

**ESSAYS ON WAR TRAUMAS,
ADAPTATION
AND REHABILITATION**

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DRAFT

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1. ADAPTATION TO CRISES: HOW DO WE REINFORCE CHILDREN'S RESILIENCE?

Introduction

I am not intending to speak particularly about the ordinary clinical treatment of trauma, which I imagine many of those present here will be familiar with, but I will rather emphasize the potential for healing which can be activated in the child's social environment. It must be remembered that there are far larger numbers needing help in a difficult refugee situation than the group diagnosed as traumatized in the purely clinical sense (PTSS).

The examples I refer to are mostly from experiences, particularly with homeless refugee children in camps and institutions in Angola, where there are ICDP projects in several towns¹.

It seems to me that it is not the physical event as such which is of significance in connection with trauma, but the meaning this event has for the person involved. Not everyone present at a catastrophe, or equivalent event, experiences it as being traumatic. It all depends on the meaning this event has for the person and the support he or she has had.

For children, this means that adaptation and reaction to what has happened in a catastrophic situation depends on how this is interpreted and processed in terms of meaning, and the support the child receives from the closest caregivers. I will give several examples of this. This approach is called **interpretative**, and involves trying to see people's actions and reactions as being plausible and understandable in the context of how they experience and interpret their situation

¹ ICDP stands for International Child Development Programmes. This is a Norwegian registered foundation with an international network of experts and the aim of improving children's psycho-social situation through the development of competence building programmes directed at the child's care givers, the child's network and the institutions responsible for the care of the child. The foundation is co-operating with Norwegian Folk Help in Angola.

(Hundeide 1989). This means that great emphasis is put on finding out how children have experienced their situation, respecting this experience, and to a certain extent, following the child's indications of what would help to improve their situation. An approach of this kind opens up for new forms of intervention, whereby the child's experience of "what helped" is taken as the starting point, instead of carrying out a previously set procedure (Ayalon 1996).²

Seen from this angle, **a crisis is not just an emotional shock, but also to a greater or lesser extent, a breakdown in the victim's existing world of meaning or interpretation of reality,** and it is in this context that the victims' emotional reactions and their ability and will to adapt and overcome the situation must be understood.³

An important aspect of all psycho-social help is therefore to help the victims **to find meaning and create order in their experience.** This is particularly important for children's understanding of what has happened and what is going to happen. In other words, it is important to help children find a new world of meaning by building bridges between the former secure world the child used to live in, and the new world, which is full of uncertainty and danger. Much of what I am going to talk about in this lecture revolves around building a bridge between the insecure and unfamiliar, and the secure and familiar, where the child can again experience a deep-seated feeling of security, as well as hope and optimism for the future...**Security is anchored both back in time to what has happened, and also forward in time to what is going to happen.**

Let us look a little closer at some of the cornerstones in a child's world. The following points are relevant not only for so-called traumatized children, but also for children and adults who are in an uncertain situation of transition in connection with seeking refuge.

² To facilitate an interpretative approach in work with children, I have developed a life world interview for use with children, where I take up different aspects of children's experience of their world - covering what makes them happy or frightened, what they are interested in, central activities and priorities, how they see key figures in their surroundings, different day-to-day situations, their networks, their everyday lives, etc..

³ When seen from this perspective, it can be presumed that apparently less dramatic events, for example someone being given a serious physical diagnosis, can be just as traumatic as a major catastrophe, and psychological treatment and help may be equally demanding.

A secure attachment with one or more stable figures - usually parents

The fact that children need one or more contact persons is well known. However, there are several aspects to this. On the one hand, stable caregivers contribute to re-establishing a feeling of security and trust - redressing anxiety. On the other hand, it has been shown that the reactions of young children in particular to catastrophic events are to a great extent dependant on their parents' reactions to the same event, i.e. **children reflect their parents' reactions**. The classic example in this context is Anna Freud's studies of young children's reactions during the bombing of London during the last World War. Most of the children coped well as long as their parents were calm, controlled their reactions in front of the children and protected them from experiencing the worst extremes. Gabarino makes the same findings as Anna Freud in a study of children in a refugee camp in Sudan: "The children who are taken care of by their parents, or by familiar caregivers, seem to cope well as long as their parents can keep up their daily routines, protect the children from negative experiences and maintain a high morale." i.e. children seem to cope as long as their parents are coping and have the resources to take care of them (Gabarino et al. 1991).

The practical implications of this insight are that in situations where children are alone and left to themselves, **the search for their parents and the endeavor to re-unite the family will be the first strategy to be tried**, particularly in the case of young children. If this is not successful, then substitute families or care units with stable and positive caregivers, to whom a small number of children can attach themselves over a long period of time, are needed.

However the physical presence of parents or caregivers is not always sufficient. Under extreme conditions, where the struggle for physical survival is dominant, a process of brutality will often take place, and this can lead to negligence, rejection and in the worst instances maltreatment and sale of children. The parents' problems are passed onto the children, and they can easily become scapegoats in such stressful situations. It is therefore crucial **that parents and caregivers receive support and help both for their own struggles for physical and psychological survival, and for their care for their children.**

It is important that parents and caregivers are informed about the important role they have to play for their children, so that they can function as a **secure basis (1)**, as a **screen against the most negative and violent experiences (2)**, and not least, as a **mediator and interpreter to help the child understand what has happened (3)** and tell them a credible story about what has happened and what is going to happen.

In Angola, we have carried out a **simple sensitisation programme for caregivers** to children who have had to seek refuge and have ended up as street children in the big cities, where they have mostly been left to themselves. A number of these children have been gathered together in camps and large institutions, and here it has been shown that it is crucial for the psycho-social development and mental health of these children that the caregivers put in charge of them receive training and sensitisation in how to show a caring attitude by making emotional contact, providing security and a sense of belonging at the same time as they mediate an understanding of what has happened and what is going to happen. The results we have seen of this simple form of psycho-social intervention or sensitisation have been

dramatic in the sense that children can be seen to change from a state of total withdrawal and isolation to active participation and emotional involvement with other children. We are at present undertaking a large scale evaluation of the effect of this programme and the preliminary results are extremely promising, suggesting that the programme has a decisive effect on how children manage to adapt to their new existence in large camps and institutions. (Hundeide 1995, 1996).

Companionship, friends and belonging to a community

It has gradually become known that friendship can to a certain extent be a substitute for the sense of belonging and security which is normally felt in relation to parents and family (Werner 1991, Dunn 1992). This is also well exemplified in Anna Freud's study from the last World War. She has shown how a group of Jewish children became friends while they were in a concentration camp - they kept together like a family and showed the same signs of attachment and care as is normally found in a caring family. This attachment continued long after they came to England;

even when they were in safety, it was difficult for them to be parted for even short periods of time.

In other words, the basic needs for attachment can also be established with friends, and in a situation of need this may be important to make the most of, by ensuring that children who know each other are placed together, or that older children who are able to care for others, are given tasks involving the care of children they know and feel a natural responsibility and desire to care for. In some cases we have also given these older children sensitisation in the care of younger children.⁴

In a more general sense, and this applies to adults too, the sense of belonging to a **supportive community** can be crucial when someone has lost their closest caregivers. In this respect I found the Methodists in Angola a good example. At the time we were starting our work in Angola, there were almost only local organizations which functioned and were keeping the wheels in motion, one of which was the Methodists. They received refugees from other parts of the country who had lost everything. But they did this in a very humane way, by including the refugees in an emotional and ritual community, in addition to tending to their purely physical needs, which gave them a sense of security, belonging and friendship at the same time as they received a message of faith and hope for the future.

I believe it is important to **develop this kind of emotional community and network**, whether within the family or between friends, or in religious and charitable organizations, where they previously have been found. This sense of community does not only help with physical survival, but also gives a feeling of emotional belonging and helps individuals to overcome the emotional losses and sufferings many refugees inevitably have undergone.

⁴ When we were working in Ethiopia, we undertook this kind of sensitisation of girls aged 15-16 years in a large institution. This institution had a department for babies, which was neglected to a large degree from a psycho-social angle. So we let each of the older girls adopt a baby whom they were specially responsible for. This resulted in an immediate improvement in the baby's situation, and the girls then had a role which gave meaning to their existence in the institution.

Community among children is not just a matter of security and attachment as a protection against longing and sorrow but also **play and joy, fighting and competition, which encourage action, courage and challenge. This is what Colwyn Trevarthen calls “companionship”** which he considers important to make use of in developing caring programs for children (Trevarthen 1996, Dunn 1993).

We also saw this in street children in Angola, who were being accommodated in camps: although we knew that very many of the children had sleeping problems, with nightmares, longing and crying at night, we had a quite different impression of these children when we saw them during the day, when most of them were playing, competing and fighting just like other children.⁵ It is this activation to play, laughter, teasing, challenge and competition (or companionship) which is typical for children and which I believe has an important function in these difficult periods of transition, because **it mobilises a more active, fighting attitude, which distracts the child’s feelings away from the depressive condition of longing and clinging, which can easily arise when the child is passive and has no concrete aims to work towards.**

Everyday routines and activities in familiar surroundings

Security is not just connected to people who are close, it is also to do with set, familiar routines and an ordered and predictable everyday life in familiar surroundings and with familiar objects and toys, where children have their tasks and duties, for example school activities on the one hand, and play, games and competitions on the other.

In an emotionally harrowing situation of separation and confusion, it is all the more important to create an ordered and predictable daily life with **a concrete goal-structure**, i.e. that children have **concrete activities and goals which can sustain their attention**. By directing their attention to concrete actions in their environment, they are brought into an active state and this

⁵ In the refugee camp we (ICDP) were working, there was also a number of younger children who were so depressed and withdrawn that they did not join in the other children’s games and activities.

creates both security and predictability.

All the three points mentioned above are **cornerstones in the child's world; parents, friends and daily routines**. When these break down, there is a crisis. Therefore one of the first tasks facing a helper is to try to **re-establish the familiar world of security and predictability by restoring these cornerstones as far as is possible**.

All the same, these children have been exposed to great changes and some of them have had traumatic experiences, and in order for them to adjust, some meaning must be found in what they have experienced and what they are going to experience. The next point will therefore be:

Helping children find meaning in the situation they are in and in what they have experienced

Traumatic events in connection with war and flight will always be a challenge to our understanding and sense of meaning: what happened, how did it happen, who was there, why did it happen, who was hurt, where are the others, where are my friends, why am I here now, what will happen now? These are natural questions which arise and which must be answered.

In this connection it is important to be aware that when we are answering these questions and providing meaning, we must see the **creation of meaning as part of a process of dialogue, where the care giver / parent has to adjust and base his or her response on the child's initiative** in the form of question, or expressive forms such as drawings, paintings or dreams and spontaneous symbols. In other words, one should not force a particular story onto children, but help them **to create their own story - through dialogue - a plausible story based on the expressions coming from the children themselves**. This is important because it is the children's frame of understanding which needs to be adjusted and adapted to the new situation, and so we must start with the children's forms of expression and let them gradually develop a story, an

interpretation or a symbolic expression, which they can accept and live with⁶.

In this connection it is important to realize that a child's religious interpretation of death, and life after death, can be decisive for their comprehension in situations where members of their close family have been killed. Some studies, for example, have shown that in situations where children have lost their parents, 57% maintain that they talk with their dead parents, 43% maintain they are answered, and 81% believe that their dead parents still look after them. In comparison, only 12% of adults had equivalent experiences. (Silverman and Worthington, 1994).

Showing respect for children's frameworks of understanding means being willing to follow the child - even if this means going against one's own interpretation of reality. The point is to create a cohesive and as far as possible consistent narrative about what has happened, and this should take place as far as possible on the child's terms.

Why is this important? Firstly, it has been shown that creating a coherent story about what has happened has a direct connection with the child's ability to adapt to, master and endure the situation (Gabarino, 1991, Meichenbaum, 1996).

Secondly, understanding, being able to symbolize or make a story about a frightening event which has been experienced, helps **desensitizing the threatening nature** of this experience and hence **brings about greater control**. Just as one must conquer new and unfamiliar terrain to feel safe there, so we also have to conquer new and shocking experiences to be able to feel secure. This is done by creating meaning, by making the unfamiliar familiar and placing the event within the child's existing frame of understanding.

Thirdly, finding meaning in the child's experiences is decisive for ensuring that the traumatic experience does not become **dissociated as a foreign body** which can thus live its own life,

⁶ The new field of dialogue based mediation and narrative psychology is important in this context because it deals with the mediation of meaning through dialogue and stories (Klein 1990, Rogoff 1990, Engel 1995, Hundeide 1996).

autonomously, and which can later have a disturbing effect on the child's relationship with and adaptation to anything in his or her surroundings which might be reminiscent of the traumatic events.

When worlds of meaning collide

As an example of this, I can mention the rehabilitation of young soldiers after the war in Cambodia. Many of the former Khmer Rouge soldiers who came to refugee camps in Thailand had been involved in brutal attacks on the local population. To begin with, these soldiers behaved in a self-assured and arrogant manner towards the other Cambodians in the camp, whom they described as traitors... but after a while, as they began to see things in a more civilian light, they became uncertain... They found it difficult to integrate the civilian picture of reality with the brutal war picture, and a gradual split occurred, in the sense that some of them became psychotic and heard voices; one of the voices was the voice of the Khmer Rouge sergeant, repeating that they had betrayed the great cause and deserved to be hung... the other voice was the voice of the village priest; he repeated that they would be eternally punished for the crimes they had committed towards their fellow countrymen. These young soldiers alternated between two irreconcilable views of the world - the ideological war view, which legitimized their acts of cruelty - and the civilian view of the world or the world view of their original home life, which had a quite different moral code and showed them up as war criminals and perpetrators of violent deeds.

It transpired that these assailants often had greater psychological problems adapting to the new situation than the victims they had tormented. The deeply anchored view or model of reality, which had legitimized their cruelty, had to be discarded in its entirety for them to be able to return to civilian home life. And this brought them into a crisis and personal confrontation with the brutality they preciously had been able to ignore or suppress... (Boothby, 1988).

Even though this is an extreme example, it illustrates a pervasive problem for refugees, namely

the problem of integrating the new situation as a refugee in the old framework of understanding, values, norms and identification, which is rooted in a quite different situation, and often also in a different culture. **The great problem is making the unfamiliar familiar and secure again - building bridges from the familiar to the unfamiliar.** This is what I call creating a new world of meaning, and this is a **wider task** than treating trauma in the clinical sense.

Creating hope, expectations and challenges for the future

An important aspect of creating meaning is to create clear expectations of the future. When people are in a crisis, these are the first questions that arise: How long will this last? What will happen now? And for children: Where are my parents and family, my friends? Will I see them again? How long shall I be here? What will happen when I get out of here? who is going to look after me? And for street children: How will I survive? How will I find food? Who will look after me?

These are key questions which, if they are not answered, increase insecurity and hence diminish the potential for endurance and mastery of the new situation. The alternative is thus resignation, apathy, passivity and demoralization, which can become a major secondary problem created during the time of exile itself.

One of the important conditions for a person being motivated to hold out, and fight to overcome his or her difficulties, is that there is **some hope** - in that the person can see ahead and know there probably is a chance of a better situation and a better life. This is crucial for starting the process of mastering and adaptation (Frankel 1965).

It has been shown that as long as there is a symbolic hope, people can endure the most inhuman suffering. Therefore **creating hope is a crucial task for aid personnel, whether they are dealing with children or adults - hope that some time in the future everything will change for the better, if they can only hold out - that there is a way out of their misery...**

On a smaller scale, hope of family reunion or the promise of schooling and a future

working career, for example, can be decisive for refugee children's efforts and adaptability. However, the problem is that it is often impossible to create any realistic hope because the situation is too confused or too difficult. But even in this situation, hope can be created in the form of **moral and idealistic re-interpretation of what has been experienced, so that it gains new meaning.** It has often been seen that the people who cope best in extreme situations are those who have a strong ideological and religious anchorage. These ideologies give these people access to structure of meaning for the ideological struggle and hope which re-interprets their existing situation and mobilizes them to a moral struggle to survive for a great cause.

The Palestinians have concepts such as "sumud" - to endure and never give up, and "jihad" - holy war, which are essential for their moral involvement and endurance. These give a heroic meaning to their struggle and create a moral basis for endurance and mastery. Some therapists believe that it is important to maintain this moral and ideological struggle so that the victims can mobilize a moral will to fight which can be crucial for them to come out of their traumatic experiences with their psychological health intact, i.e. with a structure of meaning which they can still keep up and believe in (Cutting 1988, Punamaki 19987, Hobfoll 1988).⁷

Through an ideological interpretation of reality, a moral involvement can be created which person to meet dangers, take up challenges and fight for a great cause: this nourishes the process we call coping. As the famous English polar explorer said: "To survive here in the polar regions, you need either great danger or a great goal."

This kind of challenge and ideological approach can to some extent also be used with older children and youths. The same thing has happened in a negative way when guerrilla groups recruit identity-seeking street children to be front line fighters in what they become indoctrinated to believe is a great cause.

However this can also be used in a positive way to mediate a view of reality and a structure of meaning which gives them a heroic position and identity in relation to an ideal cause, for

⁷ However this can bring aid workers into a dilemma, as Gabarino points out; should one support an ideology which provides meaning and helps the victims survive psychologically, but which also bears the seeds of new wars and conflicts? Or should one try to find a solution which requires them to give up the

example the struggle for national liberation or humanitarian goals. Several of the leading youth movements of our time are based on these principles; from the scouting movement, outdoor activities and sports groups, ecological and environmental organizations, to more therapeutic youth movements like the English “Outward Bound” which specializes in physical challenge and courage.

This brings us on to the next point, which is:

Facilitate children to develop trust in their own ability to act and their own mastery

Even if there is no ideological superstructure or structure of meaning, it has been shown that **beginning to take control of one’s own situation is a basic condition for healthy psychological development.** We know from studies, for example from Israel where a group of 72 children were locked up in a school in danger of being killed, that those who were active and began to help the other children, coped better than those who were passive and sought help.

According to Ayalon, who was involved in the treatment of these children afterwards, it was when aggression about what happened arose towards the attackers, that the children began to improve and move out of the state of shock and passivity they had been in. When aggression can be turned in the direction of activity and mastery, it can be a positive force out of passivity and grief.

Just as one should avoid forcing opinions and stories about what has happened on to children, one should not either force on them activities, responsibilities or self control before they are ready for it. However it is important to be aware and support the first initiative in this direction and **facilitate them taking on small tasks at first, then gradually bigger tasks which give them a sense of mastery and ability to act...** In some cases, these tasks can be stage managed so that the children experience that they can impress and succeed in the eyes of the other children

motivation and ideology which lies behind their efforts and endurance in the face of suffering?

they are together with. In these situations, it is important that care givers confirm their achievement and give them praise and mediate competency where they have shown signs of mastery (Seligman 1991).⁸

A basic principle in guiding children in this connection is that **you support the child's activities without taking over the child's initiative**. As the child becomes more competent, the care giver should gradually withdraw his or her help so that the child can eventually master the activity alone - then the child has become independent in relation to this task.

Tasks which can promote the experience of mastery in children can vary from simple everyday tasks in the home, to constructive play, sport and competition which encourages companionship and an active masterful attitude to life, or they may be activities involving artistic expression whereby the child can receive praise and recognition for his or her product, or they may be activities in the direction of helping others. The latter are particularly important for many of the children who have been living on the street, for they do not only need tasks for achievement, but also for socialization and introduction to the normal social order where care and consideration for others are social skills they need to learn to master.

According to one of the best known researchers into pro-sociality and violence, Staib (1989, 1996), carrying out concrete helping activities in relation to people in need is one of the tasks which seems to have a particularly strong effect on children. He emphasizes that it is not sufficient to provide children with explanations and mediate meaning to them, **this has to take place in a concrete form where the children themselves are active**. He mentions, for example, children being given the task of visiting or writing letters to other children who are sick or alone, saving money to send to children in need, taking part in charitable organizations where they are given concrete tasks which help other children. It is within this kind of concrete, caring frame of action that Staib believes pro-sociality or the ability to care develops. In addition, this kind of activity will support the child's ability to achieve and will bring a sense of meaning into a

⁸ I have not in this connection emphasised the difference between closely related concepts such as self confidence, mastery, ability to act (agency), self control and inner "locus of control" and optimism.

difficult stage of adaptation in their lives.

Bring to life cultural rituals and practices as a starting point for intervention⁹

It is important to accept the confirmatory rituals and cultural practices which support refugees' positive experience of reality and their expectations for the future. For religious people, it can be important to pray together regularly, because this brings a continual reconfirmation of central and secure elements from their "home world" into the new situation of uncertainty. Alternatively this can be in the form of other rituals which promote trust in and support of the understanding which has been established.

In Angola, there were for example, many children who had lost their parents without it being possible to identify where they had died. In such cases the process of grief does not come to a close. All the time they were hoping that their parents would turn up one day, even though it was fairly certain that they were dead. In some cases the priest carried out a symbolic funeral, in line with the traditional rituals, to bring to an end a stalemated process of grief, and to help the survivors meet life's challenges afresh.

Other relevant rituals which were practiced were transition and cleansing rituals. These were used when children and youth soldiers returned to their villages. In some cases, the "sorba" or medicine man recommended that they undergo a cleansing ritual to prepare them for the transition to the new reality of civilian life...

There are many such rituals in traditional cultures. They appeal to a person's deepest feelings,

⁹ There has recently been a considerable amount of criticism of the wide-spread "individual oriented trauma model" because it is directed too much towards the individual to be useful in a more collective society, because it underestimates people's adaptability and resilience, because it underestimates meaningfulness and the ideological aspect of adaptation and because it undermines traditional healing practices and rituals (see Hundeiede 1995, Bracken, Giller and Hames 1996).

and in many cases it can be important that the aid organization co-operates with local “sorbas” or medicine men who know the local rituals for treating grief, separation and transition to a new existence.

Another important theme for psycho-social aid workers is the different conceptions, values and practices in connection with child rearing and caring for children which are to be found in different societies. After all, only a small part of the world practices the western liberal ideal of child rearing, which emphasizes self assertion and independence. There are other human ideals which predominate in most traditional societies where the emphasis is put on respect and obedience with regard to parents and older people, collective solidarity and duty towards the family and moral and honourable behaviour towards other people. These are values and practices which can in some cases be difficult to combine with the modernistic ideals of individuality, self assertion and independence (Hundeide 1991, Greenfield 1994).

A community based strategy for intervention with local competence building as a starting point

As an example of this kind of strategy, I would like to mention the project we are carrying out in Angola where we are establishing competency building and network creating enterprises in 6 large towns which have been badly affected by the war. The target group is mainly orphans who have been placed in camps and institutions. Instead of going out and helping the children directly, we are trying to build up competency in psycho-social care in the people who have the daily responsibility for these children. We have trained an Angolan team in each of these towns, which again trains care givers in the big institutions, camps and hospitals where the children have been placed...

We are able to help far more children with this community oriented strategy than would have been possible in a more professionalised, individual oriented therapeutic set up (Hundeide, 1991). During the course of this year we reckon on being able to help directly or indirectly between 10 000 and 15 000 children through this approach.

Moreover, this form of intervention is far more sustainable and has a more long term effect because we are building up competency in the institutions which will be caring for the children also in the future (Sarason, 1974).¹⁰

All the same, any psycho-social intervention strategy for children and particularly youths will depend, in the last instance, on society **creating work and school opportunities for these children so that their socialization becomes realistic in relation to the tasks and jobs that will be available in the future society.** This is big problem in Angola because the society is still not yet sufficiently organized to be able to provide children with realistic educational and working career opportunities.

It is therefore crucial that parallel to psycho-social rehabilitation work, political, economic and expert support is given to develop a job market and bread winning opportunities for all the children and young people who will be going through social rehabilitation. If this does not happen, the chances are high that they will develop in a negative direction and become a threat for the future of the society. Aid work must, therefore, take place on several fronts at the same time.

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2. ICDP AND CHILDREN AS VICTIMS OF WAR

There has recently been a lot of criticisms of the traditional emphasis on catharsis and ventilation of feelings etc (Hundeide 1996), not that this is not important, but it is important to remember that not all children exposed to violence are "traumatized"; in fact, Gabarino and his co-workers showed that most children coped quite well when some sensitive caregivers, preferably parents, are available who did not expose their emotional disturbance to the children. In other words, we should be careful not to start therapy where it is not needed. Secondly, ventilation and opening up of feelings create dependency and a breakdown of their existing adaptations (or defenses), therefore this requires a stable situation where the children can be followed up for some time. In many cases, like in camps, this is not possible for a visiting expert. So by starting this type of work in an uncritical manner, one may make things worse, and there are already many examples of that.

From the child's point of view, it may not be the traumatic experiences that preoccupy their attention at the moment, more often it is practical problems of survival, where to sleep, how to get food, where are the parents etc. Therefore it may be more appropriate to **approach the dislocated children's problems where they are in a way that makes sense for the children - at least on a temporary basis**. The real problem is generally the long-term rehabilitation and it is in this context also that traumatic experiences must be seen.

An interpretive approach - assessing conceptions of the world and positive resources.

In order to help or support a child, we need to know him "from the inside" - how he sees the world and what his basic goals, needs and intentions are. In the ICDP approach, it is the child, the caregiver or the client who is his own best interpreter and guide for further development. This is an important principle both ethically and psychologically. It is only when we know how a person sees the world and define his situation that we can start to understand his behaviour as meaningful reactions to the way the world appears to him or her. It is important to add here that the way a person defines his situation is more than a purely cognitive assessment. This includes

all his commitment, emotions, fears and anticipations.... Therefore the assessment of his definitions and conceptions of the world become very important, because it is these, not the physical stimuli, that constitute the basis both for his external actions and for his psychological reactions - his happiness and suffering. Only through understanding how victims of war experience their traumatic situation can we understand their reactions as plausible and meaningful, in the sense that " if I had been there I would have reacted similarly". So this approach puts special emphasis on respecting the victim's experience and on understanding the more subtle nuances of his perception and interpretation of what he has been going through. This is a different approach different to presenting a list of symptoms with automatic prescriptions for treatment.

The basic idea is that our experience and reactions are not directly linked to external events, as it is very often assumed, **it is the way this event is meaningful for the children - how they interpret this event which will also determine what they experience and how they react - and also how they will cope naturally with the experience.**

So from this point of view, it is very important to know children's the way children interpret the world around them, what is really at the center of their interests - what is relevant for them. And even more important: What is so to say the affective basis and emotional anchorage for their experience of the world. This is what I mean by understanding children's life-world (Hundeide 1986,89)

This means that it is not only the war, the terror and the external events as such that are important, but **the extent to which they touch the more vulnerable parts of the children's lives, where their deeper emotions are anchored.**

If we approach children's reactions to war and terror in this way, it may be possible to get a more differentiated picture, not only as some "post-traumatic stress symptoms" to external events, but as **meaningful and plausible reactions, that we can all empathize with when we understand how war and terror are touching corner stones of their personal world of safety and**

meaning. There are therefore a variety of reactions to emotional shocks depending upon the severity of the exposure, the children's preparation, and most importantly, how they interpret (or define) what is going on.

There are certainly generalities in how children react in extremely traumatic situations, as pointed out above, but in order to understand how these post-traumatic symptoms emerge as understandable reactions to children's perception of the events, it is necessary not only to describe general symptoms and categories of behaviour, as external observers, but to go into the child's experience as a trusted participant and try to describe the children's interpretations of what has happened, as Ayalon (1983,86) has done. Only then is it possible to relate their reactions, or "symptoms" to the way they interpreted what happened and to the extent that the experience has touched "vulnerable zones" in their experiential background (Hundeide 1986, 89).

However this kind of assessment requires patience, respect and empathy - willingness to listen - and to take seemingly nonsensical manifestations as expressions of a meaningful but divergent way for the victim to understand his reality.

In addition to knowing how a person sees his world, his interests, initiatives and commitments, one also needs to know his existing patterns of competence or coping skills which can be used to facilitate development,¹¹.

The aim is to make **an assessment of the positive resources** that can serve as a practical basis for intervention in "the zone of potential development" where trajectories of already existing initiatives, competencies or skills can be facilitated to further perfection or to a more healthy relationship with the victim's surroundings. We can only achieve this by focusing on positive resources, not on failures and deficiencies. A person's **developmental potential** is thus based on the commitments, initiatives and resources he is able to mobilize for worthwhile life-goals within his phenomenal world.

¹¹ The same reasoning can also be adapted to the community level, one has to know about the existing positive resource and skills.

The path of healing is thus to be found within the client's own phenomenal world; his understanding of his situation, his relationships and his conception of the future, on the one hand, and within the initiatives, resources and the commitments he is able to mobilize in striving for something to live for within this world, - on the other hand. In fact this point of view is as valid for the development of communities as for individuals.....

Approaching trauma through the victim's experience

In order to get a systematic account of the different qualities of the traumatic experience, Ayalon asked the participants to relate specifically **what they felt - which feelings and emotions were stirred up - what they thought about, how they acted and how they related to others and how others related to them, during the experience.**

In this way a mapping of the participants' personal experience of the event was presented. When this was done, the next step was to get the participants' experience of **what helped and what had a disturbing effect on their experience** during the event. This is an important point because in this way it is the person's own experience that becomes a guide to his healing. By asking the question of what helped and what disturbed, **an assessment of each victim's personal way of coping with the event and the experience** can be made.

Through this procedure a base is established for further facilitation. Instead of imposing certain techniques from outside, the COPE approach starts with the victim's experience of what helped and proceeds further from there by supporting and facilitating these initial strategies....This is an important approach because it enables the facilitator to deal with victims with different cultural backgrounds without imposing coping or therapeutic strategies upon them that may be at variance with **what are personally and culturally appropriate ways of coping.** Also this approach opens up for interesting research into indigenous forms of coping that may be unknown within Western clinical psychology.

As an example some new aspects of coping with traumas appeared as religious victims were interviewed after a terrorist attack: Many of them mentioned that praying to God and sharing in groups were among the coping strategies that they experienced as most helpful -more helpful than traditional psychotherapy ... Similarly Ayalon found that those who took the active helper role in relation to other victims, seemed to cope better than those who remained passive in a client/patient role.

The guidelines of good interaction

We have developed some very simple guidelines in the ICDP Program both for care and for sensitization and this will constitute the basis also for your work. It is important that it is simple because only in this way can we reach simple-minded caregivers who need our help mostly. In other words, we have to separate between the more advanced theoretical basis of the program and its simplified presentation to simpleminded caregivers for educational purposes. Please remember this distinction otherwise we may get into confusion.

The question is whether our guidelines can be used as a basis for intervention in relation to traumatized children and their caregivers.¹² I believe it is to a large extent; because when you look closer at **the guidelines, you will see that they cover important therapeutical principles that are in operation in all human care and therapy.** This does not mean that they are complete in this respect, they should be expanded and exemplified in new ways, but I believe it is important that the framework of the guidelines is sustained in order **to keep the simplicity and teachability of the program.** If we can achieve this then I am sure the impact of our work will be much more substantial than if we make it more sophisticated. What matters is what the caregivers understand and how they are acting in relation to the children.

¹² One of the reasons why this is important is that we have already a network of paraprofessionals all over Angola. They know the guidelines very well and it would be confusing if we could not link the work on traumatization with what they already know from beforehand. In other words, we would like this to be integrated.

Below I have tried to specify the general ICDP principle first and then the more specific principles that apply to traumatization and therapy.

1. Reciprocity and sharing of feelings as a basis for facilitation and care

In order to get access to and become a participant in another person's world, one has to operate according to the principles of reciprocity. This requires first of all respect for the client and his initiatives, willingness to listen; to receive and share his initiatives and activities and to respond back in a way that is meaningful also in relation to the clients world of understanding.

This principle is just as applicable to an interaction with a baby as to a traumatized person who has been exposed to an extreme situation - there has to be a willingness to listen and share and then respond in a meaningful way based on the initiatives of the other person. This is dialogue rather than dominance. This sharing can also take place at a non-verbal level as **attunement to the emotional state and timing of the other person** - and such sharing or synchronization of feeling states and intentions seems to have a consoling and relaxing effect both on babies and on victims exposed to traumatic experiences. Hence creating a safe atmosphere of reciprocity and sharing is according to this approach a precondition for development.

The four emotional guidelines are important in the direct interaction with children because they open up for **sensitive listening to the children, the ventilation and exchange of feelings and for confirmation of what they have experienced.**

The therapeutical principles implied in the guidelines can be summarized in the following way:

a. Establishing trust and friendship

Any topic, action or activity that can be shared emotional and gives the child a feeling of expressive recognition and approval.

Showing empathy, provide the child with something he needs or appreciates, show

individual recognition - remembering his/her name and your shared stories.

b. Empathetic listening

This involves being a good listener to the child's story without judging or interfering, asking about what happened and what felt, holding the child's hand, putting your arm around his shoulder, embracing him when there is a need for it.

Wait and listen - don't take over the communicative initiative.....

Emotional catharsis and ventilation follows naturally when a child opens up and tells about his experiences. Let this come out. Console the child with your caring body-language and empathetic attitude....

Beware of showing too much pity because that may strengthen self-pity and non-coping regressive attitudes in the child.

2. The sharing of meaning and the reconstruction of what happened

Sharing does not stop at the level of attunement of states of feeling, it also involves simple sharing and describing of how one experiences the surrounding world. This is very important with babies and young children (Klein and Hundefeld 1989). At a later stage the sharing of meanings may involve sharing of world-views, opinions and "what happened". The four mediational guidelines

are therefore important because they open up for helping children **to create meaning and understanding of what they have gone through**. The whole process of reconstructing their traumatic experiences into a coherent and understandable story or dramatic expression can be assisted through mediational dialogue - by expanding upon their emotional initiatives, memories and expressions.

It is extremely important for a traumatized person to be able to share and recount what happened so that the experience is clarified and made foreseeable and can thus be partly desensitized of associated fears and uncertainties. For this reason most traumatized victims tend to have a need to recount and repeat over and over again the traumatic event either through speaking or through

different modes of symbolization or art expression, as has been pointed out earlier. In this way cognitive control over the traumatic event is gained.

In a similar way a baby gains cognitive control of his environment, through the sharing and the confirmation of meaning from significant others in his surroundings.

As therapeutic principles this can be summarized as:

c. Mediation of acknowledgement and the acceptance of feelings of pain, anxiety aggression etc. as being **normal** if they arise under such circumstances.

Help the child to label and describe both what happened and how he reacted...Help the child to clarify what happened - give meaning to it and explain why it happened (expansion) **so that he understand both the situation and his own reaction as typical and normal in such an extreme situation.**

This is like mediating a clearer and a more acceptable redefinition of what happened so that the child can assimilate this in line with his own understanding.

d. Sharing in groups with other witnesses to the traumatic event.

It is a great relief to be able to share the emotional experience by talking about it in groups with others who have "shared this fate" - expressing feelings of despair and pain and crying..... Also stage 3, after the more intense feelings have subsided.

3. Guided expansion of the client's existing initiatives and skills

Sharing is not enough for development to take place. Guidance and expansion of the client's initiatives and skills are also necessary. A more mature caregiver naturally knows more than a child and therefore he also has an educative role. But in order for him to convey this knowledge in way that is motivating and understandable to the child, he must operate within the child's

phenomenal world according to the principle of facilitation, reciprocity and sharing. This is sometimes also called a participatory approach where the teacher or caregiver guides the child through hints and questions pointing out a direction for the child's exploration and discoveries - within the potential of the child's phenomenal world and resources. On this basis it is possible to expand further with explanations and advice.....

The same principle applies also to traumatized subjects. They are invited to participate in a curriculum that will guide them through a process of expressing, sharing and reconstructing the frightening event, and in this context concrete advice can more easily be given. But also in this case the advice has to be based on insight into the client's world and his perception of his situation and the developmental potential of his definition of his situation.

e. Symbolic reconstruction of the traumatic event.

There are different ways of symbolizing and working through and expressing the experience in indirect symbolic form:

1. Talk about the recurring traumatic dreams or nightmares and express them in drawings.
2. Let the child hear another child's story which is similar to his own, but which has **a reaction of optimism, mastery and coping at the end.**
3. Present a more symbolic story or fairy tale which has many of the traumatic components, but which includes optimistic and positive coping and mastery - it ends well - include elements that you know are difficult for the child to deal with. (See Aayalon: African Fairy Tales).
4. Use puppets or symbolic toys to let the child express his feelings in symbolic way and symbolically reconstruct the traumatic event. Use plays and theatre also.
5. Use drawings and paintings, modeling experiences, dreams and what has happened.

6. It is important to see mourning and traumatic reactions in a cultural context and to accept that most cultures have rituals of mourning, like funerals and other rituals directed towards the ventilation of feelings, accepting the state of mourning and showing sympathy through collective action of visiting, sharing in feelings and comforting. Reactivation of these rituals can be an important means for a person to cope with the after effects of traumatic experiences. The rituals may have deep symbolic meaning not only for the child's emotional reactions, but may be just as important for the way he perceives and experiences what happens to the person after death. One has to work along with the existing cultural and religious conceptions in this field.

4. Gaining mastery and control through self-initiated activity and through the challenge of taking an active, responsible role

If a child is going to gain mastery over his situation, he has to exercise "being in control" through his own activity and his own projects. This takes place naturally with different types of play, from simple imitative play to role-playing at a higher age level. Through such experiences children learn to explore reality and to trust their own initiatives. Confirmation from caregivers is important in this process.

In the context of traumatization, taking on an active role has already been mentioned as a therapeutic principle that helped the victims. But being active does not necessarily involve taking on a new role. Even a more modest process of exploration and search may slowly create a basis for autonomy and for taking a responsible role at a later stage.

The mediational dialogue is also important in order to strengthen and support a positive self-conception and a feeling of mastery and control, establishing routines and predictability in their daily life and creating positive expectations of a future of hope...

f. Promoting feelings of mastery and successful coping strategies - regaining self-

confidence through:

1. Giving the child a **mastery role as a leader or helper for others** - this can be in relation to other victims...
2. Let him demonstrate what he can do well in the presence of others and praise him for his competence - mediation of self-worth.
3. Encourage him to participate in sports and daring activities that require some courage - be sure it is within his capacity - scouting and sports...
4. Help the child to set goals and plans for the future and help and support him step-by-step - leave him to succeed alone whenever possible - mediate hope for the future and optimism.
5. Promote a positive inner dialogue or way of thinking - help the child to say to himself "I can manage" and - "I will succeed" when it is difficult.

Also in a religious context promote the significance of inner prayer when this is natural/appropriate.

Relaxation training of the type described by Jacobsen can be useful for learning to cope with strong tensions and feelings.

Throughout this, participation and activities with other children should be promoted, because feelings of mastery and self-esteem are very often conveyed by peers.

5. Mediation of regulation and limit setting by including the child in a stable environment with predictable settings: Helping the child plan and control its actions and impulses

Self control is developed through co-operation with others in the context of a purposeful project. It is when the child is going to build a tower of bricks by itself that it must be careful and plan the next step so that the tower does not fall down. And it is when the child is playing with other children that it has to adjust its behaviour and show consideration to the others, in order to avoid negative consequences for itself. This is the reality of life which children sooner or later must adapt to and learn to respect (Piaget 1932). But this requires self control, the ability to plan and consider the consequences before acting.

The Vygotsky tradition has in particular indicated that the ability to control oneself arises from an interaction with the people who take care of the child supporting and helping it in its purposeful activity. An important point in this connection is that the child receives support but maintains the initiative (Wood). The point is that the child must be independent, therefore it is decisive that the child's own initiative is tried out and then guided. It is this personal creativity which must always be respected in all guided learning (Hundeide 1973)²

Helping the child to focus on the here and now and not slip into the pastetc.

g. Establish a stable daily routine which is highly predictable and that helps the child to focus on other matters than the traumatic event, anything that focuses the child's attention on some interesting and purposeful project that occupies his attention, from play to athletics to focused work.

A community-integrated and based approach

We help children by helping their caregivers, parents or other persons who are in care of the children. The guidelines mentioned above are in fact directed to the communication between caregiver and child. This is an important principle because only through upgrading and strengthening the caring network around the child can we expect any long-term effects on our interventions.

² Anne Brown and her associates have developed a variation off participatory learning which they call proleptic teaching where the pupil must complete and partly guess the solutions to the practical problems they are confronted with.

h. Help to provide a supportive network of family and friends and help them to acknowledge the child's experiences and feelings so that they can fulfill functions 1-4 and 6 as mentioned above.

This is very important for long-term solutions otherwise the child may easily become a scapegoat and be exposed to **secondary victimization**.

Participation and sharing in a compassionate community which shows acceptance and appreciation of the child as an individual has a healing and stabilizing effect.

Facilitation and operating inside the existing cultural system of norms, values and world views.

Facilitation is the key to assessment and treatment/education. This implies that there has to be some seed of initiative in the victim or client which can serve as a link for further reactivation, support and expansion. We also assume that working along these lines will promote an authentic development which will be in tune both with the person's existing structures and with his cultural tradition.

Facilitation can take place as "guided participation" where the facilitator joins in with the client and expands and enriches her initiatives, or it can be through consciousness-raising where the client is made aware of her potential coping skills. In a context of community development, facilitation may involve reactivation of existing networks and institutions which can cope with the present challenge on a community level.

As has already been mentioned, facilitation implies that there already exists some initiative, some intention that can serve as a basis for expansion. On a community level this implies that we

operate in line with existing resources, customs, skills and values. Child rearing is an example of a skill that is not only individual, but deeply embedded in normative family and community traditions (LeVine 1990) and which we have to cooperate with and facilitate if we wish to promote a developmental process that is sustainable over time.

This also applies to traumatization; most societies have traditional ritual procedures for coping with persons mourning after loss. Such rituals are deeply ingrained in people's psychological reactions, and it is therefore important to map such cultural mechanisms for coping and promote and facilitate those that are still relevant along with other suitable methods. If not, if we approach a traditional population with modern therapeutic methods which may upset their sense of dignity and honour, and ignore the extended family system of care, we may easily end up by "making things worse" as was pointed out in a recent conference in Nairobi ().

Our basic idea is the application of a community based approach, where the clinician is not primarily dealing with the children, but with the caregivers. Her role is changed into the role of training and supervising the paraprofessionals who are dealing with children's caregivers or parents. Through this approach we upgrade the long-term network of care for children at risk and expect to reach many more children than we could have done by working in the traditional way.

Summing up: Dealing with trauma and the psychological effects of war on children.

Remember that most children are able to cope after having been exposed to the emotional shocks of war, and that only a small proportion of children suffer from severe psycho-social trauma (PSTS).

Remember also that ICDP is primarily working with caregivers in order to improve the child's psychological and educational environment, therefore it is our first approach is to see to that the

child has a stable family-like environment with good friends and with fixed routines.¹³ When the child has got stable caregivers, our first task is to sensitize them the ICDP principles of good interaction. This is already a great help for a child that has suffered from traumatic shocks from the war.

Post-traumatic Stress syndrome in children

As young children who are traumatized by violence or catastrophes very often are incapable of expressing their feelings and experiences verbally, the following observational signs are suggested:

1. Sleep disturbance that continue for more than several days, wherein actual nightmares of the trauma may appear.
2. Separation anxiety or clinging behaviour, such as reluctance to return to school.
3. Anxiety about things that remind the victim of the traumatic event.
4. Behaviour disorders, including problems that occur at home or in school.
5. Doubts about self, low self-worth and desire for withdrawal.

The most effective way of dealing with traumatic stress

In case there is a need to go further than sensitizing the caregiver and providing a supportive environment, the following procedure can be followed:

1. Establishing trust and friendship

Any topic, action or activity that can be shared - giving approval to the child - emotional-expressive recognition and approval, following the child's initiative.

2. Empathetic listening

¹³ This is stated in the three first points in the paper on "Helping dislocated children". Read this paper carefully as a background for intervention

Being a good listener to the child's story without judging or interfering, Asking about what happened and what he did feel. Holding the child's hand, putting the hand around his shoulder, embracing him when there is a need for it.

Wait and listen - don't take over the communicative initiative.....

Emotional catharsis and ventilation of feelings (crying etc), this naturally follows when a child opens up and tells about his experiences - let that come out. Console the child by your caring body-language and empathetic attitude....

Beware of too much pity because that may strengthen self-pity and the non-coping regressive attitudes in the child.

3. Acknowledge and accept the child's feelings of pain, anxiety aggression etc.

Explain to the child that is normal to have such reaction when one has been exposed to such experiences. Explain what happened and why it happened (expansion) **so that he understand both the situation and his own reaction as typical and normal in such extreme situations.**

This is like mediating a more acceptable understanding of his own reactions and a clearer understanding of what happened.

4. Sharing in groups with other witnesses to the traumatic event

It is a great relief in being able to share the emotional experience by talking about it in groups with others with a "shared fate" - express feelings of despair and pain and crying..... Also stage 3, after the more intense feelings have subsided.

5. Help the child to express his experience of what happened through storytelling, drawing and dramatization

For example through:

a. Tell about the recurring traumatic dreams or nightmares and express them in drawings. Help the child to label and describe both what happened and how he reacted...Help the child to focus and clarify what happened - give meaning to it (Guideline 5 and 6).

b. Let the child hear another child's story which is similar to his own, but which has **an optimistic and mastering coping reaction at the end.**

c. Use puppets or symbolic toys to let the child in symbolic play express his feeling and reconstruct symbolically the traumatic event. Also plays and theatre.

d Use drawings and paintings, modeling his experiences, dreams and what happened.

6. Promoting feeling of mastery and successful coping strategies - regaining self-confidence through:

a. Giving the child a **mastery role as a leader or helper for others** - it can be in relation to other victims...

b. Let him demonstrate what he can do well in the presence of others and praise him for his competence - mediation of self-worth.

c. Participate in sports and daring activities that require some courage - be sure it is within his capacity - scouting and sports...

d. Help the child to set goals and plans for the future and help and support him step-by-step - leave him to succeed alone whenever possible - mediate hope for the future and

optimism.

e. Promote a positive inner dialogue or thinking - help the child to say to himself "I can manage" - "I will succeed" when it is difficult.

Also in a religious context promote the significance of inner prayer when this is natural.

Companionship and activities with other children should be promoted, because feelings of mastery and self-esteem is very often conveyed from peers.

7. Cultural rituals of healing

It is important to see mourning and traumatic reactions in a cultural context and to accept that most cultures have rituals like purification rituals, rituals of change and transition, rituals of mourning, like accepting the state of mourning and showing sympathy through collective action of visiting, sharing in feelings and other rituals directed towards ventilation of the feelings of mourning, comforting.

Reactivation of such rituals can be important means for a person to cope with the after-effects of traumatic experiences. The rituals may have deep symbolic meaning not only for the child's feeling reactions, but maybe just as important to how he perceives and experiences what happens to the person after death. One has to work along with the existing cultural and religious conceptions in this field.

8. Help to provide a supportive network of family and friends and help them to acknowledge the child experiences and feelings so that they can fulfill functions 1-4 and 6 mentioned above. This is very important for long-term solutions otherwise the child may easily be scapegoat and exposed to **secondary victimization**.

3. EXPRESSIVE EXERCISES FOR INTIMATE SHARING IN GROUPS

Whatever the topic, there are certain procedures and techniques which have been developed and can be useful as a starting point participants in the workshop to open up and become more confident with each other. Here are some suggestions based on Dr. Ofra Ayalon's COPE programme. The exercises and games are organized in chronological order:

Physical exercises and laughter exercises :

1. Warming up movements - jumping and walking/running/dancing to music.
2. Massaging each others shoulders.
3. Walking at your own pace, then slowly increasing the pace to running, then touching the elbow

of the other participants, then touching both elbows and knees of the others.....

4. All participants stand in a circle and everyone is asked to present himself in turn with a movement of his whole body and to express how he feels to-day: "I amand I feel depressed today". All the other participants imitate the gesture and confirm his statement.

5. Game of numbers: Each person gets a different number and the number is the only thing he is allowed to say. The group is then divided into pairs and they are asked to greet each other, saying "good morning", "how are you", a quarrel, give compliments to a woman etc... Releases laughter and joy and lightens the atmosphere.

Artistic expressions:

Use paint, finger-paint, colour pencils, plasticine or clay.

1. Make a symbol of yourself in drawing (or any other concept like "my mother", "happiness", "danger", "my work" etc). Then tell a story about the meaning of the drawing. Let the person next to you interview you about the meaning of the drawing and let him/her present the drawing and its meaning in the collective sharing session.

2. Make a "security symbol" - a representation that makes you feel at peace and happy. Make a story about the meaning of what you have drawn or produced and how it relates to your own life. How can this security symbol be used when you need security?

3. Draw a six-stage story in cartoon-format containing the following elements: A hero or protagonist, a mission, an obstacle, a helper, how the obstacle was overcome, the conclusion. Tell the story afterwards. This format can be used for any developmental process from your childhood to your marriage.

4. Make a representation of "the gift of the flower":

First draw a flower that symbolizes yourself. Then let this flower, then write down the gift you

would like to receive from the flower. Write your name at the back of the drawing. Then exchange the drawing with another person. Each person is now going to write a story about how the person who made the drawing received his gift from the flower. Then it is given back and each person reads out the story that the other person has written telling how he received the gift from the flower. Deep feeling seem to be stirred up by this exercise.

Telling and sharing personal stories in a group

Participants taking turns telling stories, either in a circle or sitting freely. Nobody is forced before he or she is ready.

1. Select by random a feeling (draw from a hat containing labels of different feelings or use a "feeling-wheel") and tell the story of an episode from your own life when you experienced this feeling.
2. Depending upon the objective of the workshop, select a central feeling relevant to the topic i.e. traumatic experience if that is the topic, and tell a story about a time when you or somebody close to you had a traumatic experience.
3. Six step cartoon story as described above - emphasis on the story, not on the drawing.
4. When there more intimacy and trust have developed among the participants, one can approach more personal topics like
when I felt helpless, desperate, when I cried, or the happiest moment in my childhood, the saddest etc.....

Exercises of trust

1. Leading and being led: The group is divided into pairs and one is blindfolded and the other is leading the blindfolded person through some obstacles which necessitates guidance from the leader and trust from the one being led.

Afterwards there is a sharing of what each experienced in the two roles and how this relates to

their previous experiences of being led and showing trust, versus leading and taking responsibility.

2. Falling backwards into the hands of the other participants.

This requires even more trust and can be quite challenging for some. Afterwards share the experience.

Role-playing

All the stories and representations of feelings mentioned above can also be the subjects of role-playing. Some people may be shy about participating, they should be given very simple roles to begin with.

Creative writing:

This is another way of expressing feelings. To get started it may be useful to have a picture, symbol or object to stimulate the imagination and serve as a reference point. There has to be a relaxed atmosphere without pressure and without strict time restrictions. Creative writing can be self initiated or guided and it can be used both in groups and with individuals. Writing about stressful events is a way both to express the feelings associated with the event and to gain cognitive clarity and control - both are necessary for recovery.

Most of the activities mentioned above can be included into any programme and create a lively element of personal involvement provided one selects the topics, feelings or conceptions that are going to be expressed with care.

Dealing with children in a state of mourning

Ofra Ayalon's book "Rescue" and Jewett's book "Helping Children cope with Separation and Loss" chapter 3. describe different games and techniques that can help children to express and symbolize their feelings of loss, anger and aggression in connection with separation.

4. CASE STORIES FROM LUANDA

The children interviewed here were encountered quite by chance in the streets of Luanda by the participants in a training course on psycho-social care for children.

The interview questions:

1.
 - a. Tell me how did you come to Luanda.
Why did you escape to this place?

 - b. You said you escaped because.....Did you hear or see any shooting?
Did you see anybody being killed?
Any of your family?

 - c. (In the case of affirmation):
What did you feel in that moment?
What do you feel now?

 - d. Do you dream or think about it? What do you feel now?

2.
 - a. Are you alone or do you have any relatives with you?
Do you have any relatives in Luanda?
Do you have any relatives still alive? Who? Where are they?
What did your mother and father do before they ran away?

-
4. Name: Goy Baptista Sex: Male
Age: 10 years. Place of Origin: Malanje

On the 27th of January at 15.00 hours, the driver drove me up the Catete road and at one point we saw some houses. We stopped and then I walked towards the houses. Three children approached me and one of them asked for 1000 kwanzas. He said that he had escaped from Malanje because of the war. Some people had gone for his father at their place and as he resisted they killed him. His mother ran to the bushes with her two children and some other people. Goy's mother felt sick after running for a while and was shot dead with her little girl on her back.

Goy does not feel good and dreams frequently about these things because he is alone. In order to eat he has to beg on the streets and he has no family in Luanda. He wants to study and live with someone who could look after him. He washes cars and he would like to be helped someone who was a Christian.

-
5. Name: Elias Sex: Male
Age: 7 years Place of Origin: Cacusó/Malanje

He escaped from Malanje with an 11 year old brother because of the war. They live in Vila ca Mata with an unknown lady. He said that his parents had been killed in Cacusó and he always dreams and cries all the time because of the pains he feels.

He knows that he has uncles and aunts in Luanda, but he does not know where they live. He has good friends and likes to live in Luanda. "And I want you to help me with clothes, shoes, food and schooling because I want to be someone in life" he said to the interviewer.

-
6. Name: Milu Sex: Female
Age: 10 years Place of Origin: Bie

8. Name: Tony Sex: Male
Age: 10 years Place of origin: Huambo

I came to Luanda by car with some men who were also coming here. I escaped to Luanda because there is no war here. I heard a lot of shooting in Huambo and I saw my father being killed - shot in the belly. When that happened I was very frightened and I ran away alone. I have been thinking of what I saw and happened and I feel sad and hopeless. I have no family, I have only one friend that is "little dad" and nobody looks after me. I stay on the street to get some food. I do not study but I can read and write, so I need a school and a place to sleep and eat.

9. Two children: Names: Pedro and Antonio.
Ages: 10 and 12 years Place of Origin: unknown

We came to Luanda to escape war. We heard many shots and our parents died. We do not have a home. We live on the streets, we do not have any family to take good care of us. We eat in the garbage and we sleep on the ground without beds and blankets. We need clothes, food shoes, tents.....and we want the war to come to an end because we want to live in peace, even without our parents, but with our friends.

10. Name: Antonio Sex: Male
Age: 12 years Place of origin: Malanje

1.
 - a. I came to Luanda in a truck column to escape the war.
 - b. Yes, I ran away from the war: I heard a lot of shooting and I saw my whole family being killed - father, mother and two brothers.
 - c. I felt a lot of pain and I came to Luanda to avoid the pain.
 - d. I feel very nervous.
2.
 - a. I am alone, I have no family or relatives in Luanda. They did nothing to help me because they were already dead.

- b. Nobody looks after me.
 - c. I have friends.
3. I like being here and I hope to find love and tenderness.
 4.
 - a. The most difficult thing is hunger.
 - b. The only good thing there is washing cars.
 - c. I wash cars and I buy food with money I earn.
 5. I need help to be able to be in a good place or with the sisters (nuns). What I need right now is to be taken to the nuns.
 6. I attended school, but I cannot read and write.
 7. I would ask to stay in a good place, to live well and study.

This was the boy that was interviewed during the seminar itself. He possibly has some relatives left in Malanje and he would agree to go to them provided there was peace. He wants to go to school otherwise we will become "matimbo" (stupid).

The group of children he is with has a leader from Luanda who is 19 years old. All the boys are from Malanje. He tries to help other people. He does not like the leader because he beats the boys. All the boys smoke liamba (a kind of hash, but weaker), but he does not because his father used to tell him that drugs kill. Yet he had to smoke once to join the group - as a kind of initiation. All he had was the clothes he had on.

5. A CRITICAL NOTE: BALANCING TRAUMA THERAPY WITH SOCIAL REALITIES

At the background of experiences with children in refugee camps in Angola, I have been confronted with some of the dilemmas that a professional helper may face when he or she comes for a short visit to assist these children through the intermediary of paraprofessional helpers whom he/she is going to train.

One of the problems of clinical trauma therapy is that you may release deep feelings of loss and sadness without being able to follow this up because of external circumstances. The professional helper comes for a short visit to train some paraprofessionals in therapeutic techniques usually of a regressive emotional nature which aim to release and console deep feelings of pain and loss; feelings originating from the trauma. He may visit a refugee camp or two, and then he leaves the scene.

I certainly accept the need for releasing and ventilating the pains of a wounded "heart", provided the time and resources for this are available. But I can clearly see the dangers of doing this in halfway measures, opening up a bleeding heart, creating expectations of compassion and consolation, inviting dependency, and then leaving the victim to himself..... This is like stretching out an arm to a drowning person and then withdrawing it when he is trying to get into the boat. The victim may in fact end up in a worse situation than before. I can clearly see that this is happening in Africa where there are an enormous number of victims and the resources for therapeutic help is rather limited. Under such circumstances it is easy to do things half-way - opening up the feelings of pain - and then leaving the victim with the sorrow that he has until now been able to control in his own way.

As I see it, there are two aspects of trauma experience: there is the loss, and the terror of re-experiencing the trauma and pain on the one hand, and there is the coping and the controlling aspect that tends to make plans and look towards the finding a way out, on the other..... To use a

metaphor, I will call this the "regressive longing heart" on the one hand and the "progressive coping heart" on the other. Jung used to talk about regression and progression as two opposite but complementary processes which needed to be balanced in each person's life. Similarly in Javanese folk psychology a distinction is made between the "child heart" and the "adult heart", which is further divided into "the woman heart" and "the man heart". In a complete human being, man or woman, has all these hearts integrated with one or the other being dominant.

Now if we go into extreme situations of violence and war where the fight for survival predominates, and look at what is needed to survive both physically and psychologically, it may not be the opening up of the regressive wounded child heart, but an appeal to mobilize and strengthen the adult coping heart, planning and looking for future solutions which is the most appropriate. In many extreme situations, this may be the only possible and realistic solution - at the time - strengthening existing attempts to cope instead of inviting "weakness" and regression. Later on when the conditions are suitable, it may be possible to go into a regressive ventilation and opening up of the wounded child heart and try to integrate this experience. But certain external conditions have to be present for this to take place; one of them is the possibility of follow-up with compassionate guided support.

I believe there has possibly been too much emphasis on the regressive aspect of healing, and the new emphasis on resilience and coping seems to indicate this (see Werner 1981). I can also clearly see the dangers that Glaser (1978) among others have pointed out in their criticism of traditional psychotherapy, >; the danger of getting stuck and becoming used to a situation of dependency with ritual crying and reiterating ones pain and finally becoming a professional client, as expert in exposing and exploiting one's suffering and constantly feeling pity for oneself: The child heart has been opened and nourished, but what about nourishment for the coping and planning for the future heart?

The coping heart needs encouragement and challenges, a "big goal" as Shackelton said. It requires an appeal for firmness and a request for control and realism, not consolation and compassion - "poor you" - this is poison for the coping initiative and for creating hope and

meaning.

In fact coping cannot be promoted without facing the daily practical challenges of everyday-life. It is not a solution which is isolated from the victim's perception of his social reality - it has to be practical on his premises. I therefore believe that it is a mistake to deal with coping in an abstracted mental manner as if it only consisted of mental mechanisms which are detached from life. Coping with reality is more like planning, finding openings and acting in a complex social landscape. Reality therapy seems in fact to be closer to what I am describing here than the classical Cartesian types of therapy, which tend to detach mental problems from their socio-economical and practical everyday context...

In many instances I believe there is another more feasible approach where one gives coping first priority, because this is very much in line with most societies' ideals of how a human being should act in situations of emergency. By giving coping first priority and, creating a goal to fight for, then you can gradually regress and bring the wounded aspect back when this is appropriate, once a context of control and hope has been created.

I think creating a context of hope and future meaning is more important for most victims than expressing their wounded feelings. When a context of hope, future predictability and continuity is created, it may be easier to integrate the ventilation of traumatic feelings because there is a then context of security about the future. Just as there is an anchorage of security to the past, an anchorage to the future is also needed. And when the anchorage to the past is destroyed, it may help to create an anchorage to the future. This is part of creating meaning, something to fight for - a goal that can mobilize one's resources and optimism, this is hope. This is in fact the lesson we have learned from concentration camps - meaning in the sense of hope and goals is the psychological vehicle of, not only psychological, but also of physical survival. In a context of hope one can survive a lot of suffering, like re-experiencing the traumatic shocks of the past. But if there is no context of hope and future security, I think a regressive approach could make things worse. By approaching victims in camps in this way and then leaving them alone without help after a few days of intensive intervention, you may even destroy the few coping mechanisms they

have already developed. This is the danger of short term professionalised expert assistance which is not integrated with the victims' perception of their situation.

The metaphor of healing has always emphasized "play" - I think Elisabeth Jaregg may be right when she suggests that there is another metaphor which may be more appropriate in traditional societies "work" (ref. Jaregg). In most traditional societies children are socialized to become responsible human beings through work; they are part of the family team, they have their place, their rights and their obligations, they fulfill functions that are also appreciated by adults. Gradually they take on new, more challenging functions until they finally end up as responsible human beings with "hearts" which have been socialized and trained to cope with the typical hardships and challenges of adult life. This is the normal course of development and it provides the coping strength needed to make regressive explorations to express and integrate emotional wounds when this is necessary....This is socialization for strength not for weakness, as some western ideologies tend to see it.

There is another important aspect of this namely that a healthy society may have many of the healing mechanisms that are needed, but they remain invisibly integrated in the institutions of society, in the attitudes of hope and in the daily activities and rituals of the people. Therefore, instead of introducing artificial therapeutic practices which are out of context with traditional people's social lives, it may be more appropriate to look for indigenous existing activities which encompass the therapeutic elements as a natural part of everyday life.

As an example I think of religious practices that I saw among the Methodists in Angola, like going to church together with collective singing and sharing, confession, reiteration of faith, praying, sharing an attitude of transcendental hope. Or this can take the form of social rituals of friendship and sharing, going to the pub, competitions and games like football, where patriotic feelings are mobilized for a purpose, or it could be collective artistic activities like singing, dancing and poetry which facilitates a deep sharing of feelings and the confirmation of each person's place in an emotional collective, that Turner (1978) calls "communitas". Or it can be "work" where people by themselves or together work towards a goal which improves life and makes it more controllable and where most of one's psychic energies are focused. Sometimes this

can be combined with singing and companionship... These are all healing mechanisms both for the regressive child heart that needs consolation, participation and a sense of belonging, and for the coping heart that needs a sensible and meaningful goal which mobilizes one's resources in a natural way with the support of the tacit attitudes of society and one's neighbours.

If we were to approach healing in this way, we would look for natural social activities and goals which the victim can identify with because they are part of his traditional world views. By supporting his participation in these activities, we are also helping that person to find a meaningful way of sharing, expressing and coping with his pain in a context which is realistic and maintained by his society. This would be a radically different approach from artificial therapeutic intervention out of context with the social realities that this person sooner or later will have to face.

The experience from Angola convinces me that this is the way we have to go - identifying and exploiting the existing social activities and rituals and supporting the person's participation in and identification with natural social goals which creates meaning and hope for the future.

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6. REHABILITATING WAR VICTIMS 14

I have come here to speak about the psycho-social aspects of becoming a victim of war. As you know there are many different types of war victims; from children who are traumatized by loss, those who have lost all their family and property, those who have been physically handicapped, widows and children who have lost their father and all the street children....

I will speak about a few of these groups of victims and the psycho-social aspects of their suffering.

1. I will first mention those who are physically handicapped since this conference is especially focusing on this group.

You know the physical body plays an important role in how we see ourselves as persons. Therefore being injured in war and losing a limb is not only an injury to the physical body, it is also an injury to how we see ourselves, that is to our self-image and self-respect. A handicapped person has to adapt both physically and psychologically to his new condition and this takes time. An important aspect of this re-adaptation is to rebuild his self-image and self-respect. One of the most efficient ways to rebuild self-respect is to overcome the limitations of being physical handicapped by being active in sports and athletics. Self-respect is achieved through activity, through achieving goals and overcoming obstacles.

Therefore I very much support the previous speaker who emphasized the significance of athletics and sports for handicapped war veterans. This certainly is a way of overcoming the humiliation and loss of self-esteem that can be a consequence of being physically handicapped.

2. A neglected group of war victims are the soldiers themselves. We know that those soldiers

14 This was a speech given at a conference for veterans of war in Luanda 29th of November 1995. The conference was focusing on the rehabilitation of handicapped and other victims of war. I am indebted to Pedro Mendes, ICDP, for his participation in developing the topic and for his excellent translation when the speech was presented.

who have been exposed to long-term danger, high stress and violence, they slowly adapt to this condition, it becomes normal - it becomes almost a part of themselves - a way of life and a "world" very different from the world they came from in civilian society. People who undergo such radical adaptations to extreme life-conditions, have to pay a price for it. These persons will in many cases have problems when they return to normal life. Because they have adapted to, and "invested themselves" in life-conditions of high stress completely different from their previous life, they will have problems in returning and adapting to the life they lived before war.

We know this from the second world war. The commando-soldiers who had experienced extensive periods of high stress and danger to life came back and were celebrated as heroes, but after a time many of them showed symptoms of mal-adaptation to the new life of peace. I can mention a typical example of a friend of our family. He was one of the heroes who lived for extensive periods of time under extreme stress and danger to life, in hiding from the enemy. When he returned, there was the first period of victory, joy, of peace and reuniting with the family. Then came another period which showed that coming back to normality was not so easy after all. At times, he became restless and tense, he felt he was persecuted and in danger and felt a need to "go in hiding" as he used to do during the war when there were real dangers around him. Sometimes he would disappear, "go in hiding" as he said, and during this period, he "played war". He replayed his role as a commando soldier on extremely dangerous missions, but in this case it was the family and the police who were searching for him, and who were the enemy. He was drinking heavily during the periods he had these "attacks". Then after a few weeks, he returned to normal life as if nothing had happened.

This went on for years - he lived a double life - on the one hand he appeared to be a normal respectable middle class citizen, on the other, he was the hero on dangerous missions. These two lives were completely separate, and after some time, as alcohol became a more and more dominant element of his life, the alternative commando-soldier life gradually took over, he left his family, lived for some time in seclusion and finally committed suicide.

I mention this case, although it is extreme, because there are more war veterans, who have been experiencing similar problems, than we tend to assume. This has recently been documented by

research on the mental health of veterans from the Vietnam war. The facts from this research are in fact quite shocking: More veterans committed suicide after they returned from Vietnam than those who died in the war itself. 400 000 US veterans from the Vietnam are either in prison or under some criminal surveillance. In Los Angeles alone there are around 20 000 homeless veterans from the Vietnam war (Brøgger 1995, Farrell 1993).

The conclusion seems to be that a substantial proportion of those who have adapted to the most extreme conditions of stress and danger, have difficulties in returning to normal life; many ended up in alcoholism, some in isolation and seclusion from the rest of society, some have tried to continue the life of danger and stress within normal society and have ended up as criminals, some committed suicide. Although many were able to make the transition to normal life successfully - a number of them still have nightmares and moments when situations of danger and fear are relived.

So adapting to life-conditions and life-styles of high stress and danger, has a price. A kind of separate and alternative system of activities may develop, like an alternative personality motivated by its own forces which create restlessness and a need to re-experience the dangers and the excitements of the other life. These problems have been illustrated recently some very interesting films based on the experiences of Vietnam veterans.

Finally I would like to mention the child-soldiers or war-apprentices. There are more of them than we tend to believe. And it is a fact that some of the most atrocious actions of violence during recent wars were carried out by child-soldiers. Recent examples from the war in Liberia seem to confirm this.

Child-soldiers are sometimes recruited from street children, orphans and children with disturbed family and social ties. Many of these children are looking for a figure, to whom they can attach themselves emotionally, someone who can guide and structure their lives and can give them a feeling of belonging and a male identity. They are therefore willing candidates for re-socialization to any ideology and movement that can satisfy their need for belonging, direction

and identity. Hence they are sometimes called war-pupils or war apprentices.

Most of them go through a process of indoctrination into an ideology of militant heroism, or nationalism that also includes willingness to die for a great cause and a very negative dehumanized conception of the enemy as a subhuman evil being, which is worth killing.

These children see war as the struggle between good and evil - between just and unjust causes. For many of them the war-world is their predominant reality which gives meaning and structure to their life, and for this reason it is not easy for them to give up this way of life when peace becomes a reality, because this is what gives meaning and identity to their lives...

In some cases extreme methods of re-socialization had been used on these war apprentices, like forcing them to commit cruel actions towards members of their own family. This is like a symbolic ritual of transcending a limit - when they have committed such actions towards their family, although under compulsion and life-danger, it is difficult psychologically to return to the family and to their previous life. These ritual actions seem to redirect their deeper attachment and loyalties towards the militia leader who becomes their hero and father figure - from now on they follow blindly his commands and orders.

Most children undertook such acts only after severe beatings, but as a Khmer Rouge leader put it: " It usually takes a little time, but eventually the young ones become the most efficient soldiers of all."(N. Boothby 1986).

Boothby was able to follow the progress of several teenagers who left the Khmer Rouge and entered a holding centre for displaced persons in Thailand:

" Initially, they exhibited a striking absence of depression or remorse over the atrocities they had committed. Instead, they appeared to view themselves as being superior to the other Cambodians in the camp, whom they described as "traitors"...It was only when they felt more drawn to re-enter the social and moral community of fellow Cambodians, that their sense of reality seemed grossly distorted...

After a month in camp, four out of five boys became deathly afraid they were being persecuted by other residents whom they believed were able to listen to their thoughts and feelings. One 15 year old began hearing two voices "arguing with each other in side my head": The first was the voice of a Khmer Rouge leader who was angry because he had deserted, the second was that of a Buddhist priest who "says even when I die, I will be punished for what I have done...." Another 13-year old saw visions in which the intestines of one of his victims turned into snakes....None of these former child soldiers ever displayed the same recuperative power I so often observed in other Cambodian children. In my clinical experience the psychological disturbance among children who perpetuated violence has been greater than among those who were victims." (Bothby 1986)

We know quite a lot about the war traumas of victims of war and catastrophes, we know about the post traumatic stress syndrome and its course of development and treatment. But we do not know so much about the pathology of the offender, of the torturers and the soldiers who execute atrocious violations on innocent victims... According to Boothby's research on Cambodian child soldiers it appears that the problems of the offenders are more serious than those of the victims, who have been exposed to violence and cruelties.

The transition from the world of war to the civil world is difficult not only for these young war pupils, but for committed soldiers in general, as has been documented both from the last world war and from the Vietnam war: Those who are deeply indoctrinated and have formed their identity and worldviews on the war-ideology and who have been "initiated" and have committed them-selves through violence and acts of atrocity towards the enemy or civilians, will have problems when the other reality of civil life and normal codes of ethics reappear, like the Khmer Rouge soldiers mentioned above.

This is an issue that needs further attention. - We need to look at the problems of soldiers who have adapted to an alternative reality and a life of high stress and danger, as well as the child soldiers and the offenders who have committed atrocities and have adapted to a way of life that is not only different from but in total opposition to the most basic codes of human conduct. Having

made this adaptation or re-socialization, returning to normal life and morality is extremely difficult.

The problem of rehabilitating and re-educating these groups of war victims to a civilian life of peace is a great challenge which has not been fully explored. One possibility is to search for alternatives within normal society where their needs for high levels of stress and danger can be utilized for the benefit of others, like high danger rescue operations etc. The problem of rehabilitating soldiers to normal life conditions is a key-problem in any peace process and further investigation and research is needed in the field.

3. The next group I would like to mention are the orphans of war who end up as street children. Some of these children have already lived on the street for a long time, and like the soldiers, they have adapted to an alternative reality - the reality of the street. Therefore it is not so easy for them to return to normal family life. These children have adapted to the hardships and the joys and freedom of the street. When these children are offered seemingly attractive alternative solutions like foster homes, they do not usually stay long. After a few weeks they are back again on the street. Family life was too boring and limiting. Besides, most foster parents expect gratitude and a subservient attitude from these children - they are usually expected to be grateful for what they have been offered. But attitudes like gratitude are not among the qualities that life on the street promotes and develops, rather what we call "street-intelligence" is more in the nature of manipulation and exploitation and maybe some stealing. Such attitudes and conduct are not easily tolerated by foster parents or organizations trying to help these children return to a normal life, and as a result they are very often given up and left to cope for themselves on the street.

But life on the street is not a feasible solution for any children in the long run, because it tends to degenerate into drug-addiction, drug trading and criminality. An investigation of the inmates of a state prison in Sao Paulo showed that 81% of the prisoners had previously been street children.

As mentioned before in connection with child soldiers, many of these street children are recruited as members of guerrilla or mafia organizations. As unattached children needing structure, and a

sense of belonging and leadership in their life, their need for attachment and a model of manhood, can be satisfied by any militia or guerrilla leader who can direct their lives in the most destructive way.

So these children represent a threat to civilian society - not because they are street children and involved in petty crime and stealing, but because they are willing candidates for apprenticeship and participation in more organized forms of criminality and violence.

Like the soldiers who have adapted to an alternative life of high stress, street children need "bridges" back to society. By that I mean **transitional solutions** where they can alternate between life on the street and life inside society. There are different projects of this nature, where they are slowly, step by step, guided and re-educated back to normal life, not only in an external sense, but also internally; so that their motivation to live inside society is sustained and supported.

Taking into account the enormous number of street children in the world today - estimates are between 35 and 70 million - this is a major challenge of our time.

4. Finally the most obvious victims of war are those who have been exposed to the loss of loved members of their family. I am thinking of widows, children and families who have lost a relative like a father or a brother.

One of the most painful experiences of life is to experience the sudden loss of a loved person whom you depend on, whether a family member or a friend. Such experiences may have long-term effects. There is a process of mourning that most widows have to go through - a painful process of loss, sadness, and depression and very often loneliness, and a slow process of restoring hope, being able to cope again and adapt to a new life without their husband. This is a process that may take years to come through. But we know that this process of mourning can be facilitated and made less painful when there is support and understanding from friends and neighbours.

From the research on war traumas we know there are certain activities that seem to help victims more than others. When Ayalon (1983) interviewed victims of war, she found that, according to their experience, the following actions seemed to help to relieve the pain and help re-adaptation to a new life:

1. Sharing the emotional experience with other victims in a similar situation. Expressing ones feelings and "talking out" with others who are able to listen and understand because they have been through similar experiences; this had a consoling effect relieving some of the emotional strain. Understanding that you are not alone and that others have been through similar experiences helps.

In some cases "self-help groups" of victims who have been through similar experiences can be of great help. But some professional guidance may be needed to get this process of sharing started.

2. Rituals of mourning can also be helpful. In some cases praying together, in other cases going through the traditional ritual of the funeral although nobody knows where the husband has been killed. In such cases going through the funeral ritual is like a symbolic action of "leave-taking" that may help to conclude the most extreme pain of mourning.

3. Sometimes the feelings expressed change from loss and despair to anger and aggression towards the offenders. This is usually a good sign of change towards a more active, coping attitude.

4. Being active and helping other victims. This is a way of getting out of the passive state of being a victim and patient and slowly taking control. This also means gaining control of the painful experience, being able to face realistically what has happened without being overwhelmed by emotional pain. This is a crucial step in recovery and in restoring an active, coping attitude.

5. Planning for the future is another natural next step, and in this connection also creating hope - trying to envisage a new life that can, after all, go on in a new way....

6. Getting involved and engaged in social, communal activities and organizations seems to be another possible way out of the depressive stage of mourning for many war victims. Some organizations dealing with victims of war, like the Latin American organization ARENA recommend political and social activities as a major approach to rehabilitation.

In countries that do not have access to therapeutic expertise, it is important to look for natural community solutions where people support each other. Participation in organizations and congregations that give emotional support and maybe also provide a new understanding of life, new meanings, new goals and values - something to fight for - may provide solutions both for victims of trauma and loss, and also for victims who have problems of returning to a normal life due to their earlier adaptation to an alternative life of high stress ¹⁵.

7. Finally it is important that the close network of family and friends in the local community is informed of the victim's situation and requested to be understanding and supportive. This is important because victims of war can easily become subject to what has been described as "secondary victimization" - neighbours and friends feel the victim gets too much attention, that he is too demanding and start to believe he is exploiting his situation of being victim. In some cases the secondary victimization of the neighbours has become a greater problem than the original trauma.

Finally there is another symptom that needs attention, and that is what we call "survivor guilt". This is an irrational tendency to feel guilt because one has survived while all one's friends were killed. "Why should I survive?" Many survivors of war experience this symptom and it is important to be aware that this is part of the patterns of psychological

¹⁵ Many soldiers belong to both these categories, they have both adapted to a life high stress and danger at the same time as they are

reactions that may appear after such trauma.

All through the process of rehabilitation, there are some common denominators that seem to apply both to victims of loss and trauma and to those who have adapted to an alternative life outside normal society. These are:

- The need for belonging to a community where one is accepted and where experiences can be shared.
- The need for transitional solutions, a step by step return through a process of re-socialization to normality.
- The need to gain personal control and to plan for the future, the creation of hope.
- In many cases there is a need for new values, new goals with which the victim can identify in order to become motivated and develop coping skills for a new life within normal society....¹⁶

Finally, I would like to conclude this talk with the following statement:

The creation of peace is not only the laying down of weapons and returning to the barracks, it is also a slow process of re-adaptation, readjustment and re-education to a normal civilian life of trust in one another and in a peaceful future. And this is to a large extent a psychological and educative process.

traumatized.

¹⁶ Regarding the need for a goal to fight for, the famous polar explorer Shackleton, who used to say: "The only way to survive here in the polar regions is to have a big goal to fight for"

7. REHABILITATION TO A NEW LIFE:
OUTLINE OF A RATIONALE AND AN APPROACH TO RADICAL
REHABILITATION

Long-term rehabilitation of children or youngsters without families

I am here thinking of "radical re-socialization" of children and youngsters who have spent a large part of their life on the street or as child-soldiers. They may be drug-addicts or deeply traumatized and abused and need both psychological and social/educative rehabilitation in order to adapt to an orderly life within society. Some of the long-term residential projects for drug-addicts come into this category.

These projects usually have a strict regime at the same time as there is a systematic attempt to establish a new identity with a "new life" that is completely different to their previous life on the street. A model for radical re-socialization is indicated below.

Much of the inspiration for the development of projects for street children comes from Latin America where the problem has been most acute. But these approaches also have their limitations, as solutions for Latin America may not be applicable in other cultural contexts. According to UNICEF the number of street children in Africa is much less than in both Latin America and South East Asia. This is due to the strong extended family system that is largely intact in parts of Africa. As an example I visited Guinea Bissau a few years ago, and despite the fact that this is one of the poorest countries in Africa, there were very few street children without families - there was always some relative available who would give them a place to stay. This may imply that some of the more street oriented solutions based on Brazilian models, which have become so popular among some NGOs, may need to be adapted to the African context where family loyalties are still quite strong. Under such conditions it may be more appropriate to operate along with the existing family networks helping to retrace families and relatives and finding family-based solutions... In fact according to Agnelli: "if one conclusion has to be drawn from our data it would be this: **juvenile delinquency is not the inevitable result of poverty and rapid urbanization. The key intervening variable is the strength of adult-child relationships, most notably family relationships**" (Doc.22, UNSDRI,Rome,1985). For this reason, it seems that measures which aim directly at strengthening the family, reinforcing its function as the basic unit for human development, might be important in countering further negative developments. But this is an issue which goes far beyond the family itself and involves the way in which society is changing.

Reuniting children with their families

This section needs to be filled with emphasis on the importance of using the existing network of care which is the family and the neighbourhood, and the importance of psychological and/or emotional preparation of both parents or relatives and the child for reunification. In this connection the Australian project "Youth in Search" should be mentioned, also mentioning that this is a prevalent problem in modern urban communities.

Building "bridges" back to society

For many children returning to the family is not a solution. For some it is not possible and in addition they may have reached an age where they are expected to cope on their own. For these children the problem is more how to find some opening for work and an acceptable life within society. But in a society of extreme poverty and unemployment, it may be difficult to provide viable any long term solutions to the problem of street children. Most efforts directed towards street children in Luanda are therefore mostly of a short-term emergency nature, providing some food and at best shelter to upgrade the survival situation of these children. A long-term solution would require social rehabilitation and re-education that is a much more demanding task that also requires a work-market that can assimilate such children.

The problem of street children is therefore partly a question of how these children can be constructively assimilated in Angolan society and how it is possible to build rehabilitative "bridges" between their present situation and the "openings" that are available. It is important to emphasize the "openings that are available" (also called opportunity situation) because otherwise our educational efforts may be irrelevant and in vain. There are certainly some general basic life-skills that are needed to adapt in any urban society, but a long-term adaptation would require the tailoring of an educational rehabilitative programme to the particular socio-economic opportunity situation for these children within the local society.

Therefore, in order to develop a sustainable project for street children there are three sets of information that are needed, these are:

1. **Information about their present situation**, background and reasons for ending up as street children, their present way of life including concerns and life-perspective and motivation, their present ways of survival and skills of adaptation, their educational background and basic life-skills, expectations and hopes for the future, mapping of their life-habits, social network and the typical structure of their day etc.

(See interview-guide in appendix)

2. **The opportunity situation for these children within the local society.** This requires a mapping of the different aspects of opportunity depending upon the child's age and need: What kind of care can the younger children get within the informal local network of family, relatives and friends (retracing). If none, what about adoptive parents or child care institutions and educational programmes available...

For older children; work opportunities and possibly relevant education. What are the present opportunities available and what potential opportunities would be available if the child developed some new qualities or areas of competence?

As the personal qualities and areas of competence of a child and its opportunity situation are linked, one important questions would be: **What are the qualities/skills needed in**

a child to increase her or his opportunity situation within the local society. I call this "access skills" because they are the skills necessary to gain entrance into a new opportunity situation or life-career. The identification of such skills is important because it is on this point that relevant educational intervention should concentrate.

3. **Finally there is the question: How is it possible to influence the market of opportunities for the child.** The crucial question is the employment market - how can that become more available for trained street children? How can we influence the market and make it accessible for trained street children?

The opportunity situation of street children or youngsters is not a static entity; it depends very much on the attitudes of employers. Some advocacy and promotion may be of some help in some cases, as is illustrated in the following story:

An example: "Bridging the Gap"

This is an Australian programme which has the reputation of having made significant progress in this respect. A retired businessman had been observing all the unemployed youngsters slowly degenerating into crime and delinquency and he decided to make an effort to improve their situation. He ended up with a concept that is similar to what has been presented above in more general terms.

First he noted that none of these youngsters had a personal appearance that would be acceptable to any employer. He therefore focussed on teaching them basic presentational life-skills and rules of interaction so that they could make a more acceptable impression. on/develop a more acceptable appearance.. This included ways of dressing, personal hygiene, ways of speaking and greeting, norms of conduct relating to work habits and work routines. He also did role-playing to practise how to behave during a typical job-interview.

In other words, **he prepared and educated the youngsters in access-skills that were essential for getting jobs that were potentially available within their opportunity situation.**

At the same time, as a respectable member of the local rotary club, he started to work on his fellow members who were influential in the local business community. He managed to arouse the social conscience of his business friends and got a number of firms to agree to work-contracts with "protected jobs". This implied tolerance for deviance from normal work norms and standards during the apprenticeship period, but the objective was full adaptation within one year. After a preparatory course most of his youngsters were admitted as apprentices into these protected jobs in local firms. A supervisor within the firm were trained to look after them and guide them in skills that were necessary to cope with and manage the job itself. Within one year most of his "delinquent

youngsters" had adapted to the work routine and were accepted as fully employed workers in the firm. This scheme proved to be successful and it has also been implemented in some other countries like the U.K. and Canada.

Although the "Bridging the gap" scheme is based upon experiences in a developed, industrialized society, the concept itself is probably applicable to life-conditions in any society. The question is what are **the access qualities** which may increase the child/youngster's opportunity situation, and how can the market opportunities be influenced in such a way that they can become more accessible to children and youngsters on the street.

These three questions have to be explored in order to set up a sustainable project aiming at bridging the gap from a life on the fringe to a life within normal society.

Creating a new identity: Radical rehabilitation of marginalized youngsters

Both family reunification and looking for work opportunities within the community presuppose a willingness and psychological preparation for returning to a normal life within society. As has already been mentioned above, street life has its own attractions and addiction and for many of the children have already spent so much of their life in the street and they have become so adapted to this way of life, which includes drugs and delinquency, that returning to normal life within society is no longer a plausible psychological alternative. More radical solutions need to be sought for these children similar to the way drug addicts are resocialized.

Before going into the description of a programme for alternative living, it may be worth looking at alternative counter-cultural movements, like the new nationalists or some charismatic religious movements that seem to have succeeded in many cases to attract and to sustain marginalized youngsters by offering them a complete script for alternative living. As an example, some of the important identity sustaining qualities of a Nationalist group is described by Fangen (1997) who did ethnographic field studies among Norwegian Nationalists:

" As a consequence of the new belonging the member gets a new and very potent identity. He wakes up every morning with the knowledge: "I am a nationalist". He has acquired a new understanding of himself as a person and this understanding also implies that his inadequacies in other fields become less important. He is no longer going to fight for status inside the existing institutions like the school system and the employment market, he has now got the status he needs (however negatively it is defined by outsiders) by being a member of the nationalist group." (Fangen 1996, p.)

By combining the typical elements that we believe are operative in extreme movements that seem to attract youngsters, we may arrive at some conclusions or some principles that may also inform us about what we as psychologists and social workers should pay more attention to in our attempts to rehabilitate youngsters who fall outside the normal range of development.

Certainly these youngsters may vary in their needs and their search for meaning, therefore the principles that I indicate below may have different relevance for different youngsters.

The attractive qualities that characterize some of these groups can be summarized in the following points:¹⁷

1. They may provide **a feeling of belonging to a community where they are accepted as members**. This can be like an alternative "family", or home without the conflicts and problems that they have experienced in their real family. In some religious groups the feelings of emotional communion and participation can be very strong, in other groups it is more like normal friendships. Still protection against possible enemies plays an important role in extreme youth groups. As they have cut all previous contacts, they have only the "family" left and this becomes a strong incentive not to leave the group.
2. As part of this there is sometimes **a strong identification and emotional attachment to a**

¹⁷ These are possibilities, only few groups satisfy all these criteria

charismatic leader figure that may serve as a model of adult identity and as a "guide into a new reality." In many cases it seems that members of such groups have the need for a new adult models after all their conflicts with their parents.

By combining the two first points, a script for liberation from childish dependency and conflicts with parents are offered.

3. **A new identity and a self-conception that invites self-respect and hope instead of self-degradation** - provided they are willing to commit themselves to the group's goals and activities. They are offered "a place" within the new order and a new reality, which is confirmed by the other participants. "It is better to be a Nationalist than to be nothing"

4. This new identity is further specified through **an alternative expressive style - a lifestyle package - with symbols and stylistic markers, including a discourse style or genre**, that marks their new identity and their belonging to a counter-cultural group. At the same time this new "persona" **expresses and symbolizes their deeper feelings - very often of frustration and hatred**. In the case of some skinhead or satanist groups this has become like an expressive sub-culture of aggression and revenge where their hatred can legitimately be expressed towards some symbolic or real enemy image.

5. In many cases a **new ideology is offered that gives meaning and direction to their existence**; new values and goals that invites commitment, redefinition of ones past and ones previous life: "Earlier I thought ... now I know..." They are offered legitimation that attribute their failures not to themselves, but to the "the system". A redefinition of reality is offered that may help to restore their self-respect and dignity.

Instead of meaningless and alienation, "something worth living for" is offered that mobilizes idealism and enthusiasm. This may be vision of a new world or new order that require collective participation for something bigger and more important - a revolutionary goal.

6. This also opens up for **the possibility of deep commitment and sacrifices, "committing actions" that may challenge their courage and ventilate their need for danger and excitement.**

Some of the more active members of these groups seem to be high tension- and danger-seekers. In some cases the level of commitment is also expressed in ritual forms - rituals of entrance and in political activities.

7. Finally, the possibility, in some groups, of participating in **a new regime of order, internal discipline and responsibility in daily practice** towards a shared goal, instead of goalless drifting and seeking of immediate pleasures and excitement (Hundeide 1997).

If we apply the principles stated above to social and educational rehabilitation programmes we may ask **to what extent are these components present? How could they be included?**

For psychologists working with rehabilitation of drug addicts some of these principles are well-known (). There are also therapeutic movements where some of these components are included¹⁸

A model of radical re-socialization

I will describe below a model of re-socialization that is based on experiences from Latin America like the "Bosconia/LaFlorida Project" in Bogota in Columbia (Agnelli 1990) and on the principles of re-socialization described above.

Some of the components of this model can be applied to projects that do not aim at radical re-socializations.

Below a sequential presentation of the model is presented below:

¹⁸ The new Australian therapeutic movement called "Youth in Search" is an example where rituals of "love

1. "Operation friendship" - establishing the initial emotional contact and trust

There need to be a strong affective identification with the leadership or the socializing personell - they should be like parent substitutes with similar emotional attachments.

In order to establish contact, it is usually necessary to approach these children in a friendly, non-judgmental way and try, in the early stages, to establish a friendly relationship based on their terms. This means following their initiative and providing them with support and provisions according to their needs and priorities.

This is also the stage of listening patiently and compassionately to the children's life-story and helping them to understand and mediating to them why certain things happened. Slowly a relationship of trust - **an emotional bonding may take place which is very important for the further stages of their socialization.** The strength of this bond that may sustain them through the later stages where self-control, responsibility and self-discipline are required. In addition, many of the street children in Luanda are traumatized after being exposed to the most atrocious cruelties towards their families. Therefore many of them have a strong need to express their repressed feelings in a relationship with a trusted and patient listener.

The helpers or counsellors who are going to approach the children at this stage need to have an open, friendly personality and a willingness to participate in some of the activities that the children are involved in. As far as possible they should become a trusted insider within the children's world - somebody they both like and respect.

2. The transitional stage of semi-participation in the rehabilitative programmes

bombing", leadership identification and communion is explicitly used.

As most of these children have been socialized to live from hand to mouth on the street, taking any opportunity that arises, many of them will not be able to adapt to a strict regime of re-socialization, nor to make clear plans for their future. They want help here and now; money, food, clothing and shelter and maybe a family that can care for them.(See the interviews in the appendix). Nevertheless when a foster family is offered, they may adjust to staying in the family for a few weeks, then they are back again on the street because they could not adjust to the order, discipline and boredom that traditional family life offers them. Life with friends on the street also has its attractions; a free life with excitement and danger.... But in the long run this way of life is a preparation for a future career of drug-addiction, delinquency and criminality: 81% of the inmates in a Sao Paulo prison are previous street children.

Therefore most of these children need **transitional solutions, bridges to society**, where they can slowly learn to adjust and to prepare themselves for a new, more organized life within a community.

During this stage, children may be invited to participate in a rehabilitative program on a non-committed basis, in order to investigate whether they would like to commit themselves more fully. They may be given the option of staying in a hostel for a short period, participating in the daily activities and learning to know what participation in a rehabilitative programme really means with regard to opportunities and attractive features as well as responsibilities and duties which necessarily constitute important aspects of any rehabilitative programme.

It is important that the first stage of contact and investigation takes place in a location that is accessible for children living in the streets.

3. Making a commitment to "try a new life"

The leaders are not only objects for emotional attachment, but also models and

guides into a new reality that gives them a new conception of life and reality and that helps them to see their previous life in a new and different light.

At some stage participants in the new order need to make a commitment of participation, and through this process they are given a new identity and a role within the new community,

When this period is over a more long-term commitment to a real change away from street life has to take place. One of the more important criteria for selection of children for a rehabilitative programme is their commitment and expressed will to get out of street existence and to "try a new life". It is important that the children make this commitment in a clear and sincere way and that it is written down as a contract that can be referred to at a later stage.

On the other hand it is just as important that the rehabilitative program not only offers discipline and adjustments to a strict regime of reeducation from the child's side, as traditional institutions always have done without much success, but also offers attractive activities and challenges in line with street children's needs and interests. The transitional programme must balance between the need for reeducation and adaptation to a new order and a life in society on the one hand, and keeping a continuity with their previous life, particularly with regard to their emotional needs, initiatives, interests and enjoyments on the other hand.

The **symbolic entrance into a new order** is exemplified in the Bosconia/LaFlorida project by "the great cleanliness of the new environment, symbolic of your new condition. Scraps of paper discovered on the floor, for example, are opportunities to stress the moral about New Men in a dirty world....." (Agnelli 1986, p. 79).

We know from different African countries, that rituals of purification, expulsion of evil and atonement are sometimes used to cleanse under-aged soldiers when they want to return to their village. As many of these youngsters have been compelled to participate in violent actions against their village and family, these rituals are symbolic markers that have a deep emotional impact not

only on the youngster's self-perception, but also on the community's perception of him as purified and acceptable despite his earlier actions.

At this stage they need a leader who can relate to each child in a way that sustains his emotional identification. Most street children have been through separation problems and rejection and they have a strong need for secure emotional attachment. By fulfilling this role the leader can also become a model and guide for their new life - **mediating a new meaning to their life, a new conception of reality that gives them a feeling of self-respect and belonging that makes sense in relation to their present situation** and their future possibilities; a sense of becoming or growing towards something. Very often **an ideology involving a "great cause"** that requires full commitment and courage, has a strong appeal to youngsters. This can be observed in different "active movements" like movements for the protection of the environment, peace, humanitarian causes or physical "character building" through sports, football and other competitive games with a challenging, daring content, like "Outward Bound" in the British tradition. Here also the elements of challenge and daring must be balanced against the feeling of belonging and having a secure base (Bolwby 1990).

The location of the 3rd stage should preferably be away from the streets, in an area where there is space for physical activities, so that there is also a real change from the children's street environment. It is important at this stage that they keep away from their previous friends in the street.

4. Making their own life-plan

Through this process they are given a new identity and role within this new community, that gives meaning, dignity and self-esteem which they have always missed.

After the children have made the commitment of entering the programme and moving away from the street, there is, in some programmes, a more contemplative period of "finding themselves" -

finding out about their situation as street children and what will be the long-term consequences of this life, learning to see new possibilities and finding out what they would like to do in life. This can take place partly in group sessions and partly on an individual basis. During this stage their personal, emotional problems may also start to come to the surface and these need capable and patient handling sometimes in groups where they exchange experiences and share feelings.

The objective of the group meetings, however, is not primarily psychotherapeutic, but **helping the children to make another commitment to a realistic life-plan within the scopes that are possible, and this will guide their further activities inside the rehabilitation programme.** (Glaser)

It is important that they make this commitment because this also implies responsibility training. In order for them to achieve their goal, an action plan of tasks has to be worked out every week relating their present activities to their future life-goals. Through weekly meetings they report their **follow-up in action on what they have committed themselves to do every week**, and in this way, implicitly, training takes place in planning and implementation, keeping a promise by following it up through action - this responsibility training which is in fact essential to their future adaptation to normal society. (See Glaser on "reality therapy" on this point).

Through committed ritual actions they demonstrate to their fellow participants their devotion and fidelity to the new order and beliefs.

5. The rehabilitative programme

This new conception of life and new identity needs to be **confirmed and sustained not only by the leaders, but by the group which they are part of.** They become members of "a community of believers in a new order"

In addition to a more **individually adapted programme** based on their life-plans, there is a **broader curriculum** relating the more general situation of these children. This curriculum needs to be adapted both to the level, capacities and interests of the children on the one hand, but also the possible life-careers of children within that society on the other. This has to be developed in more detail within the opportunities of the local community where they are going to live...

Part of the programme should **provide the necessary bridge between the children's present situation and the capacities that are needed for adaptation to life within society**. This may involve social life-skills training and training in basic literacy and numeracy, which are essential in most communities for future employment in a technologically developed society.

6. The training of leaders, counselors and volunteers

The leaders should be like parent substitutes with similar emotional attachments.... they are also models and **guides into a new reality that gives them a new conception of life....**

In a programme of this nature, the group-leaders must be carefully selected. No training can substitute the selection of the most appropriate personalities who like being with children and youngsters, who are creative and can see children's problems without being judgmental, who have personal warmth, show initiative and are resourceful in relation to children.

An **intensive sensitization in the eight guidelines of good interaction** (the ICDP-program) is particularly important when we are dealing with these vulnerable and very often traumatized children.

In addition, special training is also needed in order to operate in line with the rehabilitation

programme indicated above. We know from a good deal of research on socialization that taking a helper role can be an effective way for children to re-socialize. For this reason it is important that there is **a step by step progression in the programme so that the older children gradually take on the roles of helpers in the early stages of the programme. This gives them a new status and new responsibility.**

If informal leaders and volunteers are involved, a special training programme needs to be developed that can take the form of "leadership training". This training should preferably take place outside the camp or location where the children live together..

7. Social organization in groups

In order to establish a human relationship in tune with the ICDP program there is a need to establish small family oriented groups so that a one-to-one communication can be established between the group leader and the members of the group. Such groups should also remain stable over a period of time so that emotional attachment between the members of the group and the leader can be established without being disrupted.

With young children, a group of about 5 children and one leader would be ideal. As has been pointed out, these children need emotional anchorage to a leader and for that reason it may be possible, when adequate training is giving, to use the existing informal leaders of the existing groups or to establish a new leadership with volunteers.

At the street-level

If one is trying to use informal leaders, they would need special training which also includes a new

role and new status that would commit them to their new task as moral leaders and socializers of the children in their group. A badge might be important to mark their new role and status. These informal group leaders need to be supervised by trained volunteers.

In a demanding long-term re-socialization programme it is doubtful whether informal street leaders can be used without having themselves successfully completed the programme of re-socialization. In smaller less demanding programmes, at street level, co-operation with and training of street leaders may no doubt be a short cut to starting a positive cycle of building bridges to society. As they are already in a position of being psychological leaders of the group, the rest of the group would naturally follow them, if they could be directed in more positive direction, just as they naturally follow them in a negative direction.

8. NOTES ON COPING - RESILIENCE: A RATIONALE FOR REHABILITATION AND MORAL MOBILIZATION

(This chapter is repeating many points which has been expressed elsewhere in this manus).

In the first world war the ration of civilians/soldiers killed was 1:9, in recent wars the ration is reversed to 9:1.

New theoretical perspective:

Recent criticism of the one-sided emphasis on ventilation and PTSS treatment: ...Western egocentric contractual versus the traditional sociocentric organic models of coping. The individual trauma model based on two basically incorrect assumptions:

1. the effect is primarily intrapsychic. The problem is located in the individual's psychology.

Contextual factors are underestimated.

2. That the PTSS syndrome is universal and arises from the same situation. There is evidence that shows that this is not correct: Reports shows that community context determine which effect if any exposure to combat will have. (Bracken,Giller, Ssekiwanuka 1996) (72 ex-combatants...)

Further criticism can be added: It under-estimates the meaning aspect, the world-view and the moral universe into which the fight is assimilated. Underestimates that, for the participants, this is a moral fight of right and wrong, and this is an important aspect of recovery. The fighting for a big moral cause and the creation of hope, the solidarity with the cause and fellow fighter. (The resilience under torture is example of this moral strength).

Fourth aspect not included: That it is the psychological interpretation of war-event that has impact, not the event itself. How the event is assimilated depends upon contextual factors and for young children parents reactions are crucial.

Fifth: it underestimates cultural aspects both in the formation of symptoms and in mechanisms and procedures of healing.

War in itself does not necessarily bring about damaging psychological effects: From North Ireland Curran's report:

"... Society has not broken down, nor has the impact been judged considerable. Reason: war has created an increased sense of cohesion in society as they unite to fight the enemy"

(Curran 1988)

Coping symptoms are adaptations to situations of chronic danger and they are malfunctional in normal civil society, but necessarily in war situations. When parents adapt to chronic danger they may become overprotective and that may have its effects on children (Gabarino inner city Chicago violence areas).

4 years after Cambodia 50% of the children developed PTSD, but those who did not reside with

family members were most likely to show delayed PTSD as well as other psychiatric symptoms

Conditions that reduces the impact of war shocks:

1. Secure attachment of one or more caregivers

Children seem to cope well as long as parents are not pushed beyond their stress-absorption capacity. This is parents who do not expose their fear...(Gabarino 1991). Beyond that limit child development deteriorates...

Children in the care of their own mothers or familiar substitutes seemed to cope well because their parents could maintain day-to-day care routines, buffer their children from negative emotions and project a high morale.

Follow up many years later was not so positive. (Anna Freud's study) The role of mediation in relation to what happened.

Also young children's feelings are often mediated through the parents - for good and bad: Anna Freud's study the level of emotional upset displayed by adults, not the war itself, was most important in predicting the child's response. (Janis 1951).

Children who have a disrupted primary relationship are more vulnerable (Gabarino 1991). See also Hurrelman and Løsel (1990) Stable emotional relationship to at least one parent. A **supportive network also outside the family.**

2. Supporting the care for the caregivers: Parental self-esteem, identity and belonging

In order for a supportive network to operate it seems that a minimum of infrastructure is necessary for parents to keep their self-esteem, identity and morale (hope): "If parents can sustain a strong attachment to their children, maintain a positive sense of self and have access to rudimentary

shelter, food and medical care, then children will manage." (Gabarino 1988 from Sudanese refugee camps)

Children's coping is directly related to the social support to parents and parents ability to buffer social stress in the lives of their children. (Gabarino 1988 from Sudanese refugee camps)

On the other hand: "The trend to focus on the mother's significance as the main determinant of their children's well-being distorts our understanding of the psychological process which are characteristic of a population exposed to political violence... " the women's capacity to care is directly related to their success in retaining their psychological integrity, this again was related to their ideological commitment to the national struggle (Punamaki 1987, p. 83)

Influencing community leaders is also important all people who have influence on the families and their network.

3. Peer-participation, friendship and companionship - participation in a community. The role of games, competition and play. (This means also distraction from the sadness and the depressive, past-orientation).

4. Predictable and stable environment of practice including stable routines and duties/responsibilities

Hurrelman and Løsel (1990): Supportive educational climate

Our basic trust and security is based on a system of recurrent routines that makes our world predictable.

5. Making sense of what has and is happening:

Meaning and understanding ones' situation, what has happened and why - creating a coherent story of what has happened and ones own place in the world, creating bridges to the past and towards the future.(Giddens)

"... increasing evidence that the ability to tell a coherent and meaningful account of one's life is

linked to the crucial variables of resilience." (Cohler 1991).

"Have you given up the hope of finding meaning in life?"

Major trauma before 5 years: 74% Yes

Trauma after 20: 10% Yes

Establishing a metaphysical trust base and optimism seem to be established early in life.

Structures of meaning are established in early childhood.

A protective God like a benevolent parent figure that can be called upon for help.

Trauma a challenge to meaningfulness: one's "ontological security" is challenged. This applies both for victims and perpetrators - How can God allow this? The nihilism and Satanism of serial killers - also a way to create meaning and legitimation of their actions. If the positive meaning collapses due to early trauma - a negative nihilistic worldview is better than no meaning, the same applies to identities - better a negative identity than none.

The meaning of suffering - it leads to a deeper understanding towards growth and maturity...

Hurrelman and Løse (1990): Children at least average intelligence.

6. A world-view of positive legitimation that gives meaning and hope for the future (very often religious: like the meaning of suffering) - the expectation that things may change for the better that is transcendent help available. Also a world-view that gives dignity and respect and a place (identity) to the victim.

The subjective content of hope has to be seen in relation to each victim's particular needs.

57% of children with one parent dead said that they spoke to their parents after death. 43% received

an answer. 81% believed that their parents were watching them. Only 12% of adults reported similar experiences.

"The greatest challenge is to find ways to help them make sense of their experience and find paths in their difficult journey that will increase their morale and resilience without spawning fanaticism..." (Gabarino 1991)

Political explanation of suffering makes it meaningful: They are martyrs for the big cause and their rewards will be abundant in heaven.

7. A committed meaningful challenge - a big goal to fight for - preferably as part of collective commitment. Participation in a political/idealistic or nationalist or revolutionary movement with a big positive goal for which one is willing to sacrifice oneself - even ones life. Mobilization of ones coping resources ...

72 ex-combatant in Nicaragua:" Central impression of these men were resilience... the severely disabled gave moving testimony of the arduous journeys they had made to turn themselves from victims into survivors, able to feel once again in control of their lives with at least a tentative hope for the future.. (Hume and Summerfield 1994)

Ideological challenge: Ultra-religious and fundamentalists groups seems to cope better (Bettelheim from concentration camps 1943) Also ultra-religious orthodox Jews were suffering from less stress than more secular Jews (Pines 1989)

The day-to-day stress of the Palestinians under occupation and in refugee camps were met with a process of ideological response that mobilized their social and psychological resources. It gave meaning to their fight (Punamaki 1987).

The Palestinian concept of "sumud" and "jihad"= determination to continue the struggle (Grossman 1988) and holy war. See also Black power etc.

Gabarino: "The first model accentuates ideological interpretation and giving meaning to dangerous events and in so doing it provides social structures and significance to danger. The other model is devoid of political significance and is likely to produce a situation in which hopelessness and despair prevail"

8. This has its counterpart in confirmatory cultural ritual practices and routines preferably collective that substantiates ones worldview of hope (like daily prayer, daily lessons or meetings of sharing etc.)

9. Feeling of belonging to community that works for the same goal. ("Communitas") The Methodists and hadj... This includes also the sharing of suffering with other persons who have been through the same experience...

72 ex-combatants in Nicaragua:" Central impression of these men were resilience... They had been psychologically supported by the identification with the social ideals which were at stake in the war and by the solidarity of other wounded and the wider society" (Hume and Summerfield 1994).

10. Feeling of agency and self-control - taking an active helper role. - out of the dependency situation. Finding a new place and role. (Hurrelman & Løsel 1990): Positive coping: Trying to cope with stress instead of reacting passively - also experiences of self-efficacy.

11. Preparing an opportunity structure of further practical development towards work. This is also part of "building hope-structures". (The realistic basis for hope).

This is a general approach to all kinds of therapy and rehabilitation: "**Creating subjective challenge- and hope-structures**" - if this had been done, the situation of refugees would have looked very differently, so also for prisoners, psychiatric patients etc... This is almost the opposite of the clinical traumatization approach.

Resilience

The new awareness of the significance of resilience for the psychological survival of children living under difficult life- conditions (Werner 1990), has certainly implications also for how we prepare programs of care and rehabilitation for children.

It is important to develop resilience and robustness in children. This applies particularly to children in a situation of war and trauma. This means that the principles of mediation should be extended to include challenge and coping and adaptive skill. In traditional societies this as part of the preparation particularly of boys, when they in puberty are exposed to very difficult and painful tests of endurance and resilience. First when they have been able to cope in such situation of challenge and endurance are they accepted into the adult male society - a society were toughness, courage and will counts more than empathy and sensitivity that we tend to emphasize as the most important qualities of human beings. (There has been a feminization of human ideals towards empathy and sensitivity as the all embracing quality of human beings, including males)

The traditional male ideals also of Norway and Europe has been endurance, resilience and strong will power - the national heroes of Nansen and Amundsen are examples of this.

In order to cope in an unpredictable world of war and loss, it is important to prepare for realism and that is not for tender empathy in a world of extreme brutality.

How has this been in the traditional societies: In the Muslim world children from puberty are expected to fast in the month of Ramadhan and they are proud when they are able to accompany their parents through the fast.

Think also of the Christian virtues of poverty and patience. We see this most clearly in the Fransican order - the life of St. Francis was a life of continuous hardships - many of which he created himself - purification through acceptance and endurance of pain.

In the traditional Norwegian society a typical song very much used in schools had the following appeal the coming generation:

"Courage in the heart,
intelligence in the mind,
steel in arms and legs - this is the kind of boys Old Norway wants"

This is the ideal of the explorers Nansen and Amundsen which has in fact strongly influenced sports ideal of masculinity as physical achievements are tests of endurance. This also applies to the grade system inside the Scouts Movement.

Resilience consist of:

Ability to endure painful situations

Ability to endure in the sense to continuing exhausting and heavy physical pressure

Ability to adapt to new and unexpected situation without panic

Ability to persist and keep a positive goal despite difficult and hopeless situations

Ability to keep up a certain human and moral standard despite demoralization in people in ones surrounding

Ability to sustain emotional losses and psychological pain and to keep being active and sustaining the direction of ones realistic life.

The ability to cope and accept deep and frightening emotions and traumas and to be able surrender to what is unacceptable.

Willingness and ability to actively seek help and to create the conditions that are necessary for ones life

It is important to be aware that all psychologies and intervention programs reflect a tacit image of the ideal human being.

Giving children challenges which develop their self-confidence and ability to act

In addition to care, protection and guidance, which I have described in the previous point, the child also needs to be exposed to challenges which test its ability to master, keep at and solve single handedly the problems it meets. It needs to develop a degree of robustness and the ability to act. If the child is constantly protected, it does not develop the skills needed to master and withstand the challenges and stresses children normally meet (Piaget 1932). Neither do they develop the self-confidence and faith in their own ability to act which is an essential part of mastery.

This does not mean that small children should be left to themselves and their own devices to try out their own skills and ability to act. Here there must also be guidance and evaluation of what individual children can manage. Some sensitive children must be protected to a greater degree and then gradually be confronted with the challenges which interaction with more robust children will demand. Other children are more robust and will be able to stand up for themselves without experiencing too much defeat. Here there will always be a balance between challenge and protection which the individual kindergarten teacher must consider. In any case the aim must be to give the child realistic experiences which can boost its ability to act, its courage and self confidence with regard to the challenges it will meet both in and outside of the kindergarten. These will often be experiences where the child is the main participant.

In practice this means that in addition to the exchange, which aims to enrich and extend the child's experience (Klein 1994), **another kind of guidance is also necessary whereby a situation is arranged and manipulated so that the child acquires appropriately challenging experiences.** Stimulate children to dare to accept such challenges, help them to get started and encourage them as they go along, communicate competency (see page) and praise them when they achieve the aims they have set themselves. Another aspect of this is to ask challenging questions and make suggestions that stretch the child's abilities to a maximum. According to Kohlberg and his associates, it was these questions and explanations on the outer limits of the child's capacity for understanding and expression that had the strongest effect on the development of moral understanding (see also Blank 1983, Meadows 1988, ch. 3).

Feuerstein has also described this in a slightly different way. He emphasizes that one of the most important qualities parents can pass on to their children, is an attitude of optimism, the belief that there will always be a solution no matter how difficult things seem to be. Through our attitudes and behaviour, we are, whether we like it or not, models for our children, so that we often indirectly lay the basis for optimistic and hopeful attitudes to life, or pessimism and helplessness. It has been shown that these attitudes are fundamental to a person's mastery and capacity for social adjustment (Seligman 1991). According to Feuerstein, it is possible to influence this passive transference of attitudes to life by taking this up as a subject for mediation, where the pedagogue or person taking care of the child consciously tries to promote an optimistic and successful attitude to life in the daily interaction with the child⁴.

⁴ Together with the Dutch Van Leer Foundation, Grothberg (1995) has followed this idea further and developed a pre-school project which aims to promote resilience (ie. endurance, mastery and self confidence) in children.

9. POLICY GUIDELINES FOR HELP DISLOCATED CHILDREN

1. The children should generally be with the family or relatives. If not, a family like environment should be provided where there will be stable positive caregivers to whom the child can attach itself for long term.

Implications: Tracing and family reunion will be important.

Institutional solutions will not be recommended because they tend to last longer. When children are placed in institutions it is important that there are stable caregivers to who the child can relate and that smaller family like units are encouraged. The caregivers in institutions usually need sensitization of the children's psychological and individual needs.

2. Peers and companionship is important for a child's normal development. This involves opportunities for play, games and cooperative activities with friends where they learn to relate to each other through shared activities, shared joy and laughter, exploring the world together, adventure, competing, but also caring and responsibility for each other.

Implication: This is like another safety network both of care and socialization that comes in addition to the family.

When children have a network of friends they cope better and they are also more realistically prepared to face the challenges of adult life. It is therefore important to try to locate children in such environments where there are other children available as potential friend and companions.

3. A predictable stable environment where the child can feel safe in familiar surroundings. This also involves the establishment of fixed routines and a stable agenda for the child's day

with a balance of play and imagination on the one hand and duties and responsibilities on the other.

Implication: This implies that one should avoid introducing too many changes and dislocations in the child's life so that he/she can develop normal expectations to what is going to happen. Also it is important that the stable environment has inbuilt challenges and tasks so that the child develops a sense of responsibility and care. This may create a basis of a more active mastering experience and attitude where the child's attention is focused on normal daily tasks and activities instead of dwelling on traumatic or negative experiences of the past.

4. Help the child to give meaning and value to his experience so that she/he develops an understanding of his situation: what happened, why he or she is in the present situation and what is likely to happen further. If possible give some hope for the future. This story can be created both through listening and verbal exchange or through creative art, drawings and drama.

Implications:

In order to cope in difficult situation, it is helpful for children to have some time for intimacy and close contact with a trusted caregiver. During such moments the caregiver should be attentive and willing to listen, without putting any pressure on the child. Together the caregiver and the child may recreate what happened and what is likely to happen further. In this connection it is important to be aware that **creating some hope for the future** is an essential aspect of effective coping.

It is also possible to create a story that conveys some self-respect and dignity to their suffering. For example, this can happen through indicating the courage and strength they have shown in the process of migration. In some cases, **when it is appropriate**, even ideological and nationalistic aspects can be included in order to give meaning and value to the experience they have gone through - it was for a big cause. This is like redefining their experience from one of humiliation and misery to one of strength and courage.

5. A child needs at all levels of development an educative environment that inspires development of knowledge and skills that are needed for future participation in society.

Implication: Attending school is important for children in a transitional situation because this provides concrete tasks and challenges that focus their attention away from the painful experiences of loss and longing, at the same time as it creates a feeling of normality and routine.

An educative environment is also important at earlier age levels in the form of an environment that invites activities and challenges guided by an adult caregiver who can expand and direct the child's initiatives and give explanations to his experiences. (see eight guidelines from 5 to 8).

It is important that to create an educative environment that facilitates the development of autonomy, a feeling of mastery and self-confidence in the child, not only obedience and repetition.

6. Approach the child, as far as possible, in line with his cultural background and let him or her participate in a community of cultural activities, religious practices, ways of understanding and feeling that strengthens his or her feelings of identity and belonging to his or her cultural group.

Implication: It is important to respect the cultural background of the child and to search for explanations and solution that are in line with his ways of understanding and deeper feelings. For children who have a religious background it may important to sustain their religious practices of regular prayers and religious services and to seek explanations that are in line with their religious and moral conceptions and feelings.

Traditional rituals may also be important to indicate important changes in a child's life; for example, in cases of death of parents or relatives, that one follows the traditional rituals of mourning and burial and when the child has been exposed to negative experiences that rituals of purification may be employed to relieve the negative experience. Psycho-social interventions

should take such indigenous practices into account and include them.

A strategy of sensitization or facilitation implies that we try to bring out cultural knowledge and skills that are still useful and acceptable and help the caregivers to use them in their daily interaction with children. Concretely this can mean songs, dances, proverbs and poems or typical ways of interacting with children that are part of their cultural tradition.

7. Projects for children should preferably employ a community based strategy for intervention with local competency building as a starting point

Implication: This means that we should first try to identify which local resources are available; resource persons and institutional networks of care. When these are identified, we establish contracts of cooperation and try to support and help their work in the most feasible way. One way is to train them so that they may more effectively carry out their work. Knowledge has the characteristic that it does not easily disappear; therefore competence-building is one of the most sustainable ways to support an existing organization or network. In the case of child care this means building up teams of competence in the different regions and these teams are again training caregivers in different institutions camps, homes or the different settings where the children are. Through this strategy we are able to reach many more children than we would be able to do through direct consultation with individual families or children.

8. Any psycho-social intervention strategy for children and particularly youths will depend on society creating work and school opportunities for these children so that their socialization becomes realistic in relation to the tasks and jobs that will be available in the future society.

Implication: This is a big problem in many developing countries because the society is still not yet sufficiently organized to be able to provide children with realistic educational and work opportunities. It is therefore crucial that parallel to psycho-social rehabilitation work, there is

political, economic support so that a job market and an economy is developed that can generate opportunities for all the children when they grow up. On a small scale economy-generating enterprises at the local level is an example of this strategy. Only through a combination of psychosocial and moral education and enterprise development can development in a true sense be achieved. It is therefore important to be aware that economy is not enough, for people to survive psychologically and to develop in an optimal way, they need goals, and moral values to live up to and to fight for and this is therefore an essential part of early socialization and education.