

Book review

Sharon Alane Abramowitz. *Searching for Normal in the Wake of the Liberian War*. Pennsylvania: University of Pennsylvania Press, 2014 (280 pages). ISBN 978-0-8122-4626-1 | \$65.00

The Liberian war

At the end of Liberia's 13-year civil war, the devastated population struggled to rebuild their country and to come to terms with their experiences of violence. The war in Liberia took place in two periods, the first Liberian War from 1989 to 1996 and the second Liberian War from 1999 to 2005. In September 2003, the UN decided to intervene by sending the United Nations Mission In Liberia (UNMIL) as a peacekeeping force, which consisted of 15,000 soldiers, humanitarian personnel, political advisors and policemen. During the first decade of post war reconstruction, hundreds of humanitarian organisations created programmes that were intended to heal trauma, prevent gendered violence, rehabilitate former soldiers and provide psychosocial care to the transitioning population. In her book *Searching for Normal in the Wake of the Liberian War*, Sharon Alane Abramowitz, an anthropologist, has examined the structure and impact of these mental health care interventions.

Abramowitz gives a good insight into what happens in a post conflict period when most national institutions like ministries, the justice system, police force, and general and psychiatric health care institutions are absent, or have to be reconstructed from scratch. The country had been all but destroyed during the war, and for a long time destruction, displacement and survival were key elements in the lives of most Liberians. She also clearly describes the collective

aspect of trauma; where the violence had been so overwhelming and the mistrust and despair so big, that Liberians had lost their feeling for, and knowing what was, normal. Normality had to be re-invented.

Reconstruction initiatives

An important part of this reconstruction was a joint effort to create safety through disarmament by UNMIL forces and to heal the wounds through extensive psychosocial care for the population. A great number of people were displaced, living in camps as internally-displaced persons or in refugee camps in the neighbouring countries. Psychosocial programmes started in these camps.

In the first chapters, Abramowitz gives a clear picture of the detrimental and (still) dangerous situation in the country. Operating under these circumstances makes a heavy task for the large number of nongovernmental organisations (NGOs).

As part of setting out a clear picture, she poses the interesting question if humanitarian aid is effective at simultaneously promoting healing processes and mental health, while also reconstructing a state fallen into decay. She does not come up with a clear answer, but describes (through example) how the population has taken up the message that war is over and a new chapter should be begun. This is done by billboards on the roads, in the churches (85% of the population is religious), through the radio, and by all the local, trained psychosocial personnel in their messages to the beneficiaries.

For a lot of Liberians the interventions examined in the book provided a chance to find work in a project set up by NGOs. At the start, economic motives prevailed, but slowly these trainees became motivated

workers with a lot of status. It was to the benefit of the quality and the conviction of the messages that trainees first had to follow an extensive trauma healing process themselves. In particular, in the group sessions for ex-combatants it was an advantage that the trainers had the same background as ex-combatants, and could share their own healing processes. A lot of psychosocial workers were trained in counselling, but most workers took up their role as much more active, giving a lot of advice, even using references to the Bible to help guide their audience.

Gender-based violence (GBV) in Liberia was pervasive during and after the war. In comparison with the programmes on mental health and trauma healing, GBV interventions were highly efficient, well coordinated and well funded. It was also important that GBV programmes worked in coordination with each other under the authority of the Ministry of Gender. It was part of the peacekeeping activities, as well as the humanitarian assistance programmes. This joint cooperation led to good results. As a result, GBV was a politically powerful force in post conflict life. Another reason why GBV got so much attention lay in the fact that female expatriate staff worried about their own vulnerability to sexual violence from Liberian men. This also fuelled the GBV initiatives that they worked to implement.

In the mental health field, it was striking that there was much more attention for trauma healing programmes than for reconstruction of regular psychiatric care. As a consequence, psychotic patients could only be referred to a few places. The chapter about Open Mole (a sunken fontanel) was very

interesting. It is regarded as a *folk*' disease that occurs among rural or traditional urban Liberians who had experienced trauma or the death of a loved one. It carries with it symptoms of psychological distress like self-isolation, hallucinations, depression, suicidal ideation and anxiety. In mental health programmes, discussions took place concerning diagnosis and appropriate treatment.

Evaluation

This book covers an important area. By interviewing both NGO personnel and participants of programmes, and giving both scientific and theoretical backgrounds, Abramowitz offers an understanding of what humanitarian aid aims at and how it works out under local and difficult circumstances. She is outsider (because of her profession as anthropologist) as well as insider (as trainer of psychosocial workers). She is, so to speak, a participating researcher. It is a rich book, especially for all who work in post conflict areas. Her book gives us realistic insider knowledge about a huge humanitarian operation, the pitfalls, the necessity of a joint task force for peacekeeping and mental health activities, the need for a culturally sensitive approach, and the fact that a mostly western oriented programme will be modified by local staff. It does not come up with all the answers, but it gives food for thought about main issues in mental health care reconstruction within post conflict circumstances.

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