can facilitate greater contact between

victim and perpetrator, making accountability more personal than remote courts or transitional justice processes run out of reach of ordinary citizens (Huyse, 2008).

Gender-based approaches

As the preceding paragraphs have shown, whilst indigenous approaches to trauma are often far superior to PTSD in terms of addressing the communal aspects of suffering and trauma, they alone will not ameliorate social and individual suffering. However, indigenous approaches can be complemented by psychosocial programmes which primarily emphasise the gendered aspects of trauma. The rise of gender-based psychosocial programmes is an acknowledgement of the differential way in which war affects women and men, an insight which in turn reflects the prevalence of the commitment to gender mainstreaming in various governance, peacebuilding, and development efforts.

Although “gender” is often erroneously considered to be synonymous with “women”, “gender” refers to the social constructions that underpin conceptions of masculinity and femininity; “gendered violence” refers to the way in which these constructions cause men and women to experience violence differently (DeLaet, 2006). Political violence is harmful to all who become embroiled in it, either voluntarily or involuntarily, but such violence often has distinct personal, social, political, and psychological ramifications for females and males. For example, both nationalism and realist conceptions of the state envision women as embodiments, rather than agents, of the state. As such, they are prime targets for political violence, as sexual violence is rife with symbolic meaning. Sexual violence often takes the form of mass rapes; such attacks are not only personal, but they also represent an affront to their victims’ communities, as they are an acknowledgement that males are unable to protect “vulnerable” females and, by extension, their territory. As social constructions of femininity mean that such attacks have great political purchase—both as a tool of political demoralisation and mobilisation—it is unsurprising these crimes are highly visible. On the other hand, social constructions of masculinity and homosexuality often make it politically and socially expedient—for the politician, perpetrator, and to some extent the victim—to render male victims of sexual violence invisible. However, constructions of masculinity which posit men as autonomous agents not

only prioritise silence from men; masculine social constructions which view women as repositories of male honour can also prevent women from speaking personally about sexual violence for fear of disgracing their families and communities (DeLaet, 2006).

Acknowledgement of the gendered aspects of political violence necessitates the related recognition of the gendered aspects of peace and post-conflict contexts. First, political violence often results in female-headed households, and this is acutely problematic in societies governed by patriarchal assumptions. In Sri Lanka, widows and women living without a male relative are often subject to social exclusion and derision, and any income that females are able to generate is simply assumed to come from prostitution (Alison, 2004). This situation can also be particularly problematic during post-conflict peacebuilding efforts when men return from war often demanding that women return to the pre-war situation of subservience (Turshen & Pillay, 2002).

Second, the gendered notion of females as repositories of male and communal honour often means that the stigma of sexual violence leads to a woman's ostracism and the ruination of her marriage or marriage prospects, thus placing her and her children on the social and economic margins of a community. For example, in Bosnia, Muslim rape survivors were seen as soiled with some opting for exile or suicide to expel the shame (Brooks, 2003), and in Sierra Leone, women who were raped in the war were often ostracised from families and their community (King, 2006). Similarly, although they are revered, female ex-combatants in Sri Lanka face a comparable marginalisation as their combat experience is considered to make them unsuitable marriage partners within the Tamil community (Alison, 2004).

Third, the humiliating and disempowering aspects of war, as well as deeply entrenched violent masculinities, can lead men to reassert themselves through domestic and sexual violence before, during, and after a conflict (Alison, 2004; DeLaet, 2006; Weyermann, 2006). Demobilisation, an integral part of peacebuilding, can also, in some cases, lead to a sense of emasculation. This can result in some men, both ex-combatants and demobilised soldiers and police, reasserting their power through violence often in the home (Gear, 2005). Moreover, the masculine and political considerations which lead to the issue of sexual violence perpetrated by one's

enemies to be highlighted during periods of violence to some extent marks out this form of sexual violence as “special”; in doing so, it obscures the sexual violence which occurs after a conflict as a means of both reward and retribution (Twagiramariya & Turshen, 1998; Diaz, 2001; Immaculée Ingabire cited in DaLaet, 2006). Palmary has argued that the distinction between gender based violence and so-called political violence is largely artificial, and this can also contribute to the marginalisation of women in post-conflict reconstruction and peacebuilding (Palmary, 2006, also see Ní Aoláin, 2006; Ní Aoláin & Turner, 2007 who make a similar point).

Finally, the patriarchal norms which underpin many tradition-based practices may prohibit female participation and therefore exclude women and girls from communal healing rituals (see Alie, 2008; Igreja & Dias-Lambranca, 2008; Ojera Latigo, 2008). Traditional mechanisms of justice also often exclude women meaning that decisions can go against them (Palmary, 2006). In the same vein, endemic discrimination and sexual violence in many societies engaging in peacebuilding activities remain as significant impediments to realising Resolution 1325 (International Crisis Group, 2006). As a result women remain underrepresented in peacebuilding activities and ultimately at the political level.

Practitioners of gender-based psychosocial approaches incorporate these insights when attempting to address the effects of violence. In doing so, they seek to directly contribute to peacebuilding and development efforts by promoting both gender mainstreaming and empowerment. By revealing and addressing the gendered aspects of conflict and peace, proponents of gender-based psychosocial programmes attempt to create the foundations of more just society and sustainable peace by directly involving previously marginalised groups in peace and development strategies. Similarly, by empowering marginalised groups, practitioners of gender-based psychosocial programmes seek to contribute to development efforts by reducing inequality (Stein, 1997).

For example, some rights-based psychosocial approaches can be considered gender-based as their testimonial apparatuses often consciously seek to have women discuss their trauma in a public forum in order to combat the notion that women’s trauma is not worthy of being heard (Agger, 1994; Leslie, 2001). In addition to re-establishing

social meaning by placing women's experiences within a wider narrative, the gender-specific aim of such testimony is to empower women by engaging them in a consciousness-raising exercise (Leslie, 2001). Gender-based psychosocial programmes also aim to empower women and facilitate development by providing women with both counselling and vocational training. In Gaza, for example, a local NGO provided training for Palestinian women in vocational skills in tandem with psychological counselling and legal services. Given the stigma surrounding both mental health and domestic violence in Palestinian society, the vocational training provided a suitable justification for participating in the programme (Weyermann, 2006). Furthermore, the counselling and vocational training had to be linked as participants' lack of self-confidence often prevented them from succeeding in their professional pursuits, and a lack of vocational training often reinforced participants' poor self-images (Weyermann, 2006).

As Weyermann notes, however, such efforts are liable to meet with limited success if NGOs are unable to effect change in wider socio-economic and political conditions which serve to reinforce the gendered aspects of peace and violence within societies. As such, she highlights the importance of advocacy to raise awareness of the way in which conservative notions of femininity and masculinity lead women and men to experience political violence differently. In Gaza, this led to consciousness-raising exercises through group counselling, a public awareness campaign about the negative effects of early marriage upon women, and a campaign to change the legal framework to better protect Palestinians from domestic violence (Weyermann, 2006).

Although such advocacy is undoubtedly important, the difficulties of effecting wholesale change in gender relations mean that gender-based psychosocial programmes also pose several risks for war-affected populations.

First, although social constructions of masculinity and femininity often do lead men and women to experience war differently, this does not mean that women are simply innocent victims, nor does it mean that their experience of war is always more psychologically and socially damaging than men's experiences of political violence (Enloe, 1998). For instance, the retention of their traditional roles as primary caregivers may lead some women to find the experience of life in a refugee camp less

disempowering than their male counterparts. Therefore, equal provision of work and/or vocational training for men in such settings could help to mitigate some of the tension that occurs when such training is primarily allocated for female refugees (Thiagarajah & Ruwanpura, 2001). In sum, recognition of the gendered aspects of peace and violence should also result in the creation of programmes that address the particular aspects of male suffering, and perhaps more importantly tackle the legacy of violent masculinities especially in societies in transition (Hamber, 2007). As Duggan notes in the foreword to a recent book on gender and reparations, further study is needed on “how men deal with their own compromised masculinity in the face of adversity, since this has a direct impact upon women’s long-term chances for recovery and empowerment” (Duggan, 2006, p.18).

Second, despite many NGOs desire to help effect a radical change in gender relations, limited resources, both political and financial, and a desire to work with local communities may force NGOs to settle for programmes which are more modest in scope. For instance, in Weyermann’s example in Gaza, in deference to the local community, the local NGO only provided women with training for vocations which could be pursued within the home. Therefore, an inability to effect wider change may mean that psychosocial programmes end up reinforcing gender stereotypes to a certain extent. Similarly, the empowering impact of such training can be blunted if there is an overall lack of employment opportunities for both women and men within a society. In addition, the provision of such training in overwhelmingly adverse economic circumstances raises the same question that arises in critiques of PTSD trauma work; that is, who reaps the most benefit from such training—the practitioner or the recipient?

Finally, practitioners who implement gender-based psychosocial programmes should be aware that, like PTSD, they are promoting ideas (e.g. gender equality) which are the product of particular socio-political and historical circumstances. In doing so, practitioners should be cognisant of gender-based psychosocial programmes’ potential to both displace culturally-specific coping mechanisms and traditions and to change local idioms of suffering.

Despite these criticisms, gender-based psychosocial programmes remain an important means of ameliorating the gendered aspects of conflict and peace. As shown above, addressing the gendered nature of both political violence and post-conflict contexts entails an explicit commitment to development, as gender-based programmes uncover the social, economic, political, and cultural structures which impoverish women, men, children, and the communities to which they belong. Moreover, such programmes' commitment to gender mainstreaming seeks to contribute to a sustainable peace by promoting participatory democracy and by empowering previously marginalised groups to actively participate in peacebuilding efforts. In addition, as alluded to above, recent feminist scholarship (Ní Aoláin, 2006; Ní Aoláin & Turner, 2007; Bell & O'Rourke, 2007) warns us of the dangers of using a narrow lens when focussing on gender violence that restricts it to so-called incidents and political violations thus missing the wide range of harms inflicted upon women both physically and structurally before, during, and after the peacebuilding process.

Conclusion

This paper began by noting that there is no magic solution to the problem of dealing with the impact of complex political emergencies. The paper has been critical of overly medicalised approaches to dealing with the problem of extreme traumatisation calling for a more contextual and socially responsive approach. As we noted, a syncretic approach to peacebuilding has rendered a focus on PTSD in relation to both the diagnosis and treatment of trauma in societies affected by political conflict problematic. However, we have also shown that as much as PTSD-driven models can be critiqued for narrowing how we think about trauma, its nature and consequences, “psychosocial” approaches, although a significant advance, have their own challenges. For example, definitions of psychosocial interventions are often so wide they can be critiqued for lacking specificity or measurable outcomes. The broad definition of “psychosocial” also means that in some cases interventions that clearly do not take the social context into account can be labelled as psychosocial in nature. Similarly, “psychosocial” can also be used as a synonym for “community service projects” (Wiles et al., 2000) with no reference to individuals' psychological states; as this paper noted, although psychotherapeutic approaches are problematic as the primary forms of intervention within a society, they still remain an important part of

any intervention. The only way around these problems is start to begin to consolidate theory and build a catalogue of projects that are genuinely psychosocial, highlighting their commonalities and codes of practice.

We have also argued that the relationship between peacebuilding, development and addressing the trauma of political conflict are intertwined; that is we cannot adequately address trauma without placing it at the heart of wider peacebuilding initiatives and development programmes, and vice versa. As we noted, political conflict and war is a threat to development and has traumatic consequences, but equally development could help to reduce conflict and have a positive impact on well-being. The problem is that mental health practitioners seldom have sufficient influence over wider development and peacebuilding processes, and this often results in their retreating back into the narrow confines of medical or psychological interventions to address extreme traumatised. Dealing with this challenge requires new partnerships, interdisciplinarity and a reskilling of mental health professionals equipping them to engage in wider development and peacebuilding processes, as well as giving them the skills to conceptualise their interventions differently.

As the latter part of the paper outlined, understanding extreme trauma as a social and not merely a psychological phenomenon requires psychosocial programming that takes, at a minimum, human-rights, culture, and gender equality into account or focusses directly on them. We highlighted the challenges of such approaches (e.g. romanticising traditional approaches; using testimony to narrow accounts of past violence rather than widen them; and ongoing structured gender inequality)—but we remain steadfast that the nature of political trauma demands interventions that address on such factors. This will however invariably result in psychosocial programming being linked with advocacy aimed at, for example, attaining social justice and structural equality. The difficulty in that regard—even if one succeeds in linking trauma, peacebuilding, development—is that much international ambivalence remains about what realising this interrelationship means.

We have argued that development and aid relief have moved closer together in recent years; peacebuilding can be redefined to encompass activities occurring before, during, and after a conflict; and that trauma is socially and contextually dependent.

However, if these arguments are accepted, it means that a greater level of politicisation of trauma in the development and peacebuilding fields is necessary. For example, justice for human rights violations could become an essential component of peacebuilding during a conflict and not merely after it, and dismantling oppressive political circumstances could be seen as a psychosocial intervention in itself. This makes theoretical sense as has been argued in the paper, and certainly when thinking about victims of extreme traumatisation justice or removing the social structures that harm them appears logical, but the critical question remaining is whether the international development community and some mental health practitioners would see it in the same way.

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