

# Pathways to embodied empathy and reconciliation after atrocity: Former boy soldiers in a dance/movement therapy group in Sierra Leone

*David Alan Harris*

*A time limited dance/movement therapy group, facilitated by adult males, provided creative movement opportunities and other embodied healing activities for adolescent orphans who, as boys, had been involved in wartime atrocities. This fusion of Western trauma treatment and ritual proved transformative in helping the youths overcome violent impulses and rediscover the pleasure of collective endeavour. Engaging in symbolic expression through attunement and kinaesthetic empathy enabled the teenagers to reflect on their personal involvement in armed conflict in a way that encouraged enhanced awareness of belonging to the broader humanity. The intervention therefore fostered conditions that led participants to create a public performance highlighting their dual roles as both victims and perpetrators in the war. This, in turn, advanced their reconciliation within the local community.*

**Keywords:** dance/movement therapy, empathy, reconciliation, Sierra Leone, counselling, war, ritual

## **Introduction**

Post conflict societies face serious challenges on the path to reconciliation. This paper considers a particular psychosocial intervention supporting reconciliation in a war-ravaged community in rural Sierra Leone. The intervention, a dance/movement therapy (DMT) group, incorporated activities for

restoring empathy among a small group of former boy combatants as a way of strengthening their coping capacity and enhancing their wellbeing. Three skilled adult male Sierra Leonean paraprofessional counsellors and the author facilitated the group, which ran from March to September of 2006. Of the dozen youths involved in the intensive initiative, eight of them aged 18, and the rest ranging from 15 to 17, all had participated at an early age in atrocities with the Revolutionary United Front (RUF) rebels. However, only one had secured even limited support after the war through a Disarmament, Demobilisation and Reintegration (DDR) programme, and none had benefited from any prior psychosocial intervention.

## **Background to the dance/movement therapy intervention**

Local colleagues from the Centre for Victims of Torture (CVT) and the author organised an intervention in Koindu, a town located in Sierra Leone's Kailahun District, just a few kilometres from the point where the country adjoins both Guinea and Liberia. The war had broken out not far away on the Liberian border in March 1991, and the district was one of the last areas to be demobilised at the end of 2001. As a consequence, the district suffered some of the war's harshest and most enduring effects. Once a thriving regional

trade centre, Koindu in particular remained physically ravaged into late 2005, when client identification for the group began. Triggers to troubling memories were still present everywhere.

Prior to the first DMT session in March 2006, each of the 12 teenagers invited to join the group underwent an involved intake process, as was true for all CVT clients. The local counsellors conducting this initial assessment, in the youths' mother tongue, recorded their traumatic histories, and asked a series of questions to gauge the extent of post traumatic psychological and psychosocial problems, as well as functional adaptations to those problems. Responses were recorded on a five-point scale. Since the counsellors routinely repeated this psychological inventory post intake at one, three, six, and 12 month intervals, CVT was able to analyse the data collected as part of a systematic approach to evaluating programmatic effectiveness.

### **Description of staff**

As an accredited dance/movement therapist from the United States, the author worked with CVT as a Clinician/Trainer in the Kailahun District of Sierra Leone. In this post, the author supervised up to two dozen psychosocial counsellors, and introduced them, and other mental health paraprofessionals in Sierra Leone and Liberia, to the application of DMT with torture survivors. Three local CVT staff in Koindu, the Training Supervisor, Site Administrator, and another counsellor, joined the author in planning and implementing the DMT group described here for former child combatants. It is rare in DMT to utilize so many facilitators for a relatively small group. The decision to do so in Kailahun's counsellor training programme was to enable close monitoring of *'on the job training'*. The three capable paraprofessionals also met in lengthy debriefings

with the author immediately following each group meeting as part of their clinical supervision. Mastering ways to encourage attunement and empathy through bodily expression was a pivotal learning objective throughout their training process.

### **Forms and functions of empathy in psychosocial healing**

The learning of empathy for one's former enemies is widely understood as a necessary step toward community reconciliation in the aftermath of war. Dance therapy offers unusual potential for advancing this critical healing process in innovative ways. Among the particular strengths of the DMT approach is what dance therapists term *kinaesthetic empathy*. *Empathy*, broadly defined, refers to an ability to feel another's experiences, feelings, or thoughts, and as such is pivotal to a lot of psychotherapeutic practice. To have empathy for someone is to be infused with an understanding of the other's predominant existential concerns. The modifier, *kinaesthetic*, denotes that the path of empathic understanding comes not through language alone, but also through the body, specifically as stimulated through bodily movement. Examples of this common perceptual phenomenon in daily life include the sensation of being almost physically transported upward when experiencing an athlete's leap, or, of feeling as if we too were tumbling down when we see a clown trip and fall. Anecdotal evidence indicates that this kind of empathic feeling of another's body movement is a common exchange among persons in various cultures globally, including in Sierra Leone. Dance therapists typically work to develop pathways to kinaesthetic empathy as a means of attuning and building therapeutic relationships with clients through movement. This practice can be particularly effective, even with survivors of torture

whose experience of violence has broken not only their bodies, but also their facility for trust and making meaningful connections with others. From personal observation and practice, the author has discovered that when body movement is incorporated into the counselling sessions of African torture survivors in a way that enhances kinaesthetic empathy, many such clients in fact experience a revitalised sense of safety. In turn, they engage more readily in trusting interactions with peers and counsellors.

Given empathy's function in community reconciliation after war, it is unsurprising that the restoration of the young former fighters' collective aptitude for empathy became paramount within our treatment plan. The counsellors did not develop this intervention from the outset with this focus in mind, however obvious it might appear in retrospect. Although one of our principal clinical objectives in the group was to promote enhanced peer interaction, our particular awareness of empathy's central point within the recovery process grew during the process. As facilitators, we shared observations with one another each week regarding members' behaviour, comments and interactions, and gradually came to recognise the absence of affect in client discussions, in discussing even the most horrific atrocities. Only later did we see the emergence of nonverbal empathic expression. We then began working deliberately to encourage it, both in movement and speech. In the detailed discussion below regarding the planning and implementation of this intervention, there is a special emphasis placed on how participants signalled their need and capacity for empathy and reconciliation, both nonverbally and through words, to one another and to us. It also became clear that assisting participants to reflect empathetically on their past experiences served as a

route towards overcoming the burden of post war dehumanisation itself.

### **The structure and meaning of ritual**

Rituals propel social cohesion and can play an important role in psychosocial interventions that address war affected children everywhere. This is especially true among group centred cultures of the developing world. Within cultures such as those of Sierra Leone, where an essential unity of mind and body, cognition and affect, is traditionally reflected in an unbroken participation with the natural world, body-oriented rituals afford restoration and social reintegration after disruption. Ritual performances and other cultural customs provide participants opportunities through which to express or control emotions. Rituals also allow for intimate connection within social groups. Ethnographers have emphasised the transformative potential, in particular, of rituals rooted in the human body. Describing initiation rites among Mozambican refugees in Malawi, Englund (1998) records how these acts entail the fusion of bodily practices and spatial symbolism, while avoiding verbalisation. He explains that through the idiom of shaving, for instance, novices undergo real physical alterations and thereby *'enter a new phase in the life cycle'*. That such rites are actual, immediate, physical enactments on the body proves to be of the utmost significance to community cohesion.

Throughout Sierra Leone, including the Kailahun District, *'secret societies'* have used such embodied acts of initiation to transfer to each successive generation the traditions, values, and obligations of local culture (Peddle, Moneiro, Guluma & Macaulay, 1999). For youths of both genders, these rites involve initiation into the techniques, meanings, and mysteries of their people. Initiation includes ordeals that amount to a rigorous testing,

designed simultaneously to challenge and shape capacity for survival. Speaking about 'society' experiences, particularly with outsiders, is taboo in Sierra Leone. As such, it was not a part of our group sessions. However, it was apparent that in disrupting the events and traditions of daily life, the 11-year war had kept these youths, and their generation, from participating in traditional initiatory rites.

Although there could be no authentic substitute for these ceremonies, it was the author's distinct impression that our gatherings shared pivotal characteristics with secret society initiations, an analysis my three local co-facilitators confirmed. Together, counsellors and youths constituted a small group of adult and teenage males, separated from the ordinary spaces of village life. Engaged in ritualised dancing, talking, and learning together; we met with the concerted purpose of instituting long term personal and collective transformation. It might amount to *blasphemy* to claim that this small group possessed even an approximation of the ancestors' blessing needed for traditional healing. Nonetheless, a vestige of the shape and purpose of the initiation rituals that our participants missed may well have extended to our gatherings, and helped deepen the transformative meaning of the intervention for all participants sharing in it.

### **Treatment objectives**

Dance/movement therapy group interventions may be organised in many ways. Facilitators for the DMT group with former child soldiers elected to combine openly improvisational dance to recordings of Sierra Leonean popular music with more elaborately defined physical exercises, each chosen to help meet a particular psychosocial objective. After formulating a list of treatment objectives (Box 1), a nine-session

treatment plan was originally developed that detailed when within the cycle to address each concern. The severity of the clients' psychosocial distress, however, necessitated extending the treatment cycle significantly, and ultimately there were 10 sessions, followed by a 12-week break, and an additional six meetings after the long break.

### **Results**

As will be illustrated below, the facilitators found that each of the former boy combatants was actively engaged in the DMT group. At the intervention's end, each youth claimed personal progress as a result. An overall attendance rate of 90% for the 16-session intervention is further indication of members' high level of collective commitment to the process. In addition, their average self-reported ratings for symptoms of aggressive behaviour, depression, anxiety, intrusive recollections and elevated arousal all underwent continual reduction, from intake through final reassessment of the intervention. Ultimately, the intervention fostered conditions that led to the warm welcoming of 12 orphaned, teenage male participants into a community that was said to have stigmatised them as outlaws since the war's end five years before. In '*setting the stage*' for such an unusually fruitful development, this DMT group may stand as a prototype for efforts to promote underage soldiers' meaningful reintegration, even years after the cessation of hostilities, as in this case.

### **Core activities of the dance/movement therapy group**

The following DMT group narrative traces the participants' unusual transformation. Initially the youths were shunned by their community, and displayed a baseline of anger and dysfunction. By the intervention's end, they had achieved an enhanced degree of empowerment and reconciliation within that

**Box 1: TREATMENT OBJECTIVES**

**Adolescent Male (Former Boy Combatants) DMT Group**

***As Defined in Advance of First Session in March 2006***

1. To promote increased peer interaction.
  2. To foster a safe environment in which it is possible to rebuild dignity and trust, and where participants may address two simultaneous, if paradoxical needs: acceptance and personal accountability.
  3. To increase self-awareness.
  4. To enable physical discharge of aggression as a way of reducing anxiety.
  5. To increase knowledge about the body and trauma, and to normalize post traumatic and depressive symptoms.
  6. To provide an opportunity for free play and the experience of pleasure in creativity.
  7. To create an environment where it is possible to imagine a better, more positive future.
  8. To allow clients to feel listened to, seen, and reflected.
  9. To enable clients to relax their bodies and reintegrate body and mind through experiences of mindfulness.
  10. To increase self-expression, specifically regarding emotional problems and traumatic histories.
  11. To stimulate reflection on the family system and losses associated with the family.
  12. To share skills for coping and connecting to reality regarding the status of missing loved ones.
  13. To encourage symbolic expression as a way of integrating trauma.
  14. To provide skills in reducing hyper-arousal and the effects of flashbacks.
  15. To explore issues around risk taking behaviours.
  16. To teach skills for anger management and coping with difficult emotions.
  17. To offer a context in which participants may discover the pleasure of being helpful to one another.
- Added after Second Session:
18. To stimulate reflection on personal involvement in the events of armed conflict in a way that promotes clients' awareness of themselves as a part of humanity.

community. The pathway taken involved the youths re-engaging human feeling and compassion through joining in particular, ritualised movement-based activities that successfully rekindled long dormant capacities for interaction and empathic connection with others.

**Session 1: Group readiness from the outset**

From the outset of the initial session, the proceedings were grounded in culturally

appropriate language and actions, which included: introducing the 12 teenagers to one another, to the facilitators, and to the joint endeavour we were all about to begin. As with virtually any formal gathering in this part of Sierra Leone, the facilitators started by asking all present, seated on mats arranged in a circle on the floor of a large room, how we ought to begin the meeting. Invariably, members replied in the same way: *'By bringing the spirit of God into our midst'*. After the required prayers, the Koindu Training Supervisor, Omenga A.

Kormoh, then began an orientation, explaining that everyone had come together in order 'to find pleasure in us.' Using phrases that were possibly new to the youths, but well in keeping with local ways of appreciating the world, he explained that the body and mind need to work together as one. When body and mind fail to work together, he informed the group simply, good health and a 'cool heart' (meaning peace of mind) are impossible. The facilitators had organised this group and designed its activities with the awareness of such body-mind unity, he added, and would be encouraging free expression to help everyone find ease, release anxiety, and relax. Naming the method to be applied as 'dance and movement therapy,' he upheld the cultural value of dancing itself. He concluded by saying that DMT furthers 'mutual support' within the group, an aim that reflected local, core values.

*The Name Game.* Following prayers, we opened activities during the first session, and every session, with a simple movement 'energiser' that highlighted cooperation over competition among the participants. Utilising a game structure, this basic activity typically enables participants to learn one another's names readily, while also beginning to attune to each other through shared body language.

All members of the group begin by standing, forming a circle, and facing centre at a comfortable distance from one another. Several basic steps in the process ensue:

- 1) An individual, Member A, who volunteers or is selected for the role, starts off the activity by announcing to the group, 'My name is \_\_\_,' while showing an action or gesture of his choosing.
- 2) All members join in saying Member A's name aloud while repeating the gesture.
- 3) The activity then moves progressively, one-by-one, around the circle. Member B, beside Member A, states his own name while showing a movement or gesture.

- 4) As when repeating Member A's speech and action, all participants join now in repeating those of Member B.
- 5) After repeating B, everyone repeats A, and then B again, before starting with Member C. The repetition of movements and names for A, B, and C, in sequence, precedes action by Member D, and so on.
- 6) This accumulating pattern means that as the action proceeds around the circle, the sequence of repetitions grows until after the last person all names and gestures are repeated without pause.
- 7) After completing the entire circle, most groups seem to benefit from repeating Step 6: the voicing of all names in unison, in combination with the performance of all associated movements. Optional instructions to perform this final repetition as quickly as possible typically unleash a torrent of delight into the room. Alternatively, performing the sequence 'in slow motion' may enable an accentuation and deepening of the emotional qualities inherent in the movements chosen for display.

By all accounts, the *Name Game* proved exceptionally popular among CVT's West African clients and staff of all ages. The group's counsellors rejoiced in the exercise's power to build interaction and bonding among the participants. It seems likely that the connection among group members is facilitated through the dual opportunities the game affords: to reflect back others' movements, and to experience the reflection of one's own movement by others. This reciprocal sharing constitutes a very simple evocation of the idea of kinaesthetic empathy, and its profound capacity for overcoming torture survivors' tendency to withdraw from connecting and interacting with others.

*Circle Dance*. Following the group's boisterous exploration of the *Name Game*, the facilitators introduced our core dancing activity, the *Circle Dance*. As an improvisational form, this activity lacks fixed rules or steps, and in practice may defy description. A legacy of what dance therapists call a *Chacean Circle*, our *Circle Dance* generally followed the structure of: Warm-up, Development, and Closure, which dance therapy pioneer Marion Chace inaugurated in her groundbreaking therapeutic work with U.S. veterans of World War II.

*As performed in* the performed in the boy soldiers' group, the *Circle Dance* usually began with one of the facilitators turning on a recording of Sierra Leone popular music, invariably with a strong rhythmic beat, and usually chosen in consultation with participants. With all members starting together in an inward-facing circle, the activity's lead facilitator would begin by gesturing with his arms and legs, or motioning in other ways. The leader relied on the music's rhythm to create a physical *warm-up* of all parts of the body. Further, signals were given to encourage an awareness of the group as a whole to awaken a potential for exploring collective movement.

Our team applied a basic DMT assumption that a diverse range of movement possibilities is generally a signal of good mental health. Accordingly, the facilitator would often aim to introduce a wide array of movement dynamics and qualities within the dance's initial section, all performed with an awareness of the collective's capacity to engage with this shifting flow of action. Members were largely open to this kind of indirect process, and almost invariably, a strong rhythmic synchrony would develop in response as participants joined in the simultaneous reflection of the leaders' movement, and in creating spontaneous variations of

their own. The contained release of aggression, an inherently therapeutic by-product of the contraction and release of the body's musculature during vigorous dancing, amplified the young participants' investment in their collective creativity. Facilitators would help participants deepen the process further by encouraging them; both verbally and nonverbally, to connect with one another, experiment with eye contact, and take the opportunity for creative expression collectively and individually.

In turn, the freedom offered to any member to assume leadership of the group at any moment helped to begin the *Circle Dance's Development* phase, which incorporated all manner of invention in terms of physical activities and spatial configurations. Generally, whether by deliberate intent or not, members embraced the occasion to introduce symbolic content through their interactions and bodily expression. Within this phase, the primary objective is to promote growth through freely expressive play, that is, lively engagement in creative bodily activity and intimate interaction for its own sake. Commonly, members of the group displayed strong dedication to this form of imaginative expression in an energetic fashion. Their explorations echoed experiences and attitudes held in common, often including those associated with wartime aggression, which they played out at length.

From the very first session, the group's readiness for symbolisation in movement was strikingly apparent. With '*leadership*' of the dance moving fluidly between facilitators and teens, at one point everyone was actively gesturing as if throwing something into the centre of the circle. '*What are we doing?*' the author asked aloud. Members responded immediately: '*We're throwing away our difficulties.*' '*We're releasing our troubled hearts,*' they called out with exceptional self-awareness

and group purpose. After walking for a while to the beat, and then crawling around in a circle, we collapsed onto the floor. Many of the participants ended snuggled close beside one another. 'What are we doing now?' the author repeated. One voice spoke for all, 'We're hiding from our enemies.' Despite the relative quiet and gentle quality of the movement we shared at that moment, some five years after the war's end, the image of hyper-vigilance emerged clearly. The stillness of lying on the floor after energetic, expressive movement seemed to have induced a shared memory of wartime. Moments later, the group was up on their feet again and circling about, then throwing gestures resumed. With little prompting, everyone began rushing from one window or door to another in order to cast outside their 'poil heart,' as they explained their distress in the local dialect, Krio. Asked afterwards, without interrupting the flow of the movement, to converse using their hands, the members voluntarily formed small groups, making their hands 'speak' to each other. Some of these conversations seemed extraordinarily attentive, and mutually affectionate. A strong sense of calm, unity and intimacy, remarkable in the author's experience for a first meeting, permeated the room.

On this occasion, the group's participants managed to develop a coherent resolution to their joint movement activities with little prodding from the facilitators in terms of verbal instruction or body language. Although perhaps influenced on occasion by the accompanying music's structure, this tendency to bring a sense of fulfilment or completion to the proceedings seemed almost instinctive, as if manifesting a profound, unbroken interconnectedness innate within the participants' holistic culture itself. Thus, often with the help of the lead facilitator, participants would diminish their collective physical intensity and gradually

follow a pathway to *Closure*. Frequently, as on this occasion, group members would end up in virtual stillness in a circle once again, usually lying prone, with their heads lifted at the centre and shoulders gently grazing those at either side. From this self-nurturing 'spokes in a wheel position,' as the facilitators came to call the group's favourite formation, playful laughter would readily arise, and comfortable sharing among peers and counsellors was common in both word and gesture.

*The Big Pot*. While the *Circle Dance* generally concluded with a strong sense of internal closure, terminating the session week after week was effected through an activity we termed, the *Big Pot*. In Sierra Leone, as in much of West Africa, meals are traditionally shared from a large common cooking pot, particularly on ceremonial occasions. In such contexts, the social aspects of the gathering are acknowledged to be as nourishing as the dishes consumed. With awareness of the implications for community development inherent in this custom, the consortium hosting CVT's programme in the Kailahun District took the name, *Na Wi Pot*, meaning, *It's Our Pot*, in Krio. The consortium title alluded to an implied local belief in the integral connection between the tradition of the shared meal and communal empowerment. The author, in deliberately appropriating the metaphoric significance of that image, created the *Big Pot* exercise as a culturally relevant medium for participants in DMT interventions to gain similar sustenance by sharing collective growth and insights from their group experiences.

*The steps involved* in the activity were simple and few. Towards the conclusion of the first session, a facilitator explained that as the end for the gathering was approaching we wished to reflect back on what we had joined in over the past two or three hours together. The leader would then mime placing an ima-

ginary black pot in the middle of the circle formed by the clients, and perhaps demonstrate such other pertinent actions, such as tending to an unseen fire below the pot. He would explain that the group would be making an imaginary soup to be shared, and that each individual member of the group should think of something learned or experienced during the day's activities that he would like to place into the pot. Any type of ingredient could be chosen, but the counsellors commonly asked participants to consider adding something that they would benefit from taking with them on leaving the day's session; something that might nourish their peers and themselves until the next meeting. One by one, participants would then sprinkle or drop some make-believe item into the soup. Invariably, they would name the ingredient during the process, although aiming to dispel potential anxiety factors, facilitators made it clear that such naming was optional.

Ultimately, this ritualised action brought closure to every DMT group session conducted in Sierra Leone. Facilitators would utilise the symbolism of the pot in various ways, according to the ebb and flow of the session being closed. In early sessions, we might simply call for items to be added that would enrich the soup. Later, as in the former combatants' sixth session, we asked specifically what clients had gained from the process so far. In further sessions, participants would fill the pot with future hopes, thoughts on skills learned for coping, and the journey from the painful past into a desired future. In the first session, the teens all placed foodstuffs in the pot; palm oil, salt, or fish. No doubt a sign that their stomachs hungered for these ingredients in a real soup. By the second session, though, the abstractions of unity, shared confidences, and peace-of-mind (*'cool heart'*) had replaced such literal contributions, and *'cool heart'* was put in the stew in every session thereafter.

## **Session 2: Family statues before and after the war**

The group as a whole had proved so well equipped in the initial meeting to deal with symbolic representations through the body that the facilitators were comfortable introducing our *Family Statues* exercise during the second session, following that day's *Name Game* and *Circle Dance* activities.

Numerous approaches are possible for enabling counselling group participants to represent their wartime experiences through creative, nonverbal, expressive arts activities. In working with children affected by war, it is especially important to offer opportunities for symbolising not only loss, but the memories and experiences that may serve as wells of potential strength and resilience. Certainly, the child's foremost protective resource, particularly in cultures like those of Sierra Leone where kinship bonds are extended well beyond a nuclear core, is contained in the strength and traditions of the family of origin.

This exercise offers children the opportunity to *'sculpt'* a statue of their own families as they were prior to the war. Including themselves within the sculpture further allows these children to experience a physical reminder of their attachment to this elemental source of belonging. The author derived the exercise from a common device in Western family therapy (Duhl, Kantor & Duhl, 1973), in which family members take turns physically positioning one another into three-dimensional pictures, as a way of revealing perceptions of relational bonds. Similarly, in our DMT groups in Sierra Leone, volunteer participants would arrange a small group of their peers into an image of their own pre-war families engaged in a joint activity. We explained at the outset that the volunteers would afterward be called on to depict the family at present, after the war's end. Neither dialogue, nor movement, was permitted in the statue's

presentation before the rest of the group. This requirement provided the young 'artists' an enhanced degree of aesthetic distance, meant to shield them from engulfment in bereavement over familial loss, a form of distress this embodiment might potentially evoke.

Usually, as with the boy soldiers, participants began by depicting an idealised image of their harmonious early home life, featuring most often the preparation and eating of a communal meal beside an outdoor hearth. In fashioning this first statue, and identifying their own place within it, the youths thus enjoyed a chance to reconstitute in their imagination some of the lost warmth of family nurture. Afterwards, they devised the second portrait, that of the present day family, to the extent that it had survived. Most of the young participants in CVT's groups had been orphaned during the war, as was the case with *all* the former boy combatants. Invariably stark differences were in evidence between the pre-war and post-war configurations. In each pairing, today's family proved to have a smaller number of members than had been present in the family before conflict. In most cases in the post-war sculptures, the teenager himself remained alone, living on the street. Ordinarily, he would station his peers depicting other family members face down on the floor as if dead, or hide them from view, as if among the unaccounted missing. While verbalisation about the process was optional, most participants chose to share stories within the group explaining, in as much detail as they desired, what had led to the differences in shape between the first and second images of their family. Typically, between CVT's child and adolescent survivors, the sculpting activity yielded valuable information about the clients' current living situation. Often this was paired with clients' significant emotional release, in particular the sharing of sadness

or anger over the family's demise. This in turn, commonly, led to peers bonding with one another as survivors of similar grief.

While most children we worked with in Sierra Leone found strength by sharing emotions with one another in such contexts, among the teenage males that constituted the former combatants' group, this sort of sharing was initially absent. Instead, a restraint from emotional disclosure was found to be standard. The paraprofessional counsellors who co-facilitated the group found the youths' incongruent affect troubling. The total absence of emotion in the clients' discussion of their involvement in violent abuses was particularly disconcerting. The Training Supervisor observed a direct association between the boys soldiers' participation in atrocities and their blank affect. He noted that after mutilating, raping, and killing, underage fighters were commonly encouraged to celebrate their acts with laughter, singing, and even dance. These practices cultivated desensitisation as a way of purging personal guilt. No doubt, RUF officers, like those commanding underage troops in conflicts around the globe, would have ordered the youths to join in other ritualised acts as well. This was designed to normalise violence and diffuse the moral burden that the culture would otherwise impose on perpetrators (Wessels, 2006; Honwana, 2006). As a consequence, blank stares and psychic numbing typified much of our early time together. In subsequent weeks (during the third, fourth and fifth sessions), however, decreasing inhibition in the group led to more direct expression through words and symbolic actions of what turned out to be a deeply internalised rage. Ultimately, this intervention's success involved both the uncovering of this rage (which left alone would have presented a serious if not latent threat to community welfare) and the development of tools for the youths to cope with these

powerfully suppressed anxieties and control otherwise dangerous impulses.

### **Three sessions with role play**

Public performances of drama are commonplace in Sierra Leone, where role play is a widespread means of transmitting useful information within and among communities. School children, for instance, routinely produce dramatisations in order to publicise matters of public health and other collective concerns. Government line ministries and non-governmental organizations (NGOs) both work to promote attitudinal or behavioural change through role play, and even sponsor tournaments at which various groups compete. As a result, young clients in our Sierra Leonean DMT interventions participated readily when offered the opportunity to create role play dramas within their group meetings. The former combatants in particular insisted on spending a significant amount of time enacting their role plays during three of their sessions within the first 10-week phase, and months later proposed staging a role play as a public performance to share their remorse and desire for community reintegration.

*Sharing worst moments.* After dividing our number into two subgroups of six youths and two adults<sup>1</sup> each, we sought volunteers in each subgroup to share stories of the worst moments in their wartime experiences. These narratives, the facilitators explained, would be dramatised under direction of the youth at the story's heart. Appropriately, this volunteer would assign others of the subgroup to portray the characters in the enactment, first picking the person to play himself, and then filling the remaining roles. As director, he also had power to dictate what was to be said and acted out by each person. After thus shaping the drama in rehearsal, he was to watch its performance, joining

the in-session audience which comprised the eight persons in the other subgroup, and participate afterward in a post performance dialogue.

The facilitator team deemed the debriefings that followed these dramas critical to the youths' recovery process. In each case, counsellors led a discussion, beginning with a question to the actor portraying the protagonist, the central character. We simply asked how it had felt to play this peer during wartime. After eliciting a response, we asked other actors how it had felt to enact the parts they had played, usually an assortment of victims and perpetrators of violence. These roles tended to trigger awareness of similarities in their own histories. We always offered the director a chance to ask questions of the person who had played him during the role play. Often, we concluded by asking the person who had played the protagonist if he had anything to say directly to the peer whom he had depicted.

This exchange between the 'author' of the story and the actor whom he watched playing his own part we considered especially significant. This was also true, and perhaps even more significant, in groups whose members had *not* engaged in violence, but instead had survived abuses and whose families had been victimised. In such cases, the actor often shared words that enabled the director to realise that he or she had not been responsible for the acts that had befallen the family.

*One such instance occurred during a staff training workshop. After watching a role play and listening to a peer's commentary on how he had felt paralysed by fear, an experienced counsellor shared a valuable insight. He announced that for the first time he accepted that he could not have stopped the murder of his mother, which had taken place before his own eyes as a teenager. Only in seeing the events unfold before him again, did he appreciate that he had been powerless to protect his loved ones, and that*

*he ought to no longer live with shame and guilt about that powerlessness.*

During the war in Sierra Leone, such attacks on the undefended were commonplace terror tactics, designed to overwhelm the opposition not only by inflicting horrific injury and death, but also through the numbing and psychological paralysis of entire populations. Undoubtedly, thousands of people who witnessed brutal assaults on family members, similar to that experienced by CVT's counsellor were, like him, left feeling responsible for failing to prevent these acts, and left therefore in disabling distress. In particular, many child survivors of such scenarios, lacking the cognitive strength to comprehend their lack of control over what happened around them, were left vulnerable to similar pain. Role play offered these children an effective means of reframing their experience, both by seeing peers re-enact their painful histories and then having time dedicated to integrate these peers' empathic statements about those terrible events.

*Dealing with threats to resume violence.* The group shared, not only its first fleeting expressions of a need for reconciliation, but also its contrary emotions: ongoing hopelessness, fury and a thirst for vengeance. Some of the early evidence for an abiding and continuing connection to the violent past arose in the role plays' depiction of random acts of sexual violence. One member volunteered openly, for example, that; '*We learned to rape during the war.*' While a peer rationalised that refusing to rape would have meant certain death at the hands of comrades in arms, there was a clear message that these youths considered rape their prerogative, and several spoke of it as if an ongoing entitlement. Also, during this period, one of the former fighters appeared in a session overtly enraged about an exchange a few days prior with a local official who may have denigrated him for

his part in the war while forcing him to pay a bicycle license fee. Considering the incident an intolerable case of corruption (akin to the injustices that had sparked the rebels' revolution), the youth outlined in detail within the meeting his retaliatory plan to firebomb the man's house, and kill all inside. He boasted of having learned, while with the rebels, how to make a '*local bomb*'. This was a capacity we did not doubt.

The youths' threats to resume violence against the community presented the counselling team with a troubling ethical dilemma: how to continue to maintain unconditional positive regard (Rogers, 1957) for our clients, while upholding the greater good of the community and such fundamental human rights as the sanctity of life. Our method was to suspend judgment, to avoid denouncing violence, or any other behaviour, either of the past or the future. Further, to engage the clients in discussions and movement activities through which they could process their aggressive impulses themselves, verbally and nonverbally. For example, in the course of the prolonged and circuitous group deliberations that ensued in regard to the proposed bombing, more than once the author asked the youth in question what had kept him from acting violently so far? Initially he ignored the question; he appeared to not even hear it. Eventually, on examining his deterrents however, he acknowledged that he did not want to '*start the war again*' and would abandon the plan. The counselling team took this as sufficient assurance that violence was not imminent, and was therefore able to avoid an unauthorised disclosure of the confidential information shared<sup>2</sup>.

Beyond offering occasions for talking out such problems, the opportunity to engage in symbolic action within the *Circle Dance* may have been equally important in diffusing violent impulses and helping clients gain

control over them. One action that the youths, as a collective, repeated week after week may be interpreted as a manifestation of the classic, ubiquitous group desire to assert autonomy by symbolically *'killing off'* the leader (Yalom, 1970). Specifically, at some point in the course of our improvisational movement, all of the teens would work together in play to grab one of the author's legs and pin it to the floor, or immobilise me similarly by holding one or both of my hands down, so that despite my large size and muscular build, it was not possible to move.

In team debriefings, the author sought the local counsellors' opinions on the meaning behind this graphic physical image of immobilizing the leader. We determined that, like most symbols rich in meaning, this one endorsed simultaneous interpretations. First of all, the youths wanted to immobilise *me* in particular because, as a dance therapist, my greatest strength was manifest in an unusual capacity to move freely. Disempowering me in this way perhaps was also revenge against me for my role in directing the youths' deliberate re-examination of wartime events, an often painful activity. At the same time, holding me down replicated the common fighter's action of capturing an enemy, and as such was a form of symbolic re-enactment. It might also have represented a suppressed desire from their time as boy fighters to disable their own commanders, whose leadership had inflicted so much physical and emotional hardship on them. Beyond this, in using their hands to hold down mine on the floor, they unknowingly produced a visual picture reminiscent of a pile of amputated arms; a frightening, intrusive image of splayed limbs that might have stayed with many of them, like a recurrent nightmare, since their years in combat squads in which they repeatedly had witnessed, or joined in, committing amputations.

Notwithstanding these readings of the youths' repeated symbolic behaviour, at the same time the act of immobilising me, as their counselling group leader, reconstituted horrific images of the war, and perhaps through the repetitions of rough play made the memories increasingly tolerable. Also, it surely represented an aggressive response to the youths' fear of abandonment by a caring adult. As the author grew in significance to them, they literally fixed me in place in a symbolic effort to keep me from vanishing the way other supportive adults in their lives had disappeared. Our counselling team sought to comprehend what motivated these former combatants to share this lack of inhibition so overtly, through both language and symbolic action. The therapeutic process was challenging the youths, not only because it called on them to reframe their terrible past as a way of moving more peacefully into the future, but also because it offered them unconditional positive regard and playful affection for perhaps the first time since the loss of their own loving families. We thought it likely that the release of inhibitions constituted a preliminary indication of group progress: a sign of growing trust and a restored sense of safety. At the same time, while the clients had come to feel free within the sessions to boast about sexual assault and other forms of violence, doing so was no doubt meant to make us (facilitators) uncomfortable. Angry outbursts and violent fantasies functioned as a counterbalance to the vulnerability to feelings of nurturance and intimacy that participants were beginning to uncover in connection with both facilitators and peers. Confused over their shifting status, and how to cope with it, they defended themselves by vigorously testing the limits of our tolerance and acceptance of them as valued persons. Engaging in a creative form of reality testing, they played out and danced their way through a collective need

to confirm the merit in trusting these new leaders. In spite of their proven courage in combat, they still needed assurance that shedding defences and opening up within the group would not destroy them, but would heal them. *Emerging empathy.* Wartime histories of conquering feelings of affection and vulnerability through violence remained. However, also images of empathic connection began to emerge within the group as well, most markedly in the fifth weekly session's dramas. In virtually all cultures, the task of acting a part, regardless of the style in question, demands a degree of cognitive or affective engagement with the character's situation and feelings. In the former combatant group, the first strong indication of empathy emerged in just such a performance context.

*One client, who in a role play rehearsal had been assigned the role of a nursing mother with a baby at her breast, showed a clear expression of agony on his face when the imaginary baby was ripped away and slain by a peer portraying a rebel fighter. This depiction of anguish, which continued during the ensuing oblique representation of the young woman's rape and murder by the same soldier, amounted to an utter transformation of the face of a 17-year-old male who, before that time, had displayed virtually no emotion whatsoever within the group.*

Of the utmost importance to our process, his evocation of suffering, even though acted, amounted to the group's first indication of a capacity to feel empathy for a victim, and a willingness to share that feeling openly. The facilitators did not need to draw special attention to this profound contribution to the group's healing process in order for it to reverberate with unspoken seriousness across the room.

Indeed, in discussing what it had been like to take on the various parts that their peers had assigned them, the clients themselves verbalised concerns that animated the group's radical redirection from remorselessness to

empathy. One client told his peer that he had '*suffered a lot*' when playing this colleague's part. As if to dilute the seriousness of his comment, he then made a joke that his peer should pay him for taking on such suffering. Everyone laughed at this, and to the quip fired back rapidly in response, which played with the notion of acknowledging the impact of abuses suffered by all the peers: '*I would pay you if the commanders had paid me for fighting. But they didn't pay me, and so I won't pay you.*' After his success at entertaining us with his wit, this same youth spoke earnestly of how it had felt watching the enactment of his own story, saying that he was '*sorry for the innocent civilians; they didn't do anything to me, but I killed them anyway.*' Later, the youngest member of the group, having played a '*small soldier*', explained that his character had been killed for no reason other than that he had '*felt sympathy*' for another victim. Asked by the author whether killings during the war had taken place on such limited grounds, the youth responded that it '*happened all the time*', a statement emphatically endorsed by several others. The facilitators then expressed empathy with participants for having endured hiding feelings of '*sympathy*' for victims to avoid falling victim themselves. We acknowledged that surviving in that environment meant submerging feelings, including compassion, deep inside. We also shared the idea that, perhaps, restoring connection with others may be linked to the process of relearning how to express those feelings of '*sympathy*' appropriately.

*Revenge and reconciliation.* It would be an exaggeration at best to suggest that these few examples of empathetic expression implied a swift and permanent shift in the ethos of the group. On the contrary, the pivotal struggle between the forces toward suppressing feelings associated with witnessing and participating in all manner of atrocities, and that toward disclosing such feelings, continued. By the seventh session, this central

conflict arose in heated explorations of the relative value of revenge and reconciliation. Vengeance entered the group's thematic development, both overtly in continuing discussion of the role plays, and more covertly through the dynamics of participant interactions. For example, on occasion members utilised the convention of questioning one another after the role play presentations, a convention that also replicated a common local village practice of community deliberations, in decidedly provocative ways. When seeing a peer whose story had been enacted begin involuntarily to reveal sadness through his facial expression, another confronted him: *'What would you do if you saw your parents' killers?'* Others joined in this line of interrogation, as if advancing a group conspiracy to undermine any expression of sorrow. Three of the 11 members present raised their hands to demonstrate that they preferred wartime to the present day, as when fighting, they were able to secure revenge for the wrongdoings inflicted upon their villages and families. It was apparent that the three preferring a time when vengeance remained potentially in their own hands, sought through their vigorous questioning to persuade the participant who had begun to show the pain of loss and remorse that doing so was unnecessary, and could be successfully avoided through fantasies of revenge. Other participants countered these arguments, however, with one member pointedly advocating a more conciliatory approach; *'This is peacetime; we don't need revenge.'*

A similar confrontation later in the same discussion gave rise to an exploration that epitomised a growing capacity within the group to embrace the courage to examine the past, despite its horrors. One youth asked another, whose story had just been performed, whether he had done the right thing in leaving his

parents' corpses without proper burial. This question itself functioned as a voice of shame over the failure to ensure the performance of funeral rites crucial within the culture that not only this member, but most in the group and the community at large, would have had great difficulty under circumstances of relentless threat, enacting for their lost loved ones. Evincing a stoic avoidance of angry expression in a response that was decidedly *not* an evocation of numbing, the youth questioned, who had been eight years of age at the time of his parents' murder, answered with clarity and quiet strength; *'I did the best I could.'* He went on to say that, having avenged his parents' deaths made him feel successful and added; *'They would bless me for what I did.'* Asked if he had any questions to ask of the people who had played parts in the drama, the youth turned to the author, whom he had cast in the role of his father, and asked how the author had felt when about to be shot. *'I was terribly afraid.'* I whispered, neither muffling nor exaggerating the emotion. The youth then turned to a second facilitator who had portrayed his mother, and asked what it had been like to be told to say goodbye to her husband, before the assailants had killed her too. *'I felt as if I was dead already.'* My colleague said with a quiet certainty that stilled the room. Motionless, the youth listened to these responses, and a respectful silence affirmed that grieving would now be accommodated within the group. In raising the questions regarding his parents' suffering to me and my co-facilitator, questions this adolescent had no doubt been carrying with him for more than half his life, he bravely introduced reality and genuine emotion into what, until that point, had been a confrontational and stiflingly resistant discussion. As such, he all but became the collective's voice of courage and its willingness to mourn, to examine and potentially resolve, the pain of the past.

## **Session 8: A struggle between mockery and sincerity**

*Expressing how we feel right now.* Given mounting evidence that the group was prepared to deal authentically with histories of loss and destruction, and with interpersonal relationships among members, the team of facilitators decided to launch activities that might heighten this growing potential. Specifically, we decided to introduce new variations on the *Name Game*, an activity that remained especially popular with the group's participants. At this point, the group had already engaged in variants of the game that involved not only merely sharing an action or gesture, as in the version performed on the first day, but showing a 'check-in' gesture or action that would express; 'how we are feeling right now,' or, 'what we remember from our last session together.' Already comfortable adjusting to this change of content while maintaining the game's essential repetitive structure, group members seemed prepared to handle a new assignment; to identify through a gesture and word or phrase a feeling experienced personally, either in the recent past, or during the war. As the group completed this exercise and the others that followed, a struggle arose between sincerity and mockery. Most participants in this activity were quick to identify and name the troubling undercurrents that had begun coming to surface in recent group meetings. Therefore, in the day's first contribution, one youth crossed his arms loosely over his chest and said the word for 'sad.' Another placed a hand on his face, covering it in part, and stated clearly; 'I cry.' Gestures of discouragement and deep thought emerged, and the final peer staggered slowly into the circle's centre, with his arms hanging loosely, saying simply; 'I remember.' From the outset, the group created an environment in which the sharing of sorrow over past losses would be possible, though difficult.

Countering this, two of the youths seemed determined not to take the exercise seriously, and spoke of feeling happy, as if working to avoid being brought into the display of genuine feeling and the intimacy that such sharing could bring the collective.

The struggle whether to embrace intimacy, or to mock it, continued through the next exercise, which had also appropriated the *Name Game* structure. We asked the participants to take a moment in silence to recollect the role plays enacted in previous weeks regarding members' 'bitter experiences' during the war. After this, each person was to share a word, while using the body to express his innermost feelings associated with those dramas. Immediately, the group's natural leader, who had instigated the aggressive questioning of peers the previous week, crouched in a position familiar at local funeral observances, while repeating his word from the first round: 'discouraged.' As the person to his right, the author came next in the process. Taking the hands of the participants on the right and left, and thus reinforcing the circle's sense of containment as all present linked hands, the author said that when considering the group's sharing of its experiences, the author thought of 'support.' Another counsellor reinforced the notion of 'togetherness' by drawing us into a tighter circle. A youth adopted the particular posture within the culture of someone mourning a lost loved one; 'bad thinking.' Then, the youth beside him, the same one who had introduced so much dignity and courage into our gathering the previous week, put one hand over his own heart and the other gently on a neighbour's chest, over his heart, and calmly uttered the word for 'encouragement.' After the peer to his right spoke of sadness, the next motioned as if taking his own heart from his chest, and giving it to another, and declared; 'give cool heart.' These two interactive contributions may be

considered emblematic of the group's core activity, not solely in terms of facilitators' intentions, but also of the participants' own unspoken aims for regaining a capacity for intimacy and deep sharing among themselves.

Given members' profoundly painful histories and ongoing vulnerability, the group remained nonetheless unready, as yet, to dedicate itself fully to this level of sincerity. In a paradigmatic moment, illustrating the contrary urge within the group to doubt or disparage the seriousness of this mission, one of the youths opted not to touch the heart of the peer to his side with gentle *'encouragement'*, but to slap the peer's chest instead. This rough mockery provoked laughter (but no further violent play) all around, thereby shattering for a moment the solemnity of the occasion, and calling into question the group's willingness to venture further in the direction of bonding through the sincere sharing of authentic reflection. Participants, nonetheless, quickly returned from this comic diversion to the expression of genuine feelings, and engaged actively in a particularly inventive *Circle Dance* exploration. By the end of the session, when the author asked each member to place in the *Big Pot* an activity important to his personal coping that we had engaged in over the course of the first eight gatherings, the youth who had slapped his neighbour chose to share first. When having a *'poil heart'*, he stated, he would go find friends from the group and if music were available would dance until *'working up a sweat'*. In this oblique way, the member of the group most defiantly representing the voice of mockery was able to communicate with considerable earnestness his own need for connection with his peers, and specifically through dance. In the counsellors' debriefing that followed, we concluded that even for the participant most strongly associated with

suppressing his own and others' feelings, the intervention was making a difference in his daily coping. We had clear indication here that our collective sincerity was gaining ascendance over mockery.

*Mirroring.* Before terminating this eighth session through the *Big Pot*, the counsellors introduced a mirroring activity. Mirroring is perhaps the action most illustrative of physical attunement among people, and may be particularly conducive to the development of kinaesthetic empathy. The *Mirror on the Wall* exercise, which we brought into the group, is a basic duet practice for encouraging attentiveness and intimate interaction. Pairs of individuals, preferably of similar height, are asked to face each other, about a metre apart. One member of the duo is to begin moving, and simultaneously the other is to reflect back a mirrored image of the movement. Facilitators explain that the object of the game is to keep the image as exact a reflection as possible, and that both members need to cooperate for success. After one person leads for a while, the pairs switch roles so that the other may lead. Once the pairs become comfortable with this process, they are encouraged to try maintaining a perfectly reflective image with neither of the members leading and neither following.

Surprisingly, discussion of the mirroring activity in the session prompted consideration of the idea of suffering, and as such proved pivotal within the course of the group's progression towards restored empathetic connection. When asked by a counsellor to share any feelings associated with their degree of success at maintaining an intact mirror image, even when there was no defined leader, there was praise for the exercise all around. One youth responded that he was reminded of the feeling of sharing with a friend, in understanding the other, even when overcome by problems. His

contribution implied a faith that sharing sorrow may afford a close connection between peers. This same member, who had eagerly paired with the author in the exercise, had seemed throughout the mirroring to be thoroughly engaged and attuned, complained aloud, however, that sometimes leaders can cause their followers to suffer. In response to the follow-up question whether it had proved difficult for him to perform any part of the activity, he offered that doing the 'American style' movement of his partner had sometimes challenged him. Quietly taken off guard by the young man's analysis, particularly since he had appeared to replicate my own stretching gestures with ease, the author began to consider the symbolic significance of what he had voiced on the group's behalf about the difficulty leaders could cause. The participants were asked as a collective if they had ever experienced a leader who had made them suffer. Members then openly shared stories about the commanders who had led their rebel squads. The author followed up, in turn, with an open question. Alluding to the fact that some of the group participants had shown in the role plays how they themselves had served as rebel leaders at various times, it was asked if any of the members had ever caused others to suffer. One former young commando shared his experience of enforcing a common physical punishment, equivalent to painfully difficult callisthenics, on a group of captives. Two other peers spoke of abuses they had initiated when serving as class leaders in school. It is instructive, that while none of the participants thus acknowledged involvement in combat atrocities at this point, the history of the youths' engagement in causing others to suffer entered the group at this juncture. That is, immediately following the directed experience of attunement and kinaesthetic empathy through the mirroring activity.

### **Session 9: Examining suffering through kinaesthetic empathy**

*Suffering endured.* Given the former fighters' evident willingness to begin engaging empathetically with one another in the present, and with regard to reflections on their wartime past, the counselling team worked more deliberately to create a safe environment in which the group might grapple with matters of compassion and remorse. Therefore, during the following session, the ninth of 10 during the intervention's Phase I, we introduced a linked trio of new activities. The first two of these followed a *Name Game* structure, thereby providing a familiar framework in which to engage in a deepening process of kinaesthetic empathy. We began by reminding participants how members had spoken out in the prior meeting about their experience of suffering at the hands of leaders. After citing specifics from a couple of those examples, we asked all present to take a moment to think quietly about their own similar histories of suffering. The participants then consented to perform a task of sharing through a gesture or movement how they had felt at the time about suffering under someone. Although verbalisation was optional, none of the youths (and among the facilitators, only the author) avoided use of words to supplement the action. The results were direct, and thoughtfully performed, with clear attention given to the evocation of feeling through realistic physical detail. The first youth, for example, whipped his arms vigorously in the air and spoke of beating. The next said the word for 'crying' as he crouched down and covered his face with his hands. A third used forceful, quick gestures as he mimed the opening of doors with both hands, then a powerful push through them, indicating his experience of being thrown 'in prison.' In similar fashion each of the members illustrated an aspect of

his wartime experiences. With the conclusion of the circle, we repeated all the actions again very slowly. By taking ample time to embody the suffering shared by each member of the group, and physically reflecting it back to the circle, each youth had an opportunity to bear momentarily the emotional weight of all his peers' experiences. The reciprocity inherent in kinaesthetic empathy and the mutual support growing among participants in turn, opened the way for further, more demanding investigations of the meaning and consequences of enforced suffering.

*Suffering inflicted.* After performing images of suffering endured at the hands of another, we turned to a similar exploration of suffering inflicted by members of the group. Highlighting the challenge to engage empathically with victims, this task was defined in terms of illustrating through a movement or gesture *how others felt about suffering we inflicted*. Weeks earlier during the role play practice (discussed above) certain group members had convincingly personified the anguish of individual targets of violence. This task pressed the experience of empathy a step further, in that each member was to embody the feelings of people he himself had victimised. A facilitator explained that although the counsellors may not have been involved in the war's violence, all of us had caused suffering at some time in our lives, and we would also participate actively, as we did in virtually every exercise.

Overall, the images created, this time in silence, were startlingly vivid. They seemed less like the emanation of participants' imaginations than unembellished re-enactments drawn from exacting memories. The first youth pushed his arms out, exaggerating the strength and tension held in the musculature to the extent that he shook visibly, as if seething with anger. A second mimed the wiping of tears from his eyes with his index fingers. Others demonstrated gestures specific to the

culture, as in crouching down with head in hands, a local sign of grief, or flicking a hand at the side of his head as if dispelling from his mind some horrific thought, which was another local gesture. Hopping on one foot suggested the aftermath of amputating a foot, as falling to the floor did a collapse after being shot dead. The last youth walked forward with his elbows meeting behind his back, as if tied there in a position known in Sierra Leone as *'chicken tabay'*, often inflicted in torture.

The third and final exercise in this series moved beyond imitating the realistic detail of wartime events to appraising them from a vantage point of peacetime five years later. We called on participants to symbolise through movement their feelings about the suffering they had inflicted, both at the time they were involved in the violence and, retrospectively in the present moment. Deliberately maintaining a neutral tone and avoiding value-laden language that might indirectly influence the proceedings by, for instance, inculcating the idea of remorse, we introduced the exercise asking that members of the group take a moment to think about how they felt when perpetrating the acts portrayed in the prior activity. We then directed the participants to perform two separate actions or gestures, one immediately after the other. The first gesture was to reflect feelings at the time of committing the acts in question, and the second was to reflect their current feelings about them. As it seemed that not everyone fully understood the instructions, we asked someone to demonstrate. The member who volunteered was the same youth who had previously deployed an aggressive line of questioning to support his assertion that wartime was better than today because of the direct access then to means of revenge. In demonstrating the exercise, this youth first displayed a common U.S.-derived rap music gesture,

his arms flickering rapidly upward with shoulders hunched forward, that hinted at an excited sense of macho gratification. After a pause he then altered his posture entirely, collapsing his torso, narrowing his stance and shaking his head slowly while gazing downward. Asked for a verbal explanation of this pair of choices, he reported that during the war he had felt happy when ordered to kill because he was quite capable of accomplishing the task. Today, though, he claimed to be feeling 'sorry' for 'what [he] did to those people.' The facilitators commended the participant for his success at illustrating the instructions so precisely, then asked the group to decide if it preferred utilising the repeating *Name Game* structure, or a simpler format in which everyone on the circle's periphery simultaneously mirrored movements performed by a solitary actor at the centre. On recommendation by the youth who had just demonstrated, members agreed to adopt the simpler mirroring structure.

The counsellors' praise for this youth's performance may well have inadvertently reinforced an otherwise unspoken message that similar expressions of regret would be appropriate, for in every case participants disclosed remorse. All but one of the youths showed images of perpetration of wartime abuses, and some members utilised gestures that underscored the heavy burden such participation had caused them. For example, one youth used his own hand as a sharp blade to slit a victim's throat, and in his illustration the neck he sliced was in fact his own. In a single gesture, he thus represented the action of killing others and (unawares, no doubt) that of killing himself. Another client had performed the identical gesture weeks before, and a second version, in which the youth in question 'amputated' an ear from his own head and then forced a nearby peer to cannibalise it, appeared upon revisiting this same

exercise in Phase II, three months later. The duality involved in thus metaphorically slitting one's own throat or cutting off one's own body part in representing victimisation suggests that feelings of guilt over the murder and mutilation of others had imposed an almost suicidal penalty. Moreover, this self-destructive aspect proved as powerfully embodied within the group as the intended depiction of the self as perpetrator. Collectively, these images thus functioned as emblems of the youths' dual status as perpetrators and victims simultaneously.

Although group members may not have chosen to evoke either remorse or awareness of the longer term self-destructive implications of their involvement in atrocities, it was evident that they had begun to feel the commonality between their victims and themselves. As indication of this growing recognition, facilitated here by empathic investment in our specially conceived symbolic embodiments, the same youth who 'sliced' his throat summarised the meaning of the exercise in the post activity debriefing. During the war, he explained, in a declaration that established a functional equivalence between 'we'/perpetrators and 'they'/victims: 'They killed our parents,' and 'We killed others' parents.' At the time, he and his peers had felt good about their revenge, but today they have come to feel 'sorry' for it. A peer spoke up to put their wartime transgressions into context, saying that the commandos had ordered them to kill, and, 'If we refused, we would face the same music.' This statement also characterised the thin line between perpetrator and victim status. Indeed, confusion over these dual roles began weighing heavily. In a brief break after this discussion, the youth who had weeks earlier announced plans to firebomb a local household, and who in this last exercise had just expressed the joy he had experienced when actually

launching incendiary devices during the war, was seen curled on the floor with tears in his eyes: 'Some of us don't even know if we will go to heaven,' he told me then, clearly overcome by the dilemma of finding a path to redemption after so much violence.

As disturbing as it may have been to acknowledge the truth of their involvement in making people suffer, the youths found a renewed empathy for one another and themselves in the process. Demonstrating newfound self-awareness, they allowed feelings of sorrow to emerge. Although uncertain of the utility of remorse, they began to verbalise their concerns in relation to core religious beliefs. Not only did the question of the afterlife arise, but for the first time the word *forgiveness* entered the group's vocabulary, as the last contribution of that session's *Big Pot* closure, following: *peace, cool heart, encouragement, unity, honesty, confidentiality, happiness, joy, hope, and obedience*. Considering these developments during our post session debriefing, the counselling team confirmed that weeks earlier when adding a treatment objective to stimulate reflection on wartime matters in a way that promoted client appreciation of their place in humanity, we had no vision of what form this might take in actuality. During this ninth session, however, we had witnessed the youths breaking through old barriers and beginning to move toward reconciliation both with their community, and with their own spiritual values. A fundamental sense of belonging and a culturally proscribed connection to others had begun to materialise.

### **Session 10: Closing off Phase I**

Counsellors chose to handle the tenth and final session of Phase I as an occasion for group closure, particularly since a 12-week break would ensue before Phase II. Besides maintaining the expected rituals of our

gatherings: welcome and prayers, *Name Game*, *Circle Dance*, *Big Pot*, and refreshments, we also inaugurated three exercises. The first of these, an activity we called *Hovering Hands*, fostered a deepening awareness not only of suffering, but also of the collective's capacity to effect renewal through mutual support. The two other new activities occasioned each member's verbal review of the collective's progress and ongoing needs, as well as sharing the feelings about the group's temporary disruption and strategies for coping with its absence in the interim.

Like most of our group activities, *Hovering Hands* was performed in a circle, with participants facing centre and standing. One by one, it was explained, each member would walk into the circle, then directly approach the peer who had been standing alongside him on the right. When reaching a point about a metre from the peer, the participant at the centre would make eye contact, and address this peer directly by name, asking, '[Name], when you remember your bitter experiences during the war, where in your body do you feel pain?' The person called on would then answer directly to the questioner, describing the relevant distress and simultaneously touching himself in the pained area. As the respondent touched the affected body part, all the other members standing in the circle would touch that same place on their own body. Next, the person standing at the centre, that is, the questioner, approached closer to the person sharing his somatic pain. Bringing both his hands close to the body part indicated by the peer, the questioner then quietly held them for several seconds hovering over the affected area. There was a moment's stillness upon completion of the action, followed by the two participants exchanging places. The person who had just shared his pain headed to the centre of the circle, and then in turn approached the next member

to the right. Repeating this interactive process to the full completion of the circle both reinforced the group's growing mutuality, and infused our proceedings with the holistic culture's essential, healing unity. Upon completing the circuit, we amplified the quality of attuned synchronisation by repeating the sequence of motions, slowly and methodically. So, one by one, from first to last, we repeated in silence the entire succession of gestures associated with participants' suffering in the war. For the most part this was performed with quiet solemnity, and this final passage through the circle deepened the group's shared experience of bodily empathy. Indeed, participants' calm attentiveness to one another's indications of personal suffering, particularly as manifest in this final ceremonial repetition, attested poignantly to the enhanced connection among the combatant group's members that had arisen by this tenth session of their collective healing process. Counsellors conducting *Hovering Hands* remarked that the exercise's ritual-like quality, and the direct interaction integral to it, allowed group participants to share with one another with a degree of intimacy and harmony rarely seen in interventions where nonverbal communication has been less purposefully established.

### **Evaluating Phase I and making plans for Phase II**

This final session before three months without meeting consolidated the group's progress in terms of a restored capacity for empathy and the sharing of genuine feeling. However, it left unresolved the critical matter of participant reintegration into the community. While this issue headed facilitators' list of concerns to be addressed in Phase II, we lacked a specific plan for doing so. In addition, we feared that members would have difficulty returning in August, in the midst

of the rainy season, and during the school break when youths typically sought work on local farms. Nonetheless, there was hope that our promise to investigate what had happened at the war's end to prevent these former fighters from benefiting from the DDR programme would provide incentive to return, in addition to members' own demonstrated will to join together again. Ultimately, the group displayed remarkable commitment. Attendance at only one of the last six gatherings fell below 11 of the group's dozen members.

In formulating our agenda for Phase II, the counselling team decided to place as much responsibility as possible in the hands of the members themselves. Explaining this on reconvening, we proposed opening after prayers with a discussion of the group's collective history and its future aims. Then, following the newly empowered participants' lead in negotiating a new hour for the start of their sessions, we listed five basic questions for them to consider as a collective: *What do you remember from the first 10 sessions? What did you find helpful? What would you like us to continue? What was not helpful? What do we need to achieve before our group closes in a month's time?*

Members agreed that the intervention had offered support and encouragement, in that they had learned to share with friends about difficulties faced. Some remarked on a reduction of anger and aggressive acting out, as well as a decrease in sleep disturbance. While *'playing'* and *'dancing'* were highlighted, a consensus emerged that the group would like to continue *all* exercises. Virtually every activity was thus recalled and described, and there was total silence when members were asked to name what had not been helpful. Certainly, the most unexpected response to any question came from the youth who in the initial phase had both displayed the most powerful rage in detailing a plan

to firebomb a family compound, and later showed the most overt sense of remorse, when, with tearful eyes he had raised doubts about a future in heaven. This young man suggested that what the group needed to achieve before its final termination was the public performance of a role play in the community to depict *'what we did in the war'*. Once his peers had gained assurance that such a dramatisation would not violate the group's commitment to confidentiality, and as long as every member agreed with the public sharing, they adopted his proposal unanimously and began to consider how to realise it. Eager to confirm that everyone in the group was benefiting from the same understandings, the author asked the group pointedly if members now wanted to identify themselves before the public as *'former child soldiers'*. Once this was confirmed, the author questioned the clients' reasons for wanting to expose themselves in this way; *'What do you expect from the community?'* One youth then explained that in demonstrating their involvement in the war, they wanted the community members *'to accept us'*. The proposal's original proponent added the notion of *'forgiveness'*, and stated that showing the public how the former combatants had been orphaned during the war would lead the community *'to accept us as their children'*. Agreeing with this, the group later also adopted the complementary notion: *'We will accept them as our mothers and fathers.'*

### **Preparing a meeting with the community**

Although the Phase I sessions had lasted between two and three hours, in succeeding weeks the group opted to limit itself to two hour meetings, with one hour dedicated in each to preparations of the public performance. It just so happened that CVT had already scheduled a Community Cultural Healing Event for

the evening of the date planned for the group's last session, and the dramatisation proved easily accommodated within the gathering's agenda. Members opted to hold an all-afternoon rehearsal during their slated meeting time on that date, and to add a final session the following afternoon, as the author had requested the opportunity for us to share with one another as a group after the performance. Preparations went smoothly, for the most part, and the facilitators helped the youths organise their task, often stimulating clarity of expression through questions about the desired message to be shared with the public. In response to one such query, the same youth whom we counsellors had considered the group's *'voice of mockery'* during Phase I, was able to devise a succinct statement of what the drama needed to show; *'How we were forced to do things. How we were punished. And then how we punished others.'* This thematic framework perhaps reiterated the structure of the exercise, performed again in Phase II, which had elicited clients' images of how they had suffered, and how they had made others suffer under them. An additional proposal, likewise adopted, that the drama incorporate a post war scene in which the youths visit the local chief, acknowledge their crimes to him, and ask to be welcomed back into the community, came directly from the clients and had no prototype in exercises initiated by the facilitating team. Beyond the seriousness with which the former combatant youths approached the creation of their dramatic representation, they demonstrated growth in other ways that enhanced their prospects for success in reconciling with, and reintegrating into, the Koindu community. The author asked the youths, for example, if it would be appropriate for them to approach local authorities and to invite them to speak at the healing event, after their enactment. Following extensive and thoughtful deliberations, the

youths determined that two among them would join a pair of counsellors in visits to specific community leaders whom the group as a whole wanted present at the gathering. Moreover, the grounded maturity demonstrated in this approach to dealing with local hierarchies was matched in the group's even more impressive capacity to tolerate disappointment.

Among the dozen members of the group, all of whom our staff interviewed in depth in response to their consensus request that CVT investigate their failure to benefit from the DDR programme, eight had complaints we determined potentially justified with regard to the same implementing NGO. Two of the counsellors and the author managed to secure a meeting at the district headquarters with the very representative of this international agency whom several of the youths had cited as having promised benefits years earlier that neither he nor his staff ever delivered. At the counsellors' request, this Project Officer generously travelled the two hours over bumpy unpaved roads to Koindu in order to meet with members of the group outside of our usual session time. In preparation, our staff worked with the eight youths whom we invited to this gathering, based on their own histories, and empowered them to develop a written agenda for the meeting and to determine among themselves how to facilitate it. Despite the anger each of them had long expressed over missing out on DDR assistance, the youths conducted the meeting in a manner that *deeply impressed* the worker who had come to meet them. We had advised the members in advance to behave in a way that would allow them to feel good about themselves after the meeting's conclusion, regardless of its outcome. Ultimately, when the international NGO officer communicated a coherent explanation for each member's

failure to secure benefits, they all tolerated this disappointment well, and controlled their impulses toward anger. Immediately following the consultation, in fact, one of the youths expressed relief, telling me that he would no longer have to worry about something that had troubled him for years. In our group debriefing several days later, others expressed similar opinions. Importantly, the youths were able to conclude; *'We respected him, and he respected us.'* Some members openly expressed pride in themselves, and this the counsellors reinforced with unfeigned enthusiasm.

At the community healing event a few weeks later, which some 300 local people of all ages attended, the former boy combatants' drama riveted audience attention, and prepared the way for the youths' ritual return to society as meaningfully altered human beings. The group's 25-minute role play began with a direct address to the community, asking for acceptance and reiterating the plea to be taken *'as your children.'* The youths, all wearing new T-shirts adorned with their chosen name, *Poimboi Veeyah Koindu*, or *Orphan Boys of Koindu* in the Kissi language, performed a swift succession of scenes. First came the agony of the protagonist's forced recruitment into the rebel ranks. Captured amidst an assault on a family compound, he was made to fire bullets into the corpses of his very own father and sister. Next, there were scenes in which the new inductee himself joined in serious abuses against other captives. In the end, after the war, the boy returned to his village to secure the forgiveness of a group of local chiefs. At the play's conclusion the youths led a song about peace, and then all was quiet. Rising out of the stillness that met this brutally honest depiction of the actors' experiences as victims and perpetrators, one local authority and then another rose to welcome the teenagers back into the heart of the

Koindu community. After the Section Chief spoke, there were remarks by the Youth Chairman and Youth Chairlady, the head of the local Sierra Leone Police, and others. The youths, asked to forswear taking up arms against people ever again, so promised on the spot. Community members were clearly transfixed by the experience, and some remarked to staff that they had never before appreciated how the boy soldiers, whose excessive violence they had feared, had themselves suffered during the war. The youths, having learned to embrace and embody empathy for their victims, had in turn opened the way to empathy for themselves. Empowered to guide the course of their own therapeutic process, group members had found a way to use the newly mastered power of bodily symbolism as a vehicle for enhancing their prospects for lasting reconciliation.

### **The final session**

The final gathering of the DMT group took place the next afternoon, and was an occasion for celebrating the momentous progress experienced in the previous five months, while acknowledging authentic feelings of sorrow over unavoidable farewells. Members expressed particular pride in their performance before the people of Koindu. Focusing on the mutual respect present in their interaction with the community, one participant echoed the statement made after the meeting with the NGO Project Officer, saying that the local audience listened to the group, and *'we listened to them'* in return. A number of members reiterated their promise not to resume violent ways, and one linked this pledge with the community's agreement to accept the group of orphans as its children. Thus, fears of being shunned by the community gave way to talk of forgiveness, and to hope that the group's members might

continue to work together, joining with others for the good of Koindu's development. *'We know ourselves as brothers now,'* said one youth, pointing to the strength of the group to aid individual members in need. In keeping with this awareness of group cohesiveness, in the final session's *Circle Dance* communal intimacy fully trumped self-expression. Performed throughout from a seated position, the dancing proved playful, spirited, and extremely unified as no one wanted to venture away from this last opportunity to move in unison with the group as a whole, and in the closest possible physical proximity to all its members. In the discussion that followed regarding self-assessments of progress and thoughts of the future, most of the youths mentioned growth in their ability to share their problems with others and a reduction in tendencies to isolate themselves. While fears of being parentless remained, several pointed to a restored confidence to control angry impulses and cope with difficult situations.

After everyone had had an opportunity to make a farewell statement to the group through movement and words, the *Big Pot* allowed each member to articulate what from the group experience he aimed to take forward with him after termination: *'something that others might benefit from keeping in their lives too.'* Client responses ranged from a focus on the weekly post session refreshments they had relished, to that on the truly transformational aspects of the collective experience. Listed here in the order offered, the following, final collection of words may well encapsulate the range of sacred and mundane achievements that this DMT intervention fostered among a remarkable group of a dozen former child soldiers, empowered by it to move together from a status of impulsively enraged loners to mutually attuned, empathic,

**Table 1.**

Session # Date in 2006	Attendance	Activities					
<i>PHASE 1</i>							
Session 1	12	Introduction of purpose & activities	Establishment of ground rules	Name Game & Name Game as check-in	Circle dance	Closure: the Big Pot	
6 March Session 2	10	Name Game as check-in Name Game as recap	Circle dance	Family sculptures before & after the war	Pushing hard against the ball	Relaxation Closure	
13 March Session 3	12	Name Game as check-in Name Game as recap	Psycho-education on the body and trauma	'Drawing' on the body	Progressive Muscular Relaxation	Lengthy discussion Closure	
20 March Session 4	11	Name Game as check-in Name Game as recap	Verbal recap and venting discussion	Big ball, risk-taking and risk management	Circle dance	Closure: the Big Pot	
27 March Session 5	12	Name Game as check-in	Circle dance	Grounding exercise	Role-play	Closure: the Big Pot	
3 April Session 6	10	Group consent for DDR advocacy	Name Game as recap & discussion	Role-play	Squeeze ball exercise	Closure: the Big Pot	
10 April							

Session 7	11	Name Game as check-in	Circle dance	Name Game as recap	Role-play & discussion	Future hopes & Closure
24 April Session 8	8	Name Game as check-in Name Game as recap	Circle dance	Mirror on the Wall	Psycho-education on trauma, isolation, reconnection & coping	Closure: the Big Pot
1 May Session 9	11	Recap discussion	Name Game as check-in	Circle dance	Mirror in the Middle	Suffering under someone; Others suffering under us; How we felt then & feel now about having caused suffering
8 May Session 10	11	Name Game as recap	Hovering Hands	Circle dance	Video portraits	Progressive muscular relaxation Goodbye exercise; Closure: the Big Pot
15 May <b>BREAK</b> <i>PHASE II</i>						
Session 1	11	Welcome back	Name Game as check-in	Circle dance	Review of the process	Closure: the Big Pot
7 August Session 2	11	Gesture check-in without repetitions	Circle dance	Suffering under someone; Others suffering under us; How we felt then & feel now about having caused suffering	Discussion about role-play performance	Closure: the Big Pot

*(continued overleaf)*

**Table 1.** (continued)

Session #	Date in 2006	Attendance	Activities			
14 August	15 August	8 out of 8	Strategy and agenda-planning on DDR	Discussion with representative from INGO	Review of 15 August meeting	
Session 3	8		Name Game as recap	Planning & rehearsal of role-play	Closure: the Big Pot	
21 August	Session 4	12	Name Game as check-in; Name Game as recap	Circle dance	Rehearsal of role-play	Closure: the Big Pot
28 August	Session 5	12	Final role-play rehearsal (afternoon)	Role-play performance at Community Healing Event (evening)		
4 Sept.	Session 6	12	Check-in	Circle dance	Discussion of role-play performance at Community Healing Event	Self-assessments of progress; thoughts of the future
5 Sept.					Certificates	Refreshments
					Formal farewells	Closure: the Big Pot
					Final Circle dance	Last farewells

hopeful young adults with a newfound sense of communal belonging:

*Unity, confidentiality, obedience, cool heart, faith, punctuality, advice, love, togetherness, love, exercise, forgiveness, bread, remorse (sorrow), dance.*

## Conclusion

The success of this uncommonly re-humanising process for former child combatants challenges widely held views regarding options available for rehabilitation and reintegration efforts. As Lindsay Stark (2006) has elucidated, there exist two primary, competing models for humanitarian responses to human distress resulting from complex emergencies in developing countries: one, based in universalising Western biomedical diagnoses and the treatment of 'trauma'; and the other, grounded in local, culturally-inflected understandings of suffering and healing. Although largely antithetical to one another, these two paradigms may yet be usefully fused in the developing world.

## References

- Duhl, F. J. Kantor, D. & Duhl, B. S. (1973). Learning, space, and action in family therapy: A primer of sculpture. In: D. A. Bloch (Ed.), *Techniques of family psychotherapy: A primer*. New York: Grune & Stratton.
- Englund, H. (1998). Death, trauma and ritual: Mozambican refugees in Malawi. *Social Science and Medicine*, 46(9), 1165-1174.
- Harris, D. A. (2007). Dance/movement therapy approaches to fostering resilience and recovery among African adolescent torture survivors. *Torture: Journal on Rehabilitation of Torture Victims and Prevention of Torture*, 17(2), 134-155.
- Honwana, A. (2006). *Child soldiers in Africa*. Philadelphia: University of Pennsylvania Press.

- Peddle, N., Moneiro, C., Guluma, V., & Macaulay, T. E. A. (1999). Trauma, loss, and resilience in Africa: A psychosocial community based approach to culturally sensitive healing. In: K. Nader & N. Dubrow (Eds.), *Honoring differences: Cultural issues in the treatment of trauma and loss* (121-149). Philadelphia: Brunner/Mazel, Inc.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103.
- Stark, L. (2006). Cleansing the wounds of war: An examination of traditional healing, psychosocial health and reintegration in Sierra Leone. *Intervention: The International Journal of Mental Health, Psychosocial Work and Counselling in Areas of Armed Conflict*, 4(3), 206-218.
- Wessels, M. (2006). *Child soldiers: From violence to protection*. Cambridge MA: Harvard University Press.
- Yalom, I. D. (1970). *The theory and practice of group psychotherapy*. New York: Basic Books.

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<sup>1</sup> Having counsellors involved in each dramatisation meant they were prepared to monitor outbreaks of severe distress that might materialise, but did not do so, during this challenging process.

<sup>2</sup> Counsellors did speak soon after this to the official in question, though in general terms, urging him to consider adopting more diplomatic tones in future dealings with the community's many former fighters.

*David Alan Harris, MA, ADTR, LCAT, is a member of the Academy of Dance Therapists Registered, and New York State licenses him as a Licensed Creative Arts Therapist. E-mail: davidalanharrisma@yahoo.com*