



## Indigenous Healing of War-Affected Children in Africa

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Children in war-torn countries of Africa and elsewhere are often direct or indirect victims of violence, and/or witnesses to various horrors associated with war. Children as young as seven or eight are forcibly conscripted and indoctrinated as child soldiers or porters in several African countries. Girls as well as boys often suffer, some being forced into sexual or other service at early ages. In conflicts where terrorizing civilians has become a routine means to political and military ends, women and children are deliberately targeted for torture and death. Globally, there are at least one million children separated from their parents because of war, and there are many thousands who have been traumatized even more directly by war. Child victims of this sort often exhibit symptoms of post-traumatic stress disorder (PTSD), to use the Western psychiatric label. Symptoms of PTSD and related stress reactions common in children include: avoidance/numbing, as in cutting off of feelings and avoidance of situations that provide reminders of traumatic events; insomnia, inability to concentrate, “intrusive re-experiencing,” such as nightmares and flashbacks; lethargy, confusion, fear, aggressive behavior, social isolation, and hopelessness in relation to the future, and hyper-arousal as evidenced in hyper-vigilance and exaggerated startle responses.

In recent years, UNICEF, USAID, and various private, voluntary organiza-

tions such as Save the Children and the Christian Children’s Fund have developed various types of so-called psychosocial programs to assist war-affected children. Yet therapeutic techniques for war-affected children remain at a very preliminary stage of development. It is not known to what extent western psychotherapeutic techniques for PTSD—which were originally developed to treat American veterans of the Vietnam war—would be appropriate and effective for children in Africa and other less-developed areas. One of the concerns with the PTSD is the very notion of *post*-traumatic stress disorder. In these contexts, it is problematic to talk about trauma as the past (*post*), if one understands the notion of violence to be broader than direct exposure to war situations (military attacks, landmines, etc.), and to encompass spheres like poverty, hunger, displacement and the like. Another concern with the PTSD lies in its therapeutic

*IK Notes* reports periodically on Indigenous Knowledge (IK) initiatives in Sub-Saharan Africa. It is published by the Africa Region’s Knowledge and Learning Center as part of an evolving IK partnership between the World Bank, communities, NGOs, development institutions and multilateral organizations. The views expressed in this article are those of the authors and should not be attributed to the World Bank Group or its partners in this initiative. A webpage on IK is available at <http://www.worldbank.org/aftdr/ik/default.htm>

techniques which are centered on the individual patient. Such focus ignores local beliefs in the role that ancestral and malevolent spiritual forces play in the causation and healing of the affliction. It also undermines family and community involvement and active participation in the healing process.

During early psychosocial programs for war-affected children in Mozambique and Angola, community leaders, traditional healers and families showed tremendous knowledge of how to heal the 'social wounds of war in war-affected children and adults. Such disorders are in fact quite treatable by traditional healers, based on indigenous understandings of how war affects the minds and behavior of individuals, and on shared beliefs of how spiritual forces intervene in such processes. During the implementation of these programs, people expressed no need for help in addressing children's specific mental or behavioral manifestations. What they needed, they said, was help in finding missing family members and in establishing schools, pre-schools, creating jobs opportunities for the youth, and promoting a stable social environment in which to function.

There is evidence from throughout Africa that mental or psychiatric disorders are among the conditions for which modern or western medical help is least likely to be sought. African people generally turn to indigenous forms of therapy in case of mental health. Empirical studies of the relative effectiveness of different forms of western psychotherapy in fact show that virtually all psychotherapies do the patient some good and all are potentially effective when embedded within social and cultural specificities. This may suggest that as psychotherapists, indigenous African healers may be at least as effective as modern medical specialists, especially among those who share a common African culture.

Anthropological research done in Mozambique and Angola shows that war related psychological trauma is directly linked to the power and anger of the spirits of the dead. The impossibility of performing proper burials in times of war does not allow for these spirits to be placed in their proper positions in the world of the ancestors, so they are considered to be bitter and potentially harmful to their killers and passers-by. Social pollution may arise for being in contact with death and bloodshed. Individuals who have been in a war, who killed or were around killings are believed to be potential contaminants of the social body. Thus, cleansing and purification rituals are essential for their reintegration in the communities.

In 1994, during the first project in Angola specifically to help war-traumatized children, it was found that children were already being helped by indigenous psychotherapy, provided by indigenous healers in the form of ritual purification ceremonies. This was provided for both ex-combatants and children who had either participated in or witnessed bloodshed. The earlier Children and War project in Mozambique found similar treatments for children. In both countries, these therapies appeared to be effective, at least in the short-term. Traditional healing for war-affected children in Angola and Mozambique seems to consist principally of purification or cleansing rituals, attended by family members and the broader community, during which a child is purged and purified of the "contamination" of war and death, as well as of sin, guilt, and avenging spirits of those killed by a child soldier. These ceremonies are replete with ritual and symbolism whose details are distinctive to the particular ethnolinguistic group, but whose general themes are common to all groups.

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*In the day of his arrival his relatives took him to the ndumba (the house of the spirits). There he was presented to the ancestral spirits of the family. The boy's grandfather addressed the spirits informing them that his grandchild had returned and thanked the spirits for their protection as his grandson was able to return alive (...) A few days later a spirit medium was invited by the family to help them perform the cleansing rituals for the boy. The practitioner took the boy to the bush, and there a small hut covered with dry grass was build. The boy, dressed with the dirty clothes he brought from the RENAMO camp, entered the hut and undressed himself. Then fire was set to the hut, and an adult relative helped out the boy. The hut, the clothes and everything else that the boy brought from the camp had to be burned. A chicken was sacrificed for the spirits of the dead and the blood spread around the ritual place. After that the boy had to inhale the smoke of some herbal remedies, and bath himself with water treated with medicine (Fieldnotes, Mozambique).*

This healing ritual brings together a series of symbolic meanings aimed at cutting the child's link with the past (the war). While modern psychotherapeutic practices emphasize verbal exteriorization of the affliction, here through symbolic meanings the past is locked away. This is seen in the burning of the hut and the clothes and the cleansing of the body. To talk and recall the past is not necessarily seen as a prelude to healing or diminishing pain. Indeed, it is often believed to open the space for the malevolent forces to intervene. This is also apparent in the following case from Uíge (Angola).

*When the child or young man returns home, he is made to wait on the outskirts of the village. The oldest woman from the village throws maize flour at the boy and anoints his entire body with a chicken. He is only able to enter the village after this ritual is complete. After the ritual, he is allowed to greet his family in the village. Once the greeting is over, he must kill a chicken, which is subsequently cooked and served to the family. For the first eight days after the homecoming, he is not allowed to sleep in his own bed, only on a rush mat on the floor. During this time, he is taken to the river and water is poured on his head and he is given manioc to eat. As he leaves the site of the ritual, he must not look behind him.*

This case emphasizes the non-interaction with family and friends before ritual cleansing. The child is kept out of the village until the ritual is performed, and cannot greet people and sleep in his bed until the ritual proceedings are over. As mentioned above, although children may be asked about war experiences as part of treatment, this is not a fundamental condition for healing. The ceremony aims at symbolically cleansing the polluted child and putting the war experience behind him, to "forget" (note the symbolism of being forbidden to look back, in the example from Uíge). Food taboos and other kinds of ritual restrictions are applied. In the Uíge, for example, fish and fowl must be avoided by the cleansed person for 1-2 months, after which the person must be reintroduced to the food by the traditional healer who officiated at the ceremony.

The *Okupiolissa* ritual from Huila in Angola clearly shows the active participation of the community in these rituals, and stresses the idea of cleansing from 'impurities.

*The community and family members are usually excited and pleased at the homecoming. Women prepare themselves for a greeting ceremony (...) Some of the flour used to paint the women's foreheads is thrown at the child and a respected older woman of the village throws a gourd filled with ashes at the child's feet. At the same time, clean water is thrown over him as a means of purification (...) the women of the village dance around the child, gesturing with hands and arms to ward away undesirable spirits or influences. (...) they each touch him with both hands from head to foot to cleanse him of impurities. The dance is known as: *Ululando-w-w-w*. When the ritual is complete, the child is taken to his village and the villagers celebrate his return. A party is held in his home where only traditional beverages (...) The child must be formally presented to the chiefs by his parents (...) the child sits beside the chiefs, drinking and talking to them, and this act marks his change of status in the village.*

These cleansing and purification rituals involving child soldiers have the appearance of what anthropologists call rites of transition. That is, the child undergoes a symbolic change of status from someone who has existed in a realm of sanctioned norm-violation or norm-suspension (i.e., killing, war)

to someone who must now live in a realm of peaceful behavioral and social norms, and conform to these. In the case presented above from Huila, the purified child acquires a new status which allows him to sit besides the chiefs and interact with them. Until the transition is complete (through ritual performance), the child is considered to be in a dangerous state, a marginal, “betwixt and between,” liminal, ambiguous state. For this reason, a child cannot return to his family or hut, or sleep in his bed, or perhaps even enter his village, until the rituals have been completed.

Manifest symptoms associated with PTSD and related stress disorders reportedly disappear shortly after these ceremonies, after which the family, indigenous healers and local chiefs direct attention toward helping to establish an enduring, trusting relationship between the traumatized child and family members, and with adults of good character. These ritual interventions are also intended to re-establish spiritual harmony, notably that between the child and its ancestor spirits. The re-establishment of normal relationships and activities with other children may not be part—or a major part—of these indigenous healing rituals. But, healers, village elders, teachers and other child caregivers readily understand this when presented with the idea during project-supported training seminars, in both Angola and Mozambique. Play therapy, drawing, drama, dance and story-telling are some of the techniques introduced in these seminars.

There is no doubt that these rituals are instrumental in building family cohesion and solidarity, and in dealing with the psychosocial and emotional side of these children's problems. The fact is, however, that they return to an impoverished countryside struggling with basic survival needs, and many with no schools, hospitals, no vocational training or job opportunities which would allow them to envisage the prospects of a better future. Thus, while these rituals are important they need to be complemented by community develop-

ment programs to sustain the gains achieved in the psychosocial and emotional sphere, and which cannot be dissociated from the rest.

Therefore, the approach of donor organizations, NGO and other organizations involved in humanitarian aid for war-affected children should take into account local understandings of war trauma and indigenous strategies for dealing with it. They should work towards promoting stable, secure, culturally-familiar environments in which children can gain a sense of competence and security in a more predictable world by encouraging self-reliance through reliable community development projects, their families, or with appropriate foster families if necessary.

The project of the Christian Children's Fund in Angola tries to build upon existing indigenous healing practices and strengths, and complementing these with its psychosocial interventions such as those just described. Evaluations of this project and the earlier “Children and War” project in Mozambique have shown that such an informal partnership between indigenous healers, with their ritualistic therapies, and donor-assisted programs, with emphasis on the family and social adjustment of the child, may provide a model of how indigenous and Western-scientific approaches can be pursued together to provide maximum benefit to children in need. Furthermore, such a model of cooperation and sharing of responsibility serves to validate indigenous healing and beliefs, which tends to energize and mobilize local people who, ultimately, need to develop sustainable, culturally acceptable solutions to help themselves.

*The authors would like to thank the Christian Childrens Fund, Save the Children (USA), the Children and War Project and the Displaced Children and Orphans Fund, USAID, for use of information from their programs. We would also like to thank Mike Wessells for useful comments and suggestions.*

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