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Learning from the Past to Build for the Future: Reflections on Psychosocial Support

Programs in War-torn Countries

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Abstract

This article addresses the healing process and impact on both individuals and communities as they attempt to heal from the traumatic violence of war and occupation. The psycho-social healing models presented integrate a knowledge of systems, political history, and their relationship to culturally appropriate healing strategies that are fueled by commitments to human rights and social justice. The models cited address issues of safety, the use of the arts, the power of narrative, and the importance of reconnecting and forging community bonds. The models in this article reflect a restorative justice perspective, an approach that promotes healing through a cooperative process. This process engages community members in groups that provide safe spaces to address conflict, harm, and reconnection with self and others. The original article was presented at a conference in the Occupied Palestinian Territories in 2008 and expanded to include observations and experiences during a 2014 trip to Palestine.

Keywords: psycho-social support, healing through the arts, community bonding, social justice, human rights, restorative justice,

Revisiting Palestine

In the article following this essay, I write about the efforts of people in war-torn countries to sustain community through support, ongoing dialogue, and the healing arts. This article was written in 2008. At that time, I was accepted to present my work in Gaza under the auspices of the Gaza Community Mental Health Programme. With other presenters and people who had planned to attend the conference we sat for about an hour at the checkpoint in Israel that monitors entry into Gaza. We were joined by Israelis who are against the occupation and in support of Palestinian liberation from occupation. Some of these supporters came from as far away as Haifa in northern Israel. Eventually the Israelis turned us away and told representatives of our group that they weren't turning us away because of security concerns but for concerns about publicity. They did not want us to witness what was happening in Gaza. I was taken aback by the frankness of the Israelis. However, being resilient and familiar with the decisions made by the Israeli government in terms of passage to and from Gaza, the conference organizers had a Plan B.

We traveled to Ramallah in the West Bank where we were able to hold our conference. Through video conferencing, the people in Gaza were able to see us, and we them. I was both saddened and inspired to see the hall in Gaza filled with mostly young people eager to be part of what was going on. I was saddened by the fact that there were not many adults, and that they are living under blockade. In Gaza, the median age is 18. Gazan women have a high fertility rate, and many women do not work outside the home. Also, they are encouraged to have large families.

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(<https://www.newscientist.com/article/dn25993-the-reasons-why-gazas-population-is-so-young/>). I was inspired by the fact that there was not an empty seat in the auditorium.

At the conference people presented on issues relevant to the occupation and its impact on daily life in the West Bank and Gaza. I saw films of settlers harassing people, throwing garbage on Palestinian children as they attempted to go to school. We saw a film that shows chicken wire extending from homes in an effort to protect the children as they try to navigate their way to school. I listened to presenters speak on the development of groups for children, adults and families, that dealt with the daily trauma of assault, invasion of their homes, the general lack of consistency, and the very unpredictability of daily life. People spoke of the need to maintain their culture and identity midst this ongoing occupation and colonization of their society and to provide ongoing healing for their community.

Since 2008 life has not improved for Palestinians. The occupation continues. In 2014, I traveled to Palestine with two friends. We visited the town of Qalqilya, northwest of Ramallah near the Israeli border. The separation wall surrounds the entire town, with one entrance for coming and going. While we were there we witnessed a bus of Palestinian elementary school children returning to the town after school and being searched by Israeli soldiers, soldiers carrying Uzi machine guns going through the belongings of the children before they were allowed to exit the bus. We saw how farmers were separated from their land by the wall. We were told how people who work nearby in Israel gather in the early morning hours (4:00 am) to stand in line for hours to get through the only opening in the wall in order to work underpaid jobs in Israel. Upon their return at night, they have to walk several kilometers because the settlers on the bus

do not want them near their settlements. We had other experiences that demonstrated for us the pain, injury, humiliation, and restrictions that were part of the daily lives of Palestinians in the ongoing occupation.

Near the end of our trip we had an inspiring visit with a Lesley University Expressive Therapies graduate, Khitam Edelbi. While in the U.S., Khitam had a dream of an art bus, a bus in which she would visit schools and community centers in Palestine and support the self-esteem and creativity of young people, as well as reinforce their culture through the expressive arts. Her dream became a reality. Through fundraising in the U.S. and in Palestine, she was able to organize support for the bus. She traveled daily to different schools where she worked with kids, parents, and teachers, using the expressive arts. On the day we spent with Khitam we visited a school in the West Bank near Jerusalem. When the bus pulled up, children came pouring out of the doors of the school to spend time on the bus.

Due to the numbers of children, Khitam had tables and chairs set up in the parking lot where kids worked on projects and then switched places with the kids who were on the bus. They drew self-portraits, colored stencils of Palestinians in traditional garb, and were given free range to create their images of daily life. The teachers and administrators had been trained in using the materials Khitam provided. Khitam had also met with parents to share with them her approach and get their approval for her project.

While Khitam was setting up, we went on a tour of the school. We visited the classrooms, not unlike elementary classrooms in the United States. We also visited rooms that were used to provide group support for the children whose experience of trauma and

violence is part of their daily lives. When we came across a room with playground equipment, I asked the guide why the swing, jungle gym, and other playground materials were indoors. She told us that the Israelis would not give them permission to put the playground materials in their parking lot, so they brought them indoors. I cite this action because it is so emblematic of the Palestinian resolve, not unlike the Plan B approach to the conference seven years earlier.

The occupation continues, the bus and the creative energy continue, and the people of Palestine continue in their struggle.

As stated in the article below, people who are traumatized and living under occupation need community and supportive environments to sustain their culture, and to believe in a future without occupation in a society that supports their ethnic and national identities.

This is the hope for Palestine.



Learning from the Past to Build for the Future: Reflections on Psychosocial Support Programs in War-torn Countries

The Palestinian people have dealt with displacement and loss since before the establishment of the state of Israel in 1948. This colonial occupation for many years, first by the British, and then by the Israelis, has exacted an enormous toll on the people of this land. The present occupation has also had a powerful impact on how information about Palestine reaches the rest of the world. Palestinians, in addition to the day-to-day devastation of living under occupation, have had to deal with the experience of inverse victimization (Miles, 2007). Inverse victimization is a state of being, created by a biased and/or ill-informed media, in which the victim is assumed to be the perpetrator. However, this challenge to Palestinian identity formation has not destroyed their resilience, self-determination, or the protective cultural factors of family, relationships and ideology. Yet, it has contributed to the already steep challenges faced by Palestinians.

Throughout history, other peoples have been victims of occupation, displacement, and ethnic cleansing. However, the experience of Palestine is unique in several ways: the duration of the occupation; the collective impression many Westerners have of Arabs that are shaped by dominant cultural paradigms; the uncritical support for Israel that shapes attitudes and beliefs about Palestinians; and the characterization of the relationship between the two. Edward Said (1999) has suggested that the relationship is understood as being irreconcilable; the Israelis don't want to acknowledge Palestinian rights and the Palestinians are clutching to a way of life that has been destroyed. The result is that several generations of Palestinians have grown up being denied basic human rights.

This paper explores psychosocial healing models in war-torn settings. It suggests approaches and offers reflections that may be useful models in the siege and post-siege experience in Gaza. My research has focused on situations in which the conditions of disempowerment, expulsion, internal expulsion, and ethnic cleansing define the struggle, and in which pro-active community building projects and interventions highlight efforts to rebuild and to heal. Models are drawn from the experiences of those who have worked to develop psychosocial support programs in Bosnia-Herzegovina, Kosovo, South Africa, and the experiences of First Nation people in the North American continent.

This report, which focuses on psychosocial care, is distinguished from reports that exclusively address mental health care. In mental health care, the object is to provide individual and group treatment for diagnosable mental disorders. Psychosocial support care's objective is to address infrastructure support, social relationships and culturally appropriate strategies. (Aarts, 2001 as cited in Ventevogal, 2006). This distinction is a valuable one. It serves the purpose of not pathologizing the impact of trauma caused by political situations and upheaval.

Everyone is traumatized in war, however, women experience war differently than do men. Rape and sexual abuse are tools of war. Without a political analysis, neither the work within the field of trauma nor the work within the movement to end violence against women would be able to exist. The conceptual models presented have been developed from within a psychological framework that acknowledges the relationship between mental health and the values of a clinical work fueled by commitments to human rights and social justice. Most of the models presented focus on the importance of remembering, and the power of narrative. This is significant because dominant cultural

institutions can minimize and marginalize the importance of the stories of everyday people. The telling of the stories from multiple perspective allow for more than one truth to be told and for the subjective reality of the narrator's language to be heard. The use of narrative honors and values the words of those whose stories are being told. It is an opportunity to bear witness and to reclaim dignity through the expression of voice. It is a healing agent in providing a record of acknowledgement of not only of pain and suffering but of resistance and resilience.

Janet Haaken (1998) addresses a process of transformative remembering, a process in which the memory serves the interest of bridging the past to a future form of self-knowledge. Throughout the literature on healing the connection is consistently made between the experience of loss of self-knowledge (Wilson, 1998; Schaeffer, 2006; Haaken, 1998) and the task of needing to redefine and re-establish one's self culturally, psychologically, and socially. Memory, as channeled through storytelling, focuses on that reclamation of self-knowledge. One motivation for telling ourselves stories is to be able to connect with parts of ourselves or of our culture that are no longer in the present or have been suppressed. These memories are linked to narratives and relationships, in an effort to connect what has happened to what is (Haaken 1998).

A Psychosocial Paradigm for Healing

A Swedish women's peace and justice group, Kvinna till Kvinna (KtK), dedicated to supporting social, political and economic situations in conflict and post-conflict settings, offered their support to those in post-war Bosnia-Herzegovina. They collaborated on opportunities for healing and for building the strength necessary to believe in the future. They do not implement projects themselves but work with co-

operating partners. They aim to provide a gender perspective on peace building and reconstruction projects (Weston, 2001). Their projects frame the traumatic losses associated with war and displacement within a psychosocial context, and their trauma recovery projects are informed by the recovery model developed by Judith Herman (1992).

Herman suggests that the syndrome of complex trauma is the result of a “history of subjection to totalitarian control over a prolonged period” (Herman, 1992, p. 121). She has developed a recovery model that is centered on the “empowerment of the survivor and the creation of new connections” (Herman, 1992, p. 133). She stresses the power of healing relationships and addresses the role of integrity and trust in establishing relationships and in affirming the value of life. She proposes a three-stage model: *establishment of safety, remembrance and mourning, and reconnection with ordinary life.* (Herman, 1992).

The organization KtK has adapted Herman’s three stage trauma recovery model (Herman, 1992) to a psychosocial group model that addresses the experiences of those whose pain was caused by the impact of war and aggression; those whose losses go beyond the most personal to include the destruction of home, life plans and savings, social and cultural collapse. It is this collective trauma that psychosocial support groups address as well as the individual experience. KtK offers support in the interest of giving people opportunities for healing and to build the strength to believe in the future. As mentioned, they do not implement the projects themselves, but work with co-operating partners. They aim to provide a gender perspective on peace building and reconstruction projects (Weston, 2001).

The psychosocial paradigm developed by Weston and colleagues integrates the individual and societal aspects of the healing process (Weston, 2001). This model borrows from Herman's but extends her model to include socio-cultural aspects of recovery. The trauma of war is a collective trauma and the best practice is to work together with other survivors in providing treatment that most resembles the social constructs of the disassembled culture.

Establishing Safety

In terms of the first stage, that of establishing safety, the researchers in Bosnia found that, "the greatest need of war traumatized people is to find a space in which trust in fellow human beings can be reestablished and where normal human relations can be formed" (Agger & Mimica, 1996, as cited in Weston, 2001). KtK established women's centers in which such groups could support this process. It is in such a place where one can feel listened to and cared for so that the revealing of memories can be safely shared. The Bosnian women felt comfortable sitting around and talking, but this approach is not applicable to all cultures. In some cultures, such as with many Native Americans, ritual practice prevails over conversation. However one engages, sharing with others is vital to the next step – mourning. In order to mourn one must be able to express anger, rage, and hatred. These group settings have provided this opportunity.

As Herman (1992) suggests in *Trauma and Recovery*:

[T]he perpetrator does everything in his power to promote forgetting. Secrecy and silence are the perpetrator's first line of defense. If secrecy fails, the perpetrator attacks the credibility of his victim. If he cannot silence her absolutely, he tries to make sure no one listens. . . . After every atrocity one can expect to

hear the predictable apologies: it never happened; the victim lies; the victim exaggerates; the victim brought it upon herself; and in any case it is time to forget the past and move on. (p. 8)

The above quote reflects not only the political struggle of women to have their voices heard and to keep a movement alive but is also relevant to the experience of the dispossessed to keep their history alive.

Mourning

In Herman's model the mourning stage is one in which the individual can experience their sense of loss and integrate that awareness into a sense of self, so that the prevailing sense of loss no longer is central to a sense of identity. Mourning can come in waves. It is not a linear process. To mourn is not to forget but to have a place to put the losses, so that life can begin again. Finding energy to go on with life, dealing with survivorship when loved ones have died is part of this process. Those who have been severely traumatized may also need individual therapy to cope with the intensity of their feelings.

Reconnection with Life and One's Self

The recovery process is underway when one can imagine a future of a reconstructed society. The clinicians in KtK abandoned Herman's third category of reconnection with ordinary life, because there was no ordinary life with which to connect. This stage was replaced with reconstruction, a social rebuilding of a decimated society. People who have been challenged by the control of their daily lives by mean-spirited and life-threatening brutal acts need to construct a sense of meaning and to create an ego-

integration process. This means being able to construct meaning out of their experiences, and if that is not possible, for them to create a sense of understanding of the impact of these acts on their senses of self.

The Model in Practice

A team of interviewers gathered information about the emotional impact of the women survivors of war in Bosnia. The gatherers of the information did not classify the reactions of the women as disorders as presented in DSM categorization, but as reactions, natural responses to unnatural acts (Weston, 2002). This framing is applicable to men as well.

The reactions were organized into groupings according to emotional response. These groupings included: re-experiencing, withdrawal/numbing, arousal/flashback and self-persecution, much like that described by Herman in *Trauma and Recovery* (1992). The researchers found that self-persecution was the least experienced category; the women did not blame themselves for their losses.

In their survey of women, the respondents expressed feelings of exhaustion, feeling robbed of important years of their lives, a sense of vulnerability, and the grief associated with deep personal losses (Weston, 2002). In the Bosnian study, the women who lost their homes attached symbolic significance to that loss and had greater stumbling blocks to overcome. When questioned, 83% of post-war Bosnian women agreed that the atrocities need to be made public but they questioned the safety to do so. Before the war, in the former Yugoslavia, 70% of the women worked outside the home. After the war, 14% of women had jobs outside their homes. Of those who were working, many did not receive salaries regularly. What came through in their conversations in

groups was the healing nature of working, feeling a sense of being needed and part of the reconstruction of the society.

Rebuilding

The second part of Weston's model, the rebuilding phase, is more reflective of the integration of material concerns with socio-cultural factors. The goal is to empower by providing education, income generating projects and job training. In one study after the war in Bosnia, the greatest cause of depression among women was unemployment (Walsh, 1997). Women who feel marginalized can gain a sense of membership from having an education, and from study and training groups in secure settings so they can assert their priorities and agendas. The knowledge women have gained from war needs to influence the reconstruction of their societies. A new life requires a participatory economy, a way to have a sense of future and to participate in making that future.

Addressing Issues of Justice and Reconciliation

Rituals that assist the societal mourning process help people to commemorate and heal. Aside from monuments, museums and days of recognition, a process of rebuilding a sense of justice has to include an analysis of the trauma and violence and a willingness to expose those who have participated in creating the war as well as a condemnation of the violation of human rights that has taken place. Cleansing rituals for public places, testimony archives, and oral history projects are ways that have been effective, especially in the face of the slowness of international courts and the establishment of commissions. When people cannot find work, cannot speak to what has happened to them, cannot trust their governments to help them, and when systems of justice are not in place, healing is

hampered and symptoms of PTSD are greater (Weston, 2002). Reconciliation is a slow process that can take many generations.

What can be learned from the Bosnia-Herzegovina post-war work is that healing has many dimensions, personally and politically, and that when women are contributing to their society by being part of the reconstruction and rebuilding process they are creating new lives for themselves as well as for their countries. Psychosocial support programs that acknowledge the power of remembrance, community based efforts to heal, as well as needed approaches to education and training will integrate citizens into the deep task of rebuilding and visioning a just society.

Training of Psychosocial counselors

The International Organization for Migration (IOM) provides services to mobile populations and is often on the front line providing community based support and assistance with healing from past traumas. The Psychosocial and Trauma Response Project for the Displaced and Refugees from Kosovo (PTR) (Carballo, 2003) recognized the need for professionals to provide counseling. There are a scant number of psychiatrists and psychologists in this area, so the creation of this training program supported increased care to those affected by war and migration. This project, like the Kvinna Till Kvinna project, does not emphasize individual responses but rather community building activities.

Most international aid workers are trained in western oriented models that often rely on three principles: the ego-centered self, the mind/body dualism and the concept of culture as epiphenomenal (Lewis-Fernandez & Klienman 1994). In contrast to the concept of ego-centered self, the authors present a socio-centric concept of self, one in

which the social networks are the sources of attributions of sense of worth. The experience of suffering in the west is usually divided into psychopathological categories, organic and psychological. The authors present, as more common in other parts of the world, an integrated experience in which spirituality is a key component. The concept of culture that is particular to western thought is one that separates biology from other phenomena that influence belief systems such as conceptions of illness, and healing. Workers in this training program were encouraged to think about wellbeing in a more holistic way, collectively and psychosocially.

Clinically, the project developed an integrative family and community therapy model. In the PTR training program, counselors in training were asked to define trauma. As one can imagine, the definitions have a range of meanings dependent on cultural and social factors. The program developers relied on an explanation provided by Becker (as quoted in Losi, 2001), from the Instituto Latino Americano in Chile, to provide the framework.

Extreme trauma is:

An individual and collective process that occurs in reference and in dependency of a given social context; It is a process marked by its intensity, of extremely long duration in time, and the interdependency between the social and psychological dimensions. It exceeds the capacity of the individual and social structures to answer adequately to this process. Its aim is the destruction of the individual, his sense of belonging to the society, his social activities. Extreme trauma is characterized by a structure of power within the society that is based on the elimination of some members of this society by other members of the society.

The process of extreme trauma is not limited in time and develops sequentially.
(p.15).

The authors emphasize the importance of each community deciding for itself what trauma means within their context. The efforts of this training were to redirect the individualistic approach and to reconsider it in a socio-political context. Throughout the training the students were encouraged to consider human rights within each dimension of the training and to consider that healing cannot take place in the absence of these rights.

The training was developed to address two aspects of the recovery process, the social and the clinical. At the social level two tools were implemented – theater as a community event and the creation of the *Archives of the memory: from an individual to a collective experience* (Losi, 2001). As referenced earlier, stories can be most helpful in creating a new context, can counter the pain of trauma, and can give new meaning to struggle. Reflecting on the abominations of war on a personal level may not further one's understanding, but understanding the experience from a collective point of view may contribute to further comprehension. Perhaps seeing a tragedy from the perspective of warring ethnic groups may not ease the pain of the individual, but it may make the hideous intelligible (Papadopoulos,R.,2000 as cited in Losi, 2001).

The emphasis on the power of community and the importance of feedback and support are key elements to the healing process.

Altrimenti – Another Way

The *Exiled Body* theater project is an example of the *Archives of Memory* project (Losi, 2001). This project's purpose was to apply theater techniques to investigate the memory of the body. The components included a photography exhibit, a filmed

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documentary, and a collaborative performance between counselors and participants. The underlying principle of this theater work is that the suffering individual is expressing the impact of harm that is meant for the targeted group. This shifts the weight from the individual to the social network. The process of this project, as described by Losi (2001), highlights the following: the contractual relationship between trainees and counselors; the understanding of body language including body self-consciousness; enhanced participants listening skills; and the relationship of the personal to historic and social contexts. Losi goes on to articulate the major themes of this work which are body memory, understanding the changing of the body through trauma and through witnessing violence, and the role that fear plays not only in society but within families as well. The goal of this project is to support and document the experiences of individuals as members of a cultural group so that there would not be one official memory, so that differing recollections would not be lost, so that voices could be reconstructed and the accounts of ordinary people would survive.

The telling of stories of trauma, the mourning process, and the reconnections with communities are all part of a healing process that honors both the individual and the community. When violence occurs bonds are often broken and reconnection is key to the healing process.

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Clinical interventions

Jean Marie Lemaire (2001), in the PRT Proceedings, presents the example of rape and its impact. Rape breaks connections, family bonds, and the ties of an individual to her family, community and society. To Lemaire, bonds are the medium of therapy. Her work

encouraged clinicians in training to observe families within their social context and to train their observational skills to identify bonds within families and to ascertain where the strength lies. At times there may be role reversals or shifts. Children may be the supporters of the parents rather than the other way around.

Bonds are both the medium and the target of this therapy. Professionals were trained to recognize residual resources, the strength of historical, emotional and physical bonds. The training articulates what a bond is, from both a theoretical and clinical perspective. This approach supports family members in understanding what their bonds are, how they experience support from each other or not, how they show or do not show concern for each other, as well as the recognition of comfort and joy.

Lemaire gives as an example a story of an 11-year-old boy who was able to comfort his mother when no one else could. However, the immensity of this role took its toll on his school behavior and performance. In this situation the clinician observed the family, talked to other members of the community and was able to draw upon the insight of neighbors to provide help for the classroom teacher. The residual resource in this example is the collective strength of the community and the approach is a process oriented one.

In the same vein, Eisenbruch (as cited in Losi, 2001) discusses his approach in Cambodia, an approach in a country that had no psychiatrists but did have community shamans. Local trainees were educated on how to assess suicidality and determine potential dangers. Having no success with traditional psychological models, the team Eisenbruch was part of abandoned what they came prepared to do, and entered the villages and observed the rituals, dance and theater, in order to understand how the local

population understood their losses and risks. As in Cambodia, the work in Bosnia-Herzegovina and Kosovo reflects the potential strength of community creations and psychosocial support mechanisms that integrate cultural sensitivity with social needs from within a social justice political perspective.

Peacemaking, Healing and Courage Circles

Peace making circles is a cultural practice of early First Nation peoples of the North American continent. This practice has been durable enough to survive the genocide and repressive relationships of native peoples to American colonists. Circles are not neutral; they are intentionally and consciously rooted in a shared value system. Some of the common values are respect, honesty, inclusion, compassion, safety, and the value of healing. Not unlike therapy, the space of a circle is a sacred space that engages in rituals and ceremonies. In Native American culture the circle may include a centerpiece, consisting of objects of importance to the participants. A “keeper” and perhaps a “co-keeper” facilitate the process. Keepers do not manage the movement of the group, as does a therapist, but do set the tone and monitor the pace (Connors, 2007).

Each circle creates its own safety guidelines. These guidelines are a set of promises made to the group by each member. A talking piece or object is used to ensure respect between speakers and listeners. The talking piece is passed around the circle and the one holding the piece gets to speak. Decisions within a circle are made by consensus. Circles can be implemented for various reasons such as problem solving, talking circles, and healing circle (Boyes-Watson, 2001).

In Africa, courage circles have been implemented in the interest of examining what peace can mean to nations that have been without it, and to create stabilization

within communities in the face of external chaos. In the Sudan, which has suffered more than 50 years of war, oppressors and the oppressed shared in circles that acknowledged the courage of both groups to be willing to engage in this process (Machar 2007).

In South Africa, Nelson Mandela's *Commission on Young People at Risk* employed a strength-based perspective that is integral to the peace-making circle. The work of this commission acknowledged the impact of interrupted development on young people and the role of circles in restoring justice and connections within communities. Within circles members can practice bonding, attachment, connection, listening and responding. The sense of displacement that permeates refugee experiences, the experience of those living under siege and occupation, can be addressed in peacemaking circles. Also, in this group structure youth and elders can learn from each other in ways that may not have been possible before (Cartwright, Shearing, & Jenneker 2004).

Among the Aboriginal communities in Canada, circles are formed to address the struggles within their society. Anti-social behavior is understood as a symptom of a deeper identity crisis. In order to heal a re-aquaintance must take place between the injured, their families and their history (Blue & Rogers Blue, 2001). In the words of a First Nation elder:

Part of the healing, the very beginning of that healing is to know who I am. The only way to know who I am is to know where I come from, so I got to learn that culture, what ever it is that I have, the culture that I was born into. I have to learn that and learn the history of that culture, learn the traditions, the values, the teachings the ceremonies, the language. The more I learn that, the more I learn

about myself. The more I learn about myself, the more I know where I can go.
(Blue and Rogers Blue, 2001, pg. 69 in Frederiksen, 2005).

Conclusion

This paper presents a range of approaches – from Herman’s survivor groups to the psychosocial support groups of KtK in Bosnia-Herzegovina, as well as the endeavors of the Archives of Memory in Kosovo, the Exiled Body theater project, the focus of bonding therapy and the impact of circles and restorative justice in community building. All of these approaches have relied on the value of a strengths-based approach. This approach to therapeutic community psychosocial support building relies on the belief that we can develop creative ways to do clinical work that attend to people’s strengths, their abilities to be collaborators in their healing, and their cultural protective factors. Instead of looking for the signs of disorders, strength-based counseling looks for and brings to consciousness the signs of wellbeing. Difficulties are not denied, but they are not the whole picture of a person, a family, and a social system. All of these are resources and the primary setting comprise the community (Rapp & Goscha, 2006, as cited in McCormack 2007). These approaches rely on the basic belief that people can grow and change, have knowledge about their difficulties, that they have a culture and a community, and that the healing process is a collaborative enterprise. Therapists can assist clients in knowing and assessing their strengths, their capacity for resilience, and their innate and developed coping mechanisms.

Relationships and their power can impact community building and healing.
Groups of people who have been victims of ethnic cleansing and internal displacement

need supportive environments in which to address their pain. The recording, the accounting of the past, the cultural images, symbols and metaphors that develop within psychosocial support groups contribute to the sustainability of a culture under stress as well as to the necessary first steps required to move into a culture whose survival engenders pride and whose future is built upon that pride and continual renewal and growth.

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