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From the editor:
on posttraumatic growth, spirituality and cholera...

This issue contains much food for discussion, on a wide range of topics, from all corners of the world; from Somalia to Haiti and from Canada to Palestine. We hope that everyone may find something to be inspired by within it.

Wellbeing of children and youth who have undergone collective violence

Posttraumatic growth is a concept that has not received much attention in this journal, until now. Posttraumatic growth refers to positive changes that are a result of, and occur in, a survivor of adverse events. When people respond to adversity through healing and generating meaning, it can sometimes result in more than a return to ‘pre trauma functioning,’ but may also provide unique opportunities for personal growth.

The concept of posttraumatic growth is relatively new, and it is still up for debate how clearly it can be delineated from ‘resiliency.’ Some assert that it is a rare phenomenon, if it occurs at all (Johnson et al., 2007). Certainly, this phenomenon gets more attention in nonwestern populations (Weiss & Berger, 2010). This issue opens with an article that explores the utility of the concept of posttraumatic growth in a non-western, post conflict setting. Louise Steen Kryger & Cille Læve Lindgren write about Ugandan youths who were formerly associated with the Lords Resistance Army. Based on in-depth interviews with 12 of them, they identify themes in the life narratives of these youths, such as social support, participation, self perception, and faith in God. In the end, however, the authors remain hesitant about the possibility of posttraumatic growth in the Ugandan sociocultural context.

This issue also contains a field report by Daniel Ruiz Serna & Ines Marchand, about a small scale project in Canada, organised by Canadian/Columbian volunteers who themselves had been victims of the armed conflict in Colombia. The project invited former child soldiers, who in many ways are also victims of the armed conflict, to Canada to participate in a reconciliation and healing project. The authors emphasise the importance of community participation in such projects.

Another field report, by Yøke Rabaia, Viet Nguyen-Gillham & Rita Giacaman, presents some of the results of their analysis of drawings and written wishes from Palestinian schoolchildren. The political situation figures prominently in the wishes of the children, and the wish for peace and statehood are dominant themes.

Religion and spirituality

Issue 8.2 of Intervention contained an article by Alison Schafer in which she explores spirituality and mental health in humanitarian contexts. She uses her experiences in the aftermath of the Haiti earthquake to substantiate her argument that nongovernmental organisations do not have a clear set of interventions to address the spiritual needs of the affected population, in conjunction with their mental health and psychosocial support needs. (Schafer, 2010) She considers this a gap, given that spirituality can have beneficial effects on mental wellbeing, and is often an important resource for coping and coming to terms with what happened. The dilemma’s surrounding the uneasy relationship between religion and psychosocial work definitely warrant more
exploration, and we are therefore happy to publish four commentaries to Schafer’s article. Grace Onyango, an experienced psychosocial specialist from Uganda, believes that spiritual approaches are not necessarily at odds with more technical mental health and psychosocial support interventions. In her experience providing spiritual nurture is not the same as evangelism, and deserves more attention in humanitarian work. Michael Paratharayil underlines the importance of using religious rituals as a part of interventions to improve the psychosocial wellbeing of survivors. He illustrates this with examples from South East Asia. Simon van den Berg, Relinde Reijsers & Leslie Snider acknowledge the need for all humanitarian workers to be sensitive to people’s religious and spiritual beliefs, as they should be for social values and cultural practices in general, but question whether this warrants the creation of specific ‘psycho-spiritual approaches’ and the development of separate models and guidelines. Cynthia Erikson underlines that it is important to facilitate the conversation and practice of what people believe, and to try to understand of how these beliefs relate to the experience during an emergency. She advocates the use of an existing clinical tool, the Cultural Formulation, that guide clinicians through the various ways that culture (and this could include religion and spirituality) is embedded in diagnosis and treatment, and can assist this process of developing appropriate interventions. In her response, Alison Schafer points out that she does not recommend developing tools that narrowly focus only on spiritual nurture and mental health and psychosocial support (MHPSS), but rather to seek methods to include spiritual nurture more broadly within humanitarian work. One first step is ongoing consideration of the pervasive influence of spirituality on well-being, and the ways humanitarian agencies can support all aspects of wellbeing for the survivors of emergencies.

Psychosocial interventions in Haiti during an outbreak of cholera

This journal has recently published several articles on mental health and psychosocial interventions after the devastating earthquake in Haiti. However, as often seen in complex emergencies, the aftermath of what initially may seem an individual natural event, gets complicated by other humanitarian problems. Jérôme Grimaud & Fedia Legagneur writes about the deadly cholera outbreak that has ravaged Haiti, less than 10 months after the earthquake. While cholera is a fatal disease, it can be excellently managed with simple tools. However, the beliefs and fears of the population around the humanitarian response, made tackling the epidemic more complicated. People feared that vodou priests and international agencies might have willfully caused the disease outbreak. Therefore, they did not trust the authorities, neither national nor international, and saw the humanitarian community as part of those powerful hidden forces that brought misery and sickness to Haiti. Within such a context, it is logical that many of the cholera prevention messages do not go down well. This field report shows how psychosocial workers can play a critical role in mediating, between the medical interventionists and the communities, and can thereby contribute in to the success of the public health response to the epidemic. Grimaud and Legagneur are actively involved in these psychosocial activities, and it is a miracle that they found time to share their insights with us so quickly. They emphasise that their field
report is not ‘research’. This may be true, but it still gives us much needed insights into the cognitive and emotional worlds of ordinary Haitians. It may be tempting to dismiss the beliefs of the respondents as ‘irrational’ and ‘backward.’ I am, however, sure that a closer look would reveal that the notions of the Haitians make sense, once they are placed in their sociocultural and historical context. The eminent medical anthropologist Paul Farmer wrote earlier that the epidemics of AIDS and tuberculosis that continue to strike the poor in Haiti are not just natural events, but are also embedded in large scale social and economic structures. He uses the term ‘structural violence’ to describe these processes and convincingly argues that social inequalities are at the heart of it (Farmer, 2004a; Farmer, 2004b). The havoc that structural power imbalances create in the lives of poor Haitians may have become even more striking in the year following the earthquake.

It is certainly shocking to read in this report that many Haitians feel that the influx of more than a thousand nongovernmental organisations (NGOs) in Haiti has lead to marginal improvements of their daily lives at best, and in fact that they perceive the NGOs as part of the problem. I wonder whether they may actually be right. Perhaps, as humanitarian or development workers, we should reflect more on our own role in maintaining structural inequalities. While trying to do good, we may sometimes actually contribute to the continuation of misery and injustice. Now and then, this journal has published critical reflections on the organisation of mental health and psychosocial work (Abramowitz & Kleinman, 2008; Gilbert, 2009; Wickramage, 2006). We would welcome more...

One example may be the thought provoking short article by Neil Krishan Aggarwal on the unclear definitions of mental health and psychosocial support in our field in general and in the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in particular. The author argues that the absence of formal definitions may interfere with coordinating minimum responses and could lead to confusion in the field. We hope that this article may also prompt a discussion with our readers, and encourage you to send your responses to us.

**Other articles**

A field report by the Ugandan authors, Patrick Onyango Mangen, Taban Edward & Richard Kinyera documents the experiences of an African nongovernmental organisation, TPO Uganda, in setting up activities to strengthen community support structures to enable them to provide psychosocial support services in Somalia. Their approach is geared towards building capacity within existing structures of care. It is encouraging to read that they were able to do this work, even within the fragile context of Somalia, and it is good to see how the Ugandan professionals could use their experiences of working with survivors of traumatised populations in their own country, to the benefit of the people in another country in the region.

This issue also contains some reviews. Guus van der Veer, reviews a recent publication by the Sri Lankan psychiatrist Daya Somasundaram on collective trauma in Sri Lanka. Finally, Bhava Poudyal reviews a new book on the psychological effects of human right defenders in Nepal. In stories and pictures, human rights activists describe the feelings they experienced on being confronted with the trauma of their clients and the impunity for the perpetrators. In his review, Poudyal highlights the absence of organisational...
management issues as a burnout instigator. I believe this is an important point. Recent publications in *Intervention* pointed to the role of organisational structures as major factors for work related stress in humanitarian workers. (Curling and Simmons, 2010) Perhaps some of our readers could share their views and write a field report on this topic?

Peter Ventevogel
editor in chief

References


