

"How For Do? God Dae." (What to do? God will solve everything): A Case Study of a War-Affected Sierra Leonean Community Dealing with Suffering Presented by the War

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Abstract

This thesis critically examines mainstream humanitarian approaches to mental health and trauma in Sierra Leone, and broader post-conflict settings in the global south, by answering the question: How do war-affected communities deal with suffering presented by war? It uses suffering as its framing concept, interrogating community understandings and approaches to their war related suffering and wellbeing. It presents a critique of current global responses to mental health, including the psychosocial, primarily based on personal narrative war experiences from research participants.

The research design combines specific qualitative methodologies with analysis of theoretical debate and empirical material. It is innovative, generating insights contributing to new knowledge in academia, policy and practice in this field. Key gaps in literature addressed include limited studies on; a) populations in the global south on mental health in humanitarian settings, b) majority populations (not combatants or victims of sexual violence), c) community approaches to war related suffering (notably religion) and, d) limited academic studies on such humanitarian interventions.

Key findings indicate understanding of war related suffering as normal, linking the body, mind and spirit, with physical suffering paramount to psychological. Communities have their own approaches, mostly religion, considered as effective, relevant and appropriate. Advances in science reflected in the fields of alternative and integrative medicine support the 'scientific' value of such approaches. Finally, the inconsistency between community understandings and approaches and that of the global mental health responses is highlighted.

Key recommendations include; incorporating valuing community approaches within humanitarian actor competencies; engaging policy makers, academics and practitioners in research around spirituality and mental health in humanitarian settings in the global south, encouraging reflection and debate on revisions to methodological approaches of engaging war affected communities, more research in this field, and finally more profound reflection on such global responses leading not just to change, but total transformation.

Key Words: Humanitarian, Mental Health, Trauma, Wellbeing, Suffering, Community, Psychosocial.

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Dedication

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Declaration

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented, in whole or in part, for an award at this, or any other, University. Except where it states otherwise by reference or acknowledgement, the work presented is entirely my own. All sources are acknowledged as references. The author took all photos used.

Signed: 

Date: 15.06.2020

Chapter One

Rice and Greens Stew: Deciding the Menu (Introduction)

'The psychiatric sciences have sought to convert human misery and pain into technical problems that can be understood in standardised ways and are amenable to technical interventions by experts. But human pain is a slippery thing, if it is a thing at all: how it is registered and measured depends on philosophical and socio-moral considerations that evolve over time and cannot simply be reduced to a technical matter.'

Dr Derek Summerfield (2001, p.98). He is a psychiatrist and leading critic of the global humanitarian approach to mental health.

1.0 Introduction: statement of the problem and rationale of the study

When people asked me where I was from when I was studying in the United Kingdom (UK) in the late nineteen eighties and early nineteen nineties, and I said Sierra Leone, almost no one knew where it was. By the mid-nineties this had changed dramatically. This previously unknown, small country in West Africa became globally renowned as a consequence of a war that engulfed the country between 1991 and 2002. The details of the violence committed mostly against civilians were shared in the media and can be found described in gruesome detail in the extensive report of the Truth and Reconciliation Commission (TRC) set up after the war (The Commission, 2004). With the war came extensive international interventions to address security situations, including a United Nations (UN) Peacekeeping Mission from 1999-2006 and a plethora of international organisations providing various types of humanitarian responses to meet the urgent needs of the affected population (Ucko, 2016; Evoe, 2008; Hirsch, 2001).

The international community decided that one of these urgent needs was the peoples' psychological suffering. Statements by international humanitarian organisations laid firm foundations for high expectations of a whole nation suffering psychologically (Glenmaster, 2004; Médecins sans Frontières, 2002). I was also introduced to the concept of Post-Traumatic Stress Disorder (PTSD). Thus, when I started professionally engaging with the country just after the official end of the war in 2002, I was apprehensive. Yet, the situation that I encountered on the ground was extremely different, both during that first visit, and a plethora of subsequent visits through my intensive professional engagement with post-war

Sierra Leone, which also included a 3- year stay¹. During my extensive travel around the country, what I encountered were people who expressed joy, sorrow, humour and simple facts as they recounted the horrors, they had experienced. More striking to me was that in order of priority, their emotional and psychological suffering came lower down the list than issues of their basic needs for food, education, and economic recovery.

This clashed strongly with what I saw around me in projects and programming of humanitarian organisations addressing mental health, both then and now. I subsequently noticed a similar situation in other post-conflict contexts in Sub-Saharan Africa. My interest in examining community approaches to dealing with suffering presented by war became entrenched.

I came to learn in literature reviews I conducted in preparation for this PhD, that the concept of PTSD (the basis of many global humanitarian responses on mental health) itself was actually being disputed in medical circles (Hamber, 2015; Miller and Rasmussen, 2010; Clancy and Hamber, 2008; Kienzler, 2008; Mehta et al, 2005; Withuis, 2004). The more relevant debate for this study, however, is between those who argue that a Western mental health paradigm (based on the PTSD concept) is not applicable to Non-Western cultures, and those who believe it is a universally applicable concept (Vorholter, 2019; Jayawickrama and Rose, 2017; Summerfield, 2012; Marsella, 2010; IASC, 2007; Honwana, 1998). Supported by many, at the forefront of the critique against the psychotherapeutic approach to mental health in emergencies in the global south is psychiatrist Derek Summerfield (2012, 2008, 2002, 2000, 1995). His arguments more or less encapsulate the breadth of critiques. He challenges global assumptions such as the fact that the extreme nature of war does not simply cause suffering, but 'traumatisation', that the great number of victims of war by default of having experienced war are psychologically traumatised, and that the response to experiences of extreme stress are universal and can therefore be diagnosed and treated by Western models (Summerfield, 1999). There are others, but in essence those above highlight the ineffectiveness and challenges for reproducing such methods across different cultural milieus.

¹ My professional experience is described in more detail in chapter two and four, background and methodology respectively. In summary, from 2002 until present I have worked in the broad field of conflict transformation. From 2002-2008 I worked with Conciliation Resources' West Africa Programme that focused largely on Sierra Leone with some work in neighbouring countries in the Mano River Union. I still engage in Sierra Leone though less intensively. (see appendix 1 for CV)

Summerfield (2008) also questions the lack of research-based evidence that can support assumptions made in the diagnosis and treatment of PTSD and in particular its global application to Non-Western countries. Other critics suggest that the current approaches to psychosocial healing negate the work of communities and traditional healers in defining and addressing their own suffering (Wierzbicka, 2012; Bracken et al., 1995). Wierzbicka (2012) in particular highlights the failure of cross-linguistic and cross-cultural elements of describing pain and emotions. Brinkman (2014) supports this view referring to diagnostic language that is based on symptoms found in the key global reference diagnostic manuals rather than based on socio-cultural realities of the 'patient'. Good (1997) also highlights the problem of misdiagnosis due to lack of understanding of cultural expressions of mental illness. There is also generally a deep disconnect between Western biomedicine and African and other Non-Western healing traditions (Omonzejele, 2008; Eagle, 2004; Kahn, 2001; Honwana, 1999; Airhihenbuwa, 1995).

I was someone working in complex emergency settings in Sub-Saharan Africa, and interested in contributing to work that positively affected the lives of people affected by conflict. My particular interest in these debates related to whether they had an impact on the policy of humanitarian and other international organisations operating in such contexts. Of particular relevance to my research were questions around the value of a global system that relies on Western understandings of mental health and the individuals in a setting that is Non-Western where there are different viewpoints on definitions of mental health.² I also found that there was a limited engagement by the humanitarian sector with advances in science that could have a major impact on the implementation of global mental health programmes. Growing literature and research in the field of quantum biology and neuroscience, as well as the growing practice of integrative and complimentary medicine in the West, indicate that some of the cosmologies and healing methods of Non-Western societies, are now being seen to have understood what Western quantum science has taken centuries to realise (Goswami, 2011; Emoto, 2010; Maizes et al., 2009; Braden, 2007; Kohl, 2005; Chopra, 2000).³

I also came to understand that while the debate continues in the literature there is a great need for additional research in this field particularly in the global south. Key is the specific

² See WHO, 2013, and IASC, 2007

³ Several of the PhD thesis chapters including the literature review address this issue in more detail. Goswami, 2011; Emoto, 2010; Braden, 2007, and Chopra, 2000, are authors that provide explanations embedded in quantum physics that are comprehensible by non-physicists or scientists. Nonetheless the base is scientific as are arguments presented.

gap in understanding the nature of community-based healing systems, including spiritual ones and other alternative approaches to addressing suffering in such post-war settings (Johnson and Thompson, 2008)⁴. The gaps in research that were highlighted by authors, as well as those that I noticed in my research, that are addressed by this study are highlighted below.

1.1 The Purpose of this Study

The purpose of this PhD thesis is to better understand and analyse community understandings and approaches to their war related suffering. It further aims to understand the implications this consequently has on global humanitarian responses on mental health in complex emergencies in the global south. In addressing these questions as it relates to the case of one community in war affected Sierra Leone, this study engages with issues considered important by this community, such as religion and faith systems that they found effective and appropriate responses to their war related suffering.

1.2 Research Questions

This research examines the need for empirical evidence that starts with community understandings of suffering – detection and treatment. It is an important step to making effective changes in policy and practice to ensure that the majority of the discussion does not remain centred on theoretical debates on PTSD or on individuals and communities in Western societies. In addition, deeper focus on approaches being used in Non-Western communities is key to appropriate and effective humanitarian programming. This led me to begin my study on the topic with a focus on better understanding suffering from a community's perspective, their approaches to this suffering and ultimately what consequences this may have on global humanitarian responses on mental health in the global south. My inquiry was structured around the research questions outlined below.

Main research question:

How do war-affected communities deal with suffering presented by war?

Sub- questions:

1. How does the community define and understand their suffering presented by the war?

⁴ See Johnson and Thompson, 2008. Reflects good summary of numerous requests for further research.

2. What are the community's approaches to addressing this suffering and do they find them effective and appropriate?
3. What are the implications of the responses to the above questions on academia, as well as current humanitarian policy and practice in complex emergency settings in the global south?

1.3 Gaps in research/knowledge addressed

This research sought to address several gaps in research/knowledge that I identified in the field. These gaps include both my own observations in the process of conducting the literature review from the study, as well as gaps highlighted within some of the literature reviewed (Jayawickrama, 2018; Kasuja, 2014; Sritharan and Sritharan, 2014; Owusu-Ansah and Mjje, 2012; Jayawickrama, 2008; Summerfield, 2008; Wessels and Monteiro, 2001, in Stark, 2006; Zacharias, 2006; Summerfield, 2000; Bracken et al., 1995). The main gaps this study addressed can be summarised as follows:

- Limited studies and perspectives coming from populations in the global south on mental health in humanitarian settings.
- Limited studies on majority populations. Current focus is on combatants and victims of sexual violence.
- Limited studies on war related suffering and spirituality in Africa; in particular that does not approach spirituality from the angle of ritual cleansing.
- Limited studies on community approaches to suffering in complex emergencies- especially Africa.
- Limited research on religious coping and attitude in relation to mental health in the humanitarian context. Many studies were in the medical field or mental health field and on Western populations.
- Extremely limited literature examining advances in science and integrative and alternative medicine in relation to global humanitarian responses to mental health in the global south.
- Limited academic literature and research on global humanitarian interventions on mental health in emergency settings. Much of existing literature relates to policy and project evaluations.

1.4 Thesis storytelling elements, structure and chapters

This PhD is an examination of community understandings and approaches to their war related suffering and the associated external humanitarian responses aimed at addressing them. In the background chapter and three chapters presenting results, I have chosen to use the format of a story to more faithfully represent the voices of research participants as well as the links I as the researcher have to the research. Thus, parts of this study can be considered as an African story, a West African story, and a Sierra Leonean story, particularly intertwined between my own personal and professional experiences, aspects of my West African identity, and community experiences from Bauya in Southern Sierra Leone.

Ethnography, and particularly indigenous methodology, are key research methods that I use in this study. They place great value in reflecting the richness of experience, and giving value and importance to narrative representations of participants' voice and experience (Mjie and Owusu-Ansah, 2013; Willis and Trondman, 2013; Louis, 2007). In addition, the importance of the researcher's position in ethnography, and developments in the field of philosophy, feminism and multiculturalism have led to scholars presenting the story as a legitimate research product (Koch, 1998). This value of the narrative is the position I have taken particularly as it relates to the presentation of research participants' experiences and my links to the research.

As the researcher of this PhD, I also assumed the role of narrator, the storyteller. I realised that bringing the storytelling into this PhD will allow me to more authentically provide an accurate representation of this research, as did the use of narrating the storytelling chapters of the thesis in the first person. Scholars have challenged, as being abstract and disorienting the research from its context, the more traditional academic writing that does not use the first person (Eewick, 1995). In addition, there continue to be scholarly debates as to the use and value of the first person in academia (Thonney, 2013; Nelson and Catello, 2012; Hyland, 2002; Tang and John, 1999). This has resulted in the use of the first person no longer always being challenged (Shelton, 2015). Using the first person, in the more narrative chapters went further in reflecting my relationship as the researcher with the research, something given much attention in ethnography.

The foundation of storytelling, the oral tale is not "the fiction of childhood", but the early literary traditions were beneficiaries of this (Macculloch, 1905). In the mainstream academic context, I can define my role as the researcher and also as narrator (Elliot, 2005).

Stories are social events that instruct people about social processes, social structures, social situations, and social action (Maines and Bridger, 1992). Stories also contain a chain of events that are remembered in the field in which the researcher is usually a participant (Van Maanen, 1988). As a result, researchers as narrators are storytellers in producing accounts of social life (Ewick and Silbey, 1995). In answering my research questions participants narrated to me stories of key parts of their lives. In writing the parts of this thesis that presented the results, I chose to respect the participants' way of presenting their experiences including their own words. The story I am narrating in parts of this thesis is, thus, a social event because it gives meanings to the experiences nested in complex settings of community, war related suffering, and external humanitarian responses.

The West African storytelling tradition is in many ways in line with the ethnographic methodology I chose to use. It distils the essence of human experiences, shaping them into memorable forms, which can be examined with an extraordinary potential for learning. The art of storytelling constitutes a medium of organising, examining, and interpreting human experiences, which is a venerable tradition. Walter Benjamin, the German Jewish philosopher, cultural critic and essayist, having read an African tale, commented, 'A story, does not expend itself the way information does. It preserves and concentrates its strength and is capable of releasing it even after a long time (Benjamin, 1973, p. 90).'

Although including elements of storytelling, I have presented this thesis within a mainstream chapter structure of a PhD thesis. There are thirteen chapters, which is unconventional in the mainstream disciplines of sociology, anthropology, psychology or human geography. Yet this presentation gives importance to the researchers link to the research and allows the voices of the research participants to have primacy. In respecting elements of indigenous methodology that place importance on accurate representation of indigenous participants voice and knowledge, I felt it was important, thus, to balance the thesis chapters in a similar way. Results are presented to respect the fact that such stories were shared and to provide a vivid portrayal of the issues that research participants felt were important. I chose to highlight this, to value this, and not overly reduce their views into one or two quotes in the chapters where I as the researcher interpreted, discussed and linked their experiences with broader academic debates and questions in the field of the humanitarian sector. In this I give value to the process and not just the outcomes, another key aspect of indigenous methodology (Dudgeon et al., 2010).

Thus, I have chosen a less traditional presentation of a PhD thesis which is also a reflection of the fact that the very essence of this PhD research is to critically examine the Western knowledge systems that are ignoring, side-lining, suppressing, and discriminating against the African, Asia, and Middle Eastern knowledge and philosophies (Mjie and Owusu-Ansah, 2013). Therefore, I am taking an anti-colonial position in presenting parts of this PhD thesis as a story or narration (Kapoor, 2000). The thesis chapters speak to critical analysis of my experiences, community experiences from Bauya in Southern Sierra Leone and emerging points from the literature. This is different as something beyond reductive nonconformities from a Western norm. They are articulations of the rootedness of the differences that reinforce and maintain a strong resistance to understanding the suffering of a community in West Africa from a Western framework. In my mind, this thesis tells a story, which repossess epistemic ground that was greatly altered by colonialism. In this thesis, I attempt to contribute to the valuing of the African voice, to the valuing of African peoples knowledge, and to the valuing of African peoples wisdom within mainstream academia and subsequently practice in a specific field.

This thesis is structured in eleven substantial chapters preceded and completed by an introduction and conclusion respectively⁵. Following York University Guidelines, the section on key definitions that explains some key terms and the way I have interpreted them in this thesis can be found on page 475, and the list of abbreviations on page 477. The chapters are titled to reflect the qualitative nature of the study and several are reflections of links to the researcher and research location, Sierra Leone. I struggled for many years with the idea of starting a PhD because of the dry and impersonal nature of much academic writing I came across. In giving my chapter titles these creative headings, I wanted to add to the interest in reading the thesis, for external readers, but also for myself as the writer. Chapter titles that make references to food and cooking highlight one of the keyways I have engaged with Sierra Leone over the years. Similarly, Sierra Leonean proverbs were a staple of my mother's discussions with her children, and a keyway she transmitted Sierra Leonean culture.

⁵ The bibliography can be found in the annex on page 439.

Chapter one: Rice and Greens Stew: Deciding the Menu (Introduction)

The introduction chapter simply presents the key elements of the thesis content, location and key research questions. The chapter title refers to one of the main sauces made of leafy greens that form part of the Sierra Leonean staple diet, mostly eaten with rice.

Chapter two: Lizards with Low Hanging Stomachs and Bellyache: Introduction to the Community and Background to Research (Background)

The background chapter provides more detailed information on the reasons why I conducted this research and my personal and professional links to the topic as well as the background to the conflict in Sierra Leone, community context and research participants.

The chapter title refers to a Sierra Leonean proverb that suggests that all lizards walk around dragging their bellies on the ground, but one will never know which of them has a bellyache. It is a reference both to the ability of people to keep going and manage their suffering as well as the challenges of detecting suffering in others. These are two key themes in this study.

Chapter three: Recipes from Other Cooks: Who's Saying What? (Literature Review)

The literature review describes the breadth of literature examined that related to the thesis subject.

Chapter four: Gathering the Ingredients for the Suffering and Well-being Sauce: Part 1 (Methodology)

The first of two methodology chapters focuses on different methodological options and choices as well as the methodological approach to site selection and community entry.

Chapter five: Gathering the Ingredients for the Suffering and Well-being Sauce: Part 2 (Methodology)

The second methodology chapter focuses on a description of the more practical elements of the design and experience of the fieldwork component. This includes aspects such as data collection and analysis as well as identifying, recruiting and approaching participants.

Chapter six: Memories of a Sweet Mothers Suffering: The Community's Understanding of Suffering and Well-being (Presentation of Results)

This chapter presents the results on the community's understanding and detection of suffering. The chapter title, as well as that of the following chapter, refers to a song that became popular in West Africa in 1976, 'Sweet Mother' by Prince Nico, a Nigerian/Cameroonian artist. A son refers to the numerous ways he considers his mother suffers for him. It remains an anthem up until today. Understanding and ways of suffering are key themes in this study.

Chapter seven: Memories of a Sweet Mothers Suffering: The Community's Understanding of Suffering and Well-being (Discussion of Results)

This chapter discusses the findings of the results in the wider academic and humanitarian context of the community's understanding and detection of suffering discussed.

Chapter eight: Running Rivers Destined for You Never Flow Past You: The Community's Approaches to Addressing Suffering and Promoting Well-being (Presentation of Results)

This chapter presents the findings regarding the community's approaches to their suffering. The title of this chapter, and the next one, refer to a Sierra Leonean proverb that running waters destined for you never flows past you. It is used to express the importance of accepting what one is going through, or has received, particularly if it is difficult. It speaks to fate and acceptance, two elements that came out strongly in participants' approach to their suffering.

Chapter nine: Running Rivers Destined for You Never Flow Past You: The Community's Approaches to Addressing Suffering and Promoting Well-being (Discussion of Results)

This chapter discusses the findings of the results in the wider academic and humanitarian context of the community's approaches to their suffering.

Chapter ten: What to do, Oh My Sister?: The Community's Views on Appropriate Interventions (Presentation of Results)

This chapter presents the community's views on external responses to their suffering. The title of this chapter, and the next one, refers to a common phrase in Krio used by many Sierra Leoneans, 'How for do/What to do?' It can also be found in the title of the thesis. This simple common saying says much about how the community felt about external

interventions, notably a lack of agency and the need to hope for other solutions to their problems. The reference to 'my sister' is to me as a researcher, a reflection of the way many community members referred to me.

Chapter eleven: What to do Oh My Sister?: The Community's Views on Appropriate Interventions (Discussion of Results)

This chapter discusses the findings of the results in the wider academic and humanitarian context of the community's views on responses to their suffering are discussed.

Chapter twelve: Monkeys and their Permanently Black Hands: Implications for Policy and Practice (Synthesis)

This chapter provides an answer to the main research question and synthesis of the key findings and outcomes of the study. It also highlights the specific contributions of the research to academia and practice and suggests some recommendations.

The title of the chapter refers to a Sierra Leonean proverb that explains that the palms of the monkey's hands are, and always will be black, which is considered a negative trait. The proverb suggests that negative aspects of a person's character are something that is almost impossible to change. I use this to highlight the major challenge that lies in making changes within the international humanitarian system.

Chapter thirteen: Grasping Grace, Humility and Compassion (Conclusion)

This chapter summarises the content discussed in the preceding twelve thesis chapters.

Chapter Two

Lizards with Low Hanging Stomachs and Bellyache: Introduction to the Community and Background to Research (Background)

'We didn't know the difference between soldier and rebel. They had the same uniforms. We encountered more suffering...I fell on an ambush twice. That's when the suffering continued. We suffered a lot. They even slapped us with heavy cutlasses...They amputated people and cut off their hands, including women. 18 August 1996. I will never forget that date. Sunday August 18. We were witnessing this from morning until four thirty in the afternoon.'

Vandi Jusu, (2017) -research participant. He is a teacher and subsistence farmer.

'Words and ideas come to us from elsewhere. It is urgently necessary that our qualified personnel and those who work with ideas learn that there is no innocent writing. In these tempestuous times, we cannot leave it to our enemies of the past and of the present to think and to imagine and to create. We also must do so.'

Thomas Sankara, (1984). He is the former President of Burkina Faso. This is an excerpt of a speech he delivered at the United Nations General Assembly describing the importance of interrogating imposed Western concepts.



Fig. 1 (left) The remnants of Bauya being a railway hub. The railway station is no longer functional. Source: Author 2017.



Fig 2: (right) Much of Bauya is covered by forested areas such as this. Source: Author 2017.

2.0 Introduction

This chapter provides a background to help situate the research within a broader context, in order to facilitate a better understanding of the more detailed aspects of the study. The chapter also provides a summary of the background of the community members that participated in this study in the fieldwork location of Bauya, a village in the southern part of Sierra Leone. Charts in Appendix 4 also provide more detailed information on the research participants. It further provides a background to Sierra Leone and the village of Bauya, explores basic facts, and also presents aspects of history that address some of the conceptual issues of the thesis such as the value given to Western over Non-Western knowledge.

In addition, the chapter also describes the background of the war in Sierra Leone. This is the key event that frames the study's examination of suffering that the research participants faced. The words of participants themselves, in describing the violence, uncertainty and danger they experienced during this time, are used to paint a more vivid picture of this experience. Further, key aspects of the community members' background such as their source of income, age and sex are presented⁶.

Finally, the last section of the chapter focuses on the researcher. It describes my professional background related to the thesis subject. This is particularly relevant as I started my doctoral studies after approximately sixteen years of working in Sub-Saharan African countries that have experienced or are experiencing violent conflict. This section initiates the discussion that highlights my personal link with the study. This is especially important considering that the research methodology used is ethnographic, giving importance to the relationship between the researcher and the research participants. This section also presents the rationale behind the choice of this research topic.

2.1 Background of Sierra Leone

2.1.1 the basic facts

Sierra Leone is a tropical country situated on the west coast of Africa with a land area of 71,740 square kilometres, now divided into five administrative regions and sixteen districts⁷.

⁶ In presenting this information I separate the code names from the information on sex, income generation source and other factors as it could easily identify members. Separating information and aggregating it generally is a function of respecting confidentiality standards.

⁷ The administrative regions are; Eastern Province, Southern Province, Northern Province, North Western Province and Western Area. The Districts are; Kailahun, Kenema, Kono, Bombali, Falaba, Koinaddugu, Tonkolili, Kambia, Karene, Port Loko, Bo, Bonthe, Moyamba, Pujehun, Western Rural, Western Urban.

She is neighboured by Guinea, to the north and northeast, and by Liberia to the south and southeast (Ministry of Information, 2013). Sierra Leone is richly endowed with natural minerals and resources and up to today fits the 16th Century description of Afro-Portuguese explorer and writer André Alvares de Almada that, ‘ So abundant is this land that it is difficult to mention any one thing that is lacking, blessed as it is with all kinds of food, fine rivers, fruit trees such as oranges, lemon and lime, also sugar cane and timber of good quality (de Almada, in Fyfe, 1962, p.13).’

Sierra Leone’s estimated population based on its most recent 2015 census is 7,092,113 (Statistics Sierra Leone, 2018). The ethnic make-up of Sierra Leone’s population counts approximately seventeen different ethnic groups with corresponding languages (Ministry of Information, 2013). There is no ethno-linguistic group that forms a majority in the country, and despite challenges with figures, the ethnic groups making up the majority of the population at approximately 31% each are the Mende and Temne (Minority Rights Group, 2020). The Limba, Kono, Fullah and Koranko follow at between 8-4%, and negligible numbers of other tribes (ibid). While one may speak of inter-group rivalries, ethnicity is not a factor of major divisions in Sierra Leone (Glennerster et al., 2009; Dawson, 1964). It is most clearly seen as a divisive factor during elections and generally instrumentalised by politicians in competition (Glennerster et al., 2009; Kande, 1992). Overtime a lingua franca was developed called Krio, which combines, mainly English, with some other local and foreign languages⁸. Krio fosters inter-ethnic communication and is spoken by 95% of the population despite being the mother tongue of only about 10% (Oyètadé and Luke, 2007).

It is also well known that Muslims and Christians⁹ combine their monotheist religions with animist practices, regardless of whether these are theoretically compatible or not¹⁰ (US Department of State, 2017). In addition, Sierra Leone is fairly exceptional in West Africa for its religious tolerance. Amongst other indicators, practices such as intermarriage and other expressions of religious tolerance are widespread (Ministry of Information, 2013).

⁸ Krio does also include some influences from other languages like French and Portuguese, but it is largely an English based Creole. It should be noted that unlike Pidgin English spoke in many other countries in West and Central Africa such as Nigeria and Cameroon, Krio is considered a language of its own.

⁹ Another aspect of the population, religion, finds a divide of 60% Muslim, 30% Christian and 10% animist.

¹⁰ This is also something I can attest to from my experience and engagement with Sierra Leoneans both personally and professionally.

2.1.2 The economic and development facts

From a development and economic perspective, Sierra Leone is considered a low-income country. This is something that is visible even with the most fleeting visit, and would need no reference to international data. In addition, Sierra Leone holds the unenviable qualifier of being one of the poorest countries in the world (UNDP, 2019), ranked 184th out of 189 countries on the UNDP's 2018 Human Development Index¹¹ (HDR update, 2019). Other elements that characterize this poverty are the high youth unemployment rates of 70% as well as the low adult literacy rate of only 41% (UNDP, 2019). There are varying opinions about the value of such quantitative measures, but the realities of abject poverty that characterizes the lives of the majority of the population in the country are inescapable, notably to those living that life. It is estimated that 60% of the population lives below the poverty line of 1.25 United States Dollars (USD) a day. This is something that can be observed and felt on a daily basis, as the majority of the population is unable to adequately feed themselves or their families. This is a basic struggle; staying alive. Everything else is considered a bonus.



Figure 3: Map of Sierra Leone

Source: *inoplease*, 2019

With high ambitions to move to a middle-income country by 2035, crippling corruption, high unemployment and weak governance make for formidable barriers to pursuing such a goal (World Bank, 2019). The herculean challenge of the Ebola crisis¹² also faced the country between 2014-2016 (Centre for Disease Control, 2019).

2.1.3 Mental Health Issues

Beyond Ebola, addressing health needs is another major challenge in Sierra Leone. The country's health services are delivered through a pluralistic system (Africa Health Observatory, 2017). Initiatives by private actors, local and international Non-Governmental Organisations (NGOs) and religious actors, support the government services. Health services

¹¹ The Human Development Index (HDI) was developed to measure development beyond simply measuring income. It is used globally as a standard for assessing the state of development in the world's countries. (For more information see Human Development Report (HDR), United Nations Development Programme UNDP).

¹² The Ebola Virus Disease is a deadly disease that is spread by direct contact with a person suffering from or who has died from Ebola. In August 2014 the World Health Organization (WHO) declared the deteriorating health situation in West Africa a Public Health Emergency of International Concern (PHEIC). In Sierra Leone there was 14,124 total cases (confirmed, suspected, probable). (see Centre for Disease Control (CDC), 2019 for more detailed information)

are decentralised, and health centres can be found at different levels - village, small town and chiefdom level (ibid). Meeting the basic health care needs of its population is a critical challenge for the government. Priorities include dealing with one of the highest maternal mortality rates in the world. In addition, curable infectious diseases are killers in Sierra Leone. Tropical diseases are common, however, worsened by poor hygiene and sanitary conditions. To face such health challenges, the population of approximately 7 million inhabitants has access to less than 200 doctors with some estimates suggesting the number is closer to 130 (Global Giving, 2017).

The result is that the space and attention that mental health receives within this system is low. There is only one psychiatric hospital in the country that only treats severe psychiatric cases, and even with those, it is only for patients who are violent and pose a threat to themselves or others. There has been some improvement that I personally witnessed on a visit to the hospital in April 2019¹³ even though it was the source of major concern for the international health community who raised concerns regarding poor hygiene human rights breaches (RDCI, 2009). In addition, until 2018 the country had only one psychiatrist (Harris et al., 2019; Sessay, 2015) with whom I interacted on some professional assignments. He is now retired, providing only consulting services. He has been replaced now by the only serving psychiatrist the country now has who also runs his own private practice. I met him in 2019. Further, the other critical issue relating to mental health in Sierra Leone is the stigma attached to people with mental health problems (Harris et al., 2019; New South Wales Service, 2006). However, I should specify this is generally related to severe mental health problems; particularly those that have clear outward presentations. In general, for less severe mental health disorders such as depression and anxiety individuals are generally kept within the family context and their differences accepted. This is similar to other African contexts described by mental health journalist Ethan Watters (2010).

2.1.4 The colonial history

In order to better comprehend how and why people understand and approach suffering the way they do, and where the international community's response¹⁴ fits into the complex tapestry, it is important to have some sense of Sierra Leone's political history. A certain

¹³ This visit was not conducted as part of this study, but relates to work I do for law firms providing expert reports on countries in West Africa, and mainly Sierra Leone. Often, I am requested to provide opinions on the state of mental health services and societal attitudes to mental illness.

¹⁴ The details of the international communities response will be addressed in the main body of the thesis.

aspect of Sierra Leone's history, a history that she shares with all but two of the other 54 countries in Africa, Ethiopia and Liberia; is that of colonialism.

Sierra Leone did not exist; she was created. Historical finds suggest that the area called Sierra Leone was inhabited at least since 2500 Before Christ (B.C) (Ministry of Information, 2013).¹⁵ The name Sierra Leone comes from a combination of the Portuguese explorer that 'discovered' the country in 1462, Pedro da Sintra, who noticed her lion shaped mountains; Serra Lyoa (Ministry of Information, 2013; Oyètaḍé and Luke, 2007), as well as the Italian explorer who had the fortune to first publish his adventures in Sierra Leone and inflected his Italian language onto the Portuguese name hence: Sierra Leone- Lion Mountains. The name had nothing to do with any one of her multiple ethnic groups (Fyfe, 1962, p.7).'

Sierra Leone became a British colony in 1808 and was ruled by a governor following the dictates of British colonial policy that operated through an indirect rule system (Ministry of Information, 2013). The partition of Africa started through ad hoc and bi-lateral agreements between colonial powers. One of the clearest representations and formalisations of the depth and hold of colonialism in Africa is often considered to be the Berlin Conference of 1884-1885 and its key agreement; The General Act. One of the key outcomes was that, 'The prospective colonisers partitioned Africa into spheres of influence, protectorates, colonies and free trade areas...Despite their arbitrariness these boundaries endured after African independence (Michalopoulous and Papaioannou, 2012).'

Colonialism had an important impact on education in the various colonies. Some consider it beneficial, and if nothing else opens up people to the global market and global education benefits. Others consider that education imposed through colonialism and by missionaries is negative as it was essentially an, 'Oppressive instruments of indirect rule (Bledsoe, 1992, p.184).'

Sierra Leone was one of the countries in Africa that received special attention from the British and, 'Has been called the 'Athens of West Africa', because high quality formal schooling was established there quite early, relative to the rest of the region- the first college in West Africa, Fourah Bay, opened in Freetown in 1827 (ibid, p.186)'. Bledsoe (1992) goes on to highlight key factors of this education agenda as being 'economic exploitation' and 'subjugation' while reminding the reader that there were also some

¹⁵ At this time the many groups such as the Baga, Bullum, Vai, Krim Kissi and Kono lived disparate lives in communities isolated from each other. It is only due to migration, trade, mining, implantation of Western medication, educational and transport systems that the groups began to move closer together (Ministry of Information, 2013).

humanitarian intentions for some British philanthropists (ibid)¹⁶. What is key to note is that similar too much of Africa, in Sierra Leone, Western education is still held as superior. This is also the global standard (Louis, 2007).

There were, however, counter movements to the colonial agendas. One of the most famous examples of this was the response of twenty-four chiefs to the 'Hut Tax', a demand by the British administration that taxes should be paid by household/huts and not by goods. Despite this the British administration continued with the tax collection process as planned (Abraham, 1974). The result was a six-month war where Mende and Temne people revolted against the administration, not simply due to the tax, but also for general ills they felt and this produced one of Sierra Leone's heroes, a well-respected Temne ruler and military strategist known as Bai Bureh (Global Security, 2019; Harris, 2014; Fyfe, 1962).

2.1.5 Post-independence and nation building

Sierra Leone gained her independence on April 27, 1961 under the leadership of Sir Milton Margai. He continued to lead after the first elections in 1962, which were won by the Sierra Leone People's Party (SLPP). Siaka Stevens from the All People's Party (APC) followed Margai's rule as Prime Minister in subsequent elections in 1968, and then led the country from 1971 as the President of the Republic of Sierra Leone (Nuamah and Zartman, 2001). During his reign the people of Sierra Leone knew a patriarchal and authoritarian governance system that was subsequently officialised as Stevens turned the country into a one-party state. He led the country until 1985 when he retired leaving in place his handpicked successor Major General Joseph S. Momoh (Nuamah and Zartman, 2001).

With this political history, the post-colonial period and state building has been a slow and tedious project in Sierra Leone. The details of the period of the war are discussed in detail in the following section. Since the war Sierra Leone experienced a fledgling democracy. Elections in 2007, 2012 and 2018 were all considered free and fair although often hotly contested. The 2007 and 2018 elections were also particular as the opposition parties won. Despite these advances, the riches and resources of the country have played little role in ensuring that the quality of life for the average citizen is one that they are satisfied meets

¹⁶ 'Civilised knowledge' was essentially considered correct and it was related to the needs of the Colonial masters. Education curricula from government trade schools ensured girls were taught handiwork and homemaking and boys European history, literature arts and sciences. This was all in order to produce what was considered ladies and gentlemen that were cultured (Bledsoe 2012, p.187).

the basics for survival. Sierra Leone remains one of the poorest countries in the world, ranked at number eight (World Population Review, 2020).

2.2 Short background of the war and community members

2.2.1 General Background

As someone who has worked intensively on different aspects of Sierra Leone's war over the last twenty years, I can confirm that the background information available is extensive. What follows in this section is a brief highlight of the key elements and characteristics of the war. This will help create a context and framework for understanding the responses and experiences of war-related suffering described by participants in this study. Depending on who you speak to and what you read, the violent conflict that engulfed Sierra Leone between the period of March 1991 until its official end in May 2002 was either; a civil war, a war about diamonds and natural resources, one of the most brutal wars in modern history, a war characterized by the use of child soldiers, a war that demonstrated the power of forgiveness, a war that demonstrated the consequences of the absences of formal justice, or quite simply - a revolution.

What is probably most accurate will hold an element of all of the above. But there is one thing about the war that would most likely unify the various versions, and that is its pervasive nature. The war did not consume every part of the country at the same moment in time, but in the end almost no village was left untouched. In addition, the war was also fairly equitable in that it did not generally discriminate in choosing its victims. No one was spared; religious and ethnic affiliations, age, sex, ability or disability (Conteh, 2012). Certainly, those who were richer and those in Freetown were spared for a while, but eventually they were affected too. The words of the former Vice President, Solomon Berewa, which he spoke to me when I was interviewing him for a documentary on the war, remain etched in my memory. He said that even he, in his role as Vice President at that time, was hiding under his bed like rat¹⁷.

¹⁷ First, the country must live, was a documentary I directed and produced for Crisis Management Initiative (CMI) in 2014 as part of a course on mediation that was being co-developed with the Koffi Annan International Training Centre (KAIPTC) in Ghana.

2.2.2 The Community and the War

*Bauya: The place*¹⁸

The community in which I conducted the research, Bauya, is a village in the southern region of Sierra Leone, in Moyamba District in the chiefdom of Kongbora¹⁹. It has seen numerous changes over time²⁰.

During colonialism and just after independence most people would refer to Bauya as a town. It was a major stop,

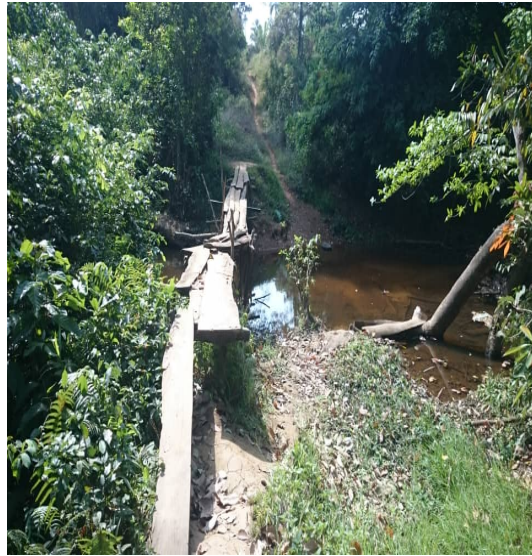


Fig. 4 One of several makeshift bridges used to cross the several streams found in Bauya.

Source: Author 2017.

a junction, which experienced large-scale trade and traffic on the then functioning railway line that was subsequently closed in 1975 (British Library, 2020).

With key employment coming from the railway service, Bauya also received visitors from all over the country as they travelled to different destinations. This mix of people is one of the reasons for the anomaly that even today in a predominantly Mende area, one finds that Krio, rather than the Mende language, is the most spoken language in the village. Other



Fig. 5 One of the few houses in Bauya built in cement.
Source: Author 2017.

remnants of the railway legacy are the existence of some of the sturdiest buildings in the village, which are former railway worker quarters, but today Bauya is clearly more of a village. Dirt access roads in poor condition are the first indicator, but there is also no longer the hustle and bustle of significant trade.

¹⁸ For a rough guide of the village layout see appendix 8, p.431.

¹⁹ See map on page 22 (Figure 3) to locate Moyamba District.

²⁰ As explained anecdotally by participants.

There is one major shop selling basic provisions, and small-scale traders conduct the rest of the sales of goods, mostly from makeshift stalls in front of their homes or at the meagrely populated market. The village is lightly populated mostly with mud huts covered with corrugated iron roofs.

The forest is omnipresent as are different streams and water points. There is limited electricity or running water, though there are signs that solar power is on its way for those who will be able to pay. There is one small clinic. Essentially any major activities occur in the nearest town, Moyamba, that is seventeen kilometres away. This is a distance most have to make by foot, though motorbike taxis provide the next possible, but much more expensive, option. The roads are so bad, and the custom so low, that the communal taxi's or vehicles only go as far as the nearby town of Rotifunk.

Bauya: The people

Sierra Leone's 16 districts are broken down into 190 chiefdoms. Chiefdoms are also further organised as villages and sections. The paramount Chief is the head of the chiefdom and oversees other chiefs who head sections and villages. The Chiefdom Speaker (CS) often supports him. When I asked the Paramount Chief (PC) covering Bauya for some statistical information on Bauya's population he was not comfortable sharing his approximations. He did not have official figures. Estimates from members of the community place the population at approximately one thousand people. Bauya was a location where the majority of the population experienced the war for a sustained period of time. Inclusion and exclusion criteria, which can be found in Figure 17, regarding choice of research participants, necessitated that participants had extended experience of the war. Similarly, the criteria required that they were at least 14 years of age when first affected by the war. The age of research participants at the end of the war can also be found in Figure 6 below.

In terms of ethnicity, the majority of Bauya's population come from the Mende ethnic group. This is to be expected in a region in the south that is mostly populated by Mende people (Kandeh, 1992). People from the next largest ethnic group, the Temne follow and there are people from smaller ethnic groups such as the Fulani that can also be found in lesser numbers. I did not ask the research participants for information on their ethnic or religious identity. While less so in Sierra Leone, these are sometimes sensitive topics, and I did not want this to negatively impact responses to the research questions. More importantly religious and ethnic identity were not key factors in Sierra Leone's war

(Glennister et al., 2009), thus from a methodological perspective this information was not essential. Nonetheless, based on my knowledge of the country and its people (i.e. accents and other cultural references), I can confirm, that the participants interviewed reflected the general ethnic configuration of southern Sierra Leone.

Bauya is typical of the average village in rural Sierra Leone as the majority of the population is involved in farming of some sort (IFAD, 2015; Maconachie and Binns, 2007). When referring to a 'farm', community members specifically mean farming rice. There is agricultural work that is also conducted in the forest, which people will refer to as 'bush' work. This also includes the tapping of palm wine. If they grow any other crops such as groundnuts, pepper or sweet potatoes and fruits, this is referred to as 'gardening'. Many people combine various forms of these agricultural activities. For most this is their primary source of survival, both in terms of subsistence and growing their own food, but also as what they sell to make some income. Those with more formal employment are the large minority in such rural settings and Sierra Leone as a whole (Margolis et al, 2014), and this is the same for Bauya. Even those with more formal professions, such as teachers and those in the government administration, are generally involved in agriculture in some way. Similarly, many people are involved in some form of petty trade or another; selling cigarettes, homemade frozen juices, cooked food, peanuts and other similar goods. This is often an addition to agriculture or some other form of generating income.

The participants in this study also reflected this reality in terms of role and social status. A minority had formal employment or were community and religious leaders, and the majority were farmers. These roles generally directly correlate with their socio-economic status. Thus, as in the general village setting in Sierra Leone, the majority of people were of low economic standing relying primarily on farming for their income (ibid). The minority who had more formal employment, and were better off financially, also held the roles of community leadership. Figure 6 indicates the roles and social status of participants and the percentages.

I interviewed a total of thirty- eight individuals for this study. One participant provided me with general background and historical information of the village. Thirty-six participants

responded to the questionnaire, which can be found in Appendix 3. I also conducted one Focus Group Discussion (FGD) of approximately thirty-five people²¹.

There were an almost equal number of men and women interviewed. In terms of the age they were at the end of the war, the majority of the participants fell into the thirty to thirty-nine age brackets. They were closely followed by those that were twenty to twenty-nine years of age at the end of the war. Almost half of the community members interviewed for the study stated agriculture as their primary source of income. Those involved in petty trading and a smaller number of people with formal professions followed. The information on age, gender and roles and income generating activities can be found below in Figure 6. The range of participants surveyed was representative of the key social and economic factors of the village, including roles and status. As explained above, this is similar in rural contexts in Sierra Leone.

²¹ The information presented in this chapter does not include information on each individual member of the focus group as they essentially generally fell into the similar categories as the individuals interviewed. The specific details of the process and the thinking guiding participant selection are described in chapter four.

Figure 6: Table of information on community background

Age range of participants at the end of the war (2002)	
Age range	Percentage
50-59	10
30-39	43
20-29	33
14-19	14
Sex of participants	
Sex of participants	Percentage
Male	49
Female	51
Source of Income/social status	
Source of Income/social status	Percentage
Agriculture/Farming	46
Petty Trading	22
Education/Teaching	12
Chieftdom Administrators	6
Employed (formal or informal)	4
Religious leader	4
Bread making	2
Mining	2
Cultural administration	2

Source: Author, 2020

In order to respect issues of ethics and confidentiality, each participant was given a code name, and these names are used throughout the thesis when referring to study participants. The list of code names can be found in figure seven below. When referring to statements made by participants from the research throughout the main text of this thesis, I place the words in italics.

Figure 7: Chart of Participant Code Names and Sex ²²

FEMALE				MALE		
	First Name	Surname			First Name	Surname
1	Adama	Sombie		1	Pessima	Cowan
2	Baindu	Gegba		2	Raka	Kamara
3	Coloneh	Conteh		3	Sundu	Gborie
4	Danke	Koroma		4	Temu	Sesay
5	Eta	Roberts		5	Unisa	Kai-kai
6	Finda	Lavalié		6	Vandi	Jusu
7	Gita	Kailondo		7	Warima	Cobba
8	Hawa	Kargbo		8	Yamba	Kamachende
9	Isata	Kandeh		9	Zorokom	Bengeh
10	Jina	Kpuagor		10	Ansumana	Barrie
11	Kadie	Bangura		11	Brima	Kanu
12	Lombeh	Ndomaineh		12	Combo	Konneh
13	Manu	Jombla		13	Dimoh	Kuna
14	Nyawa	Ndomahina		14	Elongima	Dumbuyah
15	Oseh	Dumbuya		15	Foday	Massaquoi
16	Manja	Banya		16	Kalie	Suma
17	Konima	Turay		17	Charles	Serry
18	Kadiatu	Jalloh		18	Santigie	Lawali
19	Salimatu	Roberts		Focus Grp.	Gibrila	Ndawa
				Focus Grp.	Hindolo	Banya
				Focus Grp.	Juldeh Kemokai	

Source: Author, 2019

2.2.3 Community descriptions of death and violence of the war

All of the people interviewed were affected directly by the war in different ways. This section provides a picture of some of the community members' experiences of the war. This

²² The methodology chapters discuss issues of ethics and include confidentiality. All the names used in this study are code names developed for each interviewee and the focus group. The code names have no reflection to the research participant; however, the names do correspond with the sex of the participants.

does not suggest that people only suffered during the war, but that is the focus of this thesis. One of my greatest surprises going back to Sierra Leone after the end of the war was indeed a reminder that people still laughed, babies were still born, and people still got married amidst the chaos and mayhem. Chapters six to eleven of this thesis will discuss how they understood and approached their war related suffering as well as their views on possible external responses.

The general context of violence was the main basis of people's fears. In addition, the particular nature of the violence played a major role. Lombeh explains that, *'People were walking around with cutlasses to cut people's hands off. It was not even possible to make a slight movement (Lombeh Ndomaineh, 2017).'* Not only did people fear death, but also there was the added fear of dying in a manner that assured more suffering and brutality. There was, also shootings which Manja explained could also be equally brutal saying, *'They found the guy. They took him to the rubbish dump. They took him and shot him to the point he looked like when you grind groundnuts. Lots of shots. When that happened, I had just finished cooking...Only God helped us. Rebels were going from house to house killing people. Only God helped us (Manja Banya, 2017).'*

Many community members also described how they lived in constant fear based on things they heard about or saw from a distance. Others described a fear based on direct experiences. Baindu describes what she saw during one of the most well-known rebel invasions into Freetown saying, *'You should have seen the numbers of people that died...in the street dodging bullets. I saw them cut people's hands. They asked you if you wanted short sleeves or long sleeves...they really killed human beings...It feels bad talking about it...I felt terrible. The people we were with ran into the mosque. The rebels killed them. Others drowned running away. The clouds were red like fire on that January 6th ...What happened in Freetown...since my mother made me, that has never happened (Baindu Gegba, 2017).'*

2.3 The official background of the war

2.3.1 *The conflict's historical context*

Figure 8 below provides a summarised chronology of Sierra Leone's war. On March 23, 1991 there was word that a group of armed men had crossed the border from Liberia into the eastern region of Sierra Leone in Kailahun District and had started killings (Lord, 2000). It later came to be known that the 'revolutionaries' were fuelled ideologically and financially by the support of African leaders such as Charles Taylor in neighbouring Liberia and Muammar Gaddafi in Libya, and influenced by Côte d'Ivoire and Burkina Faso, with other external influences on the war including Britain and South Africa (Hoffman, 2004). The government response was to treat this incursion as some sort of small skirmish and as far as they were concerned, they would crush this group of rebellious men²³. Even though the war came to its official end in May 2002, and after the second peace agreement, the Lomé Peace Accord, was signed in July 1999, the rebels were never really 'crushed'. Further when they were 'crushed', it was 11 years later, which far exceeded the government's initial confidences.

This 'skirmish' met a Sierra Leone in the political and economic state characterised by a hegemonic state where President Siaka Stevens had first abused power. The situation worsened as Stevens' handpicked successor from the army, J. S. Momoh, was not able to manage state responsibilities (Nuamah and Zartman, 2001). A soldier who had no political and economic experience, Momoh further entrenched the country in economic hardship which played on divisions where the capital city, Freetown, was receiving the majority of the investments while those, the majority of the country both in terms of geographic space and population, were side-lined. This was the incubator for the incursion led by an army corporal, Foday S. Sankoh who had been dismissed in 1971 and imprisoned for mutiny. The rebel group he led soon became known to all Sierra Leoneans and later the international community as The Revolutionary United Front (RUF) (Lord et al, 2000). President Momoh grossly misjudged the seriousness of the RUF's capabilities (Gberie, 2000).

2.3.2 *The persisting conflict*

Gradually the RUF slowly took hold of the whole country (Lord, 2000). They received initial support from those in the country hungry for change, and a leadership that would lead them

²³ This is as **narrated** to me in an interview in 2013 for a documentary I was filming on the Sierra Leone war by former Vice President Solomon Berewa. He was in government during the war and also played the role of chief negotiator for the government delegation during peace talks.

out of the political and economic crisis. This initially included support from university students and youth in general, welcoming of the RUF's revolutionary message of social change as well as political and economic transformation. However, the access the RUF had to the diamond mining areas meant that they had the necessary and sustained fuel to support their operations (ibid). Very soon into their incursion their alternative motives and penchant for unfettered violence against civilians turned the majority of the population against them (Conteh, 2012; Peters, 2006; Lord, 2000).

The RUF then unleashed a reign of terror and inflicted a sort of senseless violence with abandon across the country (Conteh, 2012). This level of violence was sustained during the eleven years and brought civilian life to a virtual standstill. Institutions of the security and justice system that normally guaranteed the rule of law were all destroyed, including the ones at community level (Lord, 2002). In fact, there was a moment during the war that army officers openly joined the rebels earning the name of 'sobels'; soldier rebels (Bolten, 2014; Feldman and Arrous, 2013; Conteh, 2012; Kandeh, 2004). The consequence was an estimated total number of dead of seventy-five thousand while two million people were internally displaced or became refugees and twenty thousand mutilated (Hoffman, 2004).

As well as the nature of its brutality, another major factor that brought special attention of Sierra Leone's war to the international community was the use and forceful conscription of child soldiers, finally estimated at around five thousand²⁴ (Miessen, 2012). Accounts suggest that the majority of child soldiers were forcibly recruited. During their time as soldiers, children were not spared committing violent acts, fighting and killing (Amnesty International, 2000). Child soldiers, as the adult combatants, were accused of heinous crimes. Not only did they murder civilians indiscriminately, but also often this was done in a brutal way (International Justice Monitor, 2008) aided by drugs. The addressing of the problem of child soldiers as well as adult combatants was taken up in the final Peace Accord through the process of Demobilization, Disarmament and Reintegration (DDR), though DDR in Sierra Leone²⁵ has a long history and mixed reviews. There are combinations of factors to

²⁴ This figure excludes those that were attached to the fighting groups forcibly but with non-combative roles. Many young children were used as part of the forces to cook and clean or carry equipment and other loads. Young girls were often used as sex slaves. See Amnesty International, 2000 for more details.

²⁵ The first phase of DDR took place between September- December 1998 and disarmed only about 10 % of the estimated 32,000 fighters noted. Phase 2 was from October 1999 to May 2000 with a mandate to disarm 45,000 fighters. Due to various constraints this was abandoned. The final phase May 2001- January 2002 used lessons from the previous setbacks. In this phase the process was run by the National Commission for Disarmament Demobilisation and Reintegration (NCDDR) and was a partnership between the Government of Sierra Leone and the UN Mission in Sierra Leone with a role also given to the RUF (Solomon and Ginifer, 2008). With the reintegration

assess success and it is very difficult, and almost individual, whether one can really determine the success of this process (Peters, 2007).

2.3.3 Managing and ending the conflict and political turmoil

During this violence Sierra Leone still managed to experience major political upheaval. A military coup occurred in April 1992; this was only 1 year after the rebel incursion in 1991. The coup was led by soldiers frustrated by President Momoh's inability to end the war. They set up what was known as the National Provisional Ruling Council (NPRC) (Gberie, 2000). Subsequently there was another coup d'état in 1996 internally within the military leadership of the NPRC against then leader, Captain Valentine Strasser, who showed signs of reneging on the junta's promises to hand the country back to democratic rule. The Supreme Council of State (SCS) temporarily headed the country. Democratic elections were held in March 1996, which brought to power the SLPP government headed by Ahmed Tejan Kabbah. He was the president who eventually brokered peace. His leadership was temporarily cut short, to later be re-established. This was due to another military coup in this wartime period by the Armed Forces Revolutionary Council (AFRC) led by Johnny Paul Koroma. They, like the initial RUF stated ambitions, aimed to achieve economic and political transformation in Sierra Leone (ibid).

The first intervention that came to stabilise the conflict originated from the regional block through the Economic Community of West African States (ECOWAS). Known to be essentially at the will of the most powerful member state, Nigeria, in 1992 ECOWAS deployed their multilateral armed force set up by the Anglophone members; the ECOWAS Monitoring Group (ECOMOG) (Nuamah and Zartman, 2001). ECOMOG had only recently been established in 1990 as a response to the war in Liberia. The UN Mission also deployed a contingent that reached eleven thousand between 1999 and 2006. Despite notable critiques of these operations, it was largely due to these external interventions that the SLPP government was returned to power.

The negotiations with the fighting parties, the RUF and the AFRC were both complicated and protracted. The first peace Accord signed in Abidjan in November 1996 broke down shortly after the signing (Gberie, 2000). The RUF used the opportunity of cease-fire to rearm and

process the situation was more complicated. The estimated 70,000 fighters that went through the process formed 89% of the total pool of ex-combatants (Humphreys and Weinstein, 2005).

restart hostilities at an even heightened level than before (Conteh, 2012). As they headed to the next round of peace talks in Lomé, the SLPP government was more inclusive of civil society organisations (ibid). The role of civil society in Sierra Leone is widely documented. Women and youth groups, university students and religious leaders played a major role in setting the country on the road to peace (Jusu-Sherrif and Turay in Lord et al., 2000; Lord et al, 2000). Two national conferences were also organised to help the government address this major challenge.

Eventually, under the watch of the International community, the Government of Sierra Leone and the two rebel groups, RUF and AFRC signed the Lomé Peace Accord on 7th of July 1999 (Rashid, 2000). The Accord outlined details of returning the country to a peaceful state through cessation of hostilities, and different elements of socio economic and military measures (Bright in Lord et al., 2000). Trade-offs were made. The Agreement provided all fighters, despite the known atrocities, blanket amnesties. The international community was not in support of this and the UN representatives even signed the peace agreement as observers with the caveat against certain clauses (Conteh, 2012). RUF leader, Foday Sankoh, was eventually chased from his residence by a popular revolt in Freetown, went into hiding. He was finally apprehended and imprisoned where he died before his trial (Lord, 2000). The official end of the war was declared formally by then President Tejan Kabbah in May 2002 (ibid).

2.3.4 Consolidating the Peace- 2002 to present

Possibly the key achievement for Sierra Leone is that since the end of the war in 2002 the country has not fallen back into any state of mass violence. This is particularly notable as statistics for relapse into violent conflict suggest that 60% of conflicts recur (Gates et al, 2016; Walter, 2010). While the socio-economic and political contexts are far from ideal, and many of the root cause of the war remain, there is limited open violence. There are questions as to whether this is real peace, positive or negative peace²⁶ (Galtung, 1969), or a fragile peace. Ultimately, I think the words of a taxi driver, Ibrahima Diallo, who I met while starting my field research in 2017, sums up the general feeling that, ‘When there is peace. There is hope.’ He did not specify the quality of that peace.

²⁶ The concepts of negative and positive peace are linked to Norwegian scholar Johan Galtung considered the father of peace studies. He explains that negative peace is when there is simply no violence. Positive peace is when their elements that are positive such as constructive resolution of conflicts and social relationships and structures that have been restored. See Galtung (1969) paper for detailed discussion of the concept.

However, there is much that remains to be done. This progress comes about with an overwhelming reliance on international aid and financing (Kanyako, 2016). The country still struggles with key challenges of building stable and democratic institutions, and addressing rampant corruption, which limit the value of any other gains being made elsewhere. These preoccupations are well described by Drew and Ramsbotham (2012) as they explain that:

Weaknesses in governance, justice and security, and reconciliation undermine trust between people and state. Many national structures, institutions and services remain elitist, corrupt or centralised, and initiatives to repair or rebuild relationships- at local and national levels- have been neglected, fragmented, and disconnected from communities (p.9).

This is the Sierra Leone of today, the Sierra Leone I have been engaging with as I focus on one aspect of the war; suffering. In the following sections I will describe how my personal, academic and professional life intersected with this particular identity of Sierra Leone and what led me to further explore this particular subject.

Figure 8: Summarised chronology of the conflict in Sierra Leone: 1991 – 2006

Date	Key Event
23 March 1991	Revolutionary United Front (RUF) invades Sierra Leone with support from Liberia and Burkina Faso, led by Foday Sankoh
29 April 1992	Coup against their authoritarian leader, Joseph Momoh. The National Provisional Ruling Council (NPRC) is formed, led by Captain Valentine Strasser.
1993	NPRC hires mercenaries including a Gurkha unit, which is later defeated.
April-July 1995	Freetown and the environs, retakes the bauxite and rutile mines, and secures the Kono diamond fields. Payment is cash and diamond concessions.
August 1995	A National Consultative Conference is held after massive demonstrations organized by women's groups.
March 1996	After Strasser is overthrown in a palace coup, elections are held. Ahmad Tejan Kabbah, a former United Nations employee, wins the elections.
November 1996	The Abidjan peace accord is signed. It includes amnesty for RUF. Fighting resumes.
March 1997	Foday Sankoh is arrested in Nigeria on weapons charges.
25 May 1997	A coup is orchestrated by junior officers calling themselves the Armed Forces Revolutionary Council (AFRC suspends the constitution and invites the RUF to join them). The new Leader is Major Johnny Paul Koroma.
February 1998	Nigerian-led ECOMOG (Economic Community of West African States Monitoring Group) forces overthrow AFRC.
6 January 1999	RUF and AFRC attack Freetown. After two weeks of fighting in which 5,000–6,000 people die and hundreds are mutilated, ECOMOG restores control.
7 July 1999	Signing of Lomé Peace Accord. The Accord includes power sharing between Government and rebels, blanket amnesty for rebels.
22 October 1999	United Nations Security Council authorizes the establishment of a United Nations Mission in Sierra Leone (UNAMSIL) of up to 6,000 troops under Chapter VII (Resolution 1270).
7 February 2000	United Nations Security Council expands UNAMSIL to 11,100 troops.
1 May 2000	RUF seizes nearly 500 Kenyan and Zambian. Britain sends 700 paratroopers to restore security in and around Freetown.
8 May 2000	Massive civil society protest in Freetown, 30,000 people move towards Sankoh's house; Sankoh's bodyguards open fire, killing 19 people and injuring dozens. Sankoh flees over a back wall in women's clothing.
17 May 2000	Sankoh is captured and arrested.
19 May 2000	United Nations Security Council authorizes a further increase in the strength of UNAMSIL up to 13,000 (Resolution 1299).
14 August 2000	United Nations Security Council authorizes negotiations to establish an independent Special Court to try persons responsible for war crimes, crimes against humanity (Resolution 1315).
10 November 2000	A ceasefire is signed under the auspices of the Economic Community of West African States in Abuja. Under the agreement, RUF agrees to free the movement of persons and goods throughout the country, to return seized weapons, and to disarm. UNAMSIL is also guaranteed free movement throughout Sierra Leone
30 March 2001:	United Nations Security Council authorizes a further increase in UNAMSIL

	up to 17,500 troops (Resolution 1346), making it the largest peacekeeping mission in the world.
18 January 2002	The civil war is declared over, and the final phase of disarmament and demobilization is completed.
14 May 2002	Presidential and Parliamentary Elections are held.
2003	A Special Court is established.
2004	Report of Truth and Reconciliation Commission is produced after two years work.
June 2004	First local elections for 32 years are held.
31 December 2005	UNAMSIL mandate expires. The United Nations Integrated Office in Sierra Leone (UNIOSL) is established under Security Council Resolution 1620 (2005).

(Source: Adapted by author from UNDP Evaluation Office, 2006)

2.4 The background of the researcher

2.4.1 Personal relationship with Sierra Leone

There are several reasons why I chose to conduct this study as an ethnographic one and why I chose qualitative research as my medium. I describe this in detail in one of the methodology chapters, chapter four. I also pay particular attention to the question of reflexivity, which addresses the researcher's relationship with the study and its participants. One of the principal reasons I chose to conduct ethnographic research was because ethnography gives great importance to this relationship. This was important to me not just because I hold Sierra Leonean nationality and have a personal relationship with the country, but also because both my academic and professional life have been very much focused on the conflict and post-conflict contexts of Sierra Leone. There is richness in this. It brings strengths to the study. It also brings weaknesses. In this section I simply share the background of the relationship that I have with the country. In the methodology chapters four and five, I discuss the implications of this relationship on this study.

Sierra Leone and I have a long history: coming up to forty-four years to be precise. Our relationship is filled with highs and lows. Sometimes I feel a deep and desperate love for her, and other time's engaging with her, personally, professionally and academically frustrates me beyond anything I have yet experienced. Adding to the frustration is that this is a one-sided relationship. Sierra Leone just goes about being Sierra Leone, with no care given to my wants or needs for the relationship. I can't even say this is an unrequited love because all I know about is my side of the relationship, and thus, that is, the only side I will attempt to tell. Sometimes I feel so deeply connected to Sierra Leone it amazes and confounds me, and other times I have absolutely no understanding of how it is at all possible

that we can be linked in any way whatsoever. But in all of this, what has remained constant, as long as I can remember, from the age of about six years old; is that Sierra Leone interests me deeply. She captivates me.

I took my first breath on this earth on the 17th of October 1976. I was born in Freetown, Sierra Leone's capital city, in the neighbourhood of Wilberforce at the military hospital known simply as Number 34. I was born to a Sierra Leonean mother and a Sierra Leonean father who both ended their careers in different capacities with the United Nations (UN). That my mother and I survived my birth, as many Sierra Leoneans then and now, is somewhat of a miracle²⁷. A caesarean section performed without oxygen being one of the few challenges we overcame. By the time I was one year old however, I had a new home, in West Africa; Niger. By the time I was four I had a new home in East Africa; Ethiopia. And while my parents stayed in Ethiopia until I was eighteen and I still called it home; home was also where I spent much of the year going to secondary school, university and eventually also becoming a citizen; the UK.

In all this time, apart from the period during the war, my family would visit Sierra Leone regularly. We spent many summers enjoying family and friends and the heavy rains of tropical Sierra Leone. It was in one of those visits I felt the beauty and power of the Atlantic Ocean and fell in love with the sea and beaches. On two or three occasions these visits took us out of Freetown to the rural areas. I have early memories of Bauya, the village in which I finally chose to conduct this study. These memories are all positive; teasing my grandfather and testing his patience, conniving with aunties to trade food I wasn't supposed to eat for biscuits from the supermarket, and playing endlessly with my cousins by the stream that was not too far from the house my grandparents were renting.

It always perplexed, and later, amused me, when people would question whether I was Sierra Leonean or not. Particularly before I was in my early twenties and became a British citizen, nationality wise I really had nothing else to be. They struggled because they would then ask where I was born. The response was Sierra Leone. Then they would ask where my parents were from. The response was still Sierra Leone. I had these questions from Sierra Leoneans as well. Perhaps as I never had many options, I have never had angst about my

²⁷ According to the World Health Organization, Sierra Leone has one of the highest maternal and infant mortality rates in the world. (WHO, 2018)

identity. I am the Sierra Leonean that I am, with the links to the country that I have, however authentic or not. But what is clear is that Sierra Leone is not and was never really home for me, at least no more than anywhere else I call home once I have been there for longer than a day. And this certainly will make me a different Sierra Leonean from the next Sierra Leonean who was perhaps born and bred in the country. But this is the reality and complexity of identity for many of us.

What does that mean for this study? Quite simply it means that it would be a mistake to think because I am a Sierra Leonean national that I would be considered and accepted within the community for those reasons. The type of Sierra Leonean I am has sufficient enough differences to place me on the outside of the community. In the same way it has sufficient similarities that mean there was also an extent to which I was considered a part of the community. I can be simultaneously an insider and an outsider. This complexity is important to know, but I leave the discussion on the detail of the implications for this study in chapter five.

2.4.2 Researchers academic and professional experiences with Sierra Leone's conflict

I have three defining memories of my experiences with conflict that I believe, as well as many other things that I know or may not know, led me on my path to working in conflict affected countries. My first experience with war is very vivid. I was about seven years old or so and my mother had taken me to work with her at the army hospital in Ethiopia. I can't remember the specifics of why, but I do remember clearly that she had told me, with no uncertainty, not to leave her office. I remember this vividly because she was overly emphatic about it. She then gave me all the material that any child would have been happy with and kept busy for hours, but of course not me.

We lived in Ethiopia at the time that the current country of Eritrea was just a region in the north of Ethiopia and there was a civil war ongoing as Eritrea fought for its independence. When my curiosity overcame my desire to be an obeying child, I tiptoed along the hospital corridors that stunk of that terrible smell of over sterilisation that left you still inhaling the wafts of the bad smell it was trying to eradicate. I peeped into the ward where my mother was working. The reasons she had told me to stay in her office were immediately clear, but the shock, horror, and fright kept me firmly frozen to the spot I was in. I saw a soldier lying

on a metal cot whose whole chest was a wound of exposed vividly pink flesh and bright red blood with no skin in sight.

My second memory was also in Ethiopia and this occurred regularly between the ages of seven to twelve. We would go to school in a shared van. Our school was at the top of a hill and at the bottom of the hill there must have been some kind of military barracks.

Periodically a military truck with an open back would be carrying what seemed like about fifty or more young men, well really boys. They were standing in the back, shoulder-to-shoulder, swinging slightly with the movement of the truck. I knew they were going to war, which I related to death and saw as a bad thing, but they were singing. Even at that young age I knew they were scared. I just felt it. I also sensed the matching fear, or perhaps even terror, when one day the Ethiopian woman who was looking after my sister and I left us abruptly and ran frantically out of the house, crying and screaming. She had received the news that the government trucks were passing through her neighbourhood, randomly rounding up young men that were then forcefully conscripted to fight in the war. She had two teenage sons.

The third memory is more a series of memories, a combination of memories over the period of time of the war in Sierra Leone. I didn't go to Sierra Leone during the war. My parents went twice, during brief moments of calm, but they never felt it was safe enough for us children to go. The memories I have were of what we were hearing, particularly of what was happening to the extended family members I was closest to. I know my mother and her other siblings that were not living in Sierra Leone tried to help those that were still there. I know my aunts and cousins became refugees in Gambia for a while, then it was Guinea. Then there were the deaths; my one cousin who was hit by a stray bullet and the other who was sick but unable to access doctors and medicines because of the insecurity, and all the pain and heartache of their mothers and siblings that went along with that. There was also the wider media about the war, but the moments above are what really stayed with me.

When I studied political science and development studies at the School of Oriental and African Studies at the University of London from 1995-1999, my interest was in West Africa, conflict and development. In any case, to me, before the recent trend of talking about the nexus between conflict and development, the two issues were inextricably linked. I remember writing an extended essay on child soldiers, and this really not being a simple

academic exercise for me. There was not a particular day, or a specific moment that I can say I made a decision to focus on somehow finding a way ensure my studies took me in the direction that I could work with people and countries in conflict, ideally in West Africa; but there was just an intrinsic knowing that this was the direction in which I needed to head.

One thing that was clear to me was that I was interested in working with the people affected by conflict and not on the theoretical, analytical or academic aspects of a conflict. After graduating I worked with African refugees and asylum seekers in the UK. And although my jobs and responsibilities were different, I often found myself listening to refugees talking about how they had been affected by the different conflicts on the African continent. Some of the stories were very profound, and they reminded me that perhaps my interest and a better contribution on my part would be to get involved with the more international aspect of these conflicts, and those aspects that were closer to the source.

Shortly later, I started what would become almost seven years intense engagement with the post conflict context mostly of Sierra Leone, but also to some extent with the conflict contexts of Guinea and Liberia. I started my work from the UK, but was spending a significant amount of the year in Sierra Leone before eventually heading the organization's operations based from Sierra Leone for several years. Areas of focus of the work I engaged in fell into the broad thematic of what is known as peacebuilding. Essentially that involved working with communities, governments and international organisations to explore non-violent ways of resolving conflict with the ultimate aim of addressing its root causes and preventing future violence.

In practical terms this meant working on projects around themes of youth, women and conflict, with refugees and internally displaced people and on community-based mediation. I also worked in partnership with civil society organizations in Sierra Leone, Guinea and Liberia as they addressed issues of peace and conflict as it manifested across borders. I was also managing the operations of three offices in country and 17 staff with multiple projects. In practical terms this kept me 75% or more in the rural areas working with affected communities and partner organizations. The office in Freetown simply had administrative and coordinating functions. Whether from direct projects, or other activities I also visited each and every one of Sierra Leone's districts. From the professional standpoint, what I

learned about the war in practice came from working this way, but also from getting to know colleagues as they shared their experiences with me in our regular interactions.

2.4.3 Researchers reasons for conducting this study

I still haven't forgotten. It was in November 2002 that I first stepped off a plane onto Sierra Leonean soil for the first time since the war had started in 1991. Its official end had been declared several months earlier in May. I can't describe what anything looked like; this memory sits fully in my olfactory senses. I simply remembered the smell of Sierra Leone, and I felt right. My desire to come back had actually become somewhat visceral. I didn't feel like I was home, but I did somehow feel rooted.

Having worked in the field of conflict and lived some experiences from a distance I had formed many assumptions about what to expect coming back to war torn Sierra Leone. And I wasn't aware of the strength and levels of clarity of these assumptions until I found myself constantly surprised by what I wasn't seeing and hearing when I finally arrived in the country. The physical signs of the war were clear; buildings sprayed with bullet holes, the omnipresence of UN blue helmeted peacekeepers, burned buildings and the large number of amputees. I could see these and already I was surprised that the levels of destruction were not more pronounced.

What left me quite confused, however, was the way people were behaving. I had been prepared for some kind of listless mass of people wandering around with the emotional and psychological burden of the extensive atrocities I had seen and heard of in the media and from family. I was even more perplexed when I came back three months later on a personal trip with my family. This time much of our time was spent with our extended family and we had many discussions about their experiences during the war. It would be a misrepresentation to portray such discussions as light-hearted; there were descriptions of terrible things people had witnessed and of fright, and there were often tears too. At the same time there was a lot of laughter in sharing memories of funny experiences and escapes and sharing the mundane elements of what happened as the days passed during the war. Both with my family and with the communities and individuals I worked with, there was no question that what had happened during the war was a critical aspect of their life stories, but I met very few people who were completely overwhelmed or defined by this. It was, more often, just one element of the many elements that constituted their life stories.

It dawned on me, somewhere between my visit in November 2002 and January 2003 that people may in fact understand and deal with suffering differently. It was also clear that the source or support for addressing suffering did not appear to come from counselling and psychosocial programs in these cases. From that moment I became interested in understanding what this source of healing was and how it may help us; the greater international community, particularly those responding to conflict, to better provide support to the people affected by conflict. As I worked and met people, and only when it was appropriate, I would try to understand how they dealt with their emotional suffering. These were not structured interviews, but questions asked out of pure human interest. From early on it was clear that people's religious faith played a key role.

But the click, the moment where I understood that this general interest in improving practice needed to translate into a more rigorous academic study and also contribute to academia came when I witnessed an approach to psychosocial programming that surprised me. I saw an international NGO commit millions of United States (US) dollars to psychosocial programming because it resonated with their constituency and seemed easier than attempting to address some of the root causes of the conflict in this particular country. It was a political decision. It was an emotional decision. But most of all, it was a decision that took absolutely no account of the existing understanding or approaches to psychological suffering of the people that this NGO wanted to help. That was the moment I realised I should try to do something. Preliminary research showed a gap in academia and a possible value that could be added to policy and practice, which for me is the ultimate goal. It was important to me that this was backed with properly designed field research that would far supersede my random questioning and general feelings. That is how I started my doctoral studies in January 2016.

2.5 Conclusion

In this chapter I have provided a background to the research study. This included the simple presentation of the background to the country Sierra Leone and the specific community of Bauya. Aspects of the context such as the geography and basic elements of the socio-economic setting, including the situation with mental health, were described. Some highlights of the political history of Sierra Leone, notably aspects about the colonial period, provided some initial indications on the impact colonialism on how local knowledge is valued.

This chapter also provided a background to the war in Sierra Leone. While the fact of what led to the war and how this manifested are outlined, the chapter also provided a glimpse of how community members that participated in this study experienced the death and violence of that time. The descriptions of community members, and the more factual explanations presented in the chapter, provided a strong description of the background to the war; their source of suffering.

Finally, the last section of the chapter focused on the researcher. It described my personal background and links and relationship with Sierra Leone. This section of the chapter also described my professional and academic background, which also has strong links with Sierra Leone. The level of engagement and the source of much of my knowledge about the country and experiences during the war are made clear. Further, this section of the chapter focused on the elements and events that led to my eventual decision to formally research this subject of war related suffering in Sierra Leone.

Chapter Three

Recipes from Other Cooks: Who's Saying What? (Literature Review)

'The unique features of African culture...have a value of their own that cannot be eclipsed by European culture either in the comparable period before 1500 or in the subsequent centuries. They cannot be eclipsed because they are not really comparable phenomena. Who in this world is competent to judge whether an Austrian waltz is better than a Makonde Ngoma?'

Walter Rodney (1972, p.54). He was a political activist, historian and academic from Guyana.

'In a quite literal sense, science has become the dominant religion of the late twentieth century, effectively displacing traditional faiths of the supernatural. Yet, despite the rapidity and near-totality of its triumph, the reign of the Church of Science may be quite brief because of basic defects in its theology (methods and philosophy) and many practical shortcomings when its tenets and findings are applied to biophysical reality and the social world of human beings.'

Wilbur Zelinsky, (1975, p.123). He was a cultural geographer from the United States of America.

'The psychological and social effects of the war on combatants and civilians are only beginning to be systematically addressed...The psychosocial and mental health consequences of war on civilians are all too often neglected. Even after hostilities cease, the war may continue in people's minds for years, decades, or possibly generations. To address only the material restoration and physical needs of the population denies the shattered emotional worlds, ignores the basic destruction of human trust and benevolence, and leaves the moral and spiritual consequences of war unaddressed.'

David Lord, (2000, p.14). He is an independent consultant and was a former co-director of London based international peacebuilding NGO Conciliation Resources.



Fig. 9 The realities of life in many West African villages. Water has to be collected from the rivers and streams. (Guinea)

Source: Author 2017.



Fig. 10 In many villages' streams are also places for bathing and washing clothes. (Guinea)

Source: Author 2017

3.0 Introduction

This chapter will provide an overview of the key literature reviewed related to my thesis subject matter. This chapter focuses on reviewing existing studies, bodies of work and perspectives relevant to my research subject in general, and more specifically to my research questions. It defines and explains discourse and debate on the subject matter. The literature review relates the different views and perspectives to my research questions, and plays a key role in solidifying the conceptual basis for this study. The chapter also highlights several gaps in research and knowledge, which this study in different ways contributes to addressing. The literature is reviewed using an exploratory rather than systematic approach due to multiple challenges of limited research in this area, the need for the study to link some diverse issues and the need to include non-mainstream literature that represented Non-Western perspectives, as well as policy reports, documents and evaluations.

The chapter is made up of three main sections. The first section will begin by providing an explanation of the less conventional approach I have taken to reviewing literature on the thesis subject. This will be followed by an examination of literature on Non-Western approaches to health and healing, and particularly how such health systems address violence, danger and uncertainty. The second section will review literature examining the dominance of the Western bio-medical health paradigm. It will address the impact of colonialism and the Enlightenment on knowledge systems. The section will also examine the scientific and bio-medical frameworks of mental health and how such frameworks have come to form the foundation of global humanitarian responses. The third and final section of this chapter will review literature focussing on the challenges around global humanitarian interventions on mental health, notably in Non-Western settings.

Overall the chapter will examine the literature and studies around mental health, particularly as it is addressed and applied in global humanitarian contexts, most notably in the global south. It will begin by exploring literature that describes Non-Western cosmologies, which form the basis of approaches to health and healing in the global south. Due to some of the limited literature in this field, the literature review will also make reference to the author's interviews with shamans and other practitioners of Non-Western health models. In addition, the chapter will examine literature concerning the mainstream Western biomedical health paradigm, notably as it applies to mental health. It will also examine literature describing the key foundations, concepts and approaches to mainstream

global humanitarian responses in settings in the global south such as Post Traumatic Stress Disorder and the psychosocial approach. Further, the chapter will examine the literature describing knowledge generation and the power dynamics surrounding which knowledge is considered superior or inferior.

The chapter will then continue with a focus on some of the debates and critiques emerging from the literature, around the appropriateness of applying Western mental health models in Non-Western settings. The discussion also reviews literature questioning the exclusion from global mental health models of emerging thinking in the fields of neuroscience and quantum biology. These scientific advances are also a form of critique around accepted mainstream Western mental health practices. Finally, the chapter will also highlight debates in literature that concern the impact of the world-wide acceptance of the Western mental health paradigm as the global reference for mental health, in particular within humanitarian responses in the global south.

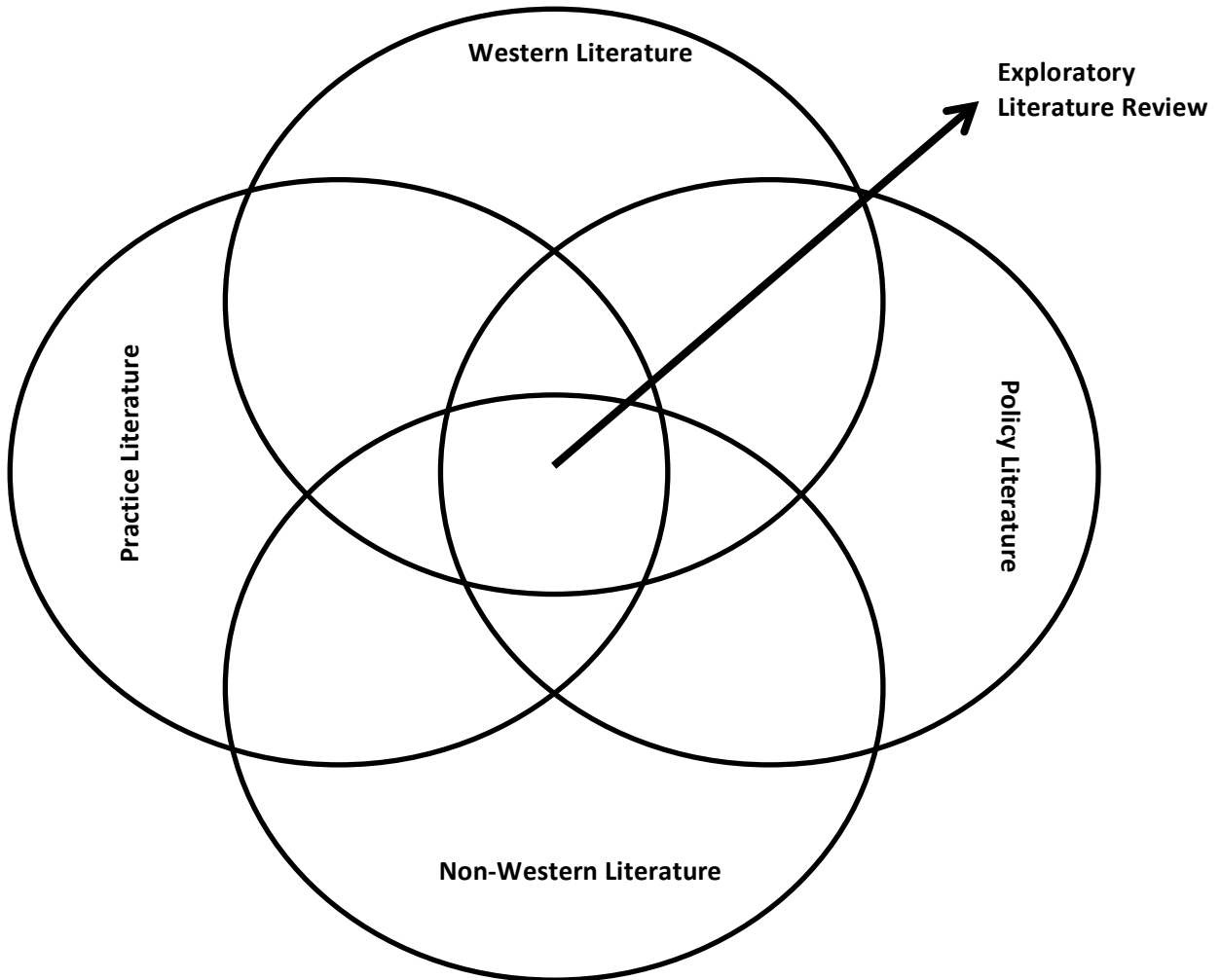
3.1 Exploratory Approach to Literature Review

Literature reviews play an important role in scholarship because science remains a cumulative endeavour (vom Brocke et al., 2009). This review has taken the approach of exploration to academic, policy and practice literature on the subject matter. Although, I started the process of using evaluative and instrumental approaches to literature review, it became clearer that due to the messiness of literature in the humanitarian sector and related mental health interventions, and lack of related literature found by such processes, that I am entering into a domain that is yet to be explored. Alperin (2014) explains that key research hubs such as Web of Science are considered by several thinkers as limited in their ability to understand impact of research from the developing world. The systematic review framework was rejected on the ground that it will only point me to the mainstream peer reviewed scientific literature and disregard the policy documents, reports, evaluations as well as non-mainstream literature that brings to the fore the Non-Western knowledge and realities. I started with Scopus and Web of Science and struggled to find sufficient literature relevant to this study.

Based on narrative review framework, this exploratory literature review is taking the “traditional” way of reviewing the existing works and is skewed towards a qualitative interpretation of prior knowledge (Sylvester et al., 2013). The following Figure 11 shows the

messiness of the literature I had to engage with and points towards the exploratory nature of this literature review.

Figure 11: Exploratory Literature Review



Source: Author, 2020

In this approach, my exploratory literature review aims to summarise what has been written on mental health, humanitarian responses to mental suffering in conflicts, affected communities and traditional knowledge, however, it does not seek to generalise or cumulate knowledge from what is reviewed (Green et al., 2006; Davies, 2000). In its place, this exploratory literature review commences to gather and synthesise the literature to demonstrate that there is a problem in the current policy and practice of humanitarian interventions to mental suffering in conflict situations (Baumeister and Leary, 1997). In that, I have limited my attention to certain literature in order to make this point. One could argue

that this exploratory review has taken an unsystematic approach; the selection of literature is subjective, lacks explicit criteria for inclusion and may lead to prejudiced interpretations (Green et al., 2006). There are, however, many narrative reviews, particularly in health domain, as in all fields, which follow this unstructured approach (Paul et al., 2015; Silva et al., 2015).

However, I argue that this exploratory literature review approach is very useful to this PhD in gathering a volume of literature on this subject matter and amalgamating them. As I mentioned above, the primary purpose of this exploratory literature review is to establish an across-the-board background for understanding the current knowledge and highlighting the significant gaps and tensions in this field (Cronin et al., 2008). This exploratory review has inspired my research, as this identified the inconsistencies in the body of knowledge, and highlighted numerous methodological challenges of how conflict affected populations are subjected to mental health responses without adequate engagement, and the complications in the interpretations of the knowledge emanating from such exchanges.

3.2 Concepts, definitions and framework of suffering

The main framing concept of this thesis is suffering. While there are various definitions of suffering, most generally encompass the idea of, 'The state of undergoing distress, pain or hardship (Oxford Languages, 2020)'. Suffering is generally characterized in mainstream scientific tradition as being of a physical or psychological nature (Edwards, 2003), but from the religious perspective elements of spirituality and morality are also included in definitions of suffering (Fitzpatrick et al., 2016). In addition, more so with the humanitarian perspectives on suffering, the definition includes social suffering (Anderson et al, 2017).

The concept of suffering has been a key focus of inquiry historically and encompasses various subjects of study, not only in terms of its definition, but how it should be approached and alleviated. It has been of great philosophical interest from the time of Ancient Greeks (Hogue and Sugiyama, 2011). Sociology is another field of study that has also historically given suffering attention, focusing largely on the concept of its objective or subjective nature (Edwards, 2003; Von Weiss, 1934). Most major religions have also given much attention to defining suffering and the way their faithful should approach it, while addressing several challenges suffering raises (Fitzpatrick et al, 2017). It often conflicts with notions of a loving and just God (ibid). Even within different religious traditions,

perspectives on suffering can differ (ibid). Another field where attention to suffering is central, is that of medicine, where the goal is to alleviate physical, and more recently, psychological suffering (Edwards, 2003). Finally, at the core of the humanitarian field lies the concept of alleviating suffering, generally as moral and social obligations that can provide meaning (Anderson et al., 2017). Responses are based on assessments and measurements of extreme suffering (ibid). There are also key critiques of the global humanitarian approaches to mental health that highlight the subjectivity and cultural specificities around suffering that make such responses inappropriate and thus ineffective (Summerfield, 2012; Clancy and Hamber, 2008; Bracken, 2002; Summerfield, 2000; Airhihenbuwa, 1995; Illich 1975). The medical, religious and humanitarian perspectives have more relevance to this study.

The concepts and definitions of suffering are thus wide and varied and could entail deep subjects of inquiry in and of themselves. While recognizing this, this study has nonetheless taken a very specific approach to suffering which focuses on suffering in context of war and humanitarian emergency setting. The overall meaning adopted in this thesis is highlighted in the Appendix 11, the key definitions. Suffering is explained as, 'A natural response to subjectively understood causes or stressors. It thus varies between individuals and cultures. It is considered negative and can be physical, social or psychological, but it does not necessarily need medical attention or specialised external intervention to improve (author, 2020).'

This conceptualisation of suffering is used to address the realities and challenges of the concept based on findings of this study at both conceptual and empirical levels. The initial intention and key element of this study was to examine community approaches and understanding of psychological suffering and consequently the implications for global responses to mental health. Thus, in once sense the term 'trauma' could have easily replaced the term 'suffering' that is used. However, very early in the research process, review of literature indicated extensive debate on the validity of this concept, particularly in Non-Western contexts. The Western foundations of the concept and questions of its transferability are some of the criticisms highlighted. This is discussed in detail below in this chapter. Further, findings from the fieldwork also confirmed the challenges of using such a concept and the respondents understanding of suffering reflected the critiques in this debate. This was one key reason to use the term 'suffering'.

The more frequently used concept of ‘trauma’ in the context of mental health in humanitarian settings primarily addresses psychological suffering. While this was indeed the central focus of my inquiry, the information regarding different concepts and understandings of health and healing in mainstream Western medical and humanitarian concepts, and that of Non-Western concepts, formed an important element in the choice of the term ‘suffering’. The choice of this term was also informed by criticisms of methodological approaches used in inquiry in the global south, that already presupposed an importance or primacy of psychological suffering over other forms of suffering such as physical and social. Using the term ‘suffering’ allows for a broader framework, leaving an openness to findings that are not already somewhat pre-determined by the framework of linguistic and conceptual choice of using a heavily loaded term such as ‘trauma’. In the end, what is also critical, is I chose to use the term ‘suffering’ as opposed to ‘trauma’ based on the fact this more closely reflected definitions of suffering presented by the participants in this research.

Figure 12: Definitions and perspectives on suffering

Definitions of suffering	
Oxford Languages online dictionary, 2020	The state of undergoing distress, pain or hardship
Collins online dictionary, 2020	A serious pain which someone feels in their body or mind
Collins online dictionary, 2020	The bearing or undergoing of pain distress or injury
MacMillan dictionary online, 2020	Mental or physical pain or problems
Wilkinson, in Anderson et al., 2017	‘Social suffering promotes capturing the essence of how people’s suffering is produced and conditioned by society (Wilkinson, in Anderson et al., 2017, p.61).’
Perspectives on suffering	
Medical perspective	‘As a phenomenon, suffering has a key place within medicine. It can be expected to figure in any sensible account of the goals of medicine. It is reasonable to suppose, that the whole project of medicine, at least in its early phases, can be conceived of as a response to suffering (Edwards, 2003, p59).
Subjective perspective (Cassel’s theory)	Suffering is ultimately a personal matter- something whose presence and extent can only be known to the sufferer (Cassel, 1999 in Edwards, 2003, p60)
Objective perspective (Van Hoof’s theory)	‘Relief of suffering can be objectively demonstrated...The question of whether or not a person is suffering can, in principle, be answered independently of the view of the person whose suffering is being questioned (Edwards, 2003, p.60)
Intuitive perspective	‘Suffering is bound necessarily to the felt experience of suffering

(Edward's theory)	but only contingently to threats to the intactness of the self. The intuitive concept generates skepticism regarding the prospect of scientific understanding of suffering (Edwards, 2003, p.59)
Culturally specific perspective	'From an intervention and clinical standpoint, the alleviation of suffering starts with local frameworks, needs, concerns and processes of identification. Ultimately, healing begins with understanding, and understanding begins with listening to local models as expressed through idioms of distress (Kohrt and Hruschka, 2010, p. 346).
Humanitarian perspective	'Alleviation of suffering lies at the core of caring for others, humanitarian relief...For many people and some societies it is the essence of human purpose, and for some it is the source of greatest meaning in their life (Anderson, 2017, p.3).
Religious perspective (Jewish, Roman Catholic, Buddhist, Evangelical Anglican, Islamic and Hindu traditions)	The perspectives reveal the central and enduring role that suffering plays in the religious traditions presented here. In each it is seen as an inalienable part of corporeal existence. It is experienced by individuals and by collectives and the suffering of one person impacts those around them, their families, and their communities. In each faith tradition suffering tends to be regarded as a disruption or disharmony of the body, of the self, and, in South Asian traditions, of cosmological order (Fitzpatrick et al., 2016, p.15).
Philosophical perspective	Suffering is projected as being expressed as a hostile or even tormenting experience, ruthlessly impacting a person at a psychophysical and existential level. However, this description neither includes the idea that suffering can strike and even obliterate the self nor the idea that it can positively expand the self; both perspectives can be equally useful for managing suffering, but they are not defining features (Bueno-Gómez, 2017, p.2).

Source: Author, 2020

3.3 Non-Western approaches to health and healing

3.3.1 African cosmological approaches to health and healing

As with Europe, North America, and the rest of the world, Africa is a continent made up of multiple cultures, peoples and cosmologies. Rodney (1973) takes a strong stance on both the importance of Africa's contribution to the world, as well as global refusal to accept such importance. He explains that music; art and storytelling are key parts of culture, many of which continue to be appreciated on global level. He further describes that before colonialism there were social stratifications and political institutions and empires such as that in Ethiopia, Western Sudan as well the Songhai Empire associated with present day Mali. These political structures and cultures had noblemen (and noblewomen), the educated and less educated, agriculturists and herders: different stratifications of society and culture. Similarly, there was an exploration and evolution of different political

structures including feudalist society and the balance between military and civilian rule (ibid).

Indeed, as with discussions that suggest a universal African culture, one cannot talk of a universal African cosmology; the cosmologies being in a general sense the worldview of a people (Viriri and Mungwini, 2010). To further complicate matters, literature on African cosmology is scant, and even more so that which is written by Africans. I use the term 'African Cosmology' as described by Viriri and Mungwini (2010) suggesting that, 'While there are many cultures in Africa it is almost acceptable in the philosophical literature that whenever a *'thought'* or *'tradition'* is predicated of Africa, it does not connote homogeneity of cultures, but reference is only being made to dominant themes, in the sense of common generative themes in African culture.' In essence, certain themes that can be more or less generally applied (Eagle, 2004,).

Literature illustrates that in African²⁸ cosmology, religion and spirituality play an important role in social life. It is considered that, 'The Divine, as the basic principle of connection, is a community that acts and interacts in a variety of modes within the universe. The Divine can be harnessed for effective human activity (Ogbonnaya, 1994, p.77).' It is important to note that there is a continuous adjusting and readjusting, agreeing and disagreeing within academics and practitioners that engage in some study on religion, spirituality and health, regarding definitions of the terms spirituality and religion²⁹ (Blazer, 2009; Oman and Thorsen, 2005; Koenig, 2004; Miller and Thorsen, 2003).

Authors discussing definitions of religion and spirituality such as Miller and Thorsen (2003) refer to 1991 reference material in the Oxford Dictionary dedicated to this subject describing spirituality as being concerned with two main themes:

First is the notion of being concerned with life's most animating and vital principle, or quality...Second, spirituality includes a broad focus on the immaterial features of life regarded as not commonly perceptible by the physical senses (e.g., sight, hearing) that are used to understand the material world...Therefore, it comes as no surprise that *spirituality* as a term tends to elude tight operational definition.

²⁸ Writing on African cosmology, and in the study going forward refers specifically to sub-Saharan Africa.

²⁹ See Miller and Thorsen 2003 for a more extended discussion on definitions of spirituality.

Religion; includes spirituality but is generally linked to more community and institutionalized rituals thus, distinctions are generally drawn between the terms though they are interlinked (Blazer, 2009; Koenig, 2004).

Viriri and Mungwini (2010) explain that some authors raise concern and critique of the manner in which the spiritual nature of African cosmology has been devalued in the global knowledge system. They described that the missionary zeal and conversion agendas that came with the spread of Islam and Christianity in Africa have continued to lend credence to the belief that there is something 'lesser' with African traditional religions and metaphysical worldviews. It should be noted that this was also the view taken by many Africans, though it is clear that the old cosmology and basic beliefs were not completely lost (Bhembe, 2000 in Viriri and Mungwini, 2010, p.29). Rodney (1973, p.55) explains that, 'African ancestral religions were no better or worse than other religions as such.' These challenges will be examined in more detail in chapter nine, which discusses findings of the community's approach to suffering.

Also important in this cosmology is the role for the ancestors and communion with them and supernatural phenomena that is considered a normal part of life (Viriri and Mungwini, 2010; Omojele, 2008; Eagle, 2004; Rodney, 1973). There is a complex nature, order and hierarchy of the role of spirit, the Divine, other gods and ancestors with different cultures having different emphasis. This communion takes several forms including that of dreams. Important to note for this study is that the role of the ancestors, spirit and God are considered important to health, and the balance of how these interact in one's life are critical. The idea of health then consequentially goes beyond being considered a matter of organs that are not functioning (Omojele, 2008). As such the cause of disease and the treatment of disease necessarily are in function of this understanding of health (ibid).

In African cosmology, the relationships with the spiritual realm and impact on health is often interpreted and guided by individuals who have the skills and, gifts, that can manage this level of communion (Eagle 2004). Often these are what are known as 'traditional' healers (Shutte and Buhrman 1984,1994, in Eagle 2004). This is generally the case when determined from an external Western perspective where traditional is in contrast to something more formal, more Western (Khan and Kelly, 2001). As with any healing system there are ways and methods of ensuring training and ability of the healers. This differs widely. In some

cultures, it is often inherited (ibid). However, in South Africa's Xhosa culture, for example, healers are often called to the role through their own encounter with illness (ibid).

A critical element of African cosmology is the fact that the body, the mind and the spirit, are not considered separate (Shutte, 1994 in Eagle, 2004). As Omonzejele (2008, p.120) describes, from this worldview good health consists of, 'Mental, physical, spiritual, and emotional stability, for oneself, family members, and community; this integrated view of health is based on the African unitary view of reality.' Thus, the healer works across the different realms, including the spiritual and the treatment is, 'Comprehensive and holistic...the body, soul and spirit...by unravelling the spiritual and physical causes of the ailment. Treatment could be the use of herbs, sacrifices, divination and incantations (ibid, p.122). South Africa is one of the countries where there has been closer documentation of the work of healers, and it is considered that approximately 80% of the population use healers to address their various health issues (Khan and Kelly, 2001).

Finally, other key characteristics of African cosmology include the links to nature as well as communal aspects (Viriri and Mungwini, 2010; Eagle, 2004; Rodney, 1973). Human beings are considered to relate and form part of the natural elements, the supernatural and the social networks. Individuals are always linked, part of, and centrally defined by, their larger social units such as community, family, kin and clan. In addition, another defining factor of African pre-colonial societies was the social make up (Rodney, 1973). The majority of African societies, at least south of the Sahara were communal and family, kinship ties and community defined social relations (ibid). One of the better-known concepts defining this importance of the social is known as *ubuntu*. It is a philosophy that defines social relations and focuses on the needs for placing welfarism, altruism and universalism as the defining core of relationships (Viriri and Mungwini, 2010). In essence, the place of the individual is limited in as much as it did not supersede one's place in society. These are all ways of organizing that stemmed from social and also religious beliefs and impacted on politics, social organisation, and ultimately also health and approaches to suffering and healing (ibid).

3.3.2 Different types of Non-Western healing systems

To define what is Western and what is Non-Western could be a whole thesis in itself, and something that will be attempted neither in this chapter, nor in this study in general. This

study will use these terms in the broadest sense, understanding as explained by Edward Said (2003) that these types of terms do not have, 'Ontological stability; each is made up of human effort, partly affirmation, partly identification of the Other (p. xii).' I will use the term 'Western', referring to a combination of the dominant culture groups of most European nations and those of North America, also referred to as the global north.

I use the term 'Non-Western' to refer to the dominant cultures of the world excluding Europe and North America. I will also use the term 'global south', which is more specific to Africa, Latin America, low-income Asia and the Middle East (Odeh, 2010). I include the pockets of Non-Western cultures in the Western nations, such as the Inuit in Canada and Northern Europe and the First Nation/Native Americans in Canada and USA, native Hawaiians in the USA as well as the Aborigines and Maori people of Australia, and New Zealand, amongst others. As with my definition of African cosmology, the idea is to focus on concepts that represent key themes from these different worldviews. The different healing approaches highlighted are not meant to be exhaustive, but provide some sense of the types of healing systems that exist.

There are some Non-Western health sciences that exist today, that have been carefully codified³⁰. Two of the most well known in the Western world today are the Indian tradition of Ayurveda and what is known commonly as Traditional Chinese Medicine (TCM) (Jaiswal et al, 2016; Patwardhan et al, 2005). They are considered to be the most ancient still living traditions (Patwardhan et al, 2005). Ayurveda is thousands of years old, being practiced in the Vedic times of 1500-1000 BC. Ayurveda means knowledge concerning longevity, and treatments are largely with plants and herbs based on the classical text the 'Charakasamhitha' (Nagashayana et al., 2000). It takes into consideration the body, mind and spirit in the maintenance and promotion of health and prevention and treatment of ailments (Govindarajan et al., 2005). In Ayurveda in particular, potency and efficacy of herbal treatment was also a spiritual matter with herbs being picked at certain times of the day and needing prayers before being administered (Nair³¹, 2016). Today, due to the commercialization of the treatments locally and modernization, as well as the production of

³⁰ Note that the oral nature of many non-Western cultures, notably in Africa means that knowledge is often passed down through stories or other oral means, or through specific individuals selected to be repositories of such knowledge. This means literature is highly limited. For Chinese medicine, Reiki from Japan and Ayurveda from India, literature is available, but one must understand the limitations of finding all necessary literature in the English language. This is already highly restrictive. One method I have used to balance this was to speak to practitioners of some of these Non-Western healing practices to supplement the literature review. More detail is available in methodology chapters four and five.

³¹ She was an Ayurvedic practitioner I interviewed in India in 2016.

its herbal remedies at industrial scale, many practitioners do not follow the spiritual aspects of Ayurveda (ibid).

Traditional Chinese Medicine is over two and a half thousand years old and is made up of treatments that include the use of herbs, acupuncture, and massage, amongst other things (Patwardhan et al., 2005). Both systems have many commonalities, notably the focus on the individual human rather than on the disease, a holistic approach to treatment and also include an aspect of health promotion and wellbeing (ibid). This also includes mental health, and acupuncture, for example has been used in such treatments since 1100 BC (Hollifield et al, 2007). Japanese Reiki is another Non-Western healing approach. Healing works through regulating the flow of universal energy through the person's body. Reiki is considered to have Tibetan, Chinese and Christian roots and is generally practiced where a practitioner lays their hands on the patient but can also be conducted by distance (ibid). It is used for stress reduction and to promote healing. Reiki is based on the concept that universal life force energy flows around us and is used through the body (ibid). Health and wellbeing are related to the balancing of these energies based on each individual's specifics and finding harmony (ibid).

Hawaiian Huna is another ancient tradition that combines many of the elements of the practices addressed above, with a focus on shamans as practitioners (King³², 2017; Roedenbeck, 2007). It includes the idea of the higher self, that of 5 elements, dreams and healing with herbs (James et al., 1997). Like Reiki and Chinese medicine, energy is considered important and Huna works with energetic healing. It also goes beyond and has similarities with esoteric traditions such as the Cabala, and chanting seen in Native American and Aborigine traditions (ibid). South America in general, and Mexico specifically, also have an ancient healing tradition, Curandero (Valdez, 2014; Zacharias, 2006; Torres, 2005). Its roots lie with cultures of the Aztecs and Mayans, as well as from the Middle East (ibid). It contains elements of herbal healing, rituals, and spirituality as well as work on the mind and body; a variety of therapeutic methods that includes massage, setting of bones and delivery of babies (Hoskins and Padron, 2018; Valdez, 2014;). Different practitioners lay emphasis on the different aspects (Torres, 2005).

³² Serge Kahili King is a Hawaiian Shaman that played a major role in codifying and defining Huna. I was able to interview him for background on my research in 2017. More information on Huna can be found on a website he administers- www.huna.org.

Of the Non-Western healing systems described above one critical concept that I found in the literature, and resonates with African cosmology, is that the understanding of suffering or illness and its treatments involves treating an individual holistically (King³³, 2016; Nair³⁴, 2016; Govindarajan et al., 2005; Patwardhan et al, 2005; Torres, 2005). Thus, I noted that in all these traditions the mind-body-spirit divide does not exist. Everything is linked. Remedies for the mind can focus strictly on a patient's diet. Similarly, a physical ailment in the body can be linked to the state of the mind. If this is the case a stomachache or digestive problem may not be treated as a problem in the digestive system, but one emanating from the mind or spirit. Similarly, if the body is viewed as being made of energy and the flow of that energy being important, focus may not be so much on the physical body. As aspects of spirit are often considered critical, treatments will correspond accordingly. This could be ritualistic, prayers, or a strong reliance on communication with ancestors. Shweder's (2008) work on suffering in India highlights in details the multitude of causes and potential responses to suffering and illness of multiple dimensions.

The whole approach to and attitude of how to treat and heal people suffering from illness is in line with these foundations. First of all, in reviewing most of the practices, I noted that those with the ability to heal are generally considered to have a gift that was divinely at the highest level, and genealogically at the lowest level, passed on. This gift or hereditary trait is generally considered a privilege. In the literature reviewed on Non-Western healing traditions, in most cases those with such gifts cannot receive payment for healing. In addition, there is a relationship between the patient and the doctor that is not simply transactional (Rinpoche and Shlim, 2004). The importance of compassion from the healer or medical practitioner is considered essential to an effective healing process (ibid). Long time American psychiatrist, Van der Kolk (2015) makes strong critiques of the field of psychiatry in the USA as one that lacks compassion, giving short assembly line like consultations followed by drug prescriptions.

3.3.3 Understanding violence, danger and uncertainty

Literature on Non-Western approaches to mental health, and specifically in situations of natural or man-made disaster and emergency settings, is limited. What is generally known about mental health in disasters has been derived from research in the West and mostly on Western populations, or Non-Western refugee populations in the West (Jayawickrama,

³³ He was a shaman of Hawaii Huna that I interviewed in the USA in 2016.

³⁴ She was an Ayurvedic practitioner I interviewed in India in 2016.

2017; Musisi, 2004). This poses a significant challenge, limiting sufficient understanding of such settings since such a limited focus on curing trauma related to war in refugees runs the risk of ignoring sources of ongoing environmental stress (Silove and Miller 1999, in Miller 2010).’ However, there is some literature that provides a general picture of some of these Non-Western approaches in emergency contexts.

There is a body of literature that examines stigmatisation of mental health disorders and poor mental health services in Non-Western societies, including some that are specific to Sierra Leone (Gberie, 2017; Garber, 2011; Read et al., 2009)³⁵. These examinations largely refer to severe psychiatric cases, and are also less rooted in cultural understanding, and generally reflect the Western understanding, diagnosis and treatment of mental health issues as the dominant paradigm. This type of literature, as well as World Health Organisation’s (WHO) own studies and evaluations, form part of the basis for the WHO campaign for focus on mental health through it’s Mental Health Gap Action Program (MHGAP) launched in 2008 (WHO, 2016). The program aims to reduce the gap between prevalence of mental, neurological and substance abuse (MNS) disorders and available capacity within health systems, with a particular focus of increasing coverage in low and middle-income countries (ibid), which are mostly in the global south. This literature review, however, focuses more specifically on literature that more directly addresses the topic of mental health in emergency settings, particularly in the global south.

The Non-Western understanding, approaches and treatment of health and suffering described in the literature, as well as different cosmologies and beliefs underpinning this, are directly reflected in the way mental health is approached in societies in the global south, including when natural or human-made disasters occur. A critical element relates to the understanding of suffering, uncertainty and danger. In my review of literature, I noted that something about the culture and cosmology: the communal, spiritual and religious nature of Non-Western societies, impacts how people suffer in general, and consequently how they suffer in situations of conflict or other emergencies. This in turn has direct implications on understandings of psychological suffering and the ways this should best be addressed. Secondly, the lack of separation of the mind, body and spirit already suggests that mental health is not a matter of the mind only, and therefore treatment follows the same logic.

³⁵ I have been providing country and thematic expert reports for law firms in the UK since 2005. The majority of those reports ask for comments on the mental health system in Sierra Leone. I have conducted literature reviews on this since then. They also include wider research on mental health in sub-Saharan Africa.

With regards to the first point, related to the manner in which suffering is understood and conceptualised in many Non-Western socio-cultural settings literature points to several key elements. One of the most important aspects of the Non-Western understanding of mental suffering after a disaster is that it is not considered a disease that needs medical treatment, even if there are methods that are considered and used to help ease the suffering (Jayawickrama and Rose, 2017; Jayawickrama, 2010; Summerfield, 2000; Bracken and Petty, 1995). In addition, the psychological impact is not given weight and importance above other impact that a disaster may have on a community (ibid). Different traditions view the nature of the disaster as having varying levels of impact on the physical world; economic, environmental, social, political (Jayawickrama and Rose, 2017), and often include the impact at spiritual and ancestral levels (Honwana 1997, in Stark 2006). The Native American tradition is an example of this, and the collective body affected includes, animals, nature and ancestors (Summerfield, 2000). According to Korn (1997, p.3-4) the impact is then that:

The body is to spirit like the land is to its people—the ground of life force... And because of their intimate interconnection, taking the land destroys a people, just as taking the rituals and ways of life, destroys the land. Trauma alters the eco-system of the body mind and spirit, like oil pollutes water.

Further, the notion of suffering itself, be it mental, physical or spiritual, in most Non-Western practices shapes approaches to and concepts of mental suffering (Jayawickrama and Rose, 2017; King 2016; Nair, 2016; Goswami, 2011; Omojele, 2008; Torres, 2005; Eagle, 2004; Summerfield, 2000; Chopra, 1989). The inter linkage of body, mind and spirit mean that the concepts of suffering are thus shaped by spiritual beliefs and practices. As such, views on death, dying and suffering, experience of disaster settings, are thus not delinked to religious and spiritual traditions.

In the Buddhist religion, for example dying is just a transition; there are other lives to live through reincarnation and a connection between past, present and future existence (Karma-Lingpa et al, 2006; Puchalski et al., 2005). In the Hindu religion death has several elements but that of reincarnation is key, thus no finite end to life (Puchalski et al, 2005). Other examples are the Christian and Islamic faiths. The Christian religion encompasses the belief in eternal life so also removes the finality of death. This is similar in Islamic traditions where there is also a belief in life after death (ibid). In Non-Western cosmologies that may not

adhere to the larger world religions, death is not so permanent as communion with ancestors and spirits exists (Chaturvedi et al, 2009; Eagle, 2004; Eytsemitan, 2002). Different cultures have necessary rituals and traditions to ease the passing, but the main thing is that death is considered a natural part of life (Puchalski et al., 2005; Illich, 1995). It should be noted that this is in contrast to the mainstream Western scientific view that death is something that should be avoided, and an emphasis is on curative elements of care (ibid).

The field of psychology, even out of emergency settings has an area of study dedicated to the trauma caused by fear of death known as personal death anxiety (Kaying-Hiu and Coleman, 2012). This inability to accept death, notably in Western society, is thought to be a cause of insecurity and fear that also leaves many unable to adequately emotionally deal with death of loved ones (Coleman, in Karma-Lingpa, 2006). It is considered that different religious beliefs on death have the differing ability in protecting against personal death anxiety (ibid). Overall, the religious and cultural beliefs that allow for an acceptance of death are able to overcome living in fear of dying expressed by the Dalai Lama in Karma-Lingpa et al's book (2006, p.xxxvii) as:

When we look at life and death from a broader perspective, then dying is just like changing our clothes! When this body becomes old and useless, we die and take on a new body, which is fresh, health, and full of energy! This need not be so bad!

Another element associated with Non-Western understandings of suffering is the belief that all that is meant to be is: including suffering (Brown, 2014; Jackson, 2004; Rahula, 1959). What happens is the will of a higher power, however that power is defined and described. This means that is the same for the good, and the bad in the world. The result is that suffering, uncertainty and danger, are not only considered a normal part of life, but if it happens to you this is the way it is supposed to be.

An example of such an attitude can be seen in the Buddhist faith where the general attitude to suffering is explained by Rahula (1959, p.28) as:

Although there is suffering in life, a Buddhist should not be gloomy over it, should not be angry or impatient with it...What is necessary is not anger or impatience, but the understanding of the question of suffering, how it comes about, and how to get

rid of it, and then to work accordingly with patience, intelligence, determination and energy.

This world view can also be seen reflected in a study on the Sierra Leone context where the researcher described cultural ideologies in Sierra Leone on suffering being, 'The conception that pain is an unavoidable part of life (Jackson, 2004) and that God is the ultimate controller and source of all power (Brown, 2014, p.20).' More broadly, the concept of attitude, and its impact on health and healing, is explored in several studies. The overall findings suggest that positive attitude, gratitude, forgiveness and acceptance of a negative situation that causes suffering, play a significant role in easing or healing this suffering (McClean et al., 2016; Morgan et al., 2016; Hayes et al., 2012; Wood et al., 2010; Pratti and Pietrantonio, 2009).

Regarding the links between body, mind, and the spirit in Non-Western approaches to mental health and how this affects treatment of suffering, a review of literature highlights the importance given to addressing physical and material suffering as a means of addressing mental suffering (Becker, 2015; de Mel et al., 2008; Gryse and Laumont, 2007; Jayawickrama, 2006; Wickramage, 2006). Literature also highlights the role of the spirituality as an approach to addressing mental suffering. For example, in South Asia, Ayurveda has a component that addresses psychological suffering after disasters with an initial focus on physical challenges such as rehabilitation of homes, property etc. (Nair, 2016³⁶). This approach is reflected in a study on Aceh, Indonesia, after the Tsunami, which found that, 'The people of Aceh strongly relate mental health to material, financial and social wellbeing (Gryse and Laumont, 2007, p.12).'

Similar findings to the Aceh study existed in a study in Thailand after the Tsunami. The material aspect such as loss of livelihood was considered paramount in effectively addressing psychological suffering after the Tsunami. This even led researchers to a question whether, 'The fact that loss of livelihood was such an important correlate of mental health problems in the cross-section makes it seem plausible that programs for rebuilding fishing boats after the tsunami may have been one of the best mental health interventions in encouraging psychosocial recovery (Silove and Byrant, 2006 in de Mel et al, 2008, p.4).'

³⁶ She was one of the Ayurvedic practitioners I interviewed in Chennai, India as part of my studies in 2016.

Calls for a more integrated approach to global mental health psychosocial responses also come from Wickramage's (2006) critiques of how the Tsunami was addressed in Sri Lanka.

Another key aspect of addressing suffering in Non-Western cultures and settings is that a spiritual approach is a culturally approved and widely utilised manner of addressing mental suffering (King³⁷, 2016; Nair³⁸, 2016; Govindarajan et al., 2005; Patwardhan et al, 2005; Torres, 2005). In the West individuals do use religion as a coping method to address mental suffering, but the wider approval of such use, particularly in medical treatment, is not the case (Baetz and Toews, 2009). There is a wide body of literature, and much growing research regarding religious coping. Initially this was mostly viewed as having a negative effect and as pathology (Koenig, 2009; Koenig, 2004; Astrow et al., 2001; Lukoff et al., 1995). For example, some efforts in the USA have gone to challenging ideas that mental illness are a result of spiritual or moral failure (Ramsey-Lucas, 2016). Change now exists in this view of religion as pathology.

More recently, in the realm of mainstream medicine, including psychology, the consensus is generally that religious coping can be effective and is widely used (Webber and Pargament, 2014; Dericqubourg, 2009; Koenig, 2009; Sotero, 2007; Shaw et al, 2005; Miller and Thorsen, 2003; Astrow et al., 2001; Pargament et al., 2000; Bullman and Wortmann, 1977). There is also literature that examines the concept of posttraumatic growth that comes from the positive psychology perspective where there is a growing understanding that traumatic events, often mediated by patient's spiritual experiences, can lead to positive outcomes (Splevins et al, 2010; Shaw et al, 2005). Gryse and Laumont's (2007, p.135) study in Aceh highlights the similar capacity for personal and spiritual growth explaining that:

Even negative events ultimately bear positive outcomes and punishments should still be considered as opportunities. Whether it is called 'establishing a close relationship to God' or 'surrendering yourself to Allah or believing that 'even bad events will eventually lead to positive outcomes', in many ways religion help to accept one's destiny and therefore has, as such, a calming effect on people.'

The critical difference is that in Western mainstream science, treatment is not spiritual, nor is the effect of God and religion considered to be spiritual, but there is a search for

³⁷ He was a shaman of Hawaii Huna that I interviewed in the USA in 2016.

³⁸ She was an Ayurvedic practitioner I interviewed in India in 2016.

'scientific' explanations that reside in neurological and other physiological realms (Almeda-Moreira et al, 2007; Hodges and Scofield, 1995). From this perspective there are also some studies that demonstrate the physiological impact on the brain and broader nervous system impact of spiritual practices such as and yoga and mindfulness (Mednick, 2019; Alliance for Peacebuilding, 2016; Strosahl, 2016; Van der Kolk, 2015). It is important to note that historically in the global north, religion and medicine were not separated (Astrow et al., 2016).

Personal accounts from survivors from the Rwandan genocide provide an idea of how some people relied on spirituality to address their mental suffering during war (Ilibagiza, 2006). In my review I noted that more of the literature on the use of spirituality in addressing war or disaster related suffering in Non-Western contexts focuses on its use in healing, often through various rituals (Ross, 2014; Stark, 2006; Honwana, 1999). For example, referring to both Angola and Mozambique, Honwana (1999, p.2) explains that psychological disorders related to war, 'Are quite treatable by traditional healers, based on indigenous understandings of how war affects the minds and behaviours of individuals, and on shared beliefs of how spiritual forces intervene in such processes.' Studies on girls affected by rape in Sierra Leone's war also describe similar experiences in that context (Stark, 2006). Ross came to a similar conclusion after practicing in Uganda, and understanding from patients that their religion and use of traditional healers and cleansing rituals were more helpful to them (Ross, 2014). Other authors also argue that spiritual and religious interventions may actually mitigate consequences of severe trauma (Doucet and Rovers, 2010).

In Asia, Jayawickrama (2017) shares an experience from Nepal where a local humanitarian worker and affected member of the community described local responses of 'listening and helping' and the use of, 'healers' and herbal doctors, as well as religious practices and traditions', as their local approach to addressing mental suffering. In Aceh after the tsunami one study found 95-100% of the affected community stated their religious faith as their coping mechanism (Gryse and Laumont, 2007). Referring to India and Sri Lanka broadly, another study describes approaches to mental health that also predate Ayurveda, with people looking to specialists in exorcism, other types of healing and also astrologers (Fernando and Weerackody, 2009)³⁹. They further stipulate that, 'Spirituality is important in all forms of healing and often central to the explanatory system of the healer (ibid, p.7).'

³⁹ Important to note that in India, astrology is considered a science. Indian court rulings, as recent as 2011, confirmed this. It is a subject that is taught in universities.

3.4 The dominance of the Western bio-medical health paradigm

I use the term bio-medical to refer to a model that applies medical knowledge to human experiences, which by locating disease within a body, develops interventions that focus on that body. Behaviours that have roots in broader social and environmental contexts and therefore are not self-evidently biological or medical conditions are treated as abnormal (Clark, 2014; Kleinman, 2006; White, 2002). The literature I reviewed illustrates that there is an on-going debate as to the place that Non-Western knowledge in general, and specifically on health, is given within the global hierarchy of valuing knowledge (Hutchinson et al 2014; Owus-Ansah and Mjie, 2013; Omojele, 2008; Porsanger, 2004; Martin, 2003; Airhihenbuwa, 1995). Western scientific knowledge is generally considered superior, notably as a global standard (Louis, 2007), one that is the foundation of global humanitarian responses in complex emergencies. Some of the critiques directed at the manner in which global humanitarian responses are implemented focus heavily on the way knowledge is valued (Jayawickrama and Rose, 2017; Summerfield, 2000; Petty, 1998). The next section of the chapter reviews literature that addressed two of the key global events that shaped the hierarchy of global knowledge as well as the current dominant scientific paradigms; colonialism and the enlightenment.

3.4.1 The impact of colonialism on the value of different knowledge systems

Colonialism is a subject with numerous themes, issues and debates, notably assessing its impact on colonized people from a psychological, economic, cultural and social perspective (Loomba, 1998). Colonialism is essentially, 'The conquest and control of other people's land and goods (ibid).' The reasoning behind colonialism, its justifications or arguments regarding the success, or lack of success of European colonialism, is a subject of much debate (Bryant, 2006). Reviewing such literature or deeply understanding it is not central to this study. What is more important is an understanding of literature describing the impact of colonialism on how knowledge was valued and shared, notably in Africa.

Colonialism is not solely a European issue, but existed throughout the globe before the Europeans started their main colonial project (Heldring and Robinson, 2012; Loomba, 1998). France and Britain were the largest colonial powers, with Portugal, Germany, Spain, and to some extent, Italy and Holland also playing their role (Asafa, 2015; Griffiths, 1986). However, the scale of European colonialism was the most extensive and distinctive from other forms of colonialism with coverage of colonies and ex-colonies in the early 30's

representing 84% of the earth's land surface (Loomba, 1998). This section focuses on colonialism by Europeans in Africa⁴⁰.

Characteristics of colonialism vary from country to country, but of note and receiving regular attention was the fact that, 'The process of 'forming a community' in the new land necessarily meant *unforming* or re-forming the communities that existed there already, and involved a wide range of practices including trade, plunder, negotiation, warfare, genocide, enslavement and rebellions (ibid).' Other authors such as Peruvian decolonisation specialist Quijano (2000), Asafa (2015), Bassil (2005), Fanon (1986), and Rodney (1972) highlight the racist and racial aspects of European colonisation. Another key element of colonialism is considered to be material exploitation and cultural domination (Bulhan, 2015).

The impact of colonialism is extensively written about and has been debated for over a century with main distinctions being those that consider it had a positive impact and those that consider colonialism the source of a multitude of ills that colonised nations face today (Heldring and Robinson, 2012). One can find literature that illustrates the benefits of colonialism leading to the development of the colonies, particularly so considered in Africa (Gilley, 2016; Uweru, 2008). (Settles (1996) explains that some literature points to positive elements such as colonialism providing Africa with a more sophisticated economy and more fully integrating Africa into a global economy. Some literature also suggests that advances in education, economy, politics and socio-cultural advances can all be attributed to the European colonizing mission (Gilley, 2016; Heldring and Robinson, 2013; Uweru, 2008). Heldring and Robinson (2012) are authors that consider the effect of colonialism in Africa as heterogeneous, thus move away from generalising and examining average impacts. It should be noted, however, that the focus of their research was on economic development. The impact of colonialism in terms of its decimation of existing culture and knowledge systems seems less debated, though the question of whether the impact was positive and the root of socio-economic and cultural advancement or negative and root of stagnation, continues to be disputed.

⁴⁰ European colonialism in Africa was fuelled by the move to fulfil the increasing production requirements that is considered as providing both the necessity and opportunity for the imperialist and colonialist agenda. Imperialism is an economic agenda, but Africa was also subject to colonialism, the political, social and cultural domination, the latter largely fuelled by racism (Rodney, 1973, p212). The 'Scramble for Africa' was the official expression of colonialism that saw different colonial powers carve out arbitrary borders on the continent based on the need for existing and perceived future raw materials.

More common are the criticisms that consider the impact of colonialism both devastating on all realms of society including psychology, and who additionally consider that these negative impacts are not given sufficient weight (Fanon, 1986; Cabral, 1973; Rodney, 1972). Fanon (1986, p.18) illustrates some of these views in his statement regarding the impact of colonisation due to adoption of colonial languages saying, 'The colonized is elevated above his jungle status in proportion to his adoption of the mother country's cultural status.' Moreover, the Africa that existed, apart from not having a history, was also apparently not capable of any technological or scientific advances (Wainana, 2005; Rodney, 1972). This portrayal of Africa then ignores evidence of African presence in the Americas before Columbus and contributions of ancient African thinkers and scholars to humanity's shared knowledge (Wechselman, 2003).

Individual scholars, authors and thinkers as well as whole cultural and academic movements aimed to reverse the impact of colonialism at all levels, including the production and valuing of knowledge (Mbembe, 2013; Owus-Ansah and Mjie, 2013; Hutchinson et al 2014; Loomba, 1998). The move to independence in Africa was one such response (ibid). Thinkers and politicians such as Amilcar Cabral, Kwame Nkrumah, Patrice Lumumba and Thomas Sankara,⁴¹ all used the need to reverse the negative aspects of colonialism in their political and intellectual fight for independence (Shivji, 2003). Theirs was a focus on the fight against domination of African politics and economies by foreigners, namely the colonizing nations. Therefore, post-colonial theory, nationalism and even feminism are also considered to form part of this critique of colonialism (Loomba, 1998). In these critiques, many focusing on the European colonial experience in Africa (Heldring and Robinson, 2013), the levels of the negative impact of colonialism vary.

3.4.2 The impact of the enlightenment and science on knowledge systems

The period in European history known as 'The Age of Enlightenment' covers the years 1685-1815. During this period there was a focus on the importance of 'rational' thought and a questioning of traditional authority. Outram (2009, p.5) describes the concept saying, 'Man gained control over nature, and then over other human beings, by controlling them 'rationally' through the use of technology. This means that nature is no longer seen as the location of mysterious powers and forces.'

⁴¹ There is a rich literature on writers fighting colonialism and struggling for independence. While some like Nkrumah focus on African Unity, others speak to the negative socio-economic, cultural and political consequences of colonialism.

The foundation of enlightenment was 'reason', which was considered not only the guide to knowledge, but to life in general (Hankins, 1985). There were numerous thinkers of the time and in different European countries, and the USA, that put forward such ideas; prominent ones include Bacon, Hobbes, Descartes, Rousseau and Jefferson (ibid). It should be noted that the detail, views and definitions of the Enlightenment did vary (ibid). However, in general, the Enlightenment period affected all aspects of life and thought, from science and philosophy to politics and communications (Zafirovsky, 2010), although women and slaves were not part of the selected group of European society affected (Sen, 1999).

The literature on the impact of the Enlightenment on science illustrates not simply how Western thought was exported and dominated the global thought, but the nature of how that thought changed (Hankins, 1985; Zelinsky, 1974). One of the key aspects of the Enlightenment relates to, 'Leaving God out of science' (Hankins, 1985, p.6). This rejection of religion, nature and the natural order, then gave science and scientists a powerful position that Zelinsky (1974) refers to respectively as the 'Church of Science' and 'demigods.' The Enlightenment period was also the time that science became categorised into what we know today- physics, chemistry, biology, geography etc. (Hankins, 1985).

In the modern ages, 'The Republic' of letters, which brought together scientists around the world, transcending politics, nationality, including wars, was evidence of the globalized nature of knowledge⁴²(Somsen, 2008). The debates and questioning related to this thinking, even within European circles were not, however, exported (ibid). As Somsen (2008, p.362) noted of the time, 'Science may not be inherently universal, but scientists *have* often viewed their enterprise in such terms. Since the Enlightenment, the universal character of science has been proclaimed innumerable times—for various reasons, and in a range of different contexts. Due to the reduction of importance of all that came before it, which included Non-Western thinking, the natural chronologic basis of the Enlightenment period automatically excluded many Islamic scholars of this period, key scientific developments in China, and limited importance given to knowledge from Russia, the U.S. and Japan'.

⁴² Missing from such prestigious societies defining knowledge were of course people from the global south. This continued as the Republic of letters and later became the 'International Scientific Community early 20th Century. A proliferation of international research institutions grew and was topped by the International Research Council. Alongside this, it is important to note that there were also strong arguments for science to be considered, not so much as international, but as specifically European (Somsen, 2008)

Scientific superiority was propagated through health systems, education, development, as well as political and economic structures and systems (Owusu- Ansah and Mjie, 2012; Airhihenbuwa, 1995). While the colonizers left, their knowledge systems continue to exist as dominant, and in tandem with this a necessary element; the rejection of traditional knowledge and cosmovisions as 'unscientific' (Owusu- Ansah and Mjie, 2012). Of particular relevance to this study is the impact on health, which Airhihenbuwa (1995, p.ix) describes as the, 'Valorization of Eurocentrism and patriarchy in the production and acquisition of health knowledge and health behaviour.' Advances in the health field, taking culture more into consideration have been made since Airhihenbuwa's (1995), writing but the same criticisms remain and will be explored later in this chapter.

3.4.3 The scientific and biomedicine concepts and mental health

While the literature on the value and implications of using Western mental health approaches in contexts of humanitarian disasters is dynamic and replete with different debates questions and contradictions, I have found the literature that explains and defines Western mental health approaches is less contradictory or conflictual. Whether it is the critiques or the defenders of the approaches there seems to be a basic consensus on the detail, definition and nature of the mainstream Western health and mental health models in general, including as is specifically applied in the humanitarian context. Similarly, while Engel (1977) describes the debates within the medical field as to whether psychiatry can properly be considered as a 'real' field of medical study or not, I have found less of a debate in literature as to the nature of Western psychiatry. Psychiatrist Summerfield (2012) and Engel (1977, confirm this explaining that while psychiatry does involve approaches and provide challenges to Western biomedicine, they have still essentially unconsciously committed to the biomedical model.

As such, authors such as Jayawickrama (2017, p.213) explain that, 'Human suffering has become a scientific problem to be solved, with no acknowledgement of traditional, cultural and religious explanations to life.' This view is shared by other scholars who are essentially strong critics of the mainstream Western scientific approach of understanding human suffering from a neutral and objective perspective (Summerfield, 2012; Bracken, 2002; Summerfield, 2000; Airhihenbuwa, 1995; Illich 1975).

As explained by the authors above, a key element of the Western mental health model is that it follows Western biomedicine core principles and therefore, 'Embraces both reductionisms, the philosophical view that complex phenomena are ultimately derived from a single primary principle, and mind body dualism, the principle that separates the mental from the somatic (Engles, 1977, p.129).' It should be noted, however, that while this perspective does still reflect mainstream medical theory and practice there are areas in Western medicine that are challenging the mind/ body divide (Bendelow, 2010; Maizes et al., 2009). These nuances in Western healthcare can be found in areas known as; a) Complementary and Alternative Medicine (CAM)⁴³, which covers a variety of ancient and new age treatments used in complement with or as an alternative to mainstream Western biomedicine, and b) integrative medicine, which extends the parameters of the dominant biomedical model to look at health beyond the physical body and focus on the therapeutic relationship while embracing both mainstream and complimentary and CAM (Maizes et al., 2009), and finally c) mind body medicine⁴⁴, which considers that the emotions and social context can affect physical health⁴⁵.

The aims and mission statements of institutions at Harvard examining such alternative approaches (Benson Henry Institute for Mind Body Medicine, 2020; Osher Center for Integrative Medicine, 2020), and a review of literature strongly illustrate that it is nonetheless the mainstream Western biomedical model that generally underpins the policy and practice foundations of global health, including humanitarian interventions on mental health (Summerfield, 2000). These are discussed in detail in the following sections of this chapter.

3.4.4 Western mental health paradigm as a dominant intervention in the humanitarian sector

The understanding of mental suffering and how this should be approached within the global humanitarian sector is fairly standardized mainly through the main reference and guide, the Inter Agency Standing Committee (IASC). Constituted by the heads of numerous UN and non-UN humanitarian organisations, the IASC was set up in 1992, mandated by a UN General

⁴³ See USA Centre for Disease Control (CDC) 2008 study for detailed definition.

⁴⁴ This is an approach to health that acknowledges that the social, emotional, spiritual can affect health. For simple description see (<https://www.mentalhelp.net/alternative-medicine/mind-body-medicine-an-overview/>)

⁴⁵ One example of this is at Harvard medical school and related Massachusetts General Hospital that houses both the Osher Centre for Integrative Medicine⁴⁵, and the Benson- Henry Institute for Mind Body Medicine⁴⁵. The missions of both institutions to mainstream integrative health and mind body medicine, and the language of literature and studies on integrative medicine and CAM reviewed for this study, strongly indicate that this is not an accepted or dominant approach to health within the field of Western medicine.

Assembly Resolution, responding to the need for strengthened humanitarian coordination (IASC, 2007). More specifically the IASC developed guidelines on mental health and psychosocial support in emergency settings to help humanitarian actors provide a minimum response to mental health and psychosocial wellbeing in such settings (ibid). Policy guidelines from major humanitarian actors intervening in mental health in humanitarian settings often explicitly make reference to these guidelines in their policies, but being members of the IASC is also an illustration of adhering to these guidelines⁴⁶. Examination of NGO and different UN agency policies can find most major UN agencies and international NGO's intervening in humanitarian emergencies using the IASC guidelines as a major point of reference (IASC, 2014; UNHCR, 2012; WHO, 2012; MSF, 2011; WHO, 2011; IASC, 2007).

A review of literature illustrates that one of the defining elements of the Western mental health model that underpins the global humanitarian interventions is that there is an understanding that those who experience the various stressors of natural or man-made disasters will experience some form of mental trauma (Becker, 2015; Ehrenreich, 2002). This can also be seen in assumptions within guidance on how humanitarians should care for themselves and others (Ehrenreich, 2002) and calls for inclusion of trauma elements in all aspects of humanitarian work (Becker, 2015). Originally confined to the field of medicine, trauma referred to a physical injury, but is now used in part of popular culture and the humanitarian field to refer to severe mental suffering (Brinkman, 2014; Morina et al., 2010; Fassin and Rechtman, 2009). A consequence of this approach is the underlying assumption that all people that experience conflict, must experience some form of trauma and this suggests a certain homogeneity to the experiences (Hamber, 2015; de Jong, 2011). While some of the debates on this subject will be explored in following paragraphs, few authors and studies dispute Jayawickrama's explanation of global mental health interventions that, 'The assumption is that people who are experiencing disasters and conflicts are inevitably traumatised and therefore will require outside mental health interventions (Jayawickrama, 2017, p.215).'

Further, illustrated in the literature is that another defining aspect of the mainstream Western scientific model to mental health reflected in humanitarian a setting is that

⁴⁶ Even a look at a selection of some of the organisations that were members of the task force developing the IASC guidelines on mental health gives an indication of the major global humanitarian players that use the guidelines; Action Contre la Faim (ACF), American Red Cross (ARC), Christian Children's Fund (CCF), International Rescue Committee (IRC), Mercy Corps, Save the Children UK (SC-UK), International Federation of the Red Cross (IFRC), UN Office for the Coordination of Humanitarian Affairs (OCHA), United Nations Children's Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR) and the World Health Organization (WHO). (IASC, 2007)

discussions on mental health trauma are dominated by the concept of Post-Traumatic Stress Disorder (IASC, 2014; WHO, 2012; UNHCR 2011; Watters, 2010; IASC, 2007). Authors such as Charuvastra (2008) also highlight the domination of PTSD in current literature. It is also clear from a review of literature that PTSD is frequently used in connection with traumatic events in the humanitarian field (IASC, 2014; WHO, 2012; UNHCR 2011; IASC, 2007)⁴⁷. Ng et al., (2017) argue for more attention to be given to PTSD in conflict settings, including arguments that it should be a key part of conflict resolution, peacebuilding and justice mechanisms.

Post-Traumatic Stress Disorder is defined by the nature of symptoms, their duration and the nature of the traumatic event (WHO, 2018). It is generally characterised by three groups of symptoms; intrusive, arousal and avoidance (Clancy, 2008). The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Association of Psychiatrists (ASA), is largely considered in mainstream medical circles, as the central guideline for Western psychiatry (Watters, 2010). The definition of PTSD has changed over time with different editions. The edition currently in use is DSM-V. Currently DSM-V goes further than simply characterising symptoms by clarifying the fact that for PTSD to be diagnosed, the origin of the symptoms must be related to the relationship the person has with events that also need to be life threatening or provide a threat to the physical integrity of the person or someone close to them. In addition, the response has to involve fear, helplessness and horror.⁴⁸ The latest version of the WHO International Classification of Diseases (ICD-11) also includes PTSD, and very closely correlates to the DSM-V definition (WHO, 2018).

It should be noted that there are serious critiques of DSM, not simply from those who critique a Western mental health model, but those who feel it is not accurate and easily manipulated by pharmaceutical industry and political influence (Data, 2014; Moghimi, 2012; Summerfield, 2012; Caplan, 2011). Caplan (2011, p.1) explains that, 'Contrary to popular belief, the enterprise of psychiatric diagnosis is largely unscientific and highly subjective.' It is instructive to note that there have been advances in DSM's inclusion of the cultural aspects of suffering, including work by a special Cross- Cultural Diagnosis Task Force that

⁴⁷ A good example is MSF's study on Sierra Leone. However, all the guidelines and policies on mental health in humanitarian sector, notably WHO (2012), IASC (2007, 2014) and UNHCR (2011) also illustrate this point.
⁴⁸ See <https://www.estss.org/learn-about-trauma/dsm-iv-definition/> for full definition and details of the different categories of symptoms. Section on preconditions is as follows: 'A. The person has been exposed to a traumatic event in which both of the following have been present: (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (2) the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.'

comprised of one of the key proponents of cross-cultural psychiatry, Arthur Kleinman (Lopez et al, 2000). Thus DSM-IV included elements that gave attention to different cultural conceptualizations of illness (ibid). It is also important to note that there are major concerns that significant elements of the Task Force's findings were left out (ibid).

Nonetheless, this Western biomedical definition and understanding of PTSD forms a key element for determining global mental health responses in humanitarian settings (de Jong, 2011; Summerfield, 2000). Thus, this understanding of PTSD, which is essentially diagnosed by checklists and scales (Jacob et al., 2014), sets the frame for the other key characteristic of the Western mental health model, which is that mental suffering needs to be treated medically. A relevant treatment is then prescribed. These often include cognitive therapy, psychoeducation, eye movement desensitization, and medication such as anti-depressants (Clancy, 2008; Kienzler, 2008). This is the general case for understanding psychological suffering (Brinkman, 2014).

It is important to note that despite the definitions in DSM and WHO ICD-11, which provide global guidance on trauma treatment and diagnosis; there is an ongoing internal debate concerning the validity of PTSD as a 'diagnosable disease' (Rajkumar et al, 2013; Kienzler, 2008; Tobie and Grandsard, 2006; Vednatam, 2005). Notably, PTSD's origins as part of the evolution of what was known as 'shell shock' and most clearly related to the socio-political struggle and lobby of USA veterans from the Vietnam war in seeking recognition and economic redress for their part and sacrifice in the war, is used to question the actual existence of the disease⁴⁹ (Van der Kolk, 2015; Marsella, 2010; Clancy and Hamber, 2008; van Ommeren et al, 2005; Withuis, 2004; Summerfield, 2001; Bracken and Petty, 1998).

Another debate is centred on the viability and ad hoc grouping of the PTSD diagnostic criteria themselves, many of which can be easily being considered as symptoms for other conditions, such as depression (Rajkumar et al, 2013; Kienzler, 2008; Tobie and Grandsard, 2006; Vednatam, 2005). In addition, there is added debate regarding the assumption that anyone who is affected by overwhelming will surely develop PTSD without giving importance to individuals' resilience⁵⁰ (de Jong, 2012; Joseph, 2012), where a focus on reducing symptoms avoids addressing the complexity of violence and trauma (Hamber, 2015). Miller

49 Clancy and Hamber (2008) provide detailed history of the origins of PTSD. For further information see (p. 12)

50 The concept of resilience has become important in the humanitarian field as it addresses issues around self-help and individuals gaining control over their contexts. See de Jong (2011) for more details (p.16).

(2009) explains that several studies on Non-Western refugees in Western contexts indicate that a significant amount of the distress they report is linked to stressors related to their conditions in exile rather than previous exposure to violence. In psychology resilience relates to the innate attribute of an individual to effectively respond to stress (Van Metre and Calder, 2016). Miller (2010) explains that the debate on vulnerability and resilience is considered by some authors to be one that is dealing with irreconcilable issues in the field of trauma. Finally, authors such as Marsella (2010) and Clancy and Hamber (2008) challenge the concept, suggesting that the presence of Western diagnosed symptoms, does not necessarily translate culturally. It should be noted that transcultural psychiatry makes an attempt to take aspects of culture into account in defining and addressing mental health (de Jong, 2011), and attempts addresses this aspect of subjectivity. Nonetheless, the field generally has difficulties accepting different views on suffering (Brinkman, 2014). Brinkman's (2014) work on languages of suffering, highlights that the dominant language of psychiatry actually de-legitimizes different languages of suffering.

Trauma is often addressed in humanitarian responses using the psychotherapeutic approach that is heavily based on the PTSD diagnostic and is medicalised (Clancy and Hamber, 2008). However, as a result of the major criticisms mounted against the psychotherapeutic approaches main foundation, PTSD, there is a change in global humanitarian policy that reflects a move from this approach to what is termed the psychosocial approach (IASC, 2010; IASC, 2007). Using the term used in literature on the subject, Mental Health and Psychosocial Support (MHPSS), the IASC guidelines provide the definition as, 'Any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder (IASC, 2007, p.17).' The rise of this approach in the international setting was related to the complexity posed to the international community in dealing with mental health situations in a context such as Rwanda after the genocide (Jayawickrama, 2017). Médecins sans Frontières' (MSF) mental health guidelines (2011) and the IASC guidelines (2007) illustrate this shift in global humanitarian policy on mental health to the psychosocial approach.

The psychosocial model approaches distress and suffering through a lens that gives prominence to material and social components as causes of mental suffering (IASC, 2007, 2010). It considers that such stressful conditions can be found in everyday life (Miller, 2010). What makes it different from the trauma-focused approaches is also related to the

treatment. While psychosocial models do include traditional Western treatments for mental health disorders, they also normally add components that deal with daily stressors or social causes of distress. The IASC (2007) provides an intervention framework that details levels and possible types of interventions⁵¹. These range from specialized services to basic services and security. The basic services approach acknowledges that some mental suffering in emergencies is related simply to the lack of basic services, and the provision of that can help reduce mental health problems if special attention in service delivery is given to mental health and well-being (IASC, 2007).

It is important to note that however different an approach than the trauma focused approach that focuses on PTSD, with the psychosocial focused approach, 'A closer reading reveals many of their assumptions to be both tenuous and heavily influenced by western notions of mental health and the individual (Clancy and Hamber, 2008, p.23).' Similarly, there are questions around the definition as the link between the term psychological and social can be described as limited since, '“Psychosocial” does not represent an actual relationship. It merely implies and intention, a wish, and at best perhaps a process (Becker, 2015, p.2).' I also noted that even aspects of this approach, as reflected in the IASC guidelines, that utilize 'local/traditional' approaches, still do so within the project and other frameworks of the Western intervention, therefore necessarily changing the 'traditional' elements. Further, sometimes these traditional or local approaches are used simply to have more culturally acceptable methods of facilitating acceptance of Western approaches and understanding of trauma (ibid). There are many challenges still being raised with regards to the psychosocial approach notably that they often inadvertently cause harm (Wessels, 2009).

3.5 Challenges to global humanitarian interventions on mental health

3.5.1 Overview of key critiques of global interventions

As described above, evolutions in global interventions reflected in changes such as the psychosocial approach, are still replete with some of the elements that form the foundations of the key critiques of such global responses. The literature addressing the inappropriateness of the mainstream current global responses on mental health in complex emergencies in the global south is expanding. The critiques are mostly levied at responses generally characterized by international organizations such as the United Nations and her

⁵¹ See IASC Guidelines (2007) pyramid p11 for diagram and details. Sections include; specialised services, focused non-specialised support, community and family support, basic services and security.

various agencies, notably the WHO, UNHCR, and UNICEF as well as large international NGOs such as MSF amongst others.

The sections below address some of the key criticism levied at this system which can be summarised as; its imperialist and colonial nature in terms of imposition, its lack of appropriateness for the majority Non-Western contexts in which these responses are implemented, and its failure to engage sufficiently with critiques including advances in science that provide new perspectives on addressing mental health, particularly in Non-Western contexts.

Also, important to note are obvious gaps in literature that I came across, also acknowledged by academics and practitioners in the field. Pertinent to this study is the limited amount of research and literature that actually examine the impact and effectiveness of traditional approaches to addressing mental health, (Wessels and Monteiro, 2001, in Stark, 2006; Zacharias, 2006), and particularly in humanitarian settings. There is also a gap in literature in terms of directly presenting evidence from studies particularly from the global south (Jayawickrama 2018, 2008; Summerfield, 2008, 2000). When referring to limited research in Sri Lanka, Sritharan and Sritharan (2014) mentioned both limits in published research (at least in English) and challenges with recruiting, evaluating and intervening in the post-conflict setting. This is similar in many countries in the global south, particularly low-income ones. Available literature mostly reflects the application of Western approaches and how efficient these are or are not, but the comparative aspect with Non-Western approaches is limited, as is the assessment of the impact of Non-Western approaches.

Several authors have also indicated the need for more research that actually investigates the efficacy and impact of the PTSD model. Miller and Rasmussen's (2010) work on daily stressors falls into such a category. Mel et al (2008) also suggest the need for more research exploring mental health links with economic recovery but also time from the trauma-inducing event. Others such as Jayawickrama (2018), Kasuja (2014), Summerfield (2008) and Bracken et al. (1995) highlight the importance of, and the need for, more research in general in the global south on the understanding of mental health, giving rightful value to cultural understandings and existing knowledge. This includes the gap in understanding the nature of community-based healing systems, including spiritual ones. Summerfield in particular

also highlights the limited studies on the vast majority of people who are not actually impacted psychologically in a significant way (Summerfield, 2000).

3.5.2 The colonial and imperial predispositions

Rodney (1972), in his criticism of what he considered the misguided concept that colonialism was overall a positive outcome for colonised countries, questions how it is possible that any culture can universally determine the parameters for judging what knowledge and experiences are right, or good, or have more value than others. More recently Viriri and Mungwini (2010) describe the profound nature of devaluation of African knowledge explaining that, 'The present-day Africa is essentially the European made Africa waiting to be ruled in the Western philosophical thinking. The African indigenous sensibilities are doubted...The denial of history to the Africans that there was in the African past, nothing of value; neither their customs nor their values (Viriri and Mungwini, 2010, p.34).' These views underlie one of the key critiques of the global humanitarian interventions. It not only raises the question of the quality and validity of the humanitarian approach, but also questions why this Western based approach should be considered the global reference; the correct and universally applicable approach in other geographical and cultural contexts.

Some of the scholars who propose the most well-known critiques to the universal applicability of the Western model such as Jayawickrama (2018, 2017, 2014, 2010, 2008), Summerfield (2012, 2008, 2000), Hamber (2008), Bracken and Petty (1998) and Illich (1975), essentially consider that the application of the Western mental health model, universally in Non-Western contexts, is akin to imperialism and colonialism. Watters (2010) go as far as suggesting that current approaches to mental health globally are even more specifically an American export saying, 'We are engaged in the grand project of Americanizing the human mind...there are telltale signs that have recently become unmistakable...Post-traumatic stress disorder (PTSD) has become the common diagnosis, the lingua-franca of human suffering, following wars and natural disasters (Watters, 2010,p.1-2).'

Jayawickrama and Rose (2017) describe a similar sentiment in using the terminology of 'Therapeutic Imperialism'. In a similar vein the imposition of a Western based psychological approach to mental health has also been referred to as 'Psychological Neo Colonialisation' (Patel and Prince, 2010). Titchkosky and Aubrecht's (2014) examination of the World Health Organisation's (WHO) Mental Health Improvements for Nation's Development (MIND)

project, presents the organisation's agenda as colonial, as it tries to fit Non-Western people's thoughts into its global conception of mental health. They thus suggest the WHO's work on mental health simply reproduces social systems that place the West at the centre while presenting a flawed articulation of human suffering.

To better understand the criticisms that the approach to mental health used by the global humanitarian system is an imperialist or colonial agenda it is instructive to examine historical literature around colonialism, and for this study, particularly as it also relates to Africa. Writers such as Fanon (1986), Cesaire (1972) and Senghor (1966) wrote extensively on the economic and psychological impact of colonialism. There was a struggle to explain that the world could not be reduced to 'Europe' (Mbembe, 2013). Authors such as Said (2003), whose focus was more on the Arabian experience of colonialism, raised similar points arguing the major negative consequences of the colonial agenda and experience.

What these authors express is the impact of the legacy of colonialism, which essentially devalues all that is Non-Western. As Rodney (1972, p.54) questions, 'Who in this world is competent to judge whether an Austrian waltz is better than a Makonde Ngoma?' A more contemporary review of the impact of colonialism in Africa, and call for the need to reframe the way Africa is perceived and her vision for the future, comes from Senegalese author Sarr (2016). Similar to aforementioned authors he concludes that 'The tour de force has been to pose Western societies as referents and to disqualify all trajectories and other forms of social organization⁵² (Sarr, 2016, p.21).'

In their exploration of colonialism, these authors highlight that what is accepted as global frameworks and measurements are quite simply based on the fact that Western culture has made a decision that 'they' are indeed competent to judge and decide what is 'better or best'. Further, as explained above, for the main part, the rest of the World has accepted this status and also uses the same references for deciding what is and is not of value. This is the essence of the problem that the authors criticizing the Western mental health model are grappling with.

The problem of how knowledge is valued is also related to the general, either negative or stereotypical perceptions of Africa globally (Owusu-Ansah and Mjie, 2013; Wainana, 2006).

⁵² The author's translation of the text originally in French.

One also sees a form of reductionism where you have a continent like Africa reduced either to a place of savage landscape and people that needs discovering, or a romantic idyll where beautiful wild animals roam and the wonderful traditions are all positive and inspire community living at its best. In this conception Africa is treated as, “One country. It is hot and dusty and rolling with grasslands and huge herds of animals, and tall, thin people who are starving (Wainana, 2006, p.92-93).’ In the field of academia, a need to rethink the way knowledge from people of the global south has been systematically devalued is reflected in the development of indigenous methodology (Hutchinson et al 2014). This concept addresses what is considered a knowledge imperialism found within the field of academia (Owusu-Ansah and Mjie, 2012). Indigenous methodology is a field that has arisen as academics coming from different cultures and nationalities attempt to address these imbalances around knowledge respect and knowledge production (Hutchinson et al 2014; Owusu-Ansah and Mjie, 2012; Louis, 2007; Porsanger, 2004) ⁵³.

As it relates specifically to mental health, essentially what authors like Summerfield (2012, 2008, 2000) and Jayawickrama (2018, 2017, 2014, 2010, 2008) state clearly is that the way mental health is currently being approached in the humanitarian setting, despite being decades and even centuries after the colonial and imperial period, still uses the same assumptions that Western knowledge and approaches is not only right, but best. Or as argued by Watters (2010, p.3) in his study of westernization of mental health, professionals from the West practicing in Non-Western settings are actually ensuring that, ‘Indigenous forms of mental illnesses and healing are being bulldozed by disease categories and treatment made in the USA’. Jayawickrama and Rose (2017, p.213) summarise the problem by explaining that, ‘The globalisation of the medicalised mental health approaches creates a disparity between ideology of the West and the rest of the world.’ Further, they go on to explain one of the important challenges is that despite these critiques, there has been a rise in funding and programming in the field of mental health and psychosocial services (MPSS) in the humanitarian sector. ⁵⁴

A further argument used by authors who argue that the global humanitarian mental health responses are being imposed in settings in the global south, relates to the underlying assumptions of victimhood ascribed to communities affected by disaster. Authors like

⁵³ See methodology chapter four for more details and analysis of indigenous methodology)

⁵⁴ See Summerfield 2008 and Jayawickrama 2009 for more detailed information on the rise of MHPSS programing and funds.

Jayawickrama (2018), Jayawickrama and Rose (2017), Summerfield (2000), and Bracken et al (1995) imply that the humanitarian responses are based on assumptions that people in Non-Western cultures would not be able to assess and find solutions to their own problems, but need some external, mostly Western, intervention to provide necessary answers. Hamber (2015) and Wickramage (2006) hold similar views, further suggesting that a focus on trying to solve the problem for others and, on alleviating symptoms can also undermine resilience, as well as local mechanisms and strategies for recovery. Additional views also suggest that, 'Alternately, despite your best intentions, your actions may worsen the situation and interfere with the survivors' ability to heal (Ehrenreich, 2002, p.17).'

Also questioning the value of culturally inappropriate interventions based on the superiority of Western knowledge, scholars like Illich (1968) are more radical in suggesting a complete stop of Western 'charitable' interventions. He refers to this act as imposed benevolence because poor people are not in the position to reject or question this. He summarises this problematic saying that if people work with poor communities of different cultures, 'Then at least work among the poor who can tell you to go to hell...I am here to challenge you to recognize your inability, your powerlessness and your incapacity to do the 'good' which you intended to do (Illich, 1968).'

He further emphasises this point by referring to the Irish saying that 'the road to hell is paved with good intentions' to summarise what he considers a hypocritical and harmful approach to international humanitarian responses and one he parallels negatively with the Christian missionary agenda. There are also links made between colonialism and how psychology was used to justify the inferiority of Non-Western peoples (Bulhan, 2015). In addition, Wickramage's (2006) work on post Tsunami Sri Lanka makes a similar point, specifically criticising global mental health interventions that do harm even with possible good intentions.

Other authors such as Brown (2014, p.20) also refer to the negative consequences of the Western global health responses based on a desire to help admitting that, 'The cultural development of clinical psychology has been influenced by fundamental assumptions within Western cultures about the importance of reason, finding a path to true knowledge and certainty through science.' Unlike Illich she does not call for an eradication of these types of humanitarian responses, but requests for change in this power imbalance. Brown (2014) points to a need to entirely revise the attitudes behind international interventions, by quoting Jackson (2004, p.57 in Brown, 2014) who explains that:

The situation of the other may be seen not simply as one we want to save them from, making them more like us, but one we might learn from, even if this means greater acceptance of the suffering in this world, less crusading talk about how we may set the world to rights, and a place for silence.

Jayawickrama (2018) also speaks to reform rather than eradication of global responses and calls for a more collaborative approach, maintaining a similar request to Brown (2014) and Illich's (1968) for a rethinking of the way the global humanitarian responses on mental health are conceived and implemented. Jayawickrama and Rose (2017, p.217) explain that such response to disaster is mainly led by external stakeholders⁵⁵, resulting in a system that, 'Fails to build on community capacities through collaboration.' They call for a rethinking and reframing of humanitarian responses from what they currently are, having, 'Missed the mark by using semantics such as 'developing local capacity', which subtly labels the insiders as not equal to and therefore lesser than, the outsiders. Such a partnership fails to allow those whose lives have been directly affected by disaster and conflict to have an active role in re-shaping the world around them (Jayawickrama, 2008, p.1).' The call is for a changed system that respects local knowledge and capacities and take this into account for a more effective partnership model.

3.5.3 The non-suitability and culturally inappropriate nature of global humanitarian mental health interventions in Non-Western settings

One of the key critiques levied at the mainstream global humanitarian responses on mental health in the global south is about their culturally inappropriate nature. This is based on the key differences between Western and Non-Western understanding and approaches to health in general, but specifically mental health and wellbeing. The sections above in this chapter have highlighted some of these key differences, which are fairly fundamental. The critiques essentially point to the mismatch in the different approaches. For example, the fact that suffering is considered normal in many Non-Western cosmologies and cultural contexts, but considered a medical problem in most Western contexts is one of the key differences.

⁵⁵ See Jayawickrama 2018, he further states the categories-donors, implementing organizations, specialised UN agencies and international NGOs (p.2)

Good (1997) provides some of the foundational arguments against the mainstream Western bio-medical approach to mental illness⁵⁶. He explains that mental health and illness and its related care are 'Powerfully influenced by macrosocial processes, shaped by local worlds of power and meaning and constituted as distinctive cultural psychologies (Good, 1997, p.231).' Further critiques suggest that using an individualistic approach to mental health that accompanies global responses is another such mismatch between Western culture and cultures whose general functioning and cosmological approach are communal (Vorholter, 2019; Watters, 2010; Young-Eisendrath, 2008). Further, the main issue then relates to the fact that despite these differences it is considered that everyone suffers the same way and thus, global responses can be developed and applied universally across different cultural settings and contexts.

These critiques essentially take as a basis that, Western notions of unhappiness and therapies to cure it (Vorholter, 2019; Brinkman, 2014; Young-Eisendrath, 2008), are what is being spread around the world and used as the global norm and form the dominant discourse. What is interesting in examination of this literature, and further supports the literature criticising Western mental health interventions, is that despite the critiques and multiple studies, that would at least suggest a need for questioning and further research, one sees little evidence of this applied to international and global practice (Jayawickrama and Rose, 2017). Through my work experience in this field and reviewing literature from international humanitarian sector from international organisations such as the WHO, UNHCR, MSF and Oxfam, including the 2007 IASC guidelines, the institutions that hold the most resources and in the field, one can see a dominant view and reference to the mainstream Western mental health model. The existence of such power dynamics often leads to an imposition, sometimes subtle and sometimes overt, of external mental health models in humanitarian emergencies (Wessels, 2009). Changes are incremental in comparison to the level of existing critique. Jayawickrama and Rose (2017, p.215) summarise this saying, 'Against these arguments, however, psychosocial and mental health interventions in disaster and conflict-affected communities are still popular among Western humanitarian organisations.'

⁵⁶ Good (1997) references the WHO team study of schizophrenia across 9 cultures, which found major difference in how those from cultures in the global south suffered compared to those in the global north. Disbelief in the findings from the medical community led to another study, addressing methodological criticisms, twenty years later. The findings remained strong. Individual and cultural elements played a critical role in mental illness.

It is important to note that in attempting to understand the possible appropriateness of Non-Western approaches, there is also literature that argues that the Non-Western approaches should equally not be romanticised, as much as Western approaches should not be blindly valorised. As Eytan et al., (2014) state, 'Whilst indigenous approaches to trauma are often more appropriate than the PTSD paradigm in many situations, they too are not without problems.' However, some scholars offering critiques of the Western approach to mental health as it is widely applied in the global south are essentially pushing back at this caution. They argue not that it is wrong to suggest Non-Western approaches are not appropriate, but that it is not the role of external intervening actors to make judgements on appropriateness and effectiveness of 'indigenous' approaches (Jayawickrama and Rose 2017; Wessels, 2009, Summerfield, 2000; Bracken et al., 1995).

3.5.4 The individual versus communal nature of mental suffering

The critiques levied by authors listed above regarding the exporting of Western mental health approaches, which focus on the individual, to societies that operate in collective and communal system, is not a new one. As Vorholter summarises, suffering in the West is generally focused on individual, while in Non-Western contexts suffering (of all kinds) is usually an experience that is considered to be social and inter subjective (Vorholter, 2010). Summerfield (2012, 2008, 2000) is one of the leading scholars who also make this argument. Specifically relating to war related suffering, he argues against concepts of trauma that underpin global interventions that are based on Western biomedical and psychological understandings of the individual as the basic point of departure. His view is that this is inappropriate as, 'War is not a private experience, and the suffering it engenders is resolved in a social context. Fundamental to processing atrocious experience is the social meaning assigned to it, including attributions of supernatural, religious, and political causation (Summerfield, 2000, p.233).'

Although one can see that literature indicates some moves towards addressing this criticism within the field, the lack of studies makes it difficult to assess how successful or significant such changes have been. What can be observed, however, is some shift in more recent trauma healing approaches being taught in Western Universities, such as Strategies for Trauma Awareness and Resilience⁵⁷ (STAR). STAR moves away from individual counselling sessions to work with community groups as a whole. Additionally, elements of the

⁵⁷ One of the Universities well known for running this course is Eastern Mennonite University in the USA. More information on STAR can be found: <https://emu.edu/cjp/star/>.

psychosocial approach, as described above, lay more emphasis on the social than the trauma focused approaches, another acknowledgement that suffering is not an individual affair.

However, as explained by authors above, the reality is that even such psychosocial approaches, that include the social aspect, are still founded on the Western biomedical view that is individualistic. The communal aspect is generally reserved for those who are considered the majority and able to resolve traumatic experience through everyday experience. The psychosocial pyramid used by IASC guidelines still makes space for those diagnosed with PTSD to be treated in the more mainstream medicalised approach to addressing trauma (IASC, 2007). This still involves individual counselling and medicalised approaches that are different from Non-Western cultures.

Perhaps there are nuances that can be found. It may be the case that Non-Western individuals and communities in Western countries such as migrants and refugees may respond better to Western methods. Vorholter's (2019) work in Uganda also highlights that certain social and economic categories of the population, even within this Non-Western context, may respond well to Western based individual treatments. In this case her work was with the merging middle class in the capital city of Uganda who she explained shared global, more Western values of unhappiness.

3.5.5 The medicalisation of suffering

Another central critique of current global humanitarian mental health interventions is that they medicalise suffering (Clark, 2014). In these critiques, the view is that the way mental suffering is interpreted in most cultures in the global south, does not define and understand this as a medical problem that needs medical interventions. Authors such as Vorholter (2019), Jayawickrama (2018, 2014, 2010, 2008), Jayawickrama and Rose (2017), Watters (2010), Clancy and Hamber (2008), Summerfield (2000), Airhihenbuwa (1995), and Bracken et al (1995), strongly argue that such approaches are culturally inappropriate. Summerfield (2007) also argues that any apparent respect for local traditions and perspectives in global responses to mental health is simply rhetoric. Further the authors argue that the affected communities themselves do not consider these approaches are effective in addressing mental suffering.

There are different levels of critiques of the medicalisation of how mental suffering in complex emergencies is addressed that are addressed below. Essentially, they are founded on the critique of PTSD as the basis for conceptualising, comprehending and addressing suffering in complex emergencies. The literature illustrates that a key challenge for those using PTSD and more psychotherapeutic approach is that there is little empirical evidence supporting the value of psychotherapeutic approaches to mental suffering in complex emergencies based on the concept of PTSD (Shaw and Middleton, 2013; Summerfield, 2000). Summerfield's (2012, 2008, 2000) critique is that there is no empirical evidence to bear out the value of psychotherapeutic and psychosocial approaches to PTSD saying that, 'An empirical basis for these assumptions is lacking, as is the evidence that those affected are calling for such programmes (Summerfield, 2000, p. 234).' Further, it is now suggested that popular approaches to reducing PTSD widely practiced in emergencies in the West and beyond, such as psychological debriefing, is not only ineffective, but that it actually worsens mental suffering in emergency situations (Rose et al., 2010; Wesley, 2006).

Studies by Gryse and Laumont (2007) indicate the more medical responses such as psychological and counselling activities were considered much less helpful to communities than the community-based activities in Tsunami hit Asia. The key aspect of the calls to limit the medicalisation of mental health interventions in emergencies in the global south relates to what is described as a mismatch in the understandings of suffering. Those authors who criticise the medicalised, psychotherapeutic approach suggest that the understanding of suffering goes beyond medical and enters the social and political (Clancy and Hamber, 2008), as well as the spiritual, moral, existential, (Brinkman, 2014) cultural, environmental and economic (Kasuja, 2014, Jayawickrama, 2010; Watters, 2010; Summerfield, 2000). Airhihenbuwa (1995) particularly focuses on the mismatch of such approaches with the cosmology in the African context, considering their inability to take into consideration history and culture as a major failure of such approaches to health in general.

Similarly, Summerfield (2000, 1999) suggests that there is not sufficient research examining whether one can separate the role of social stressors such as poverty, from war related ones such as trauma. In one of the studies that does examine social stressors, Miller and Rasmussen (2010) conclude that trauma focused programs actually overemphasise the impact that being exposed to violent conflict in war has on mental health vis a vis daily stressor that come from social and material conditions. They also go on to propose an

integrated model of mental health because their study highlights the weakness in the fundamental basis of international interventions on mental health (both trauma focused and psychosocial). Their findings suggest that the direct relationship between exposure to war and mental health is not as strong as stated and assumed for such global humanitarian responses. They suggest that a focus on daily stressors rather than PTSD in interventions would have likely yielded better results (Miller, 2010).

As explained below, it should also be noted that even psychosocial approaches that consider that they are using communal approaches are still generally doing so in an imposed manner. My own analysis in reviewing this literature highlights that they are still predicated on certain understandings and assumptions about trauma, or the need to talk about it or even heal or 'solve' it. Despite the fact that the psychosocial approach has made some inroads in understanding limits of PTSD as the foundation of intervention, it is still critiqued as giving insufficient understanding and respect to existing Non-Western approaches to mental health (Becker, 2015; Adame and Knudson, 2008; Jayawickrama, 2006). Studies by MSF, one of the largest NGO's intervening on health in humanitarian settings, describes the Sierra Leone context exclusively through this lens. The whole nation was essentially diagnosed by MSF as traumatized. What is interesting, and again shows the importance of a dominant model, is that MSF drew all these conclusions despite raising some critical reservations about the Western bias of their study and insufficient data that was culturally adjusted (De Jong et al (for MSF), 1999).

Another important aspect to the critique of the medicalised global humanitarian responses to complex emergencies relates to ethical questioning around the profit-making role. Framing mental suffering in emergencies in disasters as a medical problem generally means that drugs are part of the response. Authors like Kasuja (2014) and Watters (2010) describe the profits that conglomerate pharmaceutical companies make from assuring the mental health problems are medicalised. Pfizer sponsored the First World Conference examining mental health challenges after the Tsunami in South Asia (Davidson, 2006). Kasuja (2014) explains how research studies on mental health are influenced by pharmaceutical companies, stating that 90% of the research is in the global south. Medicalising mental health calls for treatment with medicines that must be bought and will eventually profit such companies. He refers to statistics that indicate that many of the studies on psychological approaches in Africa are influenced by the companies sponsoring them (Kasuja, 2014).

Watters (2010) also provides a detailed case study in Japan of the extent that large pharmaceutical companies will go to even develop a market for their mental health drugs by trying to culturally reframe mental health in a country.

3.5.6 The universal nature of suffering and pre-eminence of global interventions

Another key debate in literature concerns the questioning of the belief in a Universalist approach of these interventions and the related power dynamics related to this (Vorholter, 2019; Bush and Dugan, 2015; Kasuja, 2014; Summerfield, 2000). Authors such as Summerfield (2000, p.232) argue that, 'There is no such thing as a universal approach to highly stressful events.' Others such as Fassin and Rechtman (2009) reinforce the more mainstream global view that that trauma is indeed universal, even if they agree that it may have different cultural variations in terms of how it is manifested.

Critiques of the universal approach taken to global mental health are not delinked from the issues of power. These are reflected in critiques noted in above sections on their colonial and imperial nature, suggesting that for an international system to globally sanction and implement mental health responses and policies that still have so many questions and contradictions, is based on the power imbalance. This allows implementation in low-income countries in the global south in a way that would not be possible in the global north without more verification and screening. Bush and Dugan's (2015) exploration of research and evaluation in Violently Divided Societies (VDS) highlights this problem. They place emphasis on Foucault's work that illustrated the link between knowledge and power, and the fact that, 'Knowledge is never neutral...research and evaluation are imbued with power and politics. In VDS in particular they are not technocratic or neutral exercises (Bush and Duggan, 2015, p.28).'

Kasuja (2014) also joins the other authors criticising international mental health interventions as generally being insensitive to the varying cultural interpretations and understanding. These types of critiques see the popular perception that human beings have a shared level of vulnerability in the face of suffering as divergent to illustrations by growing research that suggest that, 'There is no single idea, meaning or pursuit of happiness or well-being, but rather that both are intersubjective and relational and have profound social, cultural, moral, economic and political dimensions (Vorholter, 2019, p.3).' Airhihenbuwa (1995, p. Xvi) argues that culture should be at, 'The core of understanding and influencing

health behaviour in a manner that centres the oppressed and marginalized in creating and managing their collective destinies.’

3.5.7 The lack of inclusion of developments in science challenging biomedical foundations for addressing mental health

Although there are limited studies making the links, my review of literature has noted another challenge to the global system on health in general, including humanitarian responses on mental health, relates to the lack of inclusion of scientific developments challenging its biomedical foundations. This section reviews literature that highlights how advances in neuroscience, as well as the fields of quantum biology provide some alternative interpretations of how health and healing should be approached. These findings are extremely important in the context of humanitarian responses because the populations of the global south generally place great importance on religion and spirituality. There are also calls in the West for greater inclusion of religion and spirituality in addressing mental health coping (Dein, 2017; Hathaway et al., 2004). Such findings provide opportunities to consider newer and alternative approaches to global responses to mental health in humanitarian settings, that may possibly be in closer harmony with approaches of local communities in dealing with mental suffering. What is more current is that, ‘Healing is still largely viewed with scepticism by medical science, in spite of evidence which points strongly towards objective investigation and assessment of the phenomenon. The main difficulty...is that the concepts and mechanisms underlying healing appear to be radically different from those underpinning modern medicine (Hodges and Scofield, 1995, p.206).’

Neuroscience: Neuroscience advances are one of the areas in science providing literature that has inspired or challenged the traditional Western approaches to mental health. Most notably there are growing studies regarding the impact of spirituality (a term that goes beyond but includes religion) on the brain and as a result on mental health and wellbeing⁵⁸. The Alliance for Peacebuilding (AfP) is spending significant resources on a project on spirituality, neuroscience and peacebuilding. They have reviewed significant literature on what they consider as innovative research that examines, ‘Links between neuroscience and some spiritual practices, in particular mindfulness meditation and other contemplative practices (AfP, 2017, p.7).’ There are one or two landmark studies from prestigious medical

⁵⁸ See Alliance for Peacebuilding, 2017, p.4. Highlight Kaiser’s definition of spirituality, which can include religion, or stand alone for those who prefer to exclude religion.

institutions such as Harvard⁵⁹ that for the first time in medical history demonstrated significant changes in the physical structure of the brain, its grey matter, between people who meditated and those who did not (AfP, 2017). For the moment it appears that, as with PTSD, it is the US army that is showing a major interest in the possibilities of these less traditional approaches, yet now with the empirical research, scientifically proven, treatments for trauma (ibid). Some of these are used to alleviate the symptoms of PTSD⁶⁰ (ibid).

AfP's review of literature identified some research projects that are examining the impact of contemplative practices on the brain and particularly on reducing the impact of mental trauma, however one chooses to define such trauma. Hayes and Plumb's (2007) study on mindfulness on human suffering, find it to be an effective practice. Research by Kearny et al (2013) conducted on US veterans found that loving kindness meditation, that stems from Buddhist teachings, had effects beyond the period where it was practiced. They found in general that this meditation resulted in reduced depression and PTSD symptoms (ibid). Contemplative science has also documented many studies that indicate that meditation has a positive impact on mental health (Condon et al, 2013). There are, however, scholars who still call for more research in this field (Shonin et al., 2014).

In addition, Bernardi et al (2001), found that reciting the Ave Maria, a Catholic prayer also known as the Hail Mary, as well as mantras, slowed the breathing rates to a level that positively impacted on cardio-vascular health and reduced stress. Blood flow to the brain was also affected. Van der Kolk's (2015) work also addresses neuroscience advances and suggests trauma is stored in the body and hence also considers yoga a valid therapy. Another body of research, Cultural Neuroscience⁶¹, provides studies that essentially demonstrate the role of social phenomena on the brain and, 'Reveal the culturally sensitive nature of the human brain and help us to understand how the human brain as a biological is shaped by man-made sociocultural contexts (Han et al, 2012, p.352).'

⁵⁹ For more detail see research by Harvard affiliated team of researchers based at Massachusetts General Hospital Psychiatric Neuroimaging research program.

⁶⁰ See AfP, 2015, p8 for more specific details on USA army and other non-profit initiatives making links between neuroscience and trauma treatment.

⁶¹ Born in 2007, Cultural Neuroscience (CN) examines brain function as shaped by exchanges that link with culture and genes, and as a result addresses race and culture issues. It also sheds light on the fact that the plasticity of the brain can be adapted after birth. CN considers the brain that the brain has a cultural nature to it and essentially provides a neurological evidence for differences that have been observed in psychological behaviour (Han et al, 2012).

One of the great limitations to both the new research in neuroscience, and general research on trauma is that it generally focuses on Western based or Caucasian populations. Kearny et al.'s (2013) research clearly poses this as a limitation. Fitzduff explains a similar problem in the neuroscience field seeing a problem also with those who mostly conduct the research, labelling them, 'WEIRD people, i.e. Western, Educated, Industrialized, Rich and Democratic (Fitzduff⁶², p.5).' Jayawickrama (2017) also expresses that one of the main characteristics of Western mental health models is that they are based on studies conducted on Westerners, or refugees in Western settings. This does not mirror the cultural and social context of those that may be dealing with suffering or mental health issues in the global south, where the majority of complex emergencies can be found (ibid).

Quantum science: Another body of research that fits within the newer approaches to addressing healing comes through the field of quantum physics. Quantum physics, 'Is the study of things that happen on the very small scale of the forces that underlie our physical world (Braden, 2007, p.23).' While very much a form of Western science, it's recent and historical conclusions have left mainstream science perplexed with the general response of excluding what seemed too complex to comprehend in quantum physics (ibid). It often appeared to be entering, explaining and touching on areas that could closer be considered esoteric or sometimes seen portrayed as science fiction (ibid).

In terms of advances, some work on compassion has started to demonstrate scientifically how making connections with the heart, mind and feelings leads to better emotional wellbeing, is explained through these scientific advances. Institutions such as the World Bank are even using such studies (AfP, 2017). The Heartmath Institute has demonstrated the presence of electromagnetic energy from the heart and essentially conducted research that suggest that ancient practices and faiths that consider the heart as central to wellbeing are indeed correct even from a more mainstream Western scientific basis⁶³ (Heartmath, 2019). This research illustrates that the heart has an intuitive intelligence from the electromagnetic energy it emits.

Well known physicist⁶⁴ have claimed the existence of a global consciousness that can be empirically researched (AfP, 2017). There are also experiments from NASA that

⁶² There is no year provided for this reference.

⁶³ While there are studies and research on this, a good summary can be found on the Heartmath Institute webpage- <http://youtu.be/QdneZ4fIIHE>.

⁶⁴ This includes Nobel Prize Laureate's such as Erwin Schrödinger.

demonstrate that stimulating one brain in one location can have another brain in a different location respond in a similar way. Quantum physics has also posited the idea that we are all connected including at atomic level (Goswami, 2011; Emoto, 2010). Historically, and from the spiritual perspective such terms were spoken and recounted as part of ancient religions and cosmologies that relate to many Non-Western societies. The links between quantum physics and Buddhism are highlighted clearly by Kohl (2005). Scientists such as Rupert Sheldrake (2013) are at the forefront of critiques of modern science, challenging some of its most basic principles and assumptions that the world has accepted.

The link between quantum physics and different types of healing is dealt with directly by scientists such as Amit Goswami (2011) and Deepak Chopra (1989), who use this as the glue that links and explains Non-Western healing practices to 'modern science'. The basic idea of Chopra's work is to illustrate 'scientifically' where mind and matter intersect and how this can in turn then have a direct effect on health. Chopra provides lengthy examples and evidence of the mind's ability to have an impact on the health (Chopra, 1989). Another scientist, Bengston (2010), conducted compelling research on energetic healing. He however eventually stopped his research stating that, 'Few professionals were willing to believe our experimental results, although these were unambiguous. The idea that laying-on of hands might cure cancer was too revolutionary, especially among doctors and scientists trained to believe it couldn't be true (Bengston and Fraser, 2010, p.111).'

While Chopra has his critiques such as Professor of particle physics, Brian Cox (Steadman, 2014), the studies from Harvard School of Medicine (2019) and other renowned medical and academic establishments are forming growing support for these alternative views of health. One of the rare 'scientific' studies on healing that would involve the mind and spirit is by Hodges and Scofield (1995). They explain that there is sufficient amount of research, 'Which for many supports the reality of healing beyond a reasonable doubt (Hodges and Scofield, 1995, p.204).'

Moore's (2005) studies on energy healing found that, 'Research has shown that these therapies, (often called "mind-body-spirit techniques") can help decrease anxiety, diminish pain, strengthen the immune system, and accelerate healing, whether by simply inducing the "relaxation response" (and reversing the "stress response" and subsequent impacts on the body, illness and disease) or by more complex mechanisms (Moore, 2005, p.1).'

There is some level of shift in mainstream Western health systems such as the UK where now, 'There have recently been significant changes in attitudes towards healers⁶⁵ and other complimentary practitioners. Thus the General Medical Council (GMC) has amended its ethical rulebook to allow doctors to delegate patient care to such practitioners, and the Department of Health has changed its administrative rules to allow General Practitioners (GP's) to employ these alternative health practitioners in their practice (Hodges and Scofield, 1995,p.203).' The USA in particular has several universities and centres, such as at Harvard and the University of New Mexico, that work with complementary and integrative medicine systems. I have not come across research assessing this impact to global policy on mental health interventions in complex emergencies in the global south, but from my literature review of critiques of current related global policy, these changes are not being reflected.

3.6 Conclusion

This chapter provided an overview of literature addressing key issues related to mental health, particularly as it is addressed and applied in global humanitarian contexts, most notably in the global south. In framing the context, the chapter explored literature that described Non-Western cosmologies, describing the relationship and views of health and healing in the global south to such cosmologies. Literature providing an understanding of the mainstream Western biomedical health paradigm, notably as it applies to mental health was also explored. The chapter further examined particular approaches to mental health in the humanitarian setting, notably trauma focused therapeutic approaches and the psychosocial approach. In particular, the chapter highlighted debates in literature related to the nature in which mainstream Western mental health paradigm, notably it's approach and applicability in humanitarian settings, is considered as the global reference. In doing so it explored the way knowledge is generated and the power dynamics surrounding which knowledge is considered superior or inferior globally.

This study addresses the key gaps in knowledge and research that are highlighted in the literature review. These include the following:

- Limited studies and perspectives coming from populations in the global south on mental health in humanitarian settings.

⁶⁵ In their study 'healers are those that use 'spiritual, mental, faith or paranormal' methods to heal patients/individuals. See p203.

- Limited studies on majority populations. Current focus is on combatants and victims of sexual violence.
- Limited studies on war related suffering and spirituality in Africa; in particular that does not approach spirituality from the angle of ritual cleansing.
- Limited studies on community approaches to suffering in complex emergencies- especially Africa.
- Limited research on religious coping and attitude regarding mental health in the humanitarian context. Many studies were in the medical field of mental health and on Western populations.
- Extremely limited literature examining advances in science reflected in the fields of alternative and integrative medicine in relation to global humanitarian responses to mental health in the global south.

In addition, the chapter highlighted the following key inconsistencies in the current body of knowledge:

1. Global humanitarian responses are conducting mental health projects in emergency contexts in the global south with the belief that medicalised explanations to suffering are universal.
2. Critiques of these approaches argue that this is a form of colonialism and question the validity of the science on which such interventions are based.
3. Communities that are affected by conflicts and disaster request external and physical support to manage their lives, but not support for mental suffering which they consider as part of life which they are capable of managing.
4. The ancient and traditional knowledge systems are pointing that life is holistic and any healing happens through the unity of mind, body and spirit.
5. Scientists, especially quantum physicists and biologists are pointing towards the importance of ancient and traditional practices. These are often reflected in the fields of alternative and integrative medicine. However, the humanitarian sector either overlooks these or lacks the capacity to understand these points.

Such inconsistencies were mainly brought to the surface as the chapter also focused on some of the debates and critiques emerging from the literature. These related mostly to the appropriateness of applying Western mental health models in Non-Western settings. These

critiques take into consideration the views on the universal nature of suffering as well as its medicalisation. The chapter also reviewed literature that examined emerging thinking in the fields of neuroscience as well as quantum science that present perspectives and possibilities for approaching mental health, that are alternatives to current mainstream approaches. Especially considering the critiques regarding the way knowledge is valued globally necessitated a particular attention to such issues in the design and implementation of research methods. Due to this importance the following two chapters, chapter four and five, will thus focus attention on the study's methodology.

Chapter Four

Gathering the Ingredients for the Suffering and Well-being Sauce: Part 1 (Methodology)

'Not only my background, but also my value of openness and honesty, provided me with opportunities through which I could learn...These experiences helped me understand the importance of cultural humility. They also humbled me, and allowed me to realise that I was not a knowledgeable expert.'

Jayawickrama and Strecker in Bush and Duggan ed., (2015, p.14)- *They are renowned academics in their field.*

'Knowledge or science and its methods of investigation, cannot be divorced from a people's history, cultural context and worldview...From this perspective it is dangerous, if not oppressive, to hail any one method of investigation as universal.'

Sarpong and Asante, 1987 in in Owusu-Ansah and Mjie, (2012, p.1)- They are researchers that argue for the use of indigenous methodology in research.

'We recognize that ethnographic practice and writing has to be aware of its own location and relatedness to the world, this awareness itself reflecting some of the symbolic and structural positioning of all human subjects, all human experience. Equally, though, we do not want to lose the strengths and continuities.'

Willis and Trondman, (2000, p.7)- They are academics who focused on ethnography as a research methodology.



Fig. 13 Part of the journey to Bauya involved using a hand pulled ferry (Mabang, Sierra Leone)
Source: Author 2017.



Fig. 14 This hardship of the journey was the result of a broken bridge that remained unrepaired for year
Source: Author 2017.

4.0 Introduction

This chapter will provide an overview of my choice of methodology for this particular research study and the process of reaching such choices. The chapter includes descriptions of methodologies where I borrowed general concepts, but less stringently applied elements that were less appropriate for this study. It will also describe key aspects of chosen methodologies. It will begin by examining the research design, in particular the choice of qualitative methodology. This will be followed by a focus on specific methodological choices and approaches such as case study, ethnography, grounded theory and indigenous methodology. The chapter will continue by describing methodological elements of this study such as the choice of geographic location and community, initial community entry approaches and additional visits to develop better conceptual understanding of Non-Western approaches to mental health. This is the first of two methodology chapters and it will address more theoretical aspects of the study's methodology. The next chapter, chapter five, will focus more on the practical aspects of the fieldwork.

4.1 Laying the right foundations: choice of research methodology

4.1.1 Opting for qualitative research

The first task in my research design was to identify whether I would use qualitative or quantitative methodology, or possibly both. Instinctively I gravitated towards qualitative methodologies. I did not see another realistic option. How would I be able to capture people's understanding of suffering and the manner they approached this, in numbers and statistics? Even if possible, I did not see the value of capturing this experience in such a limited way. Thus, at the start of my PhD process I stood ready to follow the route of using qualitative methodology, both because it made sense to me and because the other option appeared unnecessarily challenging.

After taking two classes in qualitative methods⁶⁶, and examining literature on methodology options, I soon understood that instead of my personal preferences, I had to choose my methodology based on my research topic and the best manner of achieving general research and data collection aims (Bhattacharjee, 2012). This more rigorous inquiry finally led to confirming my initial instinct, but this time it was based on concrete evidence and strengthened, as some of the weaknesses of qualitative methodology were made evident.

⁶⁶ I participated in the qualitative methods class for that is part of the Department of Politics. After the transfer of departments, and because this was considered the main gap in my training, I also took the qualitative methods class that is part of the MSc in International Humanitarian Affairs.

Qualitative research is made up of numerous research methodologies and not so easy to define. Similarly, depending on periods in history, qualitative research had different meanings. Denzin and Lincoln suggest nine stages⁶⁷ through which qualitative research has progressed, starting from the traditional period in the early twentieth Century and including a period referred to as one of crisis, which includes the current phase (Bryman, 2016). However, a working definition by Bryman (2016) describes the main steps of qualitative research as; general research questions, site selection, data collection, data interpretation, development of concepts and theories, and writing up conclusions and findings. He further highlights three essential aspects of qualitative research;

- a) The relationship between research and theory is inductive;
- b) The epistemological stance, and;
- c) A constructivist ontological position (Bryman, 2016).

Qualitative research is largely defined by its aims and methods. The former are generally defined by the need for greater understanding of a specific element of social reality. Despite the criticisms, qualitative research methodologies are scientific. They respond to the need that the social sciences have of understanding meaning that people ascribe to elements of their life and their understanding of their own beliefs, and of those around them (European Social Research Council (ESRC), 2016).

Qualitative methodology is most relevant to my research as the questions I am trying to address, understanding peoples approaches to and definitions of suffering, are subjective ones which can only be captured through qualitative methodology. The focus is not on issues of numbers or amounts. I am trying to gain a deeper understanding of people's attitudes and experiences as they relate to mental suffering in the context of violent conflict. Quantitative methodologies can produce valuable information that is not possible by observation methods that form part of qualitative methodology (ESRC, 2016). But, quantitative methodology, in this case, could not provide answers that need deeper comprehension of individual experiences, feelings, perceptions and understanding. It is qualitative methodology that is considered the best option of inquiry, and one that will produce more rigorous and appropriate answers, when the research questions themselves

⁶⁷ See Bryman for more detailed note of the 9 stages. In summary Denzin and Lincoln noted 'Nine Moments of Qualitative Research': 1. The traditional period- early 20th century to WW2, 2. Modernist phase-WW2 to 1970s, 3. Blurred Genres-1970-86, 4. Crisis of representation- mid 1980's onwards, 5. Postmodern period of experimental ethnographic writing- mid-1990s, 6. Post-experimental enquiry-1995-2000, 7. The methodologically contested present- 2000-2004, 8. Now- 2005, 9. The fractured future.

are qualitative in nature (Bricki and Green, 2012). There are also particular gaps in qualitative health research with Non-Western participants, yet a need to better understand their particular health needs (Good, 1997).

In addition, my literature review has identified that my research subject is filling an existing gap. This gap relates to limited information on the subject, particularly from the view of people in the global south. This is another indication that qualitative methodology would best suit my research topic. The use of qualitative methodology also lends itself much better to producing hypotheses in situations where the existence of data is limited (Bricki and Green, 2012), which is the situation with my study. While my research is informed by theory it is not testing existing theories. I did, nonetheless, examine the critiques of qualitative methodology with the aim of addressing these in my research design as this would ultimately result in a more robust study.

4.1.2 Addressing challenges of using qualitative research methods

There are a few key criticisms of qualitative research methodologies. Firstly, it is suggested that the lack of distance/objectivity of the researcher can bias the study. The concern lies with ensuring that the researcher's personal interest will not affect the study in a biased manner (Marshall and Rossman, 2006). Further, it is not easy to determine how far the researcher's views have impacted the study (Bricki and Green, 2012). Secondly, concerns relate to the limited possibilities for generalisation in qualitative studies. This is due to the fact that sample sizes in qualitative research are generally smaller than those in quantitative research. Finally, there are also criticisms suggesting that the level of rigour involved in quality research is low, and hence calls to question the quality of the research (ibid).

These critiques of qualitative research evidently point to some of the potential weaknesses. But the key word is 'potential'. They can be perceived as warning signs highlighting areas that need special attention in order to ensure a study is methodologically sound. This is how I have approached the critiques of this methodology. Further, it is important to note that for all the key criticisms there are methods to avoid certain pitfalls. The issue of the researcher's positionality is addressed in part through requirements for researchers to be reflexive, notably using a journal⁶⁸. To ensure rigour there are detailed suggestions on how

⁶⁸ Reflexivity allows the researcher to observe themselves and attempt to comprehend how their personality and experiences affect the cultural context and phenomenon that they are now part of as a researcher. Also key is that this must then be communicated in a manner that those reading the research will be able to also understand (Wood and Fasset, 2003, p.228 cited in Merrigan and Huston, 2003, p.241) .

to analyse data in a systematic way, to ensure that choice of data or participants is not based on personal preferences to support hypothesis, and is credible. One of the keyways to guarantee this is to ensure that the researchers conducting qualitative research are adequately trained to conduct interviews and research effectively, and that they understand the importance of addressing these issues (Bricki and Green, 2012). By following the guidelines above a qualitative research design helps to ensure methodological integrity (Morse 2011 cited in Hyett et al., 2014). Overall the purpose is to ensure that evidence from qualitative methodology is credible.

Finally, regarding the concern for lack of possibilities to generalise, there are ways to approach this. The first is the understanding that some research may be necessary for specific contexts and this may be valid in its own right. The other is that while the theories themselves may not be generalizable, they provide a framework for inquiry on the same themes that can be applied to another context. The aim of my research is that the findings in a specific location in Sierra Leone could produce a conceptual framework that can be adapted and used when thinking of how to develop psychosocial interventions in similar cultural contexts. Finally, while small samples are not generalizable, they do provide valuable theoretical concepts that are rich in quality and that have valid theoretical grounding which can form the basis for large sample to test empirically (Coppedge, 2002).

4.1.3 Mix and match: Ethnography, grounded theory, case study and indigenous methodology approaches

The next step in designing my research methodology was to make the decision as to which specific qualitative methodologies to use. I knew that I wanted this to be based on field research that involved speaking directly with people who had suffered during the war. I also wanted my research to be founded on first hand experiences and I wanted to be the researcher collecting these experiences. This was clearly one of the main contributions that my research could make to gaps in the field of academia. After further reading I narrowed my choice to ethnography, case study and aspects indigenous methodologies while using elements of the grounded theory approach.

Ethnography: My historical academic experience with ethnography meant that I had several prejudices against this method. Amongst other things I was very uncomfortable with the sense of dealing with research participants as 'the other'. This is particularly inappropriate

in my situation as a Sierra Leonean conducting research in Sierra Leone. With further research for this study I came to understand that there has been an evolution in ethnography. I learned that it is inspired by anthropology and uses an interpretive design that places an emphasis on the study of individuals/community in their cultural context (Bhattacharjee, 2012). This, and other elements described below, indicated that ethnography became a very relevant methodology for my study.

Important for my research both ethically and academically was to obtain personal and realistic description of people's thoughts and experiences. Ethnography has the advantage of producing a comprehension of the context that is rich and nuanced, that reflects a level of sensitivity to the context and one that produces minimal bias from respondents (Bhattacharjee, 2012). In addition, ethnographic methods involve sustained contact with participants and a written reflection of this encounter that reflects and makes central the understanding and experience of participants views, as well as a comprehension of their complex nature (Willis and Trondman, 2000).

Other distinguishing elements of ethnography further made it the more appropriate methodology in my context. Willis and Trondman (2000) suggest that distinguishing factors include; the role that theory plays at all stages of the research, the central role of culture, a critical focus in research and writing that interrogates unequal power relations, and the importance of linking research to some form of larger social initiative or cultural policy. These are important elements of my research. Also, of note is that one of the aims of my research is to contribute to existing humanitarian and development policy around psychosocial interventions. Using a methodology that already makes allowances for this element is important.

I am not using ethnography without an understanding of its critiques. There are the historical issues of linking ethnography with colonialism. There is also what Trondman and Willis (2000, p.6) refer to as it's, 'Inherently uncritical humanism and impenitent empiricism.' This is linked to questions of the ability of an 'outsider' researcher being able to understand another culture, that participants are knowledgeable on issues and that this should be uncontested, and that the research is too subjective (Cook and Crang, 1995). There are also challenges such as the fact that ethnography is highly time and resource intensive and

requires highly trained researchers (Bhattarjee, 2012). Added to this, findings are culture specific and more difficult to generalise (ibid).

As someone who has been trained academically in the West, I do not believe my research is exempt from being amongst studies criticised for their colonialist approaches. However, the way I have approached such criticisms in previous professional work and research, and the attention I give to correcting them by borrowing from indigenous methodology, are the reason why these critiques are unlikely to apply to my research. The other criticisms can be addressed by enhancing the systematic element as well as the rigour of methodology. I find the approach of Trondman and Willis (2000) on Theory Informed Methodology for Ethnography (TIME)⁶⁹ very instructive in addressing some of these challenges. They strike a balance between the lack of relevance of self-referencing theory to certain realities and the fallacy of those with complete belief that data that is not mediated can speak for itself (Trondman and Willis, 2000). I also find Sultana's (2007) approach to critiques helpful, (more specifically of feminist ethnography) as she proposes that by keeping these critiques in mind while doing research, and ensuring the study is politically and materially relevant with sensitivity to institutions, the productive and liberating aspects of fieldwork will be allowed to dominate.

Feminist methodology: Ethnography has several sub-fields and I considered feminist ethnography as a possible methodology. While there is not a fixed rulebook on feminist research principles, essentially feminist methodology attempts to diverge from conventional research that is considered to be hierarchical and exploitative. It aims for a research process that is more equally balanced and one that is framed by elements such as reciprocity and authenticity between the researcher and the researched (Duelli Klein, 1983; Du Bois, 1983; Mies, 1983; Reinharz, 1983; Stanley and Wise, 1983a, 1983b cited in Stacey). Feminist ethnography is also considered distinctive in that women's lives and experiences are given importance and their perspective is represented and interpreted from women's own standpoint (Bryman, 2016). Feminism, as with feminist ethnography, has undergone numerous changes and evolution over time. Where initial preoccupations were with contesting the stereotypes that were made of women, subsequent phases were characterised by the desire for feminist researchers to identify with their participants as

⁶⁹ TIME provides a mechanism through which analytical points are developed without going through the whole intellectual history of certain theories and where innovation in conceptual tools can develop in relation to evidence produced by ethnographic studies (Trondman and Willis, 2000).

women. The challenge in this phase, however, was to be able to do this across racial and cultural divides (Visweswaren, 1997).

It should be noted, that there is continued debate as to whether there should be a feminist ethnography (Bryman, 2016). Even, external to masculine criticisms of feminist ethnography, which generally uses a very different lens of analysis; there is great debate and disagreement within those using the methodology itself, about its strengths and weaknesses (Williams, 1993). One major challenge applicable to my study is the apparent difficulty that the feminist approach has in reconciling the fact that feminism has different incarnations in different parts of the world, particularly in Non-Western cultures (ET Ajani 1994; Warner, 1993; Alarcon 1991; Sandoval 1991; Chabram, 1990; Anzaldúa, 1987; Giddens, 1984; Gordon, cited in Visweswaren, 1997).

For my part my reticence stems from two key elements of feminist ethnography. The first is the idea that one gives voice to voiceless or gives emphasis to women's view. I struggle with the idea that it is my role to give such a voice to the community. First, one can debate what it means to be voiceless. Secondly, my experience has shown that some people prefer to achieve social change through whispers rather than shouting...this does not make them voiceless.

Another element I find challenging with this methodology relates to the idea that as a researcher one has the responsibility to democratise the relationship between the researcher and research participants. To me it goes against the important value that I place in the authenticity of the nature of the relationship I as the researcher have with the community members that participated in the research. As such, I subscribe to criticism made by Stacey (1988) who expresses profound disillusionment with a feminist ethnographic methodology that she feels, in its search for engagement and attachment between researcher and participant, and attempts to address power relations and ownership of research, actually placed her in situations of inauthenticity, dissimilitude and treachery. She believes that the research will always ultimately be that of the researchers no matter how much input there is from the participants (ibid). This is indeed the case for my study. I believe quite categorically that this is my research. I am unsure why I need to try to pretend or suggest otherwise. This is not community-based research, attempting to address a problem identified by the community as important (Hills and Mullet, 2007) or a

priority. No one from the country, let alone this village ever approached me and asked me to share with the world, academia, or policy makers their thoughts on how to approach suffering⁷⁰. For the various reasons described above I chose not to use this methodology.

Case study: The case study approach allows for a phenomenon to be explored in depth and in its own context (Baxter and Jack, 2003). Despite critiques it is a scientific method that is used to explain various identified phenomena of the case (Bhattarjee, 2012). The critical element of the case study is the desire and ability to gain detailed and deep understanding of a single or multiple cases. Case study methodology is also known for its use of multiple data sources (Yin, 2012). A more succinct description of the case study methods is, 'An empirical inquiry about a contemporary phenomenon (e.g., a "case"), set within its real-world context—especially when the boundaries between phenomenon and context are not clearly evident (Yin, 2009a, p. 18 cited in Yin, 2012).' Two main approaches to case study methodology exist, one put forward by Robert Yin and the other by Robert Stake. There are differences, notably Stake comes from a constructivist point of view and Yin from a post-positivist one (Hyett et al, 2014). Nonetheless, the key aspects of the definitions described above apply (Baxter and Jack, 2008).

There is a process that has to be followed to use case study methodology. The first issue to address is what unit of analysis will be used in the case. It could be a process or individuals for example. Another important element is what is referred to as the binding of the case. This is a method of defining the boundaries of the study in order to clarify limits of what will be studied. The type of case study is also important to determine. While Yin and Stake have different labels for this, the essence is determining what fits with the purpose of your study in terms of an aim to describe, explain or more deeply understand a case (Baxter and Jack, 2008).

Additionally, while case study methodology gives the latitude to the researcher to decide how far to use theory in their methodology, it does have guidelines on using theory and its own methods for design, collecting of data and its analysis (Yin, 2012). Due to the possibility of complex data resulting from multiple sources, case study methodology also has guidance on how to write up the report. Overall the aim is to ensure the study is comprehensible by the reader and clearly indicates how the findings might be applied to their/another similar case (Baxter and Jack, 2008). Further, this method is considered most likely to ensure that

⁷⁰ See chapter two for detailed explanation of the reasons and interest that led me to undertake this research.

the interpretations of the subject of study are richer and more authentic. It can also provide multiple perspectives due to the variety of participants (Bhattacharjee, 2012). My study design includes these methodological approaches.

My initial choice for a case study site based on experience, or instinct, were revised when I placed them against some of the academic requirements necessary. Reading some literature on the pitfalls of case studies, I understood that choosing Sierra Leone as a country actually needed to be justified. While it is true that case study methodology allows for intuition and naturally available knowledge sources (Stake 1998 cited in Hyett et al, 2014), one of the main critiques of the case study methodology is precisely that it does not clarify systematic processes for making such decisions (Adamson & Holloway, 2012; Bronken et al., 2012; Jackson et al., 2012; Colon-Emeric et al., 2010; Mawn et al., 2010 cited in Hyett et al., 2014). I have ensured that my case selection, as well as the reasons why it is a good choice compared to other potential cases, is properly discussed in my introduction and background chapters, chapter one and two respectively. On reviewing literature on methodology choices, I did indeed come across literature that reflected the notion that a multiple case may inspire greater confidence in findings (Yin, 2012). However, on further analysis of my particular study using multiple sites did not appear to make a significant difference.

Also, important to note regarding case study methodology is the apparent resistance in academia of accepting case study methodology as valid research methodology. There are several key critiques. One is that case studies are essentially atheoretical and more of descriptions, anecdotes or pieces of journalism than research (Hyett et al., 2014; Bhattacharjee, 2012; Coppedge, 2002). Other key critiques are; lack of confidence in the process the researcher has used, the solely exploratory value of case study methodology and, the lack of possibilities for generalising to other contexts (Yin, 2012). An additional criticism is the lack of clarity between the relationship between the researcher and participants. A review of case studies by Hyett et al. (2014) highlighted the lack of researcher description of their relationship to the research as one of the weaknesses of case research (Gallagher et al., 2013; Gillard et al., 2011; Ledderer, 2011; Nagar-Ron & Motzafi-Haller, 2011; D'Enbeau et al., 2010; Buzzanell & D'Enbeau, 2009, cited in Hyett et al, 2014, p.7). In my case, I have made this relationship clear in the introduction, background and methodology chapters, chapters one, two, four and five respectively. Later in this chapter I will also discuss in more detail the issue of reflexivity.

Regarding critiques on rigour, while case study methodology may not have specific rules, there are specific procedures and guidelines that can be followed to ensure viability of the research. Some of these even speak directly of ways to address construct validity, internal validity, external validity, and reliability. Yin (2012) explains that contemporary case methodology addresses these challenges by placing emphasis on more systematic procedures for case study research analysis and data collection (ibid). I am in agreement with responses to critiques of case study methodology that explain that some of the critiques are out-dated, that case study methodology transcends the exploratory stage, and that concerns about the lack of generalisability of case study methodology are based on a general bias and confusion (Yin, 2012)⁷¹.

Indigenous methodology: Scholars in Western academic institutions who share reflections on the place and utility of indigenous people and their knowledge developed indigenous methodology (Hutchinson et al, 2014). It focuses on indigenous people's way of being, doing and knowing, aligning this with particular aspects of qualitative research frameworks (Hutchinson et al., 2014; Martin, 2003). The aim is not to replace or enter into competition with research systems found in the West, but rather to challenge and develop them through additional contributions (Porsanger, 2004). I find key elements of indigenous methodology deeply resonant with the philosophy and method I hold as I approach my study. Conducting research in a manner that respects participants and their knowledge, that places primacy on the importance of a respectful and honest relationship, and that gives importance to ethical considerations, resonates deeply with my approach to this research.

Indigenous methodology has its roots in dissatisfaction with the way conventional research both approached indigenous research participants as well as the limited or lack of value given to their knowledge and systems. It questions the lack of respect for indigenous methods and the assumption that Western knowledge and methods are superior to, better than, and/or more authentic than Non-Western ones (Owusu-Ansah and Mjje, 2013; Louis, 2007). This is a response to the fact that indigenous thought and approach to knowledge have been dismissed in academia, and considered as atheoretical (Cook- Lynn 1997 in Porsanger, 2004), and sometimes illogical and contradictory (Smith 1999 in Porsanger, 2004). This dismissal is described by Louis (2007, p.130) as a belief that, 'Indigenous ways of understanding reality were subordinate to Western science; that indigenous ways of sharing

⁷¹ See Yin 2012, Hyett et al 2014 for more detailed examination of generalisability of case studies and possibilities for comparison.

knowledge, mostly through one-on-one oral or performative communication modes were hearsay, and inferior to the written texts that recorded superior intelligence.'

In addition, indigenous methodology is a response to research methods considered somewhat colonial in approach. Research was at times used as a tool to colonise people and did not include consultations with them (Louis, 2007; Porsanger, 2004; Martin, 2003). For this reason, many of the proponents of indigenous research methodology, similar to feminist ethnography, give this methodology an emancipatory and empowering role. The aim is to compensate for elements of Western research that objectified the indigenous participants of research and retained knowledge, particularly without it benefiting those populations (Porsanger, 2004). Further, indigenous methodology is informed by knowledge of the indigenous people participating in the research (Ermine 2007, in Hutchinson et al., 2014). As with ethnography, central to indigenous research is the relationship between researcher and the participants of the study (Porsanger, 2004; Martin, 2003). Finally, another defining factor of indigenous methodology is that aspects of culture, ethics, behaviour and value are to be integrated throughout all stages of the research project from design, participant feedback and dissemination (Smith, 1999 in Porsanger, 2004). Privilege is also given in research to the voice of indigenous people.

There are, as with all fields, different debates. Some scholars such as Louis (2007) and Porsanger (2004) argue that indigenous research must include contribution to indigenous people, and not just to academia. Louis (2007) further suggests that for indigenous people, research for the sake of research, with no community benefits, should not be conducted at all. Other scholars place a strong emphasis on resistance and political integrity (Martin, 2003). Such thinkers believe that this is a central role of indigenous research. There are however others who remove or de-emphasise this role. Martin (2003) questions the role of critical theory and the resistance approach. Instead, she shares a list of principles that essentially capture the need to; recognise indigenous worldviews as distinct, honour social mores and processes, place emphasis on the role of socio-political and historic contexts that define indigenous experiences, give privilege to voices of indigenous people (ibid).

I take a hybrid approach and incorporate the aspects of indigenous methodology that I find appropriate, as some aspects do not fit within this study. Like Martin (2003), the resistance role is a key aspect of indigenous methodology that I am less comfortable with, primarily

because community members did not express their desire for me to do so on their behalf. Even if they did approach me to represent their approaches to suffering externally, it was highly unlikely to be framed as a resistance to some Western methodology. Moreover, I have not been given any indication regarding social change at this level. As such, critical theory which poses that people should act to change their socio-economic conditions (Bhattacharjee, 2012) may not apply at participant level. I am not critical of indigenous research taking this resistance role. I find it fundamental from a global perspective, but I believe that applying this to my specific research study would ring false.

Grounded theory as an approach to theory building: While my research is informed by theory relating to my subject, I used inductive processes to develop a conceptual framework around understandings and approaches to post-war suffering, notably the mental health aspect. This means that I took information generated by interviews with participants, background information and participant observation as the data source to develop this framework. It originated directly from lived experiences. Bearing in mind the critiques levied at qualitative research and ethnography more specifically, it is important that as much rigour and systemic method was applied to the research findings and data.

Grounded theory methodology is an approach that is very similar to other qualitative research methods (Yin, 2012). Data is sourced from the same pool of possibilities. The role of the researcher is an interpretative one and emphasis on inclusion of voices and opinions of participants that are part of the study, is also central. However, the key differences are the emphasis on theory building and the acknowledgement of the researcher's role in interpretation. In grounded methodology, the researcher accepts responsibility for the interpretation (Straus and Corbin, 1994). In the case of my study I have almost two decades of professional experience to which I needed to contextualise and apply the findings. As such, for me, my role in interpreting data is not only real, but also important. In addition, I have a purpose for these results; to inform policy, practice and academia.

The foundation of the grounded theory approach is that theory is developed through data gathering and analysis observed in the field, and that this is conducted in a systematic manner. Unlike other theory development processes, the basis of theory is not from researchers' ideas that are then tested or pre-existing theoretical expectations. Theory is

developed through an iterative relationship between the process of collecting and analysing data (Bhattacharjee, 2012; Mjoset, 2005; Straus and Corbin, 1994).

A key element of grounded theory is the analysis of the data. Individual researchers utilise different processes for integrating different concepts, but focus is on coding the data accurately. This is generally theoretical coding. While the coding is based on data collected, some proponents of the grounded theory methodology consider that it is more effective if coding is informed by multiple sources of knowledge-the researchers personal and research experiences as well as knowledge they have gained professionally or within the discipline (Straus and Corbin, 1994). This is the view that I share. Codes develop through a process of organising interview data. Coding involves capturing the meaning in a group of words that is analysed to identify key points, categories and their commonalities that are identified as concepts. Theory then emerges from the concepts (Allan, 2003).

Grounded theory has come up against the critiques posed to qualitative methods in general such as questions around it being too inductive and ad hoc as well as the inability to generalise (Mjoset, 2005). Added criticism relates to the lack of clarity around what exactly a code is. Another key criticism is of the version of analysis in grounded theory known as microanalysis. In this approach each word in an interview can be coded. This is considered to be confusing and highly time consuming (Allan, 2003).

Another criticism of grounded approach relates to whether this is one that can be used together with case studies. The main issue is that case studies can use theory to guide data collection, which may seem contradictory to the grounded theory approach where one should have no preconceived ideas (ibid). I support Allan's belief that using the two approaches should not have any anomalies; moreover, it can be a strength. Ultimately, while using theory can help in designing methodology and even structuring interviews, there is an extent to which this can be suspended when doing the analysis. In particular, in my case where interviews are semi-structured, much latitude is allowed for participants to include ideas and thoughts on the subject. When it came to coding, I made an extra effort at ensuring previous knowledge supported what emerged from the data and remained focused on this. Regarding the criticisms, in sum, I consider that these challenges are not insurmountable and have been addressed in the design of my fieldwork and data analysis.

4.2 Fieldwork design and approach

4.2.1 Preliminary field visit to Sierra Leone

Decisions such as which village to work in and others were taken based on professional experience as well as a preliminary visit in country. During this visit I held consultations with experts⁷² in person. Access to the ethnographic site is one of the most important steps in ethnography, but it is also one of the most challenging (Bryman, 2016). The preliminary visit was a means of ensuring that I did everything to minimise this challenge. A central foundation of my research, ethically and methodologically, is related to this visit. In my experience of working in West Africa, the Internet as a source of information and phone discussions is extremely limited. Misunderstandings and misinformation can end up being very costly- socially, financially and in terms of time. I thus made a preliminary one-week visit to Sierra Leone between September 10th-17th, 2016.

After the visit with the experts in Bo, a town about 175 km from Freetown, I then visited the suggested site for research, Bauya. The journey itself, just at the tail end of the rainy season, highlighted (and was confirmed by others) that this would be a location that would be extremely difficult to access during the rains. This already clarified that my fieldwork would need to take place in the dry season, November to May. A visit with the Paramount Chief, the person responsible for the general welfare of the people in the chiefdom, collecting taxes and dispute resolution (Reed, 2012), further clearly indicated that my initial thoughts of renting a house, or even a room were highly misguided⁷³. The Paramount Chief was actually perplexed by the fact that I would not stay with a distant relative whose home was relatively comfortable and in a secure location. For me, it was an ethical dilemma, as I wanted to make sure that I chose my accommodation because it was the best place to stay for my research. Sometimes location, and whom you stay with can actually have an impact on the relationships that are built with participants, and the associations they assume between you and other community members (Srinivas, 1976). In the end I had little choice,

⁷² I had lengthy discussions on 13th September with Mrs. Marion Gorvie and Mr. Hassan Feika. She has worked extensively in the field of community mobilisation. Her particular field of focus is working on issues of conflict resolution. The majority of her work experience has been in the Southern Region where my research site is located. Mr. Hassan Feika is a former combatant that set up a peacebuilding NGO over 15 years ago. Much of their work involved conflict resolution and human rights. He has extensive experience of working with communities in Eastern and Southern Region. I had shorter discussions with Dr. Revd. Joe Moiba has also worked extensively in the Southern region, and more specifically he completed his PhD at a University in Norway on the role of religion in peacebuilding.

⁷³ There were some empty buildings in one part of the village that were old railway station staff quarters that they could give me access to. They had done so for some international NGOs. These, though, needed total renovation. In addition, even if I had the funds for this, the chief advised against this because it would be unsafe for me to live in that slightly more remote part of the village, particularly as a single woman. In essence, there were only peoples' homes as accommodation options and most of them over occupied by family. The accommodation options I had been considering did not exist.

but it finally appeared to be the best accommodation option including from a personal security perspective.

4.2.2 Choice of location

I have described how the country of Sierra Leone was chosen in chapters one and two, the thesis introduction and background respectively. In this section I will explain why I chose the specific community of Bauya, one of 11 sections in Kongbora chiefdom in Moyamba District, as my research site when Sierra Leone has one hundred and ninety chiefdoms (Sierraleoneweb, 2019). The selection of the site is a critical factor in ethnography (Hume and Mulcock, 2004; Gupta and Fergusson, 1997). The first qualifier for Bauya is that Sierra Leone's civil war was quite particular in that the fighting left almost no part of the country unaffected (Lord, 2000). During my professional experience, I worked intensively in Sierra Leone in the immediate post-war period and continue less intense engagements until now. I have travelled extensively in the country including to each of its then 14 districts⁷⁴. Based on my subject of approaches to suffering related to the war, almost every community in the country would likely qualify.

I narrowed the possibilities by considering communities that would have had a more sustained exposure to the war⁷⁵. This would include 5 districts in the eastern and southern regions (Bo, Moyamba, Pujehun, Kenema, Kono and Kailahun). Ethnically and religiously they are essentially similar. I then disqualified the districts in the Eastern region for issues of access and in one of them, instability⁷⁶. This left me with the Southern regions. For this I spoke to the experts mentioned, who had worked extensively in communities in these districts during the war, and continued to do so now on issues of peace and development.

At this stage, when for theoretical reasons the precise locations might have been equal, the experts and I started to examine issues of physical and socio-cultural access. I based deliberations on the value given in ethnographic research of improving socio-cultural access to research participants (Colic-Peisker, 2004). I proposed Bauya knowing that my grandparents had lived there and that the family still had loose links to the village. Officially

⁷⁴ There are now 16 districts. See introduction chapter for specific references and description of changes.

⁷⁵ The choice of these districts is also based on my extensive work experience in Sierra Leone in the field of conflict transformation, immediately after the official end of the war in 2002 until now. Much of my work included close collaboration with a community peacebuilding organisation Peace and Reconciliation Movement (PRM) working on mediation and reconciliation that I will refer to for further guidance in developing research in more detail.

⁷⁶ 2 of the 3 districts in the East until recently had issues with access. Kenema less so, but perhaps had comparable experiences to the South. Kono and Kailahun are also more remote and until about a year ago Kono was still experiencing such high levels of violence that there was an official state of emergency.

considered a town because it was historically a bustling railway town, there is no longer any difference between Bauya and the average village in Sierra Leone, and hence I refer to it as a village. We considered other options where the experts had links, but when we added issues of my personal security and health to the list of criteria, Bauya seemed the safest option⁷⁷. Working together with a wider network of people such as these experts, and later gatekeepers in the community to determine feasibility of fieldwork, forms a key part of ethnographic fieldwork (Cook and Crang, 2007).

4.2.3 Length of fieldwork

Ethnography traditionally involved spending years in the field, but this has changed (Cook and Crang, 2007; Hannerz, 2003, Millen, 2000), and this was important in determining the length of time I spent in the field. For professional and personal reasons, I was limited to spending a maximum of four weeks in the field. With approximately twenty-five interviews I also knew there was a chance I could do this in less time, but in order to be able to move at people's rhythm (much slower), to allow for observation not too tainted by the novelty of my presence, and to work in the heat and humidity in a way that would be more beneficial to my health, I respected the four week period. This included about a week in Freetown addressing practicalities of how to get to Bauya, printing documents, as well as arranging accommodation, food and power needs. Accessing food in the village was not simple and the main market was only once a week. I then spent two weeks in the village that included a few days of preliminary data analysis, before returning to Freetown to continue with the preliminary analysis. Also helping to decrease the length of my stay was the fact that I had previous experience of living in that environmental and cultural setting and the fact that I had someone helping me with the practical parts of living. I did not lose time to acclimatisation- sociocultural and/or physical.

Judging the end of a piece of ethnographic field research does not have hard and fast rules (Bryman, 2016). My aim was to primarily gauge the end of my research based on whether I had accessed sufficient information to answer my research questions. I reached theoretical saturation at one and half weeks. Once I ascertained there was no need to make follow up interviews, which took a few more days, I started the journey home. My only concern related to the possible need to conduct interviews with three specific members of the

⁷⁷ Health facilities in Sierra Leone are very poor and Bauya was one of the closest options to the capital. Further, during Ebola it was one of the very few villages that did not submit to the virus based on very inclusive and participatory community initiatives.

community, but the ethical issues around this were quite complicated. I decided to come home, reflect further, and discuss these with my supervisor. After our exchange I came back later in the year to conduct the three additional interviews.

4.2.4 Preliminary visits background themes- Hawaii, New Mexico and Chennai

The other preliminary visits I conducted were better described as conceptual, ones that helped greatly in providing a much better understanding of different Non-Western approaches to addressing psychological and emotional suffering. I had encountered literature about how different Non-Western cultures approached emotional and psychological healing, in general, but also after disasters. There was however very limited literature, and key gaps in research that reflected voices from such cultures (Jayawickrama, 2018; Kasuja, 2014; Sritharan and Sritharan, 2014; Owusu-Ansah and Mjie, 2012; Jayawickrama, 2008; Summerfield, 2008; Wessels and Monteiro, 2001, in Stark, 2006; Zacharias, 2006; Summerfield, 2000; Bracken et al., 1995). The Non-African approaches that I came across while reading were Hawaiian (King 2016, James et al., 2007; Roedenbeck, 2007), Native American (Summerfield, 2000; Korn, 1997), Mexican Folk (Valdez, 2014; Zacharias, 2006; Torres, 2005), Indian Ayurveda (Nair 2016; Fernando and Weerackody, 2009) and Chinese medicine (Moore, 2005, Chan et al., 2002).

Robson and McCartan (2016) consider relying on networks as a valuable contribution to what they call 'real world research'. By a series of coincidences, I was invited and given opportunities to meet with healers from those healing traditions. The visits came about serendipitously. I was fully aware that doing these visits in person was not only extravagant, but also going above and beyond what is necessary for my doctoral studies. Yet, this PhD cannot be delinked from my life and profession, and what I will do when I have finished. I believed that speaking to practitioners about different approaches to healing would be enriching, enhancing knowledge that came from literature and would hold value for future practice. I could also engage better. I could hear things and ask questions, and get clarifications immediately. While not traditional I consider this as part of my training. It was unexpectedly helpful in preparation for my fieldwork by reminding me about the importance of language and how certain terms do not cross cultures⁷⁸.

⁷⁸ For example, I was reminded of the term Medicine Man in this context. I realised that in Sierra Leone, I could not use language such as healing or healers we also use the same term, medicine man in Krio. Through these visits the interlinking of the body, mind and spirit, deeply emphasised that 'the mental' as I was conceiving it would not apply to the Bauya context. Before going to the field, I was able to think through some of these issues and apply them to my planning and integrate them in the way I conceptualised my participant information script as well as interview questions.

The visit took me to the USA. I spent a week in Hawaii where I had discussions with Dr Serge Kahili King, a trained psychotherapist and shaman using Hawaiian healing methods of Huna⁷⁹. I also spent a week on a course at the University of New Mexico on Curandero, a Mexican Folk healing practice⁸⁰. The Coordinator of this course, Dr Cheo Torres, is one of the Vice Presidents of University, and I was able to interview him. The University has advanced greatly in its medical department and have a leading centre for integrative healing (University of New Mexico; 2020, Torres, 2016). Though the course focused on Mexican folk healing, it also incorporated other Non-Western healing traditions including Native American, Chinese and Turkish Islamic methods. He introduced me to some of the speakers who also gave me their time. As such I had extended discussions with Dr Waconda Lewis a Native American healer, and Joseph Brophy Native American Medicine Man, as well as Dr Monica Lucero, who is a practitioner of Oriental medicine.

I also spent a week in Chennai, India, where Ayurveda is still strongly practiced, to speak to some Ayurveda practitioners. I was able to identify a good Ayurveda centre through my research, which I then combined with information provided by my colleague from Chennai, on my arrival in the city. I interviewed two Ayurveda doctors Dr Nair and Dr Salini, and also spoke to the manager of one of the centres, Mr Rajan.

4.2.5 Working with the community: Casing the scene

The custodians of real power in rural communities in Sierra Leone are the traditional leaders, notably the chiefs⁸¹. In ethnographic research key actors that are central to access to research participants are known as 'gatekeepers' (Robson and McCartan, 2016; Reeves, 2010). In my experience of working in the field any type of project that occurs in a rural area needs, if it is to be implemented successfully, to pass through the procedures of informing and acceptance from these authorities. In this case it was the chiefs and related community leaders- women, youth, religious, etc., with the chiefs generally holding the most power. Even where it is unlikely that there will be resistance to a project, customary norms and

⁷⁹ Dr. King also has extensive experience working with shamans in West Africa, particularly Benin.

⁸⁰ See Literature review for more detailed description of Curandero, Ayurveda, Huna and Chinese Medicine.

⁸¹ The chieftaincy system works at different levels. There is the Paramount Chief, who is the most senior chief and represents the chiefdom. There are 149 paramount chiefs in Sierra Leone⁸¹ representing each of the chiefdoms, with 13 of them additionally representing each of the 13 districts excluding Western Area, where the capital city, Freetown is situated. Below him will be section chiefs, town chiefs and village chiefs. The paramount chiefs are considered as powerful and command great respect from the populations they rule. They are considered the custodians of security, as well as playing numerous other roles from tax-collection and social welfare to dispute resolution (NMJD, p9)⁸¹.

etiquette require a passage through this process to undertake any key activities in the chiefdom⁸².

While engaging with gatekeepers has multiple aspects, including some key challenges, it is critical in ethnographic fieldwork (Reeves, 2010). They are general considered those who have the power to control access to the research population (Crowhurst and Kennedy-Macfoy, 2013). Hence, getting authorisation for conducting my fieldwork at this level was critical. I am aware of how a project can get derailed if these procedures are not followed. But perhaps, more importantly, I am aware of the resistance that can occur, (however polite or hidden) when there is a sense that one has disrespected the necessary protocols. These are not insurmountable obstacles, but they add challenges to a fieldwork situation that already has enough of them. It is for this reason that another critical aim of the preliminary visit was to ensure I had support at chieftaincy level to undertake my fieldwork in the chosen location. Also important was that I made this visit prior to my fieldwork⁸³. This way it was clear that I had not assumed a positive response. I could also learn from the chiefs whether or not the period that was convenient to me, February 2017, was convenient to them. This initial visit would also help me gain any initial insights. This process, before gaining full access, is sometimes referred to as 'casing the scene' (Lindhoff, 1995 cited in Del Rio Roberts, 2010). I spoke to several important chiefs and their second in command, chiefdom speakers and was asked questions, advised and subsequently welcomed to conduct my research in Bauya.

4.2.6 Working with the community: Initial approach

The second phase of the development of my relationship with the community began by how I entered the community and how I approached participants. I tried to confirm my visit and planned dates in January 2017 with the chief, but was unable to get through on the phone. After arriving in Bauya in February 2017 the first thing I did was to go to meet the chief. He then informed the village leadership of my presence and research. On conducting participant information meetings and walking around the village this was later confirmed.

⁸² In order to be sensitive to gender and power dynamics some researchers fear that going through chiefs may create power and gender imbalances. I stayed alert to this possibility, but found it was not a major problem, possibly because my research did not come with financial benefits. More importantly any challenges would need to have been addressed as the possibility of entering or working in a community without the authorisation from the Chief is not something I was prepared to do.

⁸³ I conducted this preliminary visit with an aunt who still had links to the village and a distant relative that was a women leader in the community. They helped ensure that I followed necessary cultural protocols.

I had at some point considered holding village meetings to share information of my research. It became clear very quickly that it would probably cause more harm than do any good. Firstly, it gave an importance to my research and presence in the village that it clearly did not have. People had more pressing priorities and also understood I had some family links to the village, so felt I had the right to be there. Secondly, there were no regular village meetings. What I observed and verified was that village meetings were on specific issues of importance. If necessary, a town crier went around the village the night before generally announced these meetings in advance. Thirdly, even if I tried to share this information, particularly at such venues, it would have likely increased expectations for participation and overvalued the potential benefits of the project.

4.3 Conclusion

This chapter has illustrated the significance of qualitative methodology in research and its appropriateness to my research. Specific methodologies and approaches that will influence the research were explained such as ethnography, grounded theory, case study and indigenous methodologies. Also explored were existing critiques and challenges of using these methodologies, as well as approaches that will be used to overcome these challenges. The chapter further explored the importance of fieldwork design, particularly as a central element of ethnographic methodology. Explanations of choices of field site, and decisions on length of stay at the research site, were provided to illustrate their foundational logic. Finally, the study's process of community entry was explained. This forms the key foundation of direct engagement with community members and data collection methods that will be addressed in the next chapter, which also focuses on different aspects of the study's methodology.

Chapter Five

Methodology- Part 2 (practical)

'Luckily for me, I did not have time to speculate about the villagers' expectations of me. I reacted to situations as they arose, and the only rule which I observed was to be as nice as possible to the villagers while I did what was most convenient or natural to me...I had discarded the wearing of the sacred thread long ago, and while in England I had broken the dietary rules of vegetarianism and teetotalism. I did not conceal any of this from the villagers who asked me about them though I did not shout out my non-conformity from the rooftops.'

Srinivas (1976, p.34). He is an anthropologist that wrote a book on experiences in an Indian village.

'Even where the researcher is from the Global South, in which case some of the access and relational aspects may be addressed, class and educational differences (i.e. material, social, political power differences) remain trenchant markers of difference and often pre-condition exploitation in the research process...It is thus imperative that ethical concerns should permeate the entire process of the research, from conceptualization to dissemination and that researchers are especially mindful of negotiated ethics in the field.'

Farhana Sultana (2007, p.375). Sultana was a researcher at King's college, UK. Her research was undertaken in Bangladesh.



Fig. 15 The kitchen of my lodgings Part of the practical challenges of fieldwork, Bauya, Sierra Leone

Source: Author 2017.

Fig. 16 One of many unfinished houses in the village illustrates the rudimentary building materials of most homes

Source: Author 2017.

5.0 Introduction

This chapter will provide a description of the more practical elements of design and experience of the fieldwork component including aspects such as data collection and analysis as well as identifying, recruiting and approaching participants. The chapter will also explore the practical experience of conducting interviews. In addition, the chapter addresses in detail ethical considerations of the research. These are particularly important due to the nature of the study and its location in a fragile context, but also due to the centrality of ethics in several of the chosen research methodologies. The subjects of reflexivity and positionality will be addressed within and external to the ethical framework.

5.1 Practical experiences engaging participants

5.1.1 Identifying participants

The identification of participants started with the literature review, which helped develop initial inclusion and exclusion criteria. Inclusion and exclusion criteria used can be found in Figure 17. Discussions in the preliminary visit in September 2016 with chiefs from the community and one of the women leaders, as well as three experts in this field also contributed. The choice of participants was based on the purposive sampling method. As such participants were selected not for their ability to be representative, but the focus was on capturing a variety of experiences (Wood, 2006).

The initial method of identifying participants followed cultural norms, starting with the Paramount Chief for the chiefdom who is based in Bauya and is both the administrative and cultural head of the village. I asked him to suggest initial names of community leaders that could provide suggestions for participants based on inclusion and exclusion criteria developed prior to consultation. Issues such as gender, their ability to contribute to my research, and other aspects of inclusion were given attention to militate against bias, and thus there was still an element of control to the selection of participants despite receiving inputs from the gatekeepers. These are key considerations in ethnographic research (Bhattacharjee, 2012; Bricki and Green, 2012; Goodhand, 2000).

Figure 17: Inclusion and exclusion criteria

Inclusion
<ul style="list-style-type: none"> • Age- at least 14 when first affected by the war
<ul style="list-style-type: none"> • Category- must fit into category: men, women, youth, elderly, vulnerable, ex-combatant, religious leader
<ul style="list-style-type: none"> • Location- must have lived in Bauya during the war
<ul style="list-style-type: none"> • Language- must be able to speak Krio well enough to hold interviews
<ul style="list-style-type: none"> • Consent- have provided verbal consent
Exclusion
<ul style="list-style-type: none"> • Age: younger than 14 when first affected by the war
<ul style="list-style-type: none"> • Category- do not fit into category: men, women, youth, elderly, vulnerable, ex-combatant, religious leader, traditional healer
<ul style="list-style-type: none"> • Location- did not live in Bauya during the war
<ul style="list-style-type: none"> • Language- are unable speak Krio well enough to hold interviews
<ul style="list-style-type: none"> • Mental illness: people that the community or medical facilities have labelled mentally ill to the extent that will affect data given in interviews
<ul style="list-style-type: none"> • Consent- have not provided verbal consent

Source: Author, 2020

I continuously screened the participants to ensure gender balance in terms of sex and social status as well as respect of inclusion and exclusion criteria. After receiving all the suggestions, I did not have to make any changes as this balance occurred naturally. In addition, I was aware that even with my categories being clear, there were possibilities that leadership can try to exclude more marginalised or vulnerable groups (Bricki and Green, 2012). To militate against such potential bias, I triangulated the suggestions with different members regarding the appropriateness of some of the participant selected.

In respecting cultural processes, I ended up with slightly more participants compared to a planned 20. This method of identifying participants was a form of a controlled snowballing method (Bhattacharjee, 2012). The experience highlighted the fact that the choice of participants is not simply a technical matter, and it requires elements of political judgement (Goodhand, 2000). My experience of working in fragile conflicts helped me develop such skills and sensitivities that I applied to this context. In the end I conducted 35 interviews and

held one focus group discussions where participant numbers started at about 30 people, but ended up as a core of 9, once it was realised that there was no financial benefit.

I also used maximum variation sampling, identifying demographic variables that are most likely to have some impact on the participants' perspectives of the research topic (Bricki and Green, 2012). Such categories include some of the main UN categories; women, men, youth, elderly, vulnerable⁸⁴. I also considered thematically relevant categories such as former combatants and religious leaders who were likely to have distinctive and important views. I did however rely on context and culturally specific definitions of these categories that do not always conform to international parameters⁸⁵. For example, I interviewed a participant suggested by the youth leader who was forty, something not unusual in Sierra Leone.

I faced a challenge ensuring representation from ex-combatant community members. Excluding experiences of former combatants might have limited the picture of the chosen community during wartime. Though sensitive, my hope was to interview male and female former combatants. This proved more complicated in reality firstly because there were only one or two people presents in the village, particularly who fought with the rebels. Secondly it involved much more sensitivity in terms of approaching them, especially because neither was on the initial list of people recommended through the community leaders. In the end I did speak to these participants but in a follow up visit conducted in October 2017.

5.1.2 Approaching participants

My fieldwork was conducted in a rural context where communications is poor on many fronts and verbal, face-to-face communication is often the most effective mode of communication. Considering the importance of the gatekeepers in ethnographic research (Robson and McCartan, 2016; Reeves, 2010, Cook and Crang, 1995), I asked the Paramount Chief to identify the key members of the community leadership and informed some of them of my presence and others took my word that I had consulted the Chief when I met them.

⁸⁴ For example, as noted above, after the war in Sierra Leone the category of youth deviates from UN definitions and goes from 14-35. Similarly, there are aspects of youth that relate to passage through certain social categories. A 40-year-old unmarried man, still living at home could be considered as youth in the community.

⁸⁵ For example, after much consultation the Sierra Leone Youth Policy defines youth as people between the ages of 15 and 35. (Government of Sierra Leone 2003, p3) With regards to ageing the World Health Organisation (WHO) acknowledges that tradition and culture play major roles in this definition and it has not come to providing numerical parameters to the term elderly (WHO, 2002).

The community leaders then informed the proposed participants that I would come to speak with them. In some cases, they did not do this in advance and again people took it on faith that they had been proposed as participants for my research.

Once the initial approach described above was made I approached Individuals directly to determine whether they wanted to participate in the study. Ensuring consent is a critical element of ethnographic research (Murphy and Dingwall, 2007). There are debates as to whether consent should be necessary or not (Bell, 2014; Marzano, 2007), I explain below why I opted for informed consent. The selected community has high levels of illiteracy, and even those who are literate were likely to be suspicious of the over formal nature of forms and participant information sheets. I thus had face-to-face discussions which helped initiate the personal connection to individuals and provided them with an opportunity to ask questions and have a better sense of what they may be signing up to.

I met each potential participant and shared information on the study in the Krio language. This was based on a prepared script⁸⁶ that I adapted over time as I met the participants, comprehending that there was limited interest in some details. I regularly checked to ensure that participants properly understood information. This was verified when they responded to the witness. The vast majority of participants were ready to start interviews immediately after the participant information was shared. I nonetheless gave them a minimum of one night to reflect. In the end this was appreciated, not necessarily because they felt they needed time to reflect on consent, but more so because it meant we were able to choose a more convenient time for the actual interview.

I used a verbal consent process, requesting formal consent (written or thumbprints) may represent an official nature of the research that would have been false. My professional experience has also illustrated that this can be particularly negative in largely illiterate communities such as Bauya. In addition, this is something that can dissuade or alienate participants (Iphofen, 2013). However, a witness also independently verified consent⁸⁷. The Paramount Chief suggested two witnesses and after discussing the options we both agreed that one of the two was the most appropriate. I verified opinions about the witness from

⁸⁶ See appendix 2, p.409 for original participant information script.

⁸⁷ See appendix 9 and 10 for oath of confidentiality of witnesses, p.432- 433.

various participants and was satisfied about her being the right choice. She was only available during the second week of my research; I thus started interviews based on verbal consent given to me.

The information shared through the consent process explained the nature and aims of the research and what participation may involve. The consent process made absolutely clear to participants, potential harms and benefits. It was a process of exchange and an opportunity to understand whether participants felt there to be additional harms or benefits that I needed to consider. Participants understood and felt able to exit from research when they wished, an important element in addressing balance of power (Iphofen, 2013). I also used this process to obtain participant's opinions on three key issues; how they feel my final research findings should best be communicated to them, the best way to handle complaints they may have about my work and the best mental health referral pathway to manage situations where participants are negatively affected emotionally or psychologically by the review process.

In examining the issue of an effective complaint procedure, my initial plan was to form a small group of people consisting of community leaders who would monitor my behaviour and activities. This method is often used in ethnographic research and indigenous methodology as a means of holding the researcher accountable (Wood 2006; Martin 2003). The reality of the community set up in Bauya, initial discussion with the Paramount Chief and the regular response of laughter I received when discussing this issue in initial interviews, soon made it clear that this process was inappropriate in this particular setting. There was already a system in place for complaints in the community- normally people went directly to the Paramount Chief or the Chiefdom Speaker. There was no need to set up another system for complaints about my research. This was another place where I was patently aware about the dangers of the formal academic ethics process in giving too much importance to the research. Without being impolite I was made to understand by others that really, they had more important things to do than be setting up or addressing complaints about my research within the framework of a special structure.

5.2 Data collection, management and analysis

5.2.1 Data collection: Interviews

In considering the sample size, previous experience of conducting research in such contexts, and inputs from my supervisors⁸⁸ and other researchers, indicates that smaller sample sizes are acceptable for ethnographic studies (Iphofen, 2013; Bricki and Green, 2012). This sample size also better enabled me to be fully present and engage with research participants. What is critical to the validity of the data is not simply the numbers, but the range of categories of participants and their experiences with the research topic (Bricki and Green, 2012). In addition, one of the key contributions of my research to current gaps in academia lies in the production of in-depth empirical knowledge on the subject. I expected to spend two to four hours with each participant that I interviewed. In the end interviews were on average about an hour with a few exceptions below and above this time.

It is advised when analysing qualitative data to rely on word processing technology (Robson, 1995). While I did this during the analysis phase, during the interview responses I initially recorded interviews by handwritten notes. This was primarily both a result of the rudimentary provisions for power as well as reducing 'social distance' between participants and me. There are several ways to record interviews, which include field notes after an interview, notes during and interview and a variety of voice or video technology (Tessier, 2012). The different methods have different advantages and disadvantages. Using recording devices guarantees an accuracy of information and means interviews can be played and replayed, while notes are more susceptible to loss of data in different ways (ibid). It also allows for the interviewer to concentrate more and engage better (Cook, 2016). I however chose not to use a recording device.

From experience, I have seen that the recording of information in such contexts already makes people weary of what they share. I did not want to exacerbate this by using a recording device, allowing for as much authentic sharing of information as possible. Polunin (1970) has explained some of the challenges of using recording devices in ethnographic research that are pertinent in the context of my research.

I handwrote responses from participants as they responded to my questions in specific notebooks. I typed these notes of interview responses myself. For this study I needed as

⁸⁸ Dr. Jayawickrama and Professor Watt shared this information during a supervisory meeting that included review of my research plan. The meeting was held on the 21st of September 2016.

much detail as possible for responses. It was thus my intention to as much as possible take down notes verbatim. This was not of course always possible, but I also had much more detailed notes than usual. Technically I thus worked from notes and not transcripts. I took notes both in English and Krio. There were also times where I missed words or even had challenges reading my own handwriting. These are all reflected in the different versions of notes that I typed. I did not make attempts to correct them based on my memory. In cases where I did not have complete notes, I did not use the information as 'quotes'. It is also important to note that throughout the thesis, statements by participants placed in quotation marks are not technically quotes as their source is my notes and not a digital recording.

I used the semi-structured interview⁸⁹ providing a few guided questions or topic guides, while still allowing space and flexibility for the interview to be follow the participant's direction (Bhattacharjee, 2012). Although my questions were few, I still followed the basic rule that these should follow logically and move from factual and less specific to those that are more specific and behavioural (ibid). I also moved from less sensitive to more sensitive. Of the three main types of ethnographic interview; oral history, personal narrative and topical interview (Del Rio Roberts, 2010), I used the personal narrative. This focused more on the individual's perspective on an issue or event. I am also aware of the centrality of my role as the person conducting the interviews. In particular the need to establish rapport and gain enough trust for participants to share openly and honestly their stories and experiences with me. As such, elements of how I spoke, held myself, the way I looked, what I wore and my non-verbal actions, were all given attention by me in order to play this role effectively (Merrigan and Huston, 2003).

I had, in fact, first considered using the unstructured interview. Based on my professional experience in the field, I was however, concerned that it may not translate culturally for someone to just speak continuously on the subject in such a way, especially in a situation where potential for understanding of different concepts could be complicated. I also considered using the oral histories approach. Oral history is a form of interview that allows participants to recount how they lived a particular historical moment and how it was reflected in their lives (Merrigan and Huston, 2003). This approach, however, also uses open-ended interviewing technique, asking the participant to tell their story usually related to a particular event. Such an approach would not have allowed me to focus on specific

⁸⁹ See appendix 3, p.414 for interview guide.

subjects as was necessary for my study, so in the end, I considered that the oral histories methodology was not appropriate for my research.

I also made efforts to respect the process ensuring that I was attentive and focused and gave the necessary attention to the participant when speaking. My attention to self-care and ensuring I was not fatigued was also directly linked to this. I was also prepared and remained aware of any cultural sensitivity. Different cultural settings require different etiquette for interviewing. Aspects that needed attention were issues such as the appropriateness or not of maintaining eye contact and the role of silence (Bricki and Green, 1995). Different individuals also need different approaches, and I generally used a mix of suggested approaches to conduct the interview as appropriate. This included encouraging overtly, using silence as a probe, motivation and clarifying where there are areas of confusion (Bhattaterjee, 2012). It was critical that assumptions were not made or my own understanding as a researcher ascribed to what the participant said, rather that I reflected what they actually meant (Bricki and Green, 1995).

Seventeen different languages are spoken in Sierra Leone (Sierra Leone Ministry of Information, 2013). I held my interviews in the Krio language. This was one of the inclusion criteria for selection of participants⁹⁰. I did not want to add the challenge of using a translator as an element in my study. While sometimes inescapable, using a translator can pose many challenges. Notably, if the participant trusts you, but not the translator, data will be affected (Bricki and Green, 1995). One may only find out difficulties participants had with a translator long after this may have affected the information gathered. As my subject is quite personal, I wanted to avoid, where possible, complicating matters. There was only one case where an elderly participant of the focus group discussion insisted on making his contribution in Mende. Due to cultural codes of respect I, and the other participants, allowed him to speak in Mende.

5.2.2 Data collection: Participant observation

The other supporting source of data was participant observation. This entails the element of my data gathering that did not come directly from key informant interviews. In living in the

⁹⁰ Although English is the official language, Krio is the language that is spoken most widely across the different ethnic and language groups in the country. There are definitely people who do not speak Krio at all. Similarly, there are those whose Krio is limited. For example, in the district where I conducted my research, the predominant language is Mende so even those who speak Krio will likely speak it as a second language. However, in villages or towns that have a mix of ethnicities, such as the research site, or that are exposed to people from other parts of the country, for trade for example, Krio is generally spoken.

community, it was a reflection of behaviour that I observed, what I noticed from different conversations both between community members as well as those they had with me (Bryman, 2016). It also served the purpose of discovering discrepancies between participants' words and actions or uncovering elements that they themselves may not have noted (Bricki and Green, 1995). I documented these experiences through handwritten notes. Bryman (2016) provides a guide on how to separate these notes⁹¹, clarifying differences between; mental notes, jotted notes, full field notes, or methodological notes. I did not follow these specifically but with all my notes, including interview transcripts I gave attention to the manner in which I recorded and organised information. I had three separate notebooks. One was for participant observation. In this notebook I recorded my own observations, which I also carried when I was conducting interviews. These observations helped strengthen my research. Often, they captured elements that I needed to further investigate or any inconsistencies between what I observed and what research participants were saying. It was through such observations I was able to pick up some of the inconsistencies with some research participant responses. The other notebook was for responses from interviews and one was for my diary notes. At the beginning, there were times where I was caught off guard in some situations and was obliged to make entries in the wrong notebooks due to practicality. In these instances, I carefully labelled the entry so that when typing my notes, I was able to record them appropriately.

My preference for method of observation was overt. The covert approach is the opposite and it takes away the researchers need to explain their intrusion (Bryman, 2016). The overt approach is to share openly with participants that you are undertaking the research. There are instances where the distinction is not so clear and in overt situations not everyone will be aware of the researcher's position (Bryman, 2016) no matter how I tried to ensure that the whole community was informed. Luckily this was a very small village where everyone at the informal level generally knows what goes on. On a formal level the information of my presence was shared by the Paramount Chief with community leaders.

5.2.3 Data management

My data was anonymised and was first handwritten. My original aim was to type the notes as soon as possible after interviews to ensure accuracy of information. This was not possible due to the lack of electricity, but also because I did not have time to do so. Walking around

⁹¹ See Bryman, 2016, p.444 for more details on the categories.

for participant information and interviews, writing notes and making entries in my diary, while dealing with everyday practical aspects of living, took up my full day. As soon as I left my research location, I transcribed all notes into electronic versions. These were kept on my password secured laptop and back up disk drive.

I also managed my notes in a way to ensure security and confidentiality. My academic and professional training and experience provided fairly detailed grounding on the confidentiality and security of my data⁹². When in the field, notebooks that were not with me were kept in a padlocked suitcase for which only I had the key. I also took care not to leave notes lying around. One of the elements of data security that only became clear to me in the field was that one of the greatest threats to my data was actually mice and field rats that enjoyed consuming paper. Hence keeping my notes in the suitcase was not a simple matter of confidentiality but actually also ensured their physical integrity.

5.2.4 Data analysis

The process of data analysis is the manner in which the large amounts of data that have been accumulated over the fieldwork process, from the time of conceptualisation through stages of data collection and analysis, are reduced and interpreted (Merrigan and Huston, 2003). After considering the pros and cons of using software solutions for coding and analysis I decided to do this manually myself. I worked with excel spreadsheets and typed information from word documents to do the coding and record key findings of subsequent analysis.

The initial task of analysis was the typing of interview and observation notes as well as my field diary. I typed the notes myself and found this important in allowing me to strengthen my knowledge and familiarity with the data, which helped make analysis easier. Firstly, I placed the typed text from each participant's responses during the interview in sections based on the questions from the interview guide. I then coded and highlighted each part of their response with the letters A-O based on the information being provided and corresponding to the interview questions asked. The codes were as follows:

⁹² Particularly in the last 5 years of my professional experience, where I have been involved in supporting politically sensitive mediation and dialogue initiatives, I have had to store, manage and transfer sensitive data while respecting highest confidentiality. I also completed the University course on security of data in November 2016.

Figure 18: Initial code guide of participant responses

PARTICIPANT INFORMATION	
A.	Length of time lived in Bauya
B.	Age at end of war
C.	Current occupation
D.	Occupation before war
E.	Occupation during war
F.	Family in Bauya
CONCEPTS/ EXPERIENCES OF SUFFERING	
G.	Definition/understanding of suffering
H.	Diagnosis/detection of suffering
I.	Approaches to suffering
J.	Effectiveness of approaches
K.	External intervention
ETHICS	
L.	Perceived benefits of study
M.	Reason for participation
N.	Interest in findings
O.	Mental health referral pathway
P.	Complaints to leadership

Source: Author, 2020

For example, with the interview question one I asked for people’s age at the end of the war. Participants’ responses to that were then coded A. For the codes on understanding and approaches to suffering the parts of their responses that answered these questions could sometimes be found as part of research participant responses to other questions. Thus, for example, the codes for approaches or understanding to suffering, G and H, can sometimes be found in questions that did not directly ask about these issues. Further, in some cases coding was straightforward while in some instances, the same text could receive several codes.

The main way to organise and interpret data is through coding. The result of coding should allow people who have not observed the research participants and context to develop an understanding of this. I started as suggested by Cook and Crang (1995) with open coding, which is a form of closely reviewing materials to ascertain what was said and the intentions behind it. Simple codes were developed from these initial insights. Several further readings refined these initial codes. Codes were then further developed by continued analysis, this time eliciting connections and new ideas as well as clarifying the meaning of the different codes (ibid). It is the continued revising of these initial codes that, in grounded theory, starts to build up the categories and then concepts, which eventually lead to the development of theory.

My use of theoretical sampling affected both coding and analysis of data. As such I relied largely on the analysis of my field notes from participant observation and interviews and memos to identify any insights that arose. I documented the experience of coding, categorising and developing concepts in a memo that reflected on broad themes and findings. I also drafted memos on methodology and ethics. I followed guidelines for aiding analysis notably the use of memos⁹³ and the reflexive diary. Apart from helping better organise, and analyse my data, these contributed to helping ascertain elements of credibility of the data to help demonstrate- truth value, applicability, consistency, credibility, transferability, dependability and neutrality (Robson, 1995). I also conducted a thematic analysis that identified themes across all data (Bricki and Green, 2012). I then looked through the categories and more general codes, using an interpretative approach to determine the more concrete concepts. As such, as I developed concepts, I was sometimes able to see that they were too broad. I would go through the data and analyse again to add some nuance to the concepts. One example is with the concept of 'faith' as an approach to suffering. Continued analysis illustrated that faith manifested itself in different ways.

The above paragraph summarises my data analysis process. In this and following paragraphs I provide a step-by-step description of how I analysed my data. After the initial coding described above, I started determining initial groupings of the data, based on the initial responses and explanations shared by research participants. For the data on participant information such as age and income generating activities, I was able to note all the responses and reflect the types of activities. The numbers of people in the various

⁹³ See Robson, 1995, p384-387 for details on the method and content of these analysis aids.

categories were then noted (see appendix 4). I was able to develop charts that provided information on percentages and gave an indication on proportions. These can also be found in Appendix 4.

For the more complex and qualitative data on understanding of suffering, approach to suffering and external interventions, I went through each piece of coded data and created a summarised version of the response. This was the base for creating the initial list of different explanations provided by research participants. I also noted the number of times these different types of explanations were mentioned. This helped me as I went through the data to determine order of priority of issues. The number of initial different explanations provided by research participants regarding the key data groups on understanding, approaches and interventions on suffering were as follows:

Figure 19: Number of initial different explanations for key data groups

Data groups	Number of different types of explanations
Understandings/definition of suffering	121
Detection/diagnosis of suffering	26
Approaches to suffering	58
External interventions	54

Source: Author, 2020

Some examples of the variety of different explanations that emerged can be found in appendix 5.

Working from the breakdown of the variety of different explanations that I noted from the interviews, I analysed the data, and the more detailed responses from participants to see if there were ways of putting responses together in similar groupings. This required a continuous reviewing of the responses and formulating and reformulating of groups in which the various explanations could be combined, without losing some of the nuances. This was conducted for all responses to questions, including ones about mental health referral pathways and perceived benefits of the research, that were used to guide practical and ethical elements of the study.

I set up one large excel spread sheet that included each participant on the left hand axis and the key codes A-O (as responding to main interview question) on the top axis. I then placed the coded text from their interview that was a relevant response to each question into cells. There was also a column that included initial concepts arising from the relevant text.

From the reduced numbers of explanations, now reflected as groups, there were several concepts that emerged. Using the excel spreadsheet I was able to note and record which of the groups noted were included in the make-up of the initial concepts. This allowed me to be able to track my work and analysis. Figure 19 below indicates, for some of the responses to key questions on suffering, how the numbers of explanations were able to reduce to a fewer number of groups and concepts. The second phase of analysis placed these initial concepts into even broader themes- Physical (economic/socio-economic), Psychological and emotional, Social/socio-cultural and Other. Having both concepts and broader themes was helpful in organizing the structure for discussion of key findings, conclusions and recommendations in the thesis. Examples of some of the initial concepts can be found in appendix 5. In addition, some more detailed examples of the development of concepts from groups can also be found in appendix 5.

Figure 20: Some examples of development of concepts from initial explanations

Data group for Initial explanations	Number of different explanations	Reduced to number of initial concepts
Understandings/definition of suffering	121	17
Detection/diagnosis of suffering	26	7
Approaches to suffering	58	12
External interventions	54	10

Source: Author, 2020

I use grounded methodology for coding because it seems to have a clear process and methodology that I believe would help address criticisms aimed at ethnography and qualitative methodologies in general, as lacking in rigour. An important element in analysis in this method is that it occurs during the research and allows for an iterative relationship between data collection and analysis (Straus and Corbin, 1994). Also, useful with grounded methodology is that while theory development originates from research data solely, it can be enhanced by theoretical sensitivity gained by other knowledge sources such as the

researchers disciplinary, professional knowledge as well as relevant personal and research experiences (ibid). The role of the researcher is central in this analysis. However, this poses numerous challenges such as overload of data, inaccuracies of first impressions and lack of internal consistence, which are some of those highlighted by Robson (1995). Meeting these challenges requires clear thinking as an essential attribute of the researcher (Robson, 1995).

Another important element of my data analysis relates to the elements of gender. The sample of participants that were interviewed represented almost an equal number of males and females, younger part of the population (bearing in mind children were not interviewed and the timeline of the war) and people of different social status. In terms of social status this generally corresponded with wealth levels in the village. The majority of the people in Bauya struggle to meet their daily needs, and it is the minority that represent those with a profession or business that is making enough profits. In this context wealth is relative. Nonetheless, the research participant sample reflected these social dynamics. The income generating sources of participants can be found in appendix 4.

As well as gendered representation I also conducted a gendered analysis of the data in order to properly understand the findings from the results. In the analysis of responses between male and female research participants I was unable to find any major differences in terms of understandings and approaches to suffering as well as perspectives on external interventions. There was no evidence to suggest that certain sexes or age groups took certain approaches or had particular understandings. The only things that stood out were that women mentioned crying as part of their experience of suffering, men did not once mention this. However, this fact did not reflect on the key aspects of understanding and approaching suffering.

It is also important to note that the only two research participants that indicated experiencing symptoms that appeared similar to those of hyper vigilance that form part of the PTSD diagnosis, were both of a wealthier status. At the same time there were other research participants of this same social group that did not mention such symptoms. I was therefore not able to draw any conclusions from this, though such aspects are noted in the results sections.

The key significant finding related to roles of fighters rather than socio-economic status. It was clear that the responses and issues around approaches and understanding of suffering, and particularly what I was able to glean through participant observations, illustrated a difference with those that had experiences fighting with the rebel forces compared to those whose experiences were with more 'legitimate' fighting forces. This point is addressed in the results and discussion chapters on understandings of suffering in the thesis, chapters six and seven.

Also worthy of note is that only the younger people who were still in school mentioned feelings of shame at not sufficiently advancing in their education, as forms of suffering. This is understandable and not a major gender issue therefore not addressed in the findings. Focus on some of these issues may be of interest for further research. This would need different questions and different participant samples to make conclusive statements. It is also possible that gender dynamics may have a much more significant role to play in understanding of suffering in an urban setting. This is another aspect of this research topic that would be interesting to examine in further research.

5.3 Examining reflexivity and positionality

5.3.1 Does the old saucepan really make the best stew? : Past experiences

I fit into a category of PhD student that is not average. Firstly, because I have a period of work experience behind me and secondly because that period is fairly long and is closely related to my field of study. This provides many positive elements. In particular it helps with elements of ethics. In addition, training from work with NGOs and the UN has also provided skills on how to address my personal security in a fragile context. Several scholars, including Murphy and Dingwall (2007), regularly highlight that these characteristics are particularly important in ethnographic research where much relies on the researchers abilities. The challenge, however, lies in ensuring that this experience acts only to positively impact my research and not create negative bias, assuring that the data that emerged from the fieldwork experience provides the key material guiding my research.

Since working with refugees and asylum seekers in 1999 I have in some way or another, at different professional levels⁹⁴, committed to supporting individuals and communities who have experienced violent conflict, and are working to address its consequences on their

⁹⁴ See CV in appendix 1 for detail of professional experience.

lives, including emotional and psychological ones. This has provided the background and thematic experience relevant to my research, and extremely important, the practical knowledge and ability to operate in my selected research setting of rural Sierra Leone. I spent seven years leading peacebuilding and conflict transformation projects in the country immediately after the war. During this time, I travelled extensively over her territory. Cumulatively I have had a combination of personal, professional and academic interaction with the country, her people and culture for the past forty-three years.

Another important element of my expertise and experience relates to my broader work in Sub-Saharan Africa. The manner in which people in Sierra Leone have been affected by war has not been dissimilar to conflict and post-conflict countries south of the Sahara. I have travelled extensively on the continent. Of the fifty-four African countries, I have been to thirty-one and lived in four. In addition, combined with personal characteristics, a consequence of this experience is my strong cultural understanding and sensitivity. I am also familiar with Mary Anderson's (1999) principle of Do No Harm. While not applied in the same way, the essence of the principle is critical for research ethics.

How did I ensure these experiences did not bias my research? Firstly, I was open and honest when such matters arose and reflected on how my views and experiences impact the research. I did this through the element of reflexivity. In addition, the key method of addressing the challenge is the fact that I gave it sufficient attention in the first place. I strove for objectivity, but understanding, as Burke says, that it is important to remain aware and receptive to our subjectivities as researchers (Burke, 2014). This mindfulness is very important. It is critical that I was, in the first place, through literature reviews and training, aware of the possibility that my position and experience as a researcher can have an impact on my research and that I committed to addressing this. Finally, I have an approach that I use in many instances in my work, particularly when I am in difficult situations where I have had to meet perpetrators of great crimes. I do not pretend not to have a judgement or opinion, but I learn to suspend this.

I captured my reflections and experiences related to my place and position in the research I was conducting, as well as other key reflections in my field diary. Here I recorded my observations more closely linked to my personal links and feelings to the research and how I felt this might affect the study. It was through these reflections I was able to judge how to

address my family links and how my own emotions and perspectives interacted with the research.

5.3.2 Researcher position in the community

I sympathise greatly with Sultana (2007), who documents her experiences with positionality as a researcher from the global south, conducting research in her 'home' community. She explains the complexity that positionality can hold for a researcher in her situation. I currently hold dual British and Sierra Leonean nationality. I was born in Sierra Leone, to Sierra Leonean parents who had been born and raised in the country. We lived in two other countries in Africa while I also completed my secondary and University education in the UK, where I also later worked during my early career. I am therefore familiar with politics and culture of Sierra Leone...language, food, clothing...these are all parts of me, as I am also familiar with the same for broader European culture. So in one sense I could be considered as an insider, native to the country and to some limited extent even the village in which I conduct research, but also, due to my educational and economic privilege and extended time abroad I am an outsider. My position is what Sultana describes as, 'I was simultaneously an insider, outsider, both and neither (Mullings 1999 cited in Sultana, 2007).'

I had a very clear stance on the way I would present and represent myself to the community. I have a particular background, cultural history, social status that I did not feel I wanted to alter so that I fit better into that community for the sole reason that people can trust me and share more openly with me. I know that many researchers take this stance, and even Sultana felt the need to try to 'blend in' (Sultana, 2007). I find this in some way deceptive. In essence, I did not want to pretend I was poorer than I am, or wear clothing that I am not accustomed to because I thought that would make me blend in or be accepted. I'm averse, to an extent, to this kind of behaviour. Of course, out of respect I did not wear something that is too short, or expose my arms if this was seen as inappropriate. This was more in keeping with Srinivas' (1976) approach to research. What I fully agree with is Sultana's acknowledgement that blending in would never equalise relationships with community members and she would only ever have partial access to participants. I also believe that she has captured the essence of the issue in describing that what will ultimately matter is the manner in which the researcher interacts with the participants and being faithful to the relationship (Sultana, 2007).

I am very aware of the value of being a cultural insider, because it makes access easier and also can help understanding of meaning that can be lost to an outsider (Del Rio Roberts, 2010). My point is simply that this should be real and not falsified. I wanted people to share what they felt comfortable sharing with me. Indeed, the idea is to get as much in-depth and truthful information and this is best with a better relationship, but I don't believe that this should be done by any means. I do not want to judge the success of my research based on relationships or friendships, as is done by some researchers (Hannerz, 2003). Hence, I am much more comfortable with a role that reflects reality.

Of Bryman's (2016) 6 categories of roles for ethnographers⁹⁵ I would fall into that of the 'minimally participating observer.' This is a researcher who does observe, but where the observation is not the key source of data. They also have limited interaction with group members (Bryman, 2016). I was participating in the community, because in this short space of time I was a guest living in the community. I used the same shops, collected water from the same streams, and went to the village market, but I did not take part in any social activities such as funerals and town meetings, which occurred while I was present. More importantly no one asked me to. At the same time, I was an observer because I was not of the community. I was flexible enough to change my role either temporarily or permanently as necessary. As Bryman (2016) explains, the roles are not always hard and fast, and researchers often move between them.

There are indeed debates on the element of honesty one has to use in the field. Is it okay to be dishonest sometimes? Should a reciprocal relationship require the researcher to share opinions honestly on a subject as they expect the participant to do (Cook and Crang, 1995)? In my opinion, every researcher has to do what feels right to them, and this might differ according to participants. I agree with Cook and Crang's (1995) suggestions that this is something that is not only challenging to individual researchers, but one that has to be improvised⁹⁶. I also fully appreciate the need sometimes for covert studies and not seeking

⁹⁵ See Bryman 2016 p.434-437 for full description of categories. Roles described are; covert full member, overt full member, participating observer, partially participating observer, minimally participating observer, non-participating observer with interaction.

⁹⁶ I have come across uncountable experiences where I had to negotiate the complexities of being honest. One of the areas that I regularly encounter this is regarding dietary preferences. Not eating meat leads to very complex situations in cultures where this is seen as downright inexplicable. I was lucky during this research not to have any major instances where I needed to negotiate such challenging scenarios. The other is simply in context where I might have a different view on a sensitive subject, religion for example. These matters can be potentially explosive. Some question whether this is another moment where the researcher should not share their real views (Cook and Crang, 1995, p27). I have yet to experience a situation where, if the dialogue on the issue was not handled properly the result was not positive. People can be very understanding, and one should not underestimate this. Quite simply explaining to them that if you have a certain discussion it may affect your research and requesting that you do this after you have finished collecting all your data is an approach that people understand. It is one that I use often in

consent from participants (Spicker, 2007). It is just not something I would want to be involved in, and not the nature of my research.

5.3.3 David and Goliath (gendered version): Negotiation of power relations

One of the reasons I chose the ethnographic methodology to conduct my research is because it gives importance to the real situation of power imbalance in society and the resulting impact for research. Importance is also given to both the issue of the power imbalance between the researcher conducting research and participants contributing to the research, as well as how this imbalance might affect the study. This is just one of the key aspects of the researcher's positionality that needs to be considered. This allows for the researcher's cultural context to be considered within the framework of the research, not just the participants (Bourke, 2014). As a British/Sierra Leonean researcher conducting research in Sierra Leone, there are issues that were not the same as those were a researcher strictly from the global north to conduct the same research, for example access and certain relational issues. There are others that were the same such as power imbalance of class and educational difference. These can be elements that facilitate exploitation. This is why issues such as colonialism and development are useful to consider during the research process (Sultana, 2007).

As a researcher in my setting there were multiple issues of power imbalance between the participants and myself, as well as with community members with whom I interacted more generally. Those issues include economics, access to Western education and gender imbalances. With gender, I was a woman in a patriarchal male dominated rural community. The modes of power through which certain women attain their power in such a society, notably the secret societies, were not open to me. It was not unforeseeable that some men would find speaking to a woman in the context of the research and on such issues beneath them. I have had to negotiate such issues in on a multitude of occasions during my professional and personal encounters with men on the African continent.

In the actual context of my fieldwork, I did not really come across such challenges though I was alert to them. Men and women were eager to participate, and I never noticed any difference in how I was accepted or the nature of interviews. The most senior male

both mediation and facilitation of workshops when valid issues arise, but where addressing them at that particular moment is ideal.

members of the community also reflected this openness. I only had one scenario where I suspected that a senior male member of the community had some issues around the research. He was not a participant and building a relationship with him was not critical for the research. I could not verify if it was in fact gender issues behind this treatment, or whether it was something else. I also had two or three experiences with male members of the community whose interest in me was more of a sexual nature and I was easily and respectfully able to navigate my way out of these.

Where gender issues and power imbalances could have affected me personally my professional experience in this culture was useful. Having worked in many similar settings I have faced such challenges on numerous occasions and found different ways to adjust. I have learned from mistakes too. Now it is rare that I get offended. I have simply understood that there are different worldviews and not everyone shares mine, hence I don't take these situations personally. I am able to understand my transience in a community and follow certain norms where it does not cause me serious harm. As with Sultana's (2007) experience in Bangladesh, I have found myself listening politely or finding the humour in the situation and essentially feeling each situation out and addressing this on a case-by-case basis. In all, my aim was to do what created the least disruption.

I addressed the issue of economic imbalance at all stages of fieldwork. In the eyes of a participant who might barely afford 3 meals a day and other basics in life, I appear extremely wealthy. At the very least, the fact that I have lived and studied abroad was sufficient evidence for this regardless of whether it is true or not. With Sierra Leone's colonial background, there is a tendency to link those who have ties to the former colony with power. This means that I would be located in a certain hierarchy for my links to the UK-education and English being the obvious links. Sierra Leone paradoxically has a culture that often holds the Western system as superior to theirs and often supports behaviour that disrespects its own local knowledge systems⁹⁷. Similar to the example of Sultana in Bangladesh, many people in rural communities in Sierra Leone would ascribe a certain level of deference and respect (Sultana, 2007) towards me regardless of whether I am deserving of this or not.

⁹⁷ I have experienced these countless times in my professional engagement with similar communities all over Africa. There is a reverence for Western knowledge and intrinsic belief that it is superior.

In terms of influencing people's decisions to take part in the study I believe my links to the West, not just the University did have some influence. Having placed me in this hierarchy and despite clarity in the participant information process, and throughout the interviews, people still had hopes for access to benefits⁹⁸. I was very careful about how I 'gave' to individuals and the community even external to the interviews or obvious research interactions. If I had been visiting for personal reasons, there were several instances where people asked directly and indirectly for money in which I would have ordinarily given this to them. During this research process, I did not because I did not want it to have an impact of my research. The community is very small, and news circulates rapidly. Lammers (2007) discusses the challenges of giving in similar research contexts. Overall the approach to addressing this issue of economic imbalance is really about personal views and philosophies. I have seen different ways of addressing this. As mentioned above, mine is to have necessary dialogue and be honest.

Even if this did play some part in participants finding the research important, it is highly unlikely to override the need they had to conduct activities important to their livelihood and community. Indeed, my experience of scheduling interviews and how participants approached this was precisely an indication that they were able to give the research its rightful place in the list of their priorities. The fact that it was not paid, I believe, also liberated participants in terms of feeling obligated to participate or do so in a way that meant they made sacrifices of any kind, and as such did not greatly affect decisions to participate.

What I found in practice was that people were indeed impressed by the fact I was studying at such a high level and at a British University. The emphasis, value and respect that the majority of people gave to education were clear. For several there was also a sense of pride that a Sierra Leonean was doing this. Yet, I never had the sense that this affected the research in terms of how people responded, which was something I was always trying to assess. Perhaps because my questions were entirely about their personal experience, this

⁹⁸ Out of 38 comments on perceived benefits of the study, 34 felt there was some sort of benefit. The majority of those felt that somehow taking part in the study would alleviate their suffering which mostly related to poverty. The others felt that this benefit would come in the future even if they were unclear exactly how. I often directly asked participants how they could think this when I made it clear there was no follow up project and no payment. They all talked of hope or faith in God that somehow there would still be an economic benefit. This to me was an illustration of the limits of ethics procedures. While in theory people consented and there was no payment, in the end they were still hoping for benefits regardless. The nature of the research questions means that it was unlikely to affect their answers, but it is still something I noted.

was something where their knowledge surpassed mine completely. So there was no sense of me being an expert on what we were discussing.

Further, at research level, balance of power is also about respecting knowledge systems that are indigenous to that community and remaining open to giving this its due value. This is not simply about assuming that all things traditional are good or useful, but recognising that there are many situations where they are. This is an issue greatly addressed by scholars who support the indigenous methods approach to research (Owusu-Ansah and Mjie, 2013; Porsanger 2004; Martin 2003). I borrowed from this and ensured that I was aware of the potential risks of disrespecting knowledge, and continuously reminded myself of the need to remain open and respectful. One of the areas I know this was appreciated was in my requests to participants on how to proceed with certain aspects of the research such as the complaints procedure and mental health referral pathway. Instead of blindly following ethics and other university methodological guidelines I requested their opinion and eventually followed the guidelines that came from the community. This is a key element of ethical guidelines in anthropological research (American Anthropological Association, 2009).

Another issue of balance of power is related to who I am associated with, notably the gatekeepers through whom I entered the community. Community leaders are generally the more powerful in the community, and were the ones who recommend initial participants. Doing this in a different manner, however, would have jeopardised my ability to conduct research at all. It was essential for me to explain to leaders when they contacted participants initially, to emphasise the voluntary nature of the exercise. In any case it was also unlikely that there would be coercion because there was nothing for leaders to gain by encouraging participation in the research, and notably no financial incentives or other rewards for participation. My research does not come with the type of material benefits to the leadership, community or individuals that makes taking part in it important.

The main point about these power imbalances is that I tried to a large extent to ensure that their impact on the research and data collected was limited and that participants did not feel in any way obligated to consent to involvement in the study. My aim was to negotiate relationships and discussions where we were able to meet at the level of the issues discussed for research in a respectful way. I did not aim to equalise the relationship, but I

did aim to limit the imbalance as much as possible. I did this by developing a relationship that was reciprocal and authentic, including in its power imbalances and discomforts. What I didn't do is manoeuvre and lie, or pretend.

5.3.4 Practical implications and methods for maintaining reflexivity

The way I addressed positionality and other aspects of the personal thoughts and experiences I held as a researcher that may affect my research, was through being reflexive by using a reflexive diary during fieldwork. If reflexivity is only addressed at the end of the research, it becomes more of an introspective exercise. In essence reflexivity involves the researcher observing their self. This includes the ability to allow the reader to understand how the researcher's experiences make them a product as well as producer of the cultural elements around the research subject (AF Wood and Fasset, 2003, cited in Merrigan and Huston, 2003). Reflexivity is the process by which the researcher examines their research keeping in mind their positionality (Bourke, 2014). As well as examination of the self, reflexivity allows for reflection on the process, power relations and politics as well as representation and how accountable the researcher is in terms of the manner in which they collect and interpret data (Sultana, 2007).

Keeping a note of my thoughts and personal reflections about specific events or people was useful in contributing to a reflexive fieldwork and research in general (Bryman, 2016). It is important that the journal reflects a range of experiences of fieldwork, but it requires a level of honesty that also includes fears, mistakes confusions as well as positive elements such as breakthroughs (Spradley, 1980, cited Merrigan and Huston). For a reflective diary to be valid it is important that the researcher is sensitive to a variety of issues several of which have been articulated by Cook and Crang (1995, p.30-31), such as:

How your understandings are affected by particular perspectives; your developing positionality in the community; power relations which can be discerned in this; how your expectations and motives are played out as the research progresses; what you divulge, and why and to whom and how they appear to react to this; how various aspects of the research encounter make you 'feel' (it is extremely common for researchers to swing between emotional states depending on the circumstances) and how this affects what you do; what you dream about; what rumours have come back to you about yourself and the reasons for your presence in the community.

5.4 Ethical considerations

5.4.1 Transcending 'Do No Harm': General ethical considerations

One of the elements that mark contemporary ethnography is the importance placed on ensuring that ethical considerations run through the whole research process. There have been polarized views on the role of ethics, particularly in anthropology, where researchers were accused of ignoring ethical consideration to follow their own personal needs (Campbell, 2010). Nonetheless, the main issue is that researchers remain aware of the possible harm they can cause by conducting their studies and as such explain how they will limit this potential harm and increase the potential benefits of their research (Iphofen, 2013). Further, ethics issues in conflict zones are more complex requiring a stronger imperative to ensure they are given adequate attention (Wood, 2006), notably with participants that could be considered to have experienced trauma (Chaitin, 2003). Campbell (2010) suggests that current ethical frameworks do not sufficiently address conflict and post conflict contexts (Campbell, 2010), which is the context in which I was conducting my research. In particular, one of the issues highlighted is that the risks to the researcher may be heightened in these contexts (Campbell, 2010).

The key strength of my study with regards to possible ethical challenges is simply my understanding, as widely described by ethnographic research (Dingwall and Murphy, 2007) that I might come across additional and unplanned ethical challenges once I start the process. Being aware that this is possible, and creating flexibility to notice and address this is one of the approaches I used. In addition, the combination of my skills and experience in the field of conflict resolution, and academically, placed me in a strong position to make strong decisions with regards to ethics. The researcher's skills and experience is another criteria widely considered as important for effective ethnographic and qualitative research (Bhattacharjee, 2012). Further, the use of the reflexive journal, apart from simply methodological value, provides opportunity for reflection and thought on ethical challenges (Iphofen, 2013). This was another way that I continuously weighed the impact of cost and benefit of my research on participants in this research. I also included their views in this assessment of the potential impact of the research. Finally, one of my decisions to use elements of indigenous methodology is because ethics is central, as is the notion of cultural appropriateness. Elements such as respect, reciprocity and feedback are principles and issues that form a critical part of the methodology (Porsanger, 2004).

5.4.2 Ethics of community entry and exit

As mentioned earlier in this chapter in the section on approaching participants, I placed great importance on the aspect of community entry, as there were several ethical implications. This included from a standpoint of the community in which I conducted my fieldwork. My approach ensured that as well as getting ethics approval from formal avenues within the university⁹⁹, and the Sierra Leonean government¹⁰⁰, I was also able to gain de facto ethics approval from the community.

The issue of exiting the community also entails the necessity for ethics considerations. I made and developed relationships with people during my time in the community from those who participated in my research to general members of the community such as shopkeepers, women in the market or young men at the phone charging station. In addition, community members, particularly those who I interviewed, will have shared much personal information with me. In order to limit the negative effects of my exit, I gave as much attention to leaving as I did to entering the community. I ensured that on my departure I thanked and visited each participant¹⁰¹ that took part directly in my study as well as anyone who made other contributions such as the witness and the community leadership. I also debriefed the Paramount Chief and the community leaders that were part of the research.

From the emotional perspective it is important to note that rural communities like this are very used to transience. People leave regularly in search of work, or to buy and trade goods elsewhere. Saying goodbye and long absences from people they love, let alone a researcher they grew to know over a short period, are normal. Not to mention the fact that these are individuals who lived through the war where people were moving in and out of communities extremely regularly. Similarly, the nature of my professional experience means that I enter and leave communities in such a manner on a regular basis and have a sense of how to handle the emotions and customs that come with this. My main concern was to ensure that I said goodbyes in a sensitive, respectful and appropriate manner.

⁹⁹ See appendix 6, p.428, for final decision of University of York Ethics Committee.

¹⁰⁰ See appendix 7, p.429, for final decision of University of York Ethics Committee.

¹⁰¹ I was able to do this everyone apart from a few people who had travelled. I started the process several days before departure in case I did not always find people at home.

5.4.3 *Informed consent*

Ensuring consent is informed addresses numerous ethical issues in ethnographic research (Cook and Crang, 2007). As well as simply determining whether participants agree or not to participate in interviews informed consent is used to mitigate the impact of potential intrusion by the researcher. In the consent process I used, participants were informed that they had the free will to leave if they found that it was intrusive or creating any other harm.

My interviews with participants required that they spend fairly large amounts of time with me. Potential harm can be caused if participants giving of their free time to participate in the research inadvertently leads to loss of income on their part (Iphofen 2013) or problems with personal relationships. One approach I used to avoid this was through the consent process and in the careful scheduling of interviews. Participants themselves, more than anyone including the researcher, are aware of their own priorities. None of the participants ever indicated that my research was one such priority. I left it to each participant to direct me in terms of the times and appropriate locations for interviews. I remained entirely flexible in conducting interviews at their convenience and prioritizing needs and wishes of those who will be interviewed, regardless of how that might have inconvenienced me¹⁰².

There were also ethical issues that I needed to address that were related to community members that were not participants in my study. Firstly, I ensured that those who participated did not disproportionately benefit from this compared with those who did not participate. I also ensured that the wider community not involved in the study was aware of this lack of benefits, particularly financial. Sharing this information, reduced potential for misinterpretation. I never had anyone insist on participating. On reflection however, I imagine that as participants hoped for some eventual benefit from having participated, those who did not participate also might have assumed some eventual benefit and that they would be excluded. This, however, was never expressed to me directly or indirectly.

¹⁰² What this meant in practice was that I held interviews from as early as seven in the morning because people had to go to the farms. It also meant that sometimes I would walk back and forth from one end of the village to the other because this was what suited participants. With the exception of two interviews they were all held at homes or work locations of participants. The majority of these were outdoors and in many cases people were also attending to or supervising other business whether that was a child, cooking pots, building construction they were supervising or farm related activities.

5.4.4 Ethics in a fragile context: Possibility of Retraumatization

Although the study is about suffering during the war, the focus is on ways that people addressed suffering and on potential support for these approaches, and not the detail of or the actual suffering itself per se. Though interviews did not dwell on the past and on participant experiences during the war, by virtue of the subject of the research, I could not avoid touching on memories or stories from the war. In discussing definitions and approaches to suffering, participants used illustrations and examples as references. The length of interviews also increased the likelihood that experiences and memories of the war were discussed. My main response was shaped by extensive experience engaging in such contexts¹⁰³, and to follow key aspects of treating the participants with respect, in a decent manner and ensuring that if necessary, they have access to required/requested support (Murphy and Dingwall, 2007). My approach was to be present and honest, listening and respecting participant's experiences. I also understood that choosing not to speak about negative experiences related to the war could be a choice of coping with the violence witnessed. This is where consent is extremely important (Goodhand, 2000).

Firstly, my consent process highlighted the possibility that interviews might bring up painful memories. Participants then decided whether or not they wish to participate in research. Another approach I used is one clearly articulated by Murphy and Dingwall (2007) that is relevant particularly in sensitive contexts. This is the understanding that consent is not something to be negotiated once at the beginning of research or interviews, rather, it is something that needs constant renegotiation over the period of time that the researcher is engaged with the participants (ibid). I did this during instances where people were being affected emotionally by their interactions during research. In only one of my interviews did someone need a few minutes break before continuing the interview.

Another approach I took was to explore, culturally appropriate referral pathways if the interview process emotionally or psychologically overwhelmed participants. There were no formal mental health support services in the community. Therefore, participant suggestions and those from the gatekeepers in the community guided my action regarding referral pathways. An external interpretation of mental health needs and referrals that may seem

¹⁰³ I have extensive experience of working with people affected by war. I have learned over the years how to do so in an appropriate, supportive and culturally appropriate manner, creating minimal harm. (see section in this chapter on positionality)

inappropriate may jeopardise the quality of the researcher/participant relationship and consequently the quality of the information shared. Indeed, when I asked participants of the views twenty-four of twenty-six who responded felt there was no need for referral. Though the reasons were different, the majority just felt it was not necessary while others thought that the researcher should be responsible for counselling the participants. Only two people mentioned referral, and this was to a friend or close person. No one felt that professional help was appropriate.

It is also important to note, that while from a more global and academic perspective there are assumptions of retraumatisation being expected, preliminary consultations in Sierra Leone, personal experience in the country and in Africa more broadly, indicate that this is not necessarily the case. Indeed, my experience conducting the interviews further reinforced this point. Firstly, people will generally decide the level of depth they will share. Secondly, culturally, crying and showing emotion is not abnormal and people move on without necessarily needing any interventions to handle the situation rather than brief breaks for composure. This may not necessarily impact their willingness to contribute to the research. Apart from people's responses to my questions about a mental health referral pathway there was a lot of surprise and incredulity that I would not just find the right words to comfort the person I was speaking too. In addition, some studies in other post-conflict settings have reflected that participants have judged the emotional pain they experienced in such interviews worthwhile because of their perceived benefits of participating in the research (Campbell, 2010). Further, studies in conflict settings have found that despite discussions of painful experiences of the war participants did not exhibit signs of retraumatisation (Wood, 2006). I nonetheless ensured that I was prepared for all eventualities.

5.4.5 Responsibility to care

An additional ethical challenge I identified had to do with my ability to give back as a researcher to the community and countries linked to my research. This is particularly acute for me as it is one of the principles of the methodologies that I am using – ethnography and indigenous. I hoped to make my presence in the community have some value to the community members and the community in general. This is particularly the case, as my research does not provide direct benefits to the community. I considered that perhaps my professional conflict resolution or English skills could be useful to share with the community

in some way. Following academic and methodological ethics guidelines I also considered sharing my research findings with the community. For sharing skills and research findings, I planned to share these proposals only once I was sure data collection was over. I would not have wanted my possible contributions to in anyway impact or bias participant interactions with me.

What I experienced living in the community and from interviews, however, is that what people need and want are economic, financial and development related support that will essentially improve their economic suffering. What people needed was money; money generally or money to contribute to some income generation activity. People talked of not having enough to buy food, farming inputs or pay school fees and medical bills. Training on mediation or my other conflict related skills was never mentioned as a need and I don't think would have been appreciated. When I complete my PhD, I will thus remain open to opportunities that I come across in my professional world that may be able to provide the types of inputs people mentioned.

I also aim to give back to academia in the country. In my preliminary visit in September 2016 I had initial discussions with the then Head of the Peace and Conflict Department at Sierra Leone's University, Fourah Bay College (FBC). She welcomed possible collaboration and was open to sharing my research experience and findings with the University through lectures and other interactions. I was even offered a desk at the department if I needed to work while in the capital city, Freetown. I believe this sort of link to an institution that is perennial will allow me to contribute to broader academia, and in a way that is likely to be more sustainable. Despite her departure to take up a ministerial position, I continue to have links to the university.

5.4.6 Potential harm to the researcher

Physical health: The main harm I considered in this research context was probably related to physical health. The health services in rural Sierra Leone are particularly poor and only access to private health facilities in Freetown can provide adequate health care. Treatment is however available for most tropical diseases and I already have necessary vaccinations for others such as yellow fever.

Sierra Leone has received much attention recently because it was one of the countries that was affected by the recent Ebola Haemorrhagic Fever outbreak. This had come to an end by the time I conducted my fieldwork. It is also important to note that the village in which I worked was one of the only two locations in the country that did not experience any Ebola patients. This was due to inclusive involvement of community members in addressing the crisis. Further, while the above issues may be of concern, it should be noted that this has been my usual context of living and working since 2002.

Personal: Personal security was another important physical risk to consider. There are several elements of researcher's security that needed attention, including the impact that race and culture could have on this (Craig et al., 2000). Sierra Leone is no longer a country experiencing violent conflict; nonetheless sometimes such countries need extra attention to security (Campbell, 2010). Further, as I will be clearly identified as an outsider there are possibilities that I could be an easy target for theft and other petty crimes. Luckily, I did not experience any such incidents while in the field.

Once again, my extensive experience working in Africa, rural and urban, helped me address this risk appropriately. This cumulated experience provides a strong grounding to approach security issues during my research in the field. Indeed, one of the appropriate suggestions for improving researcher security is that they borrow from the stringent measures in place by international NGOs (Campbell, 2010). In addition, I will have a base in the capital city so I will be able to travel with a minimum of cash and valuables.

From a cultural and context specific perspective, I discussed my security with the Paramount Chief and one of the women leaders during my preliminary visit in September 2016. I also made sure that during my stay in the village I was accompanied by one of my female relatives¹⁰⁴. An unaccompanied woman of my age, staying in a home alone is not only unsafe, but could also solicit unnecessary attention because it goes against cultural norms. Having someone live with me also eased the majority of the physical demands of looking after the home such as cooking, cleaning and doing laundry, and fetching water from the

¹⁰⁴ In his ethnographic study of an Indian village provides strong description about the 'politics' involved in where a researcher is accommodated. Though a different culture, the issues are very similar to those in my chosen fieldwork setting (Srinivas 1976, ch2).

stream, which for various reasons were daily tasks. Tiring tasks under usual conditions, doing this in that level of heat is more strenuous, which often leads to immunity being reduced.

Psychological wellbeing: Another potential harm that I considered related to the impact of the fieldwork on my psychological wellbeing. Firstly, I am a wife and mother and would be spending significant amount of time away from the family. My professional experience entails extensive travel and was instrumental in the design and implementation of my fieldwork. I thus scheduled my fieldwork in a way as to limit its impact on my family life. I also had close family in the capital, Freetown, just an hour and a half away. It did not occur, but if I felt overwhelmed, I could have returned to see family for a break. Also, important in addressing this challenge is that I have in depth experience of working with war affected communities. This type of work and the subject is not new to me. The way I react, and process difficult information is informed by my experience, and the chances of my being impacted negatively were not very high. I have found numerous ways of taking care of my psychological health in these situations that has improved over the last 20 years.

Interestingly it was only on conducting initial review of interview transcripts while still in the Bauya, that I was emotionally moved by what I was reading, although I had heard it before during the actual interviews. I actually stopped this initial review, realising that I could not just see the information as data. I could link the information with people, and I found the magnitude of some of their suffering overwhelming. Having a break was sufficient, and I continued a few days later in Freetown, and found that the situation was better, but was still aware that reviewing interviews emotionally moved me. I took some time off after the end of my research before going home. This break allowed me to put some distance between the data, and myself ensuring that I did not bring this emotional feeling back home. Indeed, when I started typing up interviews about a week later that strong emotional experience was no longer there.

5.4.7 Enlarging the ethical scope: Considerations in wider relationships

As with most research projects attached to universities there is an important ethical responsibility, which is to respond to the Universities ethics requirements. There are no hard and fast guidelines, and universities may differ slightly. However, in general there are ethics bodies that assess research proposals from an ethical viewpoint, and particularly so when research includes human participants and even more so when it is conducted in the

global south. This means they consider whether sufficient attention has been given to aspects such as informed consent and obligations to the researcher and participants (Zavisca, 2007). Key elements of ethics articulated in the Belmont Report are respect for persons, beneficence and justice (ibid). There are also some debates about whether some of this ethics guidance is best suited to qualitative research or not (Murphy and Dingwall, 2007). I submitted my application to the University of York Department of Health Research Governance Committee on the 11th of November and received approval on the 12th of December. In addition, when I have submitted my thesis, I plan to share my results within the University of York. My primary audience will be the Department of Health Sciences. Finally, I also plan to disseminate results with wider academia in the UK and internationally. I plan to do this by participating in relevant conferences as well as publishing papers and articles.

When it comes to research on health or health related issues, the Government of Sierra Leone also has an ethics regulatory body affiliated to the Ministry of Health and Sanitation's Directorate of Policy, Planning and Information. The Office of Sierra Leone Ethics and Scientific Review Committee essentially follow similar ethical guidelines as other institutions (Government of Sierra Leone, 2016). The proposal was submitted on the 13th of December. I received approval at the end of January, just before the start of my fieldwork in early February 2017.

5.5 Conclusion

This chapter described elements of the research design and methodology linked to the more practical aspects of the fieldwork. The chapter discussed issues such as data collection and analysis and community entry as well as identifying, recruiting and approaching participants. It also explored the practical experience of conducting interviews. In particular the issues related to the researchers experience and role in the research and how this is addressed through reflexivity was also addressed in the chapter. In addition, the chapter discussed various ethical questions considered in relation to the study. This included specific ethics consideration of certain participant groups such as former combatants. The place of ethics in several of the chosen methodologies for this study, ethics relating to academic guidelines, and the importance of ethics in a fragile context, were also addressed. The chapter also discussed other ethical considerations such as retraumatisation, the researcher's security and wellbeing and the various ways the researcher could give back to the community, University of York, academia in Sierra Leone and globally.

Chapter Six

Memories of a Sweet Mothers Suffering: The Community's Understanding of Suffering and Well-being (Presentation of Results)

'Suffering is a general thing that meets everyone...You can live in England or USA but you can't get what you want. Someone is there that wants a plane, they are suffering. You have a car, a house, but you can't get a plane... There isn't a human who doesn't suffer. We all have different ways we suffer. It's too much suffering that's bad- the suffering that doesn't have a solution.'

Combo Konneh, (2017)-research participant- He is an agriculturist for projects, a farmer and member of the local leadership.¹⁰⁵

'Every morning I took the children and we looked for food and ate. The kids played in the forest. They didn't understand. I was the only one who knew things were hard. I was the one suffering so that they would have something small to eat.'

Baindu Gegba, (2017)-research participant- She is a farmer and petty trader.)

'The reading of the events is universally accepted. Faced with the violence of the facts, or even the television images of them, it seems so natural to invoke the notion of trauma that society's response of providing therapy appears to signal progress, both in our knowledge of the reality lived by those directly or indirectly exposed to the events and in the care offered by society and its representatives.'

Fassin and Rechtman, (2009, p.3)- They are psychologists who provide an exposé on the way their understanding of trauma is popularised.



*Fig. 21 Broken bridge hindering access to Bauya.
Transportation is a major challenge, Mabang, Sierra Leone
Source: Author 2017.*



*Fig. 22 Palm tree forested area represents common
vegetation covering much of Bauya
Source: Author 2017.*

¹⁰⁵ Combo and Baindu are members of the community in Bauya that took part in this study. The comments quoted were part of their interview in response to questions around understanding of suffering. The names are not their real names.

6.0 Introduction

This chapter will focus on the results and findings of my field research that detail the community's definition and understanding of suffering, notably as this relates to their experiences of the war that Sierra Leone experienced from 1991-2002. The results are essentially based on responses to questions related to community members' descriptions, understanding and means of detecting suffering. Their understanding of suffering is presented in broad categories of physical/socio-economic, social/socio-cultural and emotional/psychological¹⁰⁶. I provide descriptions that will allow for an understanding of the priority given to the different categories of suffering by community members. Priority is weighted in terms of frequency of mentions that certain categories of suffering received. This also provides some basis for comparison¹⁰⁷.

This is an ethnographic study and thus the focus of the presentation of results is, therefore, the qualitative data. This will draw out the detail and nuances. The chapter will use examples from my notes of some of the comments made by community members that best illustrate and contextualize their understanding of suffering to provide more specificity. I did not use comments from each community member, but those that best described a specific point. Through the words of the community members¹⁰⁸ that participated in this study themselves, the chapter will both tell part of the story of their experience of surviving during the war as well as how they understand suffering in that context.

6.1 Background to data presented

Background on the community members that were interviewed for the fieldwork is given in chapter two. The data presented in this chapter relates to responses to two questions that community members were asked:

1. How do you define/understand suffering?
2. How do you diagnose/detect suffering?

In both cases when actually asking the questions in the field there are important elaborations made that are worth noting. Firstly, regarding definition of suffering, very few community members I spoke to in the first few interviews attempted to define suffering in a

¹⁰⁶ As described in methodology chapter, chapter five, the categories were developed strictly by grouping community members' responses to questions asked during the fieldwork phase, and not analytical categories I created myself.

¹⁰⁷ More detailed breakdown of data as key results presented as charts can be found in the appendix. 5.p.417.

¹⁰⁸ Names of every community member that was part of this study have been changed to respect confidentiality and ethics considerations.

technical or theoretical way. I could see that asking people to 'define' something and talk about it in a more abstract way, as opposed to simply explain ones practical experience of it, already presupposes that the person has a certain academic understanding of things. This meant my questions were already quite culturally specific. In the end the question I asked was essentially, 'What does suffering mean to you, as it relates to the war?' With both versions of the question the majority of responses then explained suffering through sharing their personal experiences of suffering.

Another important point that arose related to the idea of diagnosis. I should clarify that this did not refer to technical or medical diagnosis. In the practice of international humanitarian responses on mental health non-physical suffering is generally considered as some form of trauma, and hence something that is diagnosed. And while suffering may be a subjective experience, attempts to categorize, treat and label this as trauma generally ignore this aspect of subjectivity (Wierzbicka, 2012; Summerfield, 2000). I prefer to use the term 'detect'. This is essentially the way community members explained that they observe suffering in others. In the end I asked how they would determine someone's suffering if that person were to come and join us at the moment of conducting the interview.

6.2 Community understanding of suffering

6.2.1 Physical: economic, socio-economic, physical

This category includes sub-categories such as loss of livelihood, lack of food, lack of shelter and loss of belongings. When it came to defining suffering related to the war the majority of mentions included a description of suffering that was physical in nature. Also important to note is that, the gap between this and the next largest category, psychological/emotional, was significant.

Livelihood-poverty/loss of income

The most often mentioned and main understanding of suffering that community members described is related to the fact that most people lost their livelihoods and ways of earning an income. This created problems on several levels, but mainly they explain that it is about the consequences of the loss of income. These were essentially the inability to cover their basic needs for themselves or having to rely on others. Analysis also indicates that their inability to meet the responsibilities of those that they care for is also something that weighed heavily on some community members. A fewer number of people also mentioned the

impact of poverty and loss of income on their dignity and the humiliating circumstances they found themselves forced into due to such poverty. Within this category there are also several sub-groupings of economic suffering:

Having nothing: In an all-encompassing manner community member's referred to having to endure an extreme form of suffering where they had nothing. In most senses this was a reference, at its base, to not having necessary economic wherewithal.

Several community members regularly used the word 'nothing' in explaining their concept of suffering saying, '*When you have nothing. Isn't that suffering (Sundu Gborie, 2017)?*' They were generally referring to complete lack of money which is described by the definition of suffering through the statement that, '*When you have nothing to nothing. That is suffering... I used to worry because I had no money at hand (Lombeh Ndomaieh, 2017).*' There is also a clarity that it is not simply about having money, but what that implies and the consequences, including a certain freedom of choice. Baindu explains that suffering during the war was a situation, '*Where I had nothing. I want something I can't have it (Baindu Gegba, 2017).*'

Lack of income generation opportunities: One of the economic aspects most frequently mentioned, as a definition of suffering was the inability to generate an income and its related consequences. To the larger extent economic issues were considered suffering, and superseded the mentions of emotional issues. There were different ways in which income generation opportunities were lost. For some it was direct destruction of their income generating source; a farm or a shop, whilst for others it was the inability to move freely which hindered access to goods and markets.

The essence of the issue was well summarised by Manja's statement that, '*It's a bad thing when you suffer for something. During the war we suffered, there was no way to get your living (Manja Banya, 2017).*' The destruction of crops and property was one of the key reasons that people could not earn a living. This is illustrated by Adama's statement that, '*Everything we had; we lost. They burnt our home. No business. We did vegetable farming. First everyone had what to eat. The rebels cleared everything and very little was left ...So here we are. There's nothing...Before the war he had a big shop selling provisions but all spoiled. They burned it. They burned everything inside (Adama Sombie, 2017).*' The other

important obstacle to income generation was the general insecurity which limited the movement necessary for different trades, and this is captured in the Eta's statement that, '*If I say I'm going there I go. If I say I'm going to Moyamba I go. What bothered me about the war was that there was nowhere to go for business* (Eta Roberts, 2017).'

Lack of fulfilling responsibilities: Several community members seemed not simply concerned for the lack of income generation opportunities and poverty. The actual suffering was due to the impact this had, limiting their ability to meet their responsibility to others they were caring for, whether children or adults.

Combo, who joined the fighting forces because of poverty, had a greater impetus because he wanted to find a way to feed his child and meet this responsibility. In his case it was also combined with the humiliation he felt when relying on others for something he felt was his responsibility. He explains the situation saying that, '*I joined the fight because after having my first child there was nothing to eat. My aunty- I helped her I was with her. If I said my child doesn't have something she'd give it to me but she would complain. So this made me join the fighters. I didn't want my suffering to continue. People would see me as useless or idle* (Combo Konneh).'

Begging, humiliation and affected morals: For other community members the aspects of humiliation were high. In some cases, people were forced to become beggars because they no longer had a way to generate income. Some of the statements that community members made about economic nature of suffering had social elements.

Several people described how they resorted to begging explaining that, '*That time during the war I had to beg before we ate. I had to beg. When I see people, I asked that they give me for the sake of God. What they gave me was little. I'd buy garri¹⁰⁹ and we eat. That time I had three children* (Lombe Ndomaeh, 2017).'

With Isata, the humiliation she felt having to beg was expressed in her statement that, '*During this war the suffering was on us all... My uncle left us, and we begged. I was ashamed to beg* (Isata Kande, 2017).'

The other aspect of the begging was not simply the humiliation of performing the act, but also the social stigma as described by Kadie in her explanation that, '*Sometimes you don't have money. They talk about you begging. Gossip. We've suffered* (Kadie Bangura, 2017).'

¹⁰⁹ In this culture where eating rice regularly is a sign of wealth, eating 'garri', (a starchy food made from cassava) is considered the epitome of poverty and suffering.

Food related: lack of, poor quality, hunger

Sharing numbers of mentions equally with death related suffering is the community's experience with lack of food and related hunger. Some people considered the lack of food, and lack of choice of what to eat as suffering while for others it was the hunger.

For hunger related results, I need to provide an important qualifier. This comes from the research experience and also my knowledge and experience of the cultural context of Sierra Leone. Essentially, I realised that while people were telling me there was no food or they were hungry, it could simply mean that they did not have rice. They did not mean that there was literally no consumable food. Adama illustrates this saying that, '*There was no food to eat...You are at a point you can't get right type of food...we lived on fruits, vegetables. Wild animals...No food* (Adama Sombie, 2017).' It is clear there was food; it was just not the food of preference.

This correlates with a saying that exists in Sierra Leone referring to a certain ethnic group, the Mendes, who largely occupy the south and east of the country (which is where Bauya is situated). It is said that if you meet a Mende man and ask him if he has eaten anything, he can answer something like, 'No, I haven't eaten yet. I just had the cassava and meat stew with some salad and fruit.' This is because he will only consider that he has eaten if rice is part of the meal. Anything else is essentially not real food. And while the joke is reserved for the Mende, it more or less applies to the 'average' Sierra Leonean. Culturally in Sierra Leone rice is considered the staple and preferred food.

Lack of food and hunger: The community members that actually considered suffering as something related to food and hunger were very few. They also did not only focus on the issue of starvation or hunger, but also lack of availability of food.

There were only a few mentions that were directly related to actual hunger. One clear example is Oseh's statement that, '*They run after you. Some places we go to we sleep hungry. We were so hungry* (Oseh Dumbuya, 2017).' Gina's comment that, '*The suffering was great... Food to eat was hard to find. Good water too. There wasn't any to drink* (Gina Kpuagor, 2017),' explains the limited availability of food as a form of suffering.

Another small number of people described the lack of availability of food as suffering. Konima describes suffering as the lack of anything to eat saying that, '*When you don't have*

anything to eat. If you're lucky you see cassava. If there's no cutlass we used sticks. If there's no fire, we took the raw cassava and chewed it then drank water...We suffered. We went to the forest. Only God gave us life - all day without eating (Konima Turay, 2017).'

Lack of choice: Issues of food and hunger were also considered suffering not so much because of the unavailability of food, but also due to the limited choice and poor quality of what was available. Community members considered that they suffered in instances where they did not eat the preferred staple food of rice or where they had to eat food raw that was usually cooked. In some cases, lack of basic condiments to spice food such as salt and chilli pepper was also part of their food related suffering. In some instances, suffering related to food also had important social implications.

In essence what the majority of community members that mentioned hunger and lack of food considered suffering was really about lack of choice in what they ate, including condiments like salt, chilli peppers and Maggi cubes¹¹⁰. Sundu's statement illustrates this, despite having meat and fish he explains suffering as, *'What was hard to get here was rice and pepper. That was our problem. There was fish and wild creatures over here (Sundu Gborie, 2017).'* Kadie also explains the lack of choice including being forced to eat foods that should be cooked, like cassava, raw. She explained that, *'What we happened across (food) that's what we ate. What God gave us. You meet cassava; you chew it and drink water...That time only God provided for us. If you saw cassava you ate it and boiled it. Even without salt (Kadie Bangura, 2017).'* For Kadie lack of salt added insult to injury of having to eat cassava instead of rice.

The only mention of its type came from Jina whose suffering was about eating combinations of foods that she had never heard of. She explains that, *'I ate cassava and 'plassas'. That was the first time I even knew that you could eat cassava and 'plassas'. But "What to do?" In war time you can't be choosy about food (Jina Kpuagor, 2017).'* 'Plassas' is a catchall name for the sauces, usually with a green leaf and palm oil base, which form the staple sauces in the Sierra Leonean diet. They are normally eaten with rice, not cassava. Jina's challenge may be akin to the equivalent of eating a hamburger with boiled potatoes instead of in its

¹¹⁰ These three are considered the most basic and essential condiments in Sierra Leonean cooking. The thought of preparing or eating food that isn't spiced with chilli or seasoned with Maggi cubes is considered almost insanity. I know this personally living and working in the country and not eating either. Though I know this as a reality, I was definitely surprised to see it as a key element in people's description of suffering during the war.

usual bun, or ‘bangers’ with carrots instead of the traditional mash. There is no rule, but culturally it’s just not done.

It is also important to note that other than simple choice there is a social element to the foods available during the war. Garri, a food made from grating and drying cassava has specific socio-cultural connotations to poverty. It is a food that swells in the belly and gives the impression that one is satiated, and it is cheaper than rice.¹¹¹ Baindu’s statement gives some sense of this. Her emphasis and repetition of ‘garri’ conveys the serious level of suffering saying that, *‘We suffered. Even what to eat, we didn’t have. We couldn’t even get salt. We chewed raw cassava. We really struggled...We ate garri for 1 month. Straight garri. All over garri (Baindu Gegba, 2017).’* Similarly, with cocoyams, there was also a sense of suffering from the humiliation linked to eating this food which Lombeh described as, *‘7 months in the forest and eating cocoyams they normally cook for pigs. In the forest. Suffering (Lombeh Ndomaineh, 2017).’*

Lack of shelter: living in forest, destruction of homes

Issues around lack of shelter were described by community members as examples of what it meant to suffer during the war. The majority of community members refer to the loss of homes, namely the fact that rebels burnt them. There are also other elements of lack of shelter that affected them. This included the general conditions and quality of shelter they had when they lived in the forest, often referred to as ‘the bush’.

Destruction of homes: Several community members describe their understanding of suffering as related to the destruction of their homes. In many situations it is not simply the destruction, but the inability to replace the home. In a few cases the results indicate that it is not so much the loss of the structure, but also what that signifies.

Most of the destruction of homes was described as houses that were burned by rebels. Several members of the community explain this in different statements such as, *‘When they said the war was over the rebels came back and burned everything- houses everything. We really suffered (Gita Kailondo, 2017).’* Nyawa puts this in a wider context by explaining the extent of the destruction of houses in their community of Bauya saying that, *‘The rebels burned my house. The rebels burned every house in this town. The few ones you see are all*

¹¹¹ This is common knowledge in Sierra Leone society.

new (Nyawa Ndomahina, 2017).’ In addition, for some (though few) the destruction of a house signified more than the loss of the physical home. This is illustrated by Finda’s statement that, *‘The house they burned that’s the house where I gave birth to my children. I gave birth to 9 children there* (Finda Lavalie, 2017).’

Conditions in the forest: The majority of community members spent some time living in the forest, ‘the bush’, as a means of escaping the violence and fighting. For many, the conditions of living in the open with minimal comfort, or access to medicine and healthcare, were a source of suffering. They were subject to the elements and often had to sleep on leaves on the ground or seek shelter from palm fronds.

Several community members describe the conditions in the forest as suffering. Most are very direct in their linking of the forest experience with their wartime suffering. Kadie explains this as, *‘Passing through the bush was a struggle...It’s too painful to explain* (Kadie Bangura, 2017).’ One of the particular difficulties was related specifically to having adequate conditions for sleep. This is explained simply in Foday’s statement saying, *‘So we slept in the bush. We slept in the bush that was the start of suffering* (Foday Massaquoi, 2017).’ More generally this also had health repercussions for some, and Gina shares her experience saying, *‘The cold from the bush led to chronic pneumonia. They treated me at Good Shepherd hospital. Me and my husband and other people* (Jina Kpuagor, 2017).’

Some community members also struggled dealing with the different creatures in the forest. Hindolo explains that, *‘I was in the bush with no shoes. ... Right now, I’m suffering, something bit me and I’m still suffering* (Hindolo Banya, 2017).’ For others, the temporary structures used for shelter created problems which were explained saying, *‘To sleep? Mosquitoes. We just laid in an open makeshift structure. The examples of suffering are a lot* (Kalie Suma, 2017).’ For Ansumana the situation was disturbing simply because he was afraid of what he considered strange animals, due to his lack of usage of the forest environment. He described the impact this had saying that, *‘I stayed in the bush and the experience was bad. Some bush animals- I wasn’t used to seeing in town. It was a great distress* (Ansumana Barrie, 2017).’

Quality of shelter: One of the key sources of suffering was the quality of shelter in the forest. Due to the levels of insecurity shelter had to be makeshift and have the ability to

camouflage. The result was a level of simplicity in the shelter that left people unprotected from the elements.

In general problems with staying in the forest were all related to the poor quality of shelter. Brima explained that, *'To find a place to sleep was suffering. Some people-built shelter from palm fronds (Brima Kanu, 2017).'* Some of the direct consequences of having poor or no shelter are referred to in Danke's comment that, *'Rain fell on us in the bush. We really suffered (Danke Koroma, 2017).'* The consequences of this situation were in some cases extremely grave. Gita's experience is a testament to this as she shares that, *'My child's name was Isha. She died. They said it was due to cold. We were in the bush; we spread cloths and lay there. That's where we were and caught cold... They gave her medicine and injections, but she didn't survive (Gita Kailondo, 2017).'*

Loss of belongings/things

The massive displacement and widespread destruction caused by fighting meant many community members lost their belongings. For many these were destroyed directly when homes were burned. Others lost belongings due to the unplanned and frequent nature of their movement. For some the fact that the belongings related to lifetime accomplishments or income generating activities also formed part of the suffering.

General loss belongings: Of those expressing the loss of belongings as an example of suffering, most community members referred to the loss of general belongings. In most cases they essentially lost all their property in acts of looting or burning rather than one or two items.

For Oseh the loss of belongings was considered a key aspect of her suffering and she describes that, *'I lost my belongings. They burned our houses. They did it in our absence. We left everything. They put fire and burned everything. That was the main suffering (Oseh Dumbuya, 2017).'*

History and accomplishments/legacy: While for many community members the loss of the belongings themselves was a cause of suffering, for others the implications were different. Their suffering related to the fact that they lost belongings that to them represented their life's accomplishments.

For two members the loss of particular belongings marked a certain level of their professional and academic accomplishments and held a great amount of history. The amount of time they had spent amassing these, forming the major part of their careers, was clearly not an opportunity that would be presented to them again however long they lived. Sundu expresses regret sharing his experience saying, *'About the war and how it betrayed us. We'll forgive but not forget. It's hard to recover all the things we lost... All the documents from primary school, secondary school, all have spoiled. I've retired so it's okay, but if I had them, I'd look at them (Sundu Gborie, 2017).'*

Ansumana describes a similar situation saying, *'When the war came - everything I collected up to the age of 50- I lost it all. Things I thought I'd have all my life- I worked for 21 years. Everything I locked in the house was burned...The same year I lost all... I lost everything and had to restart (Ansumana Barrie, 2017).'* For Temu and Unisa, the aspect of loss of belongings that they highlighted as suffering was the loss of a legacy. They express this saying, *'That war...They destroyed us. All that our parents made for us they destroyed it all (Temu Sesay and Unisa Kai Kai).'*

Income generating: In a few cases the loss of belongings held additional importance because those belongings were the source of income generation. In the case of a few community members this was related to their loss of cattle. This highlights the complexity of separating different categories of suffering; two community members' description of loss of belongings highlights the links to loss of income as an element of suffering. Both lost cattle and hence an immeasurable amount of income. In Sierra Leone goats are quite a large income generator and cows are of even greater economic and social value.

Of the different things he experienced during the war Yamba considered this as one of the hardest, explaining that, *'By then the main suffering I experienced was that I had cows in the cow shed/pasture with Pa Kamara. I lost my 2 female cows. I lost them (Yamba Kamachende, 2017).'* For Konima she states that, *'Where we were, they'd taken everything we had. Nothing. Everything. Nothing was left. I raised goats. They took them all (Konima Turay, 2017).'*

Lack of medicine/illness

In a country that already had a poor healthcare system, the war had a devastating effect. This is reflected in the understanding of suffering expressed by a few mentions of lack of medicine and illness as suffering. The suffering was both from lack of health services, but also lack of access to such services in the rare instances that they existed. Another element of the suffering included the realisation that several deaths would have been preventable if not for the insecurity of the war context.

Unnecessary/preventable illness and death: While the experiences of many community members include death of their loved ones, many expressed a particular form of suffering when they knew this death would ordinarily have been prevented. The lack of availability of medicines and difficulty in accessing healthcare due to the poor security context exacerbated this situation.

In some cases, illnesses that community members knew could be cured, led to death because of the lack of or difficulty to access limited available health facilities. Eta describes one such experience saying, *'I gave birth to twins in the bush. The boy got a cold and died...When we learned it was cold, we tried to take him to hospital. We carried him on our backs. In the road that's where he died. We wanted to take him to a village hospital as the fighting was lessening (Eta Roberts, 2017).'*

Lack of medical facilities, susceptibility to illness: While for some people there were some medical facilities where they were displaced, for many community members they didn't have access to any at all. This meant that in some cases people had to rely on different and local herbal healing, in many cases the consequences were a matter of life and death.

Brima explains the various obstacles that were faced saying that, *'Well the suffering during the rebel war... No medical facilities...No food, no medication, borders were blocked (Brima Kanu, 2017).'* Manja's comment also supports Brima's experience stating that, *'In terms of medical we suffered. When we were sick, we couldn't go to hospitals (Manja Banya, 2017).'*

Physical pain and injury

The insecurity, limited food and constant displacement led to much physical pain. The violence and existence of armed combat, as well as movement in precarious conditions also led to injury. In some cases, community members mentioned the permanence of such pain as suffering rather than the simple existence of the pain.

General physical pain and injury: A few community members described having pain that affected various body parts. The reasons for the pain were different.

Several community members described extensive walking as part of their experience of the war. Pessima describes the impact this had on his body as part of his suffering saying that, *'Suffering during the war... every part of my body ached. My feet- because we walked (Pessima Cowan, 2017).'* Raka's statement that there is, *'Suffering to the heart and outside suffering to the bone (Raka Kamara, 2017).'* highlights that, as well as emotional suffering there was physical suffering.

Permanence of pain: Some community members expressed that it was not the physical pain alone that caused their suffering but it's duration. In some cases, they continue to experience the pain or negative consequences from injuries sustained during the war.

Some community members raised the fact that this pain continued to affect them even now. For someone like Finda it affects her ability to perform an activity generally part of the daily cooking process in Sierra Leone. She explains that, *'Me, they beat me. Up until now I can't use a pestle and mortar¹¹². The suffering really affects me (Finda Lavalie, 2017).'* In Danke's case it was the precarious nature of the displacement that caused her injury rather than being subject to physical violence and she describes her experience saying, *'I fell into a hole. Up to know it still hurts. It's the first thing I do; I go to the bush and grind medicinal leaves. I grind the leaves they showed us. Our grandma's showed us which medicinal leaves to use. These pains still exist now (Danke Koroma, 2017).'*

For others like Dimoh and Coloneh they were beaten and shot respectively and continue to experience the pain from those injuries. Dimoh shares his experience saying, *'The Guinean soldiers held me, beat me and harassed me...That's one of my personal sufferings. I still have the pain. If I cough, you'll think...Just imagine when 4 to 5 soldiers are beating a civilian*

¹¹² These are basic tools used daily in cooking in Sierra Leone, especially in rural areas.

(Dimoh Kuna, 2017).’ In Coloneh’s case she explains that, *‘They shot at me...The rebels shot me in my leg. I have eternal pain. Then the soldier took me to hospital. It gets better then it comes back every month. It really affects me (Coloneh Conteh, 2017).’*

Lack of soap, single parent, suffering as fighter

Receiving few mentions of physical suffering usually included three or so mentions, some descriptions of suffering received even less mentions. The points of lack of soap and being a single parent all received very minimal mentions. Similarly, there were a few community members that had the experience of being fighters, but only one mentioned that they experienced suffering due to their role as a fighter.

Lack of soap: For some community members, lack of cleanliness was part of what they considered as suffering. While water might have been available, lack of access to soap limited their ability to wash their clothes and bodies.

The issue of lack of cleanliness is brought out by concerns about lack of soap. The concern regarding soap was the inability to wash clothes and the body. Warima’s statement that, *‘We didn’t have any clothes that we were not wearing on us. No soap. Just water to clean it (Warima Coba, 2017).’* He highlights that soap was even more necessary in a situation where clothing was limited. For Baindu, not being able to meet the desire for her need for cleanliness is described as suffering in her statement that, *‘We really struggled. Even soap to wash we didn’t have...No way to buy soap. If you don’t have money to buy soap and you want to wash clothes it is suffering (Baindu Gegba, 2017).’*

Suffering as a fighter: There were few community members who were fighters or at least spoke of this experience openly with me. It was only mentioned once that their particular experience constituted suffering.

Combo shares his experience with loneliness and loss saying, *‘The war missions- I lost a friend. I sat alone. We fell in ambush it was August and heavy rain. I wondered why we got involved in this. I was alone in the jungle. How could I get to my family? That day I wondered about my family, I cried for my parents and my situation (Combo Konneh, 2017).’*

Single parent: While one could deduce from the descriptions of experiences of various community members that they were left in situations where they had to parent alone, it rarely arose as part of their description of suffering.

In one of the cases, parenting alone was highlighted as a problem. The simple statement by Baindu, though, provides this, '*My man died left me with children. I don't have anyone. I'm really struggling* (Baindu Gegba, 2017).'

6.2.2 Emotional/psychological suffering

This category includes sub-categories such as emotional/psychological, fear of death, and intensity and duration of suffering. This category received the second largest mentions for description of suffering, though markedly less than economic and physical suffering. In addition, this section amplifies the complexity of developing categories and the importance of more detailed analysis.

Important to note is that the terms psychological or mental were rare in community's explanation of how they understood suffering. However, in several cases they talked about the suffering of the mind. It should also be noted that in a town where many people did have the vocabulary of 'trauma' based on certain NGO activities implemented after the war, only one person used it to describe the way they suffered. Also important with this broad category is the use of language. It is harder to notice because of the translation, but it is this section that the terms in Krio that relate to suffering, clearly indicate the links and interconnectedness between, body and mind in the understanding of suffering.

Psychological related to the mind: There were only a few community members that explained suffering as something in a manner that one could consider psychological or having largely to do with the mind. Two of them described thoughts of suicide, whereas the other two presented some of the symptoms that could be related to current PTSD diagnostic categories. There is no real commonality between the members, they are equally divided in terms of sex and gender and cut across the highest to lowest social strata of the community. However, it may be significant that those who mentioned having the symptoms more clearly related to PTSD- such as hypervigilance, both fell into the wealthier sector of this community.

In Pessima's case, he referred directly to the suffering of the mind saying, *'My mind suffered seriously. Nothing was good that stayed in my head. I wanted to die but did not think of suicide too hard. As every day the suffering got worse...I wanted to die* (Pessima Cowan, 2017).' With Danke, although she did not mention the mind specifically, her intentions regarding suicide are reflected in her statement that, *'I would come into town so they (rebels) would kill me. I said that if my people died, the best thing was if I go to town so they would kill me too. They killed my granny and they killed my aunts who used to help us. I thought its best that they killed me too* (Danke Koroma, 2017).' Danke was also the only community member who cried during the interview. Unlike others she also seemed to still regularly think about the war, explaining that, *'At night, some days I don't sleep when I remember. I listen to music to forget. But I remember. But I remember...When it's me alone and I don't have people around, my mind goes far. If your heart wasn't there it takes you there* (Danke Koroma, 2017).'

In the other two cases they refer to having the type of fear that caused jitters whenever they heard sudden noises. This is something that could be related to the hypervigilance element of the PTSD diagnosis. Jina considered that it was some form of illness that she linked to exposure to so much death, saying, *'During the war I even got sick. It was a sickness. If you dropped a cup I'd be scared. It wanted to become a habit...When we came to Moyamba I got small relief where I didn't fear. When you see people dying it made me feel afraid. Anytime they'd drop something I'd be turning my head looking out of fear, though during the war it had already started to decrease* (Gina Kpuagor, 2017).'

With Ansumana we have one of the only references to the term 'trauma' as an explanation of what it means to suffer. He explained his experience describing a situation where, *'When I went to Freetown I was traumatized. When I sleep when I heard cars I would wake up startled and scared and think it was rebels. The loneliness of the bush itself is something. It took some time to readjust. Those were all difficulties...It was closer to trauma, but maybe you're one of the few people I'll tell this* (Ansumana Barrie, 2017).' What is also noticeable in this statement is the shame he attaches to having this type of reaction.

Emotional- related to the heart, emotions and links to the mind: Many community members expressed openly their understanding of suffering as being at an emotional level. They explained how this suffering manifested such as crying and sadness, and often referred to

the impact on the heart. In describing suffering as something emotional the mind was also addressed but in clear connection with suffering of the heart, as opposed to independently as described above with mental suffering.

One of the only places where I clearly see a difference between the sexes related to views on crying. Several community members (almost exclusively female) expressed the level of crying as an indication of suffering. Eta's simple statement that, *'It really bothered me. The crying I cried was a lot (Eta Roberts, 2017),'* summarizes this. However, the comment by Baindu helps to qualify the levels of crying, and its all-encompassing nature that meant this was considered suffering. She states that, *'The remembering itself it blocks your life. That remembering took a while to finish. It took some time before it ended. I would cry while walking, while sitting (Baindu Gegba, 2017).'* The language used also indicates that emotional suffering is something that happens in the heart. Quite directly many community members referred to the heart in statements such as, *'Your heart was worried (Adama Sombie, 2017).'*

Emotional- related to the body and economics: When the majority of community members reflected on their emotional suffering, they made references to the physical aspect too; the state of the body and economic suffering. One thing that I could notice throughout the interviews and that also stands out in the responses to how community members 'diagnose' suffering, is people's perception of the relationship between healthy weight and emotional and psychological wellbeing. Others also related their emotional state directly to their poverty.

One community member captures this understanding of the relationship between weight and emotions well in their statement, *'What I feel. I don't have money. I'm not rich. All I have is the farm. But the thing is there is peace. Then we had food, but we still were thin in the war. Peace of mind. That is what allows you to put on weight. If now (in the time of peace¹¹³) I ate water and cassava only I'd still be a healthy weight. Now we are not running helter skelter (Gita Kailondo, 2017).'* She suggests that worry and emotional problems will lead to unhealthy weight even if one is eating well.

¹¹³ The author's emphasis.

Several other community members talk about weight as an indication of wellbeing. Interesting to note is that many of them also did not relate this to the availability or lack of food, but the state of mind. Nyawa explains this saying, *'In Freetown, the first attack. That's where I saw many dead bodies in the street. I felt terrible. They cut my big sister hands. It affected me very negatively...That time I was constantly worrying. That time I was skin and bones. I was really skinny. We didn't sleep at night. We were worried about attacks. It was really difficult (Nyawa Ndomaina, 2017).'*

What was most common in descriptions of emotional suffering were references to how this was linked to poor economic status. Coloneh talks repeatedly about her suffering and refers to it as suffering from the heart in her statement that, *'Suffering is suffering. From that time to now I'm suffering the same suffering. I have to still go to the forest to find food (Coloneh Conteh, 2017).'* When, however, I asked her specifically what she meant by 'suffering of the heart' and her response was, *'If I had money now, I'd do something for myself (Coloneh Conteh, 2017).'* Assumptions about the root of 'suffering' could be very wrong if considered strictly emotional or psychological.

With Isata, she was the only one who, at least openly, spoke of her experience of being raped during the war. In addition, she also had some other experiences that affected close members of the family that were particularly harrowing. Yet, when explaining her understanding of suffering she still gave her lack of food prominence. This is illustrated in her statement that, *'I underwent suffering. The rape. I really felt terrible. I suffered through it. I didn't go to school. That bothers me. I wanted to do nursing...The constant worry and overthinking lasted a long time...It wasn't until I started eating that it stopped...I was used to eating well. I would sit and cry a lot. It lasted long. It took 5 months (Isata Kandeh, 2017).'* Even when directly referring to the rape she still highlights her food and education related suffering.

Death and violence related: fear of death and violence

Something that came up clearly at different times in most interviews was the description of the general context of violence that was the basis of people's fears. People were being killed directly by armed actors of various kinds and also getting caught in the crossfire. In addition, there was a particular brutal nature of the violence that added to the fears that community members described.

Lombe explains that, *'People were walking around with cutlasses, the English one with handle, to cut hands. It was not even possible to make a slight movement (Lombe Ndomaeh, 2017).'* People feared death, but also the manner, which included more suffering and brutality. There was also shooting which as Manja described in the statement that follows could also be equally brutal, *'They found the guy. They took him to the rubbish dump. They took him and shot him to the point like when you grind groundnuts. Lots of shots. When that happened, I'd just finished cooking (Manja Banya, 2017).'*

While for many community members their fears were based on things they heard about or saw from a distance, others had direct experiences. Vandi describes his experience with the rebels, explaining that, *'I fell on ambush twice. That's when suffering continued. We suffered a lot. They even slapped you with a heavy cutlass. They wanted to kill us because we were Kamajor¹¹⁴ sympathisers. They amputated women and cut off hands. 18 August 1996. I will never forget that date. Sunday August 18. We were witnessing this from morning until 16:30 (Vandi Jusu, 2017).'*

Fear of death: There was fighting between armed actors and the violence by armed actors meted out directly on civilians and their homes. Community members lived in fear of their lives. They spoke of suffering due to fear of their own death but also for the death of their loved ones. Their less common understandings of suffering related to fear of death described as readiness to abandon children and not dying in ones homeland.

There was a general fear for their own lives that community members describe as suffering. For Nyawa she explains how, *'We didn't sleep at night. We were worried about attacks. It was very difficult (Nyawa Ndomahina, 2017).'* Adama describes the situation stating that, *'Our life was at risk...we worried for our life. There were sounds of gunshots all over. We were not even worried about what you eat (Adama Sombie, 2017).'* Jina also explains how seeing death made her fear for her life, saying, *'We saw dead bodies ...It also made you think of the fear of your own life. It was frightening (Jina Kpuagor, 2017).'*

Others like Juldeh described direct threats to their lives explaining that, *'They wanted to kill my boyfriend and me. We went to the forest. No peace of mind. We suffered and went. They wanted to kill me. They took everything... If I explain too much I will cry (Juldeh Kemokai,*

¹¹⁴ Kamajors were one form of several civil defence forces that organised to protect communities from the rebels.

2017).’ It was only mentioned once, but Lombeh tries to qualify the fear by explaining how survival and desire to save one’s own life could supersede trying to save one’s own children. She describes this in her statement, *‘Inside the war everyone was fighting to survive. Everyone was trying for themselves, to get their living, for God to save them... You’d even leave your child and run (Lombeh Ndomaineh, 2017).’* For Pessima the fear was not so much for his death, but that this would occur away from home. He describes his understanding of suffering by saying that he was, *‘Afraid to die somewhere other than home (Pessima Cowan, 2017).’*

Some community members considered part of the suffering, as the fear of the death of those they loved, notably children. Oseh describes how this fear manifested explaining that, *‘I was constantly thinking- worried about rebels coming to take me. I had fear that they’d take my children. I was afraid that they didn’t cut feet and hands of children (Oseh Dumbuya, 2017).’* Kadie shares a similar feeling, saying, *‘You would constantly worry and overthink. You were worried or fearful. You have children with you and you’re worrying what they eat or where they sleep. Then you’re worrying about their lives (Kadie Bangura, 2017).’*

Death and violence related: witnessing death and violence

While some fear was specific to experiencing death or fear of it, for others it was clear that simply witnessing death and violence affected community members. Several described how seeing dead bodies, the death of people they loved, and the brutal nature of the violence constituted suffering in their lives.

Witnessing death and violence: Witnessing the numbers of dead bodies as well as amputations had the impact of causing suffering. For some community members this was due to cumulative experiences over the period of the war. For others it came from specific periods of aggravated violence.

Nyawa describes an experience where, *‘In Freetown, the first attack, that’s where I saw many dead bodies in the street. I felt terrible. They cut my big sister hands. I felt terrible (Nyawa Ndomahina, 2017).’* In her case witnessing the dead bodies in the streets, but also amputation of a loved one constituted suffering.

For others like Baindu, they were exposed to a proliferation of experiences of violence and death on one specific day. She describes this experience saying that, *'You should have seen the numbers of people that died...We were in the street dodging bullets. I saw them cut hands. They ask you if you wanted short sleeves or long sleeves. In Freetown they really killed human beings there. It feels bad talking about it...I felt terrible. The people we were together with ran into the mosque. They killed them. Others drowned running away. The clouds were red like fire on the January 6th ...What happened in Freetown, since my mother made me, that never happened (Baindu Gegba, 2017).'*

Death of loved ones: The fear of death of loved ones was described as a form of suffering. For many their suffering also came from the actual loss of loved ones. For some this was about the loss of the individuals, but in some cases the suffering was related to the loss of economic support because of the death.

For the majority of community members that mentioned this as an example of suffering, the issue was particularly seeing their loved ones die or brutally injured. Finda shared the story of losing her son saying, *'The suffering. I will take all your time explaining. What happened to us is tough to talk about. They beat my son until he died. I was there. We were all in the forest. They took them and they beat them seriously (Finda Lavalie, 2017).'* Juldeh shared how she lost her daughter saying that, *'My child went to meet her father in Freetown. Rebels killed her. It's so much you can't speak about all the suffering (Juldeh Kemokai).'* Gibrila considers the way he lost family members as suffering and explained, *'For me, seven of my family members died. I haven't seen them. They put them in the house and burned them all. They burnt them (Gibrila Ndawa, 2017).'*

Hawa's story is not one of death, but where she witnessed severe violence meted out on her father. She explains this experience saying that, *'They captured my father and me...It is a blessing you're talking to me today... They captured us on the same day. They cut everybody's hands. They beat my dad. Up till today he's suffering. Me I thank God I can talk to you on a day like this. He's suffering because he is wounded. They put sand in his eyes. He's blind. They struck him with a bayonet on his head. They took sand, put it in his eyes rubbed it. He's blind, inside that house suffering. They did it in front of me...I was watching and crying (Hawa Kargbo, 2017).'*

A few mentions highlight aspects of undignified burial and rape as elements of suffering. Warima's sister was raped before being killed and he shares this story explaining that, '*I was afraid. Most of my intimate friends died. It affected me. My small sister was raped, lost her virginity and she couldn't walk, and they killed her. Those who were captured with her told us. Her body was almost about to rot but we identified it and we were able to bury her... All of that was stressful. I knew she would have helped me. When they killed her, dealing with the frustration was tough* (Warima Coba, 2017).' For Baindu the lack of dignified burial was part of the suffering she described her experience saying that, '*They sent a message that they killed my brother and burned the house. I didn't come quickly because of the war. They didn't bury him. They used to just throw the bodies away and they'd rot. After the war they gathered bones and threw them in the trash. I felt terrible* (Baindu Gegba, 2017).'

Intensity and duration of suffering

While it will be discussed further in the approach to suffering, there is a general sense that most community members, for reasons that will be examined later, consider some form of suffering to be normal. What they explain is that it is not so much the suffering itself that was the problem as much as it's duration and intensity.

Intensity and duration of suffering: A few community members highlighted the particularity of the suffering during the war was related to the intensity and long duration of the suffering. They had an ability to withstand suffering, but the extended nature posed a problem in this case.

One example is Danke Koroma's statement that, '*We suffered a lot. We suffered- it was too much. We can explain until... - it will never finish* (Danke Koroma, 2017).' Not only does she qualify the suffering, she gives it an eternal time frame. Gibrila's statement also highlights the magnitude of the suffering saying that, '*It's so much you can't speak about all the suffering* (Gibrila Ndawa, 2017).' Finda also highlights the intensity of suffering in her statement that, '*The suffering, mama, that we suffered was too much. We're still suffering. That suffering we won't complete talking about all of it until the sun goes down* (Finda Lavalie, 2017).'

Surviving without parents, Constant reminders of loss, Bad habits as a fighter, Lack of privacy

Some descriptions of suffering received minimal mentions. A few community members mentioned the fact of surviving without parents, the constant reminders of loss, lack of privacy, and bad habits taken as fighters as forms of suffering. While in no way representing a majority, or even a minority, they demonstrate the breadth of understanding of suffering and its individual nature.

Surviving without parents: The sample of community members I spoke to include some that currently fit under the category of youth in Sierra Leone, which means they may have been teenagers during the war. Navigating the difficult circumstances of the war without parents was something they considered as suffering.

It is one of these younger community members notably that made the following comment, '*War met me in Bauya then I went to Moyamba. I was going by myself. My parents died* (Warima Coba, 2017),' highlighting the challenges of trying to survive without support from one's parents.

Constant reminders of loss: As with the duration and intensity of suffering we see in this case that the loss experienced during the war was hard enough. However, having constant reminders of that was considered a further source of suffering. Juldeh shares her understanding of suffering by highlighting its duration due to regular reminders. She describes this experience saying that, '*Let no one lie to you that we'll forget. You see burned houses, amputees and you remember* (Juldeh Kemokai, 2017).'

Bad habits as a fighter: There were few fighters in the sample of community members interviewed. One of them considered that the social living of a fighter's life fostered negative habits. One of Combo's regrets is related to negative habits he acquired as a fighter. He explains his regrets saying that, '*I started drinking and smoking at the time. It was bad company. They said if you smoke marijuana, you'd be wise and think smart and not have fear- have the bravery to do things. They called it morale booster* (Combo Konneh, 2017).'

Lack of privacy: The experiences described by community members of constant moving and hiding indicate living in conditions with very limited privacy. Only one community member

mentioned that the inability to have their privacy was a source of suffering. While living in community is very much a part of Sierra Leonean culture, how and when this is done is a choice based on several factors. They struggled with communal livings forced upon them by the war. Dimoh describes this saying, *'Mother in law, brother in law, son in law. We were all together. We built a makeshift shelter (Dimoh Kuna, 2017).'*

6.2.3 Social, socio-cultural suffering

This category includes sub-categories such as displacement, loss of normalcy and disruption of education. When it came to defining suffering related to the war, the social aspects of suffering received the third largest mentions. It is important to note that the numbers of mentions were very close in number to those of the category psychological/emotional suffering.

Displacement/movement: forced, frequency, insecurity

Community members were displaced in several ways during the war. The fear of violence and fighting forced many to flee to safer areas of the country. For others they had homes burned and destroyed which forced displacement. Some people moved and were able to stay with family or friends, others lived in the forest; some stayed in camps for the Internally Displaced People (IDP), while others left the country and became refugees in neighbouring Guinea and Liberia.

Fear inspired displacement: One of the things that made the displacement difficult for many community members was that the impetus for movement was both forced and inspired by fear of death or violence. It was not voluntary in any way. The displacement was related to the threat of death and/or violence directly from rebels or other armed actors (though most refer to rebels), or the fighting between the different armed groups.

Also conveyed was a total sense of insecurity because there was nowhere really to hide. Oseh explains that, *'That was the main suffering- the running, running, that we were constantly involved in. In the forest, then going to another town. We'd move to Moyamba then when there was attack, we go back to the forest (Oseh Dumbuya, 2017).'* Baidu explained that, *'The rebels attacked us. If they were stronger than you then they killed you. When they say they are coming we run. We gather our bundles and run (Baidu Gegba, 2017).'*

One could also see the high levels of insecurity, as even in a place like a camp for Internally Displaced People that was supposed to be a haven of peace; people were displaced due to rebel attacks. Juldeh explains such a situation saying that, *'The war met us in Moyamba. I suffered with my husband. We walked to Taiama we walked to the IDP camp. Rebels attacked and we were in the forest. Then we went to Freetown because my mother was sick. Rebels came to Freetown... It's so much you can't speak about all the suffering (Juldeh Kemokai, 2017).'* Further the insecurity was nationwide as described by Hawa, *'Let it be enough for now. If we continue talking, we'll finish your notebook. I would worry. We went to Moyamba and every few days there was an attack. No sleeping. Where could we go in Sierra Leone? Anywhere you go it was the same suffering (Hawa Kargbo, 2017).'*

Loss of belongings through displacement: Displacement had related circumstances that community members highlighted in describing their suffering. Losing belongings due to displacement, particularly its abrupt nature, were included in these descriptions. This included food they were cooking as they fled.

Many community members explained how movement was so abrupt that they lost food often still in the process of being cooked. The situation was worse as food was already in limited supply at the time. Konima explains a situation that many recounted stating that, *'We went down the river. We were in the bush and rebels bothered us. When they say they're coming we travelled, running. If we left food on the fire, we ran and they ate it. They took palm oil, clothes, anything, and took it away (Konima Turay, 2017).'*

There is also a sense from many that the suffering of displacement was harder with this added loss of belongings, almost adding insult to injury. There were situations where belongings were destroyed as explained by Oseh's statement that, *'We go to the bush. Sleep in the bush. They run after you...We left everything. They put fire and burned everything (Oseh Dumbuya, 2017).'* In other scenarios loss of belongings was related to theft. Nyawa explains that, *'The suffering. We really suffered. Rebels came and we'd go to the forest...Rebels come. You leave everything, and rebels take everything (Nyawa Ndomaina, 2017).'*

Frequency and unplanned nature of moving: Community members were also able to highlight the nature of the displacement being an aspect of the suffering. The fact that their displacement was so regular and that it was not planned was considered a form of suffering.

This added a level of difficulty to the experience which Jina explains as, *'During the war we were not able to do anything we were always on the alert to run. Even in the middle of cooking- then we packed everything and ran (Jina Kpuagor, 2017).'* There was also a constancy to the experience that seemed to be another disturbing factor, and this is well described by Raka's statement that, *'We went to Freetown. When we went there...We ran to the bush. Here one day, tomorrow somewhere else...When the war was 'tense'-we'd go to the bush then come back (Raka Kamara, 2017).'*

Length of displacement and inability to make a living: The war lasted 11 years. While only a few community members were displaced for this period of time, many expressed the length of their displacement as a source of suffering. Related to this was the negative impact displacement had on their ability to generate an income.

The other element that affected the levels of suffering related to displacement was the length of time. Some people were hiding in the forest for over a year. This was the case for Gibrila and Sundu. Gibrila explains his displacement experience saying that, *'When the war met me, we were in bush for 1 year complete...People ran away to Freetown and other towns. In Freetown the war met us there too. We didn't have any peace. We hid until we reached our village... The whole town was like a bush. We suffered here (Gibrila Ndawa, 2017).'* Sundu was in hiding for almost two years. He shares his experience saying that, *'They came 9 times and attacked Bauya before they burned it. We were in the Bauya forest. Freetown 1 year 7 months came back to Bauya...We ran and went to the bush until we went to Freetown. We were there and turned back until we came back (Sundu Gborie, 2017).'*

Although more rare, for others the length of displacement lasted the duration of the war; eleven years. This was the case for Brima who combined hiding in the forest with staying in a town close to Bauya. He shares his experience saying, *'I was in forest for about 7 years. 3 years I was in Moyamba. We took the forest like home. I didn't move to Freetown. If I changed location it was from one part of bush to the other part. I wouldn't even come to town (Brima Kanu, 2017).'* Also less regularly mentioned as part of the suffering related to

displacement, there were some community members that were bothered by the fact that this displacement impeded their ability to generate income. Kadie's explanation of her displacement related suffering highlights this point when she states that, *'Moving from your place is suffering. You go somewhere and it is difficult to earn a living. Moving is suffering, because you go somewhere, and you can't earn your living it is suffering...You walk at night you don't even know where you're going* (Kadie Bangura, 2017).'

Separation from family/Scattered community

As well as general displacement several community members explain that the context during the war resulted in families and communities being disrupted. The nature of the displacement separated families while also making it difficult to find or re-join them. In a socio-cultural setting where the family and community are paramount, this was considered as suffering.

Separation from family and scattered community: In order to protect their lives community members moved deliberately, and other times the nature of the violence forced this movement. They described that they consider this as part of their suffering and explain different manifestations of this suffering.

The effect on the community is explained by Raka as, *'After the war. No one was here. Everyone ran away* (Raka Kamara, 2017).'

The fear also altered the way people organized which was contrary to the usual communal living and spirit. Sundu explains this phenomenon saying, *'When we were in the forest, we left our tradition...People were afraid. They didn't want to see people. You pushed them away when you saw people. We were in the bush by nuclear family* (Sundu Gborie, 2017).'

Jusu was only reunited with his family by asking around for them. He explains that, *'It took me two days before I saw my family. I walked about and asked before I saw them.* (Vandi Jusu, 2017).'

For Konima it was separation from her husband that caused her suffering, and she described her experience with much pain saying that, *'Oh God, even as I remember I feel discouraged again. The war separated my husband and me. I didn't know where he went, and he didn't know where I went. I heard he died in the war. I heard they killed him. I wasn't there* (Konima Turay, 2017).'

For Foday and Brima they were affected by separation from their parents and both were young at the time. Foday shares his story saying that, *'We slept in the forest. That was the start of the suffering. The first escape at 11 years old I wasn't with my parents...They told me my mother was in another village and I met her then we went to Moyamba (Foday Massaquoi, 2017).'* Brima shared that the effect of worry affected his appetite and explained that, *'Sometimes I remembered my parents. I'd hear about attacks in Moyamba. I wouldn't eat (Brima Kanu, 2017).'*

Disruption of education

The context of violence and insecurity destabilized daily life and this had an impact on education. This included children's ability to attend school. For some people their access to school was affected and for others the schools were destroyed or non-functional due to the high levels of insecurity.

No/disrupted schooling: In some situations, community members had access to school and classes were held. Due to the violence this was regularly disrupted. Other community members had no access to go to school. This was also considered a form of suffering.

Brima explained that disruption of education was regular saying, *'We went to school. It was not real school. One day there is school, one day they'd (rebels) come, and you'd run (Brima Kanu, 2017).'* In most cases though, children were unable to attend, or classes did not exist. As Kalie explains, *'During the war I stopped going to school. I started after the war (Kalie Suma, 2017).'* Ultimately this effect caused worry and suffering for some community members who express this clearly saying, *'I was constantly worrying and overthinking a lot. My children stopped school (Manja Banya, 2017).'* Jina explained that, *'Even the school children did not have access to school. That was a huge suffering. It put our children back greatly (Jina Kpuagor).'*

Impact of retardation of education: Many students were unable to continue or complete their education. For others their education was retarded by the different circumstances of the war. In some cases, it was due to displacement; in others it was about lack of schools or income to cover education related costs.

In Isata's experience where she was even raped and had children early as a result, yet she still considers suffering as her regrets related to incomplete education. She explains saying, *'I underwent suffering. The rape really affected me. I suffered through it. I didn't go to school. It really affects me. I wanted to do nursing (Isata Kandeh, 2017).'* For Combo there is a similar regret as he feels he would have gone further in his education. He also felt shame. He explains his feelings saying, *'I suffered emotionally. I wanted to study but in Freetown during the war things didn't work out well. My colleagues have qualifications that I could have. I didn't further my education. We just ceased. I wasn't happy with those things (Combo Konneh, 2017).'* Similarly, for Warima his shame was going back to school and having to start in a lower class due to the time he had missed. He explains this experience saying that, *'My mind... Those in same class became ahead of me, because they had money for education in Freetown. Now they were senior for me. That affected me greatly (Warima Coba, 2017).'*

Loss of normalcy

While it is evident from the descriptions of the majority of the experiences of community members, that during the war there was a lack of normalcy, it only received one direct mention as an explanation of suffering. This was shared in Foday's statement where he describes what the ending of suffering meant, *'If I wanted to move I could. Normalcy started to return. When this began to return instead of one day you are somewhere, before you know it you're running (Foday Massaquoi, 2017).'*

6.2.4 Other

This category includes sub-categories such as loss of faith, relativity and normality of suffering, and suffering not always being negative. These were all more difficult to categorize. Not everything is able to fit into the clear categories of social, economic, and psychological/emotional. Some of people's understandings of suffering were explained differently. When it came to defining suffering related to the war, these other aspects of suffering received, combined were significantly less than any of the categories including the smallest category of social suffering.

Relativity and normality of suffering: One of the elements of suffering that was mentioned, related to the attitudes towards suffering. This was the fact that suffering can be defined and experienced depending on how one compares it. Dimoh attempted to define suffering by highlighting its relative nature. He drew attention that it is possible to suffer while living

in luxury. Dimoh makes his point while also reflecting on the normality of suffering saying, *'The way I see it- I don't believe there is anyone who doesn't suffer. The only thing is it varies. Someone with a car and it has an accident he suffers. Someone who has everything but their child goes to school and fails-they suffer. Me who works ... and they don't pay us I suffer. It's a lot. Some people suffer for shelter, for food, for employment, some for luxuries...Some people suffer more than me and me too I suffer more than others (Dimoh Kuna, 2017).'*

A challenge and worry: Another definition proposed by Unisa and Temu expresses the worry and challenge aspects of suffering. They attempt a definition saying, *'Suffering- that's a condition or situation that is challenging. You are in a position of worry. Suffering is a situation where you are worried that any initiative- you find it difficult to achieve. Even to simply live is difficult. You don't feel to eat or drink because you're worried (Temu Sesay and Unisa Kai Kai, 2017).'*

Unforgettable but not always negative: Vandi's definition of suffering combines its unforgettable nature, while highlighting the possibility of some positive outcomes. He explains this view saying that, *'Something that I'll never forget in my life. On the suffering side a date is there that I will never forget... At the same time...sometimes good comes out of suffering. Some life was lost, but more empowerment came than before. Education was empowered when NGO's came. Because of the war they assisted with more schools and more supplies. Before the war it was difficult for the government to help girl child and the way men 'tampered' with schoolgirls. They fell pregnant and dropped out. They are now assisted under girl child programs. That's a good thing that came out of the suffering (Vandi Jusu, 2017).'*

Loss of faith: While the vast majority of community members indirectly and directly demonstrated that they relied on their faith and religion during this time to address their suffering, one community member mentioned the loss of faith as part of their understanding of suffering. Warima stated this simply saying that, *'We were really affected. We didn't think of God (Warima Coba).'*

6.3 Summary of key findings on community understanding of suffering

Research participants found that the physical suffering they experienced was by far the greatest type of war related suffering they experienced. The type of suffering receiving the most mentions related to loss of income or livelihood. Other key sources of suffering related to lack of food and hunger, lack of shelter and loss of belongings as well as much less mentioned categories such as lack of soap or the challenges of being a fighter. In all these categories there were several nuances raised, highlighting the complexity in defining and understanding suffering.

Research participants mentioned emotional suffering the second most frequently after physical suffering, although the gap between the two was fairly large. There was very little suffering related directly to the mind. What was clear was that research participants had an understanding of emotional suffering that was linked clearly to the body and the mind. Issues of emotional pain were considered to be in the heart but directly linked to issues of the mind such as worry and issues of the body such as weight loss. Another important finding was that a key source of suffering, death and violence, had various factors. There were aspects of fear of death and violence, fear of witnessing death and fear of losing loved ones. Another critical nuance in the category of death highlights that some of the related suffering was not based on the actual death, but the resultant negative economic consequences.

Another key finding of the results on emotional suffering, while reflecting a minority, is that amidst all the death and violence, for some people the lack of privacy constituted suffering and for others it was not so much the suffering itself as much as its intensity and duration. These are points that raise the issue of the complexity of suffering.

While the mentions for social related suffering were less than those of emotional suffering it is useful to note that the difference was not great. The proportions are indicated in appendix 4. The findings demonstrated that the root of social suffering related to displacement. The majority of groups of suffering in this section entail some form of consequence of displacement, which had a direct impact on social norms, notably the family and education. In a crisis such as war the fear related to displacement and the forced, frequent and unplanned nature of displacement was found by research participants to be a key part of their war related suffering. As with other groupings, findings pointed to nuances

and specificities of suffering. For example, suffering around education for some research participants was not simply about the educational impact of the disruption to the school system, but also feelings of social exclusion for those who had to make up for lost time by repeating classes with younger students.

Finally, an aspect of findings from the results that indicates the complex and individual nature of suffering is also reflected in the inability to neatly group all understanding of suffering. They received much fewer mentions, but results from the research participants highlighted direct definitions of their war related suffering as something that was unforgettable, a challenge or a worry, and not always something negative. Similarly, there were also direct explanations of suffering as something relative, both within a given community and across cultures.

6.4 Community's Detection of Suffering

6.4.1 Community understanding of suffering based on their ability to detect suffering

This section of the chapter will present the results linked to the question: 2. How do you diagnose/detect suffering? The main content of the section is a more detailed presentation of categories, separated under the headings of the four broad categories; physical: economic, socio-economic, social/socio-cultural, emotional/psychological, and other. When it came to detecting suffering in others the majority of mentions was the largest with more physical matters relating to socio-economic or direct biological matters related to the body. Social matters had the next largest mentions, largely about communication and matters around the role of existing social relations in detecting suffering in others. As with the categories for understanding suffering, the possibility of clearly distinguishing categories was also complex.

It is important to note the direct mentions of emotional and psychological suffering come third with a significant reduction from mentions on social issues. This is however another indication of the complexity of these categories because the physical factors being described as 'evidence' of suffering are presented as indicators of emotional suffering too. Finally, there were several people who did not answer this question, considering that their response to the question on definition of suffering, by default, spoke to the question of detection. There is also one person that directly states, *'I won't be able to detect suffering. I can't*

answer that. I can only talk of my own suffering (Finda Lavalie, 2017).' Finda expresses the idea that detecting someone else's suffering is not something that may be possible.

6.4.2 Physical: economic, socioeconomic, physical suffering

Appearance-clothes, poverty, cleanliness, health

Community members' response indicated that the most common way that they detected suffering in someone else related to outward appearance. This included different elements such as the quality of clothing, cleanliness and levels of self-care.

Quality of clothing: One of the indicators of suffering from appearance related to the person's quality of clothing. Shoes or clothes that are not in good condition were used to measure this.

One community member in efforts to clearly illustrate the importance of outward appearance, notably quality of clothing as an indicator of suffering, used me, the researcher, as an example. He said, *'Mariama is not suffering. The trousers she's wearing. The nice top. Her rucksack. This person is not suffering (Combo Konneh, 2017).'* Eta and Kalie talk about clothes and shoes directly as being indicators of suffering in their statements. Eta explains that, *'When someone is suffering. You don't even have slippers. You don't wear decent clothes you're suffering (Eta Roberts).'* Kalie says, *'Or his clothes are poor, or the shoes are torn or the soles are poor. You'd know he was suffering- struggling (Kalie Suma, 2017).'*

Foday's comment suggests that one can be poor but still have limits to the extent of the condition of their clothes. He considers the inability to dress 'decently' a sign of suffering explaining that, *'The code of dress can tell me. If someone is passing, a responsible person, and they are wearing tattered clothing; I'll tell you that I believe they are suffering (Foday Massaquoi, 2017).'*

Dirt and lack of self-care: Cleanliness and lack of self-care were also considered indicators of suffering. It was also presented as more of a preoccupation with economic suffering rather than an indication of mental suffering.

In this case the issue of quality of clothing was important, but the emphasis was on the cleanliness of the clothes. Isata explains this saying that, *'Their appearance. When I see*

them...What I'm wearing is clean. Clothes that they wear are not (Isata Kandeh, 2017).'

Baindu was more specific in linking cleanliness to lack of economic wherewithal to afford soap saying, *'You will see their condition. How they are you'll see straight away. No money in the pocket. No way to buy soap. If you don't have money to buy soap and you want to wash clothes it is suffering (Baindu Gegba, 2017).'*

With Manu her indicator of poor quality of clothing was reflective of general lack of self-care and she combined this with explaining how lack of attention to the basics of, 'decent appearance', braiding ones hair, was an indicator of suffering. She describes this saying that, *'The way they dress, the way they take care of themselves. When someone is disgruntled, they don't even braid their hair (Manu Jombla, 2017).'*

Weight and/or food

One of the greatest indicators for detecting suffering was related to weight in different ways. In essence a healthy weight is related to wellbeing. Important is that this weight is not related to figures on a scale but different socio-cultural understandings of what reflects a healthy weight. In addition, much of the understanding of weight as an indicator of suffering related to an individuals' own standard and norm.

Weight and/or food: One idea of suffering shared by some community members was that it was related to limited food. However, the key was how this translated to loss of weight. For the majority of mentions, the key issue was about being an unhealthy weight or loss of weight. Thus for detection of suffering there is an implication that one needs to know the person's usual and normal weight. With the unhealthy weight there seems to be a general and non-specific understanding that this will be obvious.

Nyawa explains her way of detecting another person's suffering as, *'Their general bodily condition. They'll be skin and bones. They don't have good clothes. You'll really know they are suffering even they don't explain to you (Nyawa Ndomaina).'* For Manu she states that, *'Their weight will show you. The condition they were in. You'll know that this person is suffering. The weight (Manu Jombla, 2017).'*

With Sundu any sign of an unhealthy weight is unquestionably an indicator of suffering and he explains this saying that, *'His weight is unhealthy. I'll know it's because of suffering*

(Sundu Gborie, 2017).’ Oseh suggests a similar certainty saying that, *‘You can also see by the body. They won’t be a healthy weight because they’re discouraged (Oseh Dumbuya, 2017).’* While Isata seems to share the same opinion referring to her own weight, she also indicates a rare opinion that weight cannot always be an accurate measure of suffering. She states that, *‘Their body. I am a healthy weight, not too thin- you don’t know I’m suffering (Isata Kandeh, 2017).’* She suggests that the fact she looks well in terms of her weight hides the reality that she is actually suffering. This view was rare from most community members, but also demonstrated by Jina’s statement, *‘Some people are skinny... although some skinny people might be living better than you though (Jina Kpuagor, 2017).’*

It should also be noted that statements don’t simply suggest that some loss of weight is an indicator of suffering, but more extreme weight loss of weight. Manja describes this saying, *‘I’ll assess his appearance. Then I’ll know if this person is struggling or not. One- their appearance- you can see it on the face. They’ll be skin and bones (Manja Banyar, 2017).’* Lombeh stresses the amount of weight loss is the issue by stating that, *‘Then you lose a lot of weight. It’s suffering that makes you lose a lot of weight (Lombeh Ndomaineh, 2017).’*

Lack of money

The element of someone’s economic situation was also considered one of the ways of detecting suffering. Direct references were made to the negative consequences of not having money and how these manifests in a way that can be used to determine if someone is suffering or not.

While clearly not always able to know exactly how much money someone had, several comments mention lack of money directly as a way to detect whether someone is suffering. Eta explains money’s role in suffering saying that, *‘Money. If you don’t have it, you suffer (Eta Roberts, 2017).’* Combo suggest that an indication of lack of money is begging, however he reflects that this is not always a good indicator stating, *‘Some people beg. They don’t want to work. That’s not necessarily suffering (Combo Konneh, 2017).’*

Lack of strength

Possibly related to lack of food one comment mentioned lack of strength as an indicator of suffering. Raka states that, *‘They have...no strength (Raka Kamara, 2017).’*

6.4.3 Social, socio-cultural suffering

The category that included the next largest mention after the economic and physical ones related to social indicators. These helped community members detect suffering in a person. Some points mentioned related to communications, but the majority related to the existing relationships between people, notably based on the fact that they live in the same community or somehow knowing each other.

Manner of communicating: speaking and socializing

Manner of communicating: This was considered to be an important way to detect suffering. Community members explained that the way people spoke, a sense of withdrawal and even the way they walk, or approach others were all indicators that would help determine if someone was suffering or not. As such, they referred to both verbal and non-verbal communication.

A few community members mentioned manner of communication as a way of being able to detect suffering. For Adama this was clear in the content and manner a person speaks which she explains saying that, *'Anyone that suffers they won't speak well. They won't be communicative (Adama Sombie, 2017).'* Although he expands the aspect of communication issues to include the manner of responding in conversation, the manner of talking is also highlighted in Dimoh's statement that, *'Their face can tell you... then how they answer you. The other way you can tell is if you visit someone at their home you'll know even if they don't tell you. Psychologically you know. Even when they talk or walk- you can really know (Dimoh Kuna, 2017).'* For Combo communication was expressed more in the way a person socialises and he explained that, *'Some people suffer, and they are not social. They want to be with a group- but they don't mix (Combo Konneh, 2017).'*

Knowing or living with/in same place as a person

Several mentions related to the importance of knowing and understanding a person in order to be able to detect suffering in another. Understanding that someone is suffering could then occur simply because one shared similar suffering and knows what the person is going through. It could also include the fact that knowing and living with someone creates an understanding from which to determine changes from the norm in a person and what determines suffering in their own specific case.

Knowing or living with/in the same place as a person: Most community members felt that in order to know if someone was suffering, they needed to know that person in some way. This provided a point of reference to make decisions about the person's state of suffering.

For some like Vandí it was as simple as having shared the same experiences of suffering especially during the war. He gives an example saying that, *'If we were in the community and I know we are linked, and we share the same experience. I remember Pa Gberie. Pa Gberie is blind. If I see him, I know he suffered. Mamie Mary that comes from one village, we shared the same suffering. She has one hand (Vandí Jusu, 2017).'* In essence he was with some people when they experienced violence at the hands of the rebels that resulted in the injuries he describes. He saw first-hand their suffering.

Kalie suggests that it is having the insight into the wider context of a person's life that can help him detect suffering. He explains this saying that, *'It depends on the kind of situation they are in. If I know them and their background how they live, that will determine. I can tell you by his appearance when he passes. Some people you can see from how they used to be. The way you see them now you'll know he's suffering (Kalie Suma, 2017).'* Similarly, Warima highlights through his statement that the fact of living in community and having conversations with people places them in the position to detect whether someone is suffering or not. He shares his thoughts saying that, *'Psychologically, as we're in this town together, we know those suffering. Through conversation you'll know if this person is suffering (Warima Coba, 2017).'*

There were a couple of mentions that were more specific regarding indicators through conversation. In these cases, indicators of suffering could not be detected through general conversation, but one needed to ask directly. In particular for those she may not know, Konima explains that, *'If it's someone I don't know they'll tell me when I ask them how they are. They'll tell me (Konima Turay, 2017).'* This also highlights her understanding, and the socio-cultural context in Sierra Leone, that people generally share their suffering openly.

Other community members also stressed the importance of the need to know people or live in the same community in order to detect suffering. Coloneh expresses this clearly by her comment that, *'I won't know if they are suffering or not if we don't live in the same place. So, I won't know (Coloneh Conteh, 2017).'* Perhaps the essence of the importance of being able

to assess whether there is a departure from some sort of norm is what makes knowing a person so important. Yamba's statement alludes to this as he states, *'Look at their condition. If their condition has deteriorated. The way they are... If I never know them before though, I wouldn't know (Yamba Kamachende, 2017).'*

6.4.4 Emotional/psychological suffering

Emotional and mental state

Receiving fewer mentions, the mental and emotional state of a person was considered one way to detect suffering. These states still needed some level of outward manifestation to be detected. Talking to one's self, lack of focus and being mentally absent as well as being in a poor mood were considered means of detecting suffering in another person.

Talking to oneself: There were different levels of understanding of what it means to talk to oneself. However, it seems that this is something that happens to some people in the community. Seeing people talk or grumble to himself or herself was considered an important indicator that many community members explained they used to detect suffering.

Gita is confident of this as an indicator of suffering saying that, *'Some people when they suffer you can see it on them. You can see them passing talking to themselves (Gita Kailondo, 2017).'* Manja emphasises the fact that the grumbling takes place while they are openly walking saying that, *'Then some people when they are struggling; when they walk, they talk to themselves, they grumble (Manja Banya, 2017).'* To further emphasise his point and the accuracy of this indicator of suffering Brima explains that, *'The grumbling you will see someone doing is one way. Like the guy you saw me with. I saw him grumbling to himself I asked him his trouble then we went to the chief. They pass and grumble (Brima Kanu, 2017).'*

Mentally absent, inability to focus or have logical conversation: A few members mentioned elements more clearly linked to a more serious indication of mental suffering. For some they considered an extreme of mental illness and for others they referred to more mild lack of focus and loss of logic in discussion being indicators of suffering.

This other indicator of suffering also has different dimensions. Adama's statement indicates a severity explaining that, *'Either you suffer in your head. Your head side you have mental side. You say one thing to them, and they answer something else. This, his head is not*

correct. If I say one thing, he takes me somewhere else (Adama Sombie, 2017).’ Jina implies more serious suffering in her description that, *‘Some people ... they have problems and they talk to themselves and you know they are suffering...Or they act like all is not well with their mind. They look sober, but their mind is not okay. You’ll know something is wrong with this person (Jina Kpuagor, 2017).’* The suggestion is that the inability to focus or incoherent speech is an indication of a more serious mental health problem.

Other community members that mentioned the same indicator may not have given it the same level of severity. Kalie directly links this inability to focus on conversation to emotional suffering saying, *‘If something is bothering him his countenance changes. They reflect a lot and are absent mentally (Kalie Suma, 2017).’*

Poor mood: The emotional state of people reflected by their mood was also considered an indication of suffering. Some community member talked about detecting poor mood such as being quick to anger, but also sadness and other expressions of poor mood as a possible consequence of suffering.

Foday explained that, *‘The mood of the person. Their type of approach when you talk to him (Foday Massaquoi, 2017),’* was an indicator of suffering. For others they related it specifically to anger or tears. Isata describes this saying, *‘Their facial expression is frowning because they are thinking about how to survive. Then they are always easy to anger (Isata Kandeh, 2017).’* Ansumana talks of anger, but also tears saying that, *‘The mood- if they are dull... if they are angry. A few times, especially with women they explode into tears ... women cry (Ansumana Barrie, 2017).’*

The emotion considered another indicator of suffering for some community members is sadness that manifests in different detectable ways. Foday describes this saying that, *‘Often someone suffers at times they can be tangential. They are not happy...anyone who suffers. They can always flee from others... Anyone suffering, his or her approach doesn’t look good. If you see them, they look sad. You can read sadness in their face (Foday Massaquoi, 2017).’* For Lombeh sadness is an unmistakable identifier of suffering and she says, *‘The way you see them. You see them looking sorrowful. Someone that suffers, it’s not enough for them to be happy. They make grimaces or they don’t laugh. It’s suffering that causes that. When you see*

them, you'll know it's really suffering. It's suffering that causes that (Lombeh Ndomaineh, 2017).'

Gossip and no one to rely on

Receiving very few mentions some community members expressed that someone being gossiped about was an indication of suffering. Similarly, the idea, in this social context, of having no one to rely on was something that received one mention as being a way to detect suffering.

Kadie suggests that people gossiping about aspects of your suffering helps her detect this saying, *'They talk about you begging. Gossip* (Kadie Bangura, 2017).'

Raka simply responded saying that, *'They have...no one to rely on* (Raka Kamara, 2017).'

to describe his indicator for detecting suffering.

6.4.5 Other forms of suffering

Inability to achieve what one wants

Not all suffering was able to be neatly categorised into the larger sub-groupings of economic, social and emotional. In this case an indication of suffering was based on an understanding of a person's inability to attain their aspirations.

Inability to achieve what one wants: Kadie considers having an understanding of a person's aspirations and needs and whether they have been able to achieve this as an indicator to assess whether someone is suffering. She explains this saying, *'They want to do something they can't achieve it, that's suffering* (Kadie Bangura, 2017).'

6.5 Summary of key findings on community's detection of suffering

Mirroring research participants' understanding of suffering, their means of detecting suffering was largely physical. Issues of appearance that indicated levels of poverty, and cleanliness received the highest mentions. Also important was the link between the physical and mental. Loss of weight, both due to lack of food as well as emotional troubles was considered another key way of detecting whether someone suffered. This also links with the findings on understanding of suffering that highlight the inter-linkages between the body, mind and heart.

Slightly different from the findings on research participants' understanding of suffering, the next highest mentions regarding detection of suffering after physical related to social and not emotional aspects. Detection of suffering centred largely around the manner of communication as well as existing relationships and knowledge of the person's behaviour when they were not suffering. The groupings for detecting emotional suffering largely related to more extreme cases such as talking to oneself or being mentally absent. These results clearly highlighted participants' view of suffering as very individual, and relative. Reflecting other findings regarding the complex nature of suffering, results indicated that some means of detection of suffering were very individual based and received minimum mentions, such as the example of suffering as the inability to achieve what one wants.

6.6 Conclusion

This chapter presented examples of community members' understanding and experiences with war related suffering. It presented results that highlight the different categories of suffering, and detailed some of the experiences with violence, fear and insecurity related to the war. The chapter also provided a guide in understanding how communities prioritized different types of suffering. The broad categories of social, physical and emotional suffering were used to categorize the different understandings of suffering shared. The chapter highlighted the importance placed by the community on economic and physical suffering. Examples of some of these categories representing community members understanding presented in the chapter included; loss of livelihood, displacement, food and hunger, and emotional/psychological issues.

In addition, the chapter presented the key elements that community members used to detect suffering. These utilised the same broader categories used for the understanding of suffering and also highlighted the importance given to physical appearance as an indicator of suffering. The way the community members detected suffering served as a means of further informing their understanding of suffering. Overall the chapter also highlighted how the responses from community members highlighted the inter linkages between the different categories of suffering. These already suggest the challenges of developing categories and trying to make hard and fast distinctions between them.

The results presented highlighted several key findings:

Understanding of war related suffering

- Physical suffering related to loss of livelihood, shelter and loss of belongings, largely surpassed other forms of suffering.
- Emotional and psychological suffering were considered the next most mentioned broad category of suffering, though much less than physical suffering.
- Understandings of war related suffering made constant inter-linkages between the mind and the body, with the heart receiving attention as key in emotional pain.
- Certain categories of suffering raised, such as fear of death and violence, or the intensity and duration of suffering highlighted the nuances and complexities of different understandings of suffering.
- Suffering was also understood as something that was relative, by a minority, though this was later reflected strongly when examining understandings of suffering.
- Understandings of suffering are very much in line with broader Non-Western concepts of health and healing, including considering suffering as normal and not a medical condition that needs external intervention.
- The understandings of suffering reflected several of the key critiques of mainstream global responses to mental health in emergency settings, notably in the global south.

Detection of war related suffering (contribution to understanding of suffering)

- Detection of suffering was largely based on physical aspects such as appearance and economics.
- The second largest broad category for detecting suffering was the social, where matters of communication and social interaction were considered key.
- In the detection of suffering the inter-linkages between the heart, body and mind were important.
- Some elements of detection of suffering indicate divergences with current global responses to mental health in emergency settings while in some cases there are similarities.
- Responses on detection indicated an understanding of suffering as something relative that needs to be based on an individual's base of well being and suffering.

The following chapter, chapter seven, will discuss the results and examine in more detail the implications of findings linking them with other concepts that arise, and placing this in the broader context of academia and policy and practice linked to global mental health responses in complex emergencies. The key findings on how research participants understood suffering will be linked with how other communities in the global south understand suffering, and where possible in humanitarian settings, as well as how this correlates with the global humanitarian responses on mental health. The chapter will discuss the different understandings of suffering; suffering of the mind, suffering of the body and suffering of the spirit and the way they were linked. Further, the similarities and differences with Non-Western perspectives on health and healing will be discussed.

The following chapter will also discuss key elements that were raised through the findings on understanding and detection of suffering. The finding that demonstrated a primacy of physical suffering over other forms of suffering will be discussed, particularly in line with the different approach taken by global humanitarian responses to mental health. Aspects of the findings that do not view suffering as a medical condition that needs treating, and that understands health as holistic will also be discussed in line with advances in science reflected in integrative and alternative medicine, and critiques of the global humanitarian responses to mental health in emergencies where there are several parallels with the research findings. Another key element highlighted in the findings on understanding and detection of suffering related to the importance of the social. The following chapter will also therefore discuss how this aspect reflects existing changes made to the global humanitarian sector on mental health in emergency settings, while at the same time raising nuances that also highlight significant differences, and incompatibilities.

Chapter Seven

Memories of a Sweet Mothers Suffering: The Community's Understanding of Suffering and Well-being (Discussion of Results)

'When you have nothing to nothing. That is suffering... I used to worry because I had no money at hand.'

Lombe Ndomaineh, (2017)-research participant- She is a subsistence farmer.

'What I feel. I don't have money. I'm not rich. All I have is a farm. But the thing is the peace. We had food and we still were thin in the war. Peace of mind- that is what allows you to put on weight. If now, I only ate water and cassava, I'd still be a healthy weight because now we are not running helter skelter.'

Gita Kailondo, (2017)- research participant-She is a subsistence farmer.¹¹⁵

'The interviewee saw much need to combine counselling services with those that would cater to people's material needs: "Most of our clients, the depression, so many things, is linked to material support, so I would say for counselling to be successful, there should be a component of something'

Vorholter, (2019¹¹⁶)- She is a researcher exploring questions of happiness and suffering in Uganda.



Fig. 23 Dirty gutters are common hazards. War suffering is in the context of numerous other challenges.

Freetown, Sierra Leone

Source: Author 2014.



Fig. 24 In peace times the markets are abundant providing the food that is needed and wanted.

Freetown

Source: Author 2014.

¹¹⁵ Gita and Lombe are community members interviewed as part of this study.

¹¹⁶ The document is not paginated.

7.0 Introduction

This chapter compliments the previous chapter with a discussion of the results and findings presented from my field research that detail the community's understanding of suffering. The chapter will focus on exploring some of the concepts that have arisen from the various categories and responses from community members. It will draw together the essence and implications of what the different responses and categories regarding definition, experiences and detection of suffering suggest as the communities overall understanding of suffering, and as a consequence, also of wellbeing. Some of the concepts that will be discussed include the element of unity of mind, body and emotions, the importance of the physical and economic as well as the social aspects in the community's understanding of suffering.

The discussion in this chapter will link the concepts arising from the community members' understanding of suffering to wider discussions related to practice and theory within the mental health field, notably as it relates to responses in the global humanitarian sector. Linkages will also be made to the key elements of the thesis subject and the relation to global responses that were raised in the literature review in chapter three. The discussion will also address the way the community's understanding reflects the concepts within a wider Non-Western or even specifically African cosmology. As a result, the discussion will examine how the results support or negate some of the major critiques of the more mainstream Western approaches to mental health. It will focus specifically on understandings of suffering as they relate to concepts of trauma, which form the basis of global understandings of suffering in emergency contexts.

7.1 Understanding different types of suffering

7.1.1 Suffering of the spirit

In the methodology section I explain why I chose to use ethnography and borrow elements from indigenous methodology. This was mainly due to the fact that these methodologies respect and make central the voice of those participating in the research and their existing knowledge and worldview. It is therefore very important to me, that the basis of the discussions is about what community members said, and the categories and concepts that revealed themselves. I did not want my predisposition and ideas to influence that, and as such, I was also very careful in the type of follow on questions I posed.

I made one exception. This is an element that community members did not express when discussing their suffering. I do this because I think its omission is significant in demonstrating the complexity of trying to categorize worldviews. If we examine Non-Western views regarding illness and healing, there is generally a conflagration or unity of what is termed 'body, mind, and spirit' (Maize et al, 2009; Chan et al, 2002). This inter-linkage, particularly the concept of the spirit, diverges from 'traditional' or more mainstream Western thinking. In the discussions I held with community members in Bauya there was a presentation of suffering of the 'body, mind, and heart'. There was no discussion of suffering of the spirit. The integral nature of the other three was expressed and will be discussed in the sections below. I did not further explore this issue with community members at the interview stage, as the idea that they suffered spiritually literally only came up in one of the interviews, and even then, it was not strongly expressed. The issue arises more strongly in the following chapter, chapter eight, where I will add more detail to the initial discussion on definitions of spirit, spirituality and religion that I discussed in the literature review chapter.

In previous professional work on mental health in Sierra Leone since 2005, severe mental health issues are often understood as a manifestation of spiritual dysfunction. Nothing such as this was raised during this study in Bauya. References to the role of spirit in war as described by Honwana's (1999) research on war-affected children in Angola and Mozambique, or Stark's (2006) work with sexually abused girls linked to combatants in Sierra Leone war, did not arise in my fieldwork. Their research findings describe the value to young men and women's psychological health of undergoing spiritual cleansing rituals practiced in these countries. This was related to beliefs that the conflict angered the spirits.

The nature of the importance of 'spirit', and particularly as it is manifested in most monotheist religions as 'God', however, was omnipresent in explanations of peoples' experience of suffering. The difference was that community members' references to spirit were not in the context described above by Stark (2006) and Honwana (1999). Also important is that they are not referring to ancestors or spirits beyond their 'monotheist' beliefs, but to God. Rather, community members' responses regarding their understanding of suffering were scattered with expressions of gratitude to God for at least sparing their lives or limiting the extent of their suffering such as Kadiatu's statement, '*But I thank God I'm alive. Even in this condition* (Kadiatu Jalloh, 2017).'

7.1.2 *Suffering of the mind*

There were no attempts by community members to theorize or conceptualize the idea itself of 'the mind'. Some responses of many community members regarding their understanding of suffering, however, made clear reference to the 'suffering of the mind' as one of the ways they suffered during the war. This was reflected by a Krio term that can be translated to constant overthinking an example reflected by Manja's statement, '*I was constantly worrying and overthinking. A lot. My children had stopped school. I couldn't travel to see my family. I was just in one place... I was constantly worrying and overthinking. Even when they burned and looted my house, how could I get all these things again? Yes, I was constantly worrying and overthinking* (Manja Banya, 2017).'

In explanations of their understanding and experiences of suffering this term is used very regularly. This was reflected both in their description and detection of suffering. Community members considered this element of worry and constant thinking a form of suffering that was placed in the realm of the mind; a mental affair. A state of non-suffering, or wellbeing, then would be a situation where the mind is not so overtly occupied with thinking and worry. A state where there was peace of mind. In only a small minority of responses did references to the state of the mind indicate a more serious mental problem. Jina felt she can detect if someone is suffering saying, '*Or they act like they have lost their mind. They look sober, but their mind. You'll know something is wrong with this person* (Jina Kpuagor, 2017).'

Indeed, one of the reasons for limited references to more overt mental health problems could be due to the stigma in Sierra Leonean culture related to mental suffering (Read et al., 2009). This would make community members reluctant to share this element of their experience with me. On the other hand, it is worth noting that most community members did share aspects of their suffering that one could consider private. Further, no one expressed that those around them suffered mentally which would allow them to distance themselves from having experienced something similar.

Literature regarding more general Non-Western approaches to healing does allude to the 'overactive' mind as being a problem that needs remedying (Mednick, 2019; Hirschberg et al., 2018, Alliance for Peacebuilding, 2016). Much of the work around meditation borrowed from the East that has made its way into the Western world is about stilling the overactive

mind. While meditation from ancient philosophies may go further in terms of connecting with a higher power or energy, much of the literature and scientific discussion on meditation is related to 'stilling' or 'emptying' the mind and keeping it focused on positivity (Kearny et al, 2013; Astin et al, 2003). Community members' consideration of an overactive mind as a form of suffering fits into this broader Non-Western understanding of suffering. Such approaches will be discussed in more detail in chapter nine.

7.1.3 Suffering of the body

Community members placed great importance on the state of 'the body' as an indicator of suffering. In their explanations of suffering many community members talked about weight loss, particularly extreme weight loss, as an indication of suffering. Statements like Baidu's explanation of weight loss, '*But the remembering and worry means I've lost so much weight* (Baidu Gegba, 2017)', were very common.

Whether the reason was emotional suffering or lack of food did not matter so much. The reasons behind the weight loss were varied, but essentially the key point was that the state of one's physical body, particularly one's weight, was an important indicator of whether one was suffering or not. Also, important to note is the relativity of this concept. While being skinny was generally considered suffering, it was not so much the weight or number on a set of scales, but the actual loss of weight that highlighted the suffering. Thus, this meant the situation was relative and individualized. Someone could technically be considered a healthy weight, but if for him or her, this was after having lost weight, this is still considered a sign of suffering.

7.1.4 Suffering of the heart

When community members wanted to express their experience of emotional suffering related to the war many referred directly to their heart. This is illustrated in Coloneh's response where she states that, '*I'm suffering the same suffering in my heart* (Coloneh Conteh, 2017).' Emotional pain and suffering was clearly placed in the domain of the heart. References made directly to the heart were clear as community members explained their understanding of what it meant to suffer.

This is another illustration that this community's view of suffering links to a broader Non-Western understanding of the centrality of the heart and its links to emotions. This is also

being considered in more cutting-edge research into the heart, using Western scientific method. This research is elaborating numerous hypothesis and evidence that the heart plays a much more central role, sometimes greater than the brain, in terms of emotional and psychological health. There are suggestions that the electromagnetic field/pulses emitted from the heart play an incredibly important role in affecting and impacting both the wellbeing of the owner of the heart, but also those they come into contact with them (Heartmath Institute, 2018). This will be discussed in more detail in chapter nine.

Indeed, community members were not proposing a theory or making attempts to fit or define some sort of cosmology, but taken together, the culmination of their different expressions of suffering gave some importance to this organ, though clearly not in its biologically functional role of pumping blood around the body. What is also evident, as with the other elements, body and mind, is that suffering of the heart is considered to be inextricably intertwined with the suffering of the body and the mind. Hawa illustrates this saying that, *'The heart. If you come and talk to me, because of what's bothering me in my heart, I won't listen to you. You'd call me and my heart will be far. What you call me for my attention won't be there* (Hawa Kargbo, 2017).' The explanation indicates that one cannot separate the heart and the mind. This complexity and linkages that clarify the nature of suffering from the point of view of these community members will be discussed in more detail in the following section in this chapter.

7.2 Linking the different types of suffering

Analysing the responses or some of the categories separately, without placing them in broader context of the detail of what community members shared, one could make the mistake of thinking that in the eyes of the community members suffering is clearly distinguished and placed in separate categories as described above-the heart, the mind and the body. However, both directly and indirectly, one of the issues that are most clear is that the different types of suffering expressed are related to each other. This is important simply from the basic point of view of developing a more accurate understanding of their suffering. In addition, from the perspective of global responses on mental health in emergency contexts knowledge of an affected community's understanding of suffering should technically be the basis and foundation for guiding responses.

7.2.1 Linkages to the physical-the body

Not all the comments from the community members around physical suffering make linkages to emotional or mental suffering. For example, some people talked of the pain due to walking long distances, or pain from being beaten or wounded during the war. Suffering of the body was also greatly encapsulated in explanations of hunger- not so much lack of food in the stomach (which was also the case for many) but also lack of their preferred kind of food. Some explanations such as Pessima's focused on the lack of food, saying that '*Suffering during the war-mind, every part of my body...Nothing to eat* (Pessima Cowan, 2017).' The other responses related to the choice of food are illustrated by Gibrila's statement, '*We lived on cassava. No salt, no rice. Despite that we are here* (Gibrila Ndawa, 2017).' Suffering related to food and hunger was sometimes lack of food, or choice of food and at other times there was an element of how this reflected one's social status. In these instances, community members interviewed did not try to make connections with the emotional or mental aspects of suffering.

On closer analysis of the results, there was however some elements of physical suffering that were linked closely with mental and emotional suffering- suffering of the mind and suffering of the heart. A few mentioned the fact that the worry and emotional suffering led to loss of appetite, linking the suffering of the mind and the heart with the body. While biologically able to eat, and where food was available, they were unable to do so because of their emotional and mental states. The point is linked directly to the issue of the relationship between weight loss and suffering discussed in the section above. This is well illustrated by Gita's statement that, '*What I feel. I don't have money. I'm not rich. All I have is a farm. But the thing is the peace. We had food and we still were thin in the war. Peace of mind, that is what allows you to put on weight. If now, I only ate water and cassava, I'd still be a healthy weight because now we are not running helter skelter* (Gita Kailondo, 2017).'

The understanding in Gita's statement above is that the link between the heart and mind are powerful enough to have a negative impact on the body even where technically the physical biological function of the body is operating well. Someone could be eating well, but the fact that they were constantly overthinking or emotionally upset would still impact the body to the extent that they would lose weight. Related to this point, it is important to note that no one made references to what might be described as psychosomatic symptoms in Western allopathic medicine. These symptoms are explained essentially as, 'Somatic complainants

that cannot be attributed to a physical illness are described as ‘medically unexplained’ or ‘functional’, and it is assumed¹¹⁷ that psychological factors are the primary cause (Patel and Sumathipala, 2006).’ Katz and FIPA (2010) go further to suggest that all illness is in any case psychosomatic.

Shaw and Middleton (2013) allude to this issue of psychosomatic complaints as one of the methods they use in understanding mental illness in their work in Uganda. The Non-Western approaches to healing, however, that can include energy and spirit as part of their diagnoses has less challenges with such ‘unexplained’ causes of pain. Similarly, the knowledge around quantum healing and advances in neuroscience also has less of a struggle, having a much wider arena to consider causes. With the community I engaged with in Bauya, beyond loss of weight, there was no mention of having more headaches or any other regular physical aches and pains that were on the increase during this period of the war. Indeed, there is a limit to this study in that specific inquiry was not made regarding this point, but it seems fair to conclude that even if they were not aware of the cause, any unusual pains that they related to the experience would have come up if they considered this as suffering.

Several researchers and authors working on mental trauma in Africa have written about how their research participants presented with physical symptoms as a way to avoid acknowledging that they had a mental illness. This is attributed to the stigma associated with mental illness in African societies. A Médecins Sans Frontières study on Sierra Leone conducted just after the end of major hostilities in 1999 concluded that:

Frequently the complaints cannot be related to a physical disease or disorder. Nevertheless, the physical complaints are expressed in frequent visits to the overburdened health care settings. People continue to search for a physical cure to alleviate their emotional problems. Medical people are not aware of or feel powerless against the somatising patient and offer medication. Despite the costs both to the patient and the health system, this situation is frequently found in health settings in violent contexts (De Jong et al, 1999).

¹¹⁷ Author's emphasis

While this issue did not arise in my fieldwork it is important to note that there is currently much debate as to the accuracy around somatic related disorders. DSM V has actually revised definitions and diagnoses of various somatoform disorders and categorised these now as Somatic Symptom Disorder (SSD) (APA, 2013). Original understandings suggested that presence of physical symptoms was an indication of a medical condition that could not be explained, and assumptions were made that this were related to the expression of psychological or social distress (Patel and Sumathipala, 2006).

Even at the time of writing, Patel and Sumathipala (2006) description of the contentious debate on this issue remains. Relevant to mental health in emergencies was the assumption that, 'Somatisation was a characteristic of mental disorders in non-Western societies and this was because non-Western cultures were less accepting of psychological symptoms and mental illness (Patel and Sumathipala, 2006, p.54).' The inaccuracy of such assumptions has now been accepted and the change has been reflected in a difference between DSM IV and DSM V. The American Psychiatric Association (ASA), which publishes the DSM, stated that, 'DSM-5 narrative text description that accompanies the criteria for SSD cautions that it is not appropriate to diagnose individuals with a mental disorder solely because a medical cause cannot be demonstrated (APA, 2013, p.2).'

7.2.2 Linkages between the heart and mind

While it is clear that the three types of suffering described by community members are very much considered as intertwining in many instances, closer connections were made between suffering of the heart and mind. One of the places that this is most evident relates to the separation of emotional and mental suffering made by many community members. Community members are able to distinguish the type of experience of suffering that fit into both categories while making it clear that they are all linked.

This is clearly illustrated in the language and terminology that people used. The Krio term most often used for peace of mind literally translates to one's heart being cold. This translates both to calm and also reflects the opposite of the term for anger in Krio, which suggests a 'hot' heart. Here, in expressing that they have peace of mind, a mental state, the link is made directly to the emotional state. The implication is that calm and peaceful emotions result in a calm and peaceful mind. Having this peace of mind then is a reflection of a lack of suffering.

In order not to suffer there has to be peace in both heart and mind; emotional and mental states. This is something that can go either way. Constant worry can perturb the emotions and a negative emotional state also brought on the worry. Community members also regularly linked the eventual impact of the worry and over thinking to result in a physical manifestation of loss of weight. It is important to note that this is separate from emotional worry that may come from physical issues such as inability to feed oneself or family. What was being expressed were the linkages to the physical based on direct physical effect on the body due to people being emotional or constantly overthinking related to their situation in the war.

Similarly, community members indicate that the crying and the emotional suffering equally affect the fact that they are 'over' thinking. Perhaps in this case it is also important not to read into things that may not be there. In all cases -suffering of the mind, body and heart- during the war situation, the external stimuli and triggers are linked to things people saw and experiences that they had. It is useful to remember at this point that no one made any links to the spirit in these circumstances. However, they understand spirit, community members did not discuss how this was affected. The state of their spirit, or their spiritual state was not given as a cause of the suffering they experienced neither in body, mind or heart. There was only one reference directly mentioning loss of faith, which makes indirect links to the spirit.

7.2.3 Links to broader Non-Western concepts of unity of mind, body and spirit

Several elements of community members' understanding of suffering in this study resonate with, and reinforce, certain concepts in the general Non-Western cosmological perspective on the subject, notably on the subject of unity of mind, body and spirit. There are also a few areas where community responses in Bauya, at least in the understanding of suffering, do not correspond with broader Non-Western concepts. This reinforces the importance of being context specific.

Despite a growing recognition of the linkages, mainstream Western medicine clearly separates the body and mind, which is not the case generally for most Non- Western approaches to healing (Pert, 2010; Astin et al, 2003; Chan et al, 2001). Summerfield (2008, p.992) explains that, 'Many ethnomedical systems have categories that range across the physical, supernatural and moral realms and do not conceive as illness as situated in body or

mind alone.’ He is contrasting this to mainstream Western medicine, where issues of the mind happen in the brain. Even in areas of mainstream medicine that are beginning to accept the link between the body and mind, the spirit is not included. In addition, the place of the heart as central to emotional wellbeing in Non-Western approaches to suffering and healing, while socially or culturally existing in Western societies, as evidenced by saying such as someone being ‘broken-hearted’, is not accepted scientifically. The key Non-Western healing traditions, as described in the literature chapter of this thesis, consider the mind, body and spirit as unified ¹¹⁸.

Despite the clear understanding demonstrated by community members that suffering occurs in different places in their bodies (mind, body, heart), there was equal clarity that suffering in all three ‘locations’ were very much intertwined. No one attempted to explain this as some sort of concept or theory. It was just a general understanding, something obvious, and nothing that was questioned as a reality. It was a given that emotional suffering affects the mind and the body. There were no questions whether these linkages made sense or not, or suggestions that there were aspects of understanding this unity that somehow created questions related to the way they understood suffering. It just was.

It is nonetheless important to note the difference in one aspect, spiritual. In many Non-Western traditions, particularly African ones there is a distinct role of spirit in the understanding of suffering. For example, in South African traditional healing systems physical pain such as constant headaches and other similar pains are sometimes considered a manifestation of messages from the ancestors and therefore a spiritual matter (Eagle, 2004). The use of the egg to remove negative spirit in Curandero (Valdez, 2014; Torres, 2005), or the beliefs in the Peruvian healing systems using the herbal brew and shamanism related to Ayhuawasca (Hill, 2016; McKenna, 2004, Riba et al., 2001), are all examples of an understanding of the link between the spirit and mental and physical suffering (Labate and Jungaberle, 2011).

Belief in the ancestors or in a spirit world is extremely common in Sierra Leone (Global Security, 2020; Kaindaneh and Rigby, 2010). This is from a combination of monotheist religious contexts, mainly Islam and Christianity, as well as through the traditional

¹¹⁸ More detailed discussion can be found in the literature review chapter. The Non-Western healing traditions discussed included; traditional African, native Hawaiian, Indian Ayurveda, South and Latin American Curandero and Chinese medicine.

understanding and cosmologies. Traditional beliefs are often integrated very easily with monotheist religions whether 'accepted' by these religions or not. From experience I am aware that Sierra Leoneans will easily combine going to the Church and the Mosque with visiting a traditional healer whose interactions with spirit are very different from the monotheist religions. In addition, the place of the Divine in suffering forms a central aspect in African cosmology. In understandings of suffering shared by community members in Bauya, while they attributed their suffering as being ordained by a higher power, they did not attribute the cause of their suffering to their ancestors or other aspects of the spiritual realm. They also did not mention suffering spiritually.

7.3 Key elements of suffering

7.3.1 The importance of the physical in suffering

One of the elements that will be discussed in more detail below is the primacy of economic related factors in this community's descriptions and understanding of suffering. In the context of a global humanitarian system that is increasing its emphasis on the importance of mental health in emergency settings, it is quite striking that the issues of lack of shelter, hunger and inability to earn a living, taken together, and some separately, eclipse the mentions from community members in Bauya of emotional suffering. Trauma focused international responses on mental health generally consider the event/disaster itself as the main cause of psychological suffering. The approach in Ayurveda, however, closely reflects the community responses. One of the first suggestions for treatment of 'mental' health issues after a disaster is to provide the physical necessities (Dr Preethi Nair, 2016)¹¹⁹. The essential concept is that so much of the suffering of the mind is related to this and that in addressing these physical needs the mental issues will naturally subside.

With the community in Bauya even when they referred to their emotional suffering there was very clear explanations in the majority of cases that the cause was physical such as homes being burned and inability to make a living and meet their basic needs. Manja's description of suffering as, *'When there wasn't war I moved to buy my merchandise then I'd sell. During the war time, I couldn't move to buy goods and come and support my family (Manja Banya, 2017),'* provides an example of the role of economics in suffering. Hindolo's explanation of suffering is also an explicit illustration of the economic nature of suffering. He says, *'If you have money and a house suffering will leave you. Rice is 1500 Leones. If you*

¹¹⁹ Dr Nair is one of three Ayurveda practitioners I interviewed in Chennai India in 2016 during part of my training.

don't have money?...Your child wants to learn. You don't have money (Hindolo Banya, 2017).’ Community members’ responses greatly support the concept that much of the cause of their suffering had physical origins that should be addressed before considering other options for addressing their suffering.

The mainstream Western medical approach to understanding mental health in emergencies that focuses on trauma does not leave much space for understanding this role of the economic and physical as causes of psychological suffering (Pedersen, 2014). In emergencies, the mental health focus is on trauma. The psychosocial approach may have a different intervention strategy than the trauma focused approach, but both are premised on addressing psychological trauma caused by whichever disaster. There are however challenges being raised to this approach, both within Western medical science itself, but also as it relates specifically to broader international responses to mental health in emergencies. Adame and Knudson (2008) are psychologists that provide suggestions of an alternative and broader understanding of mental suffering that would leave a place for the importance of the economic. Although dealing with already diagnosed psychological cases, they explain this approach to understanding suffering saying:

Our intention is not to dichotomize the personal and political but rather show how they are inextricably linked in the process of healing from severe psychopathology. We use the term political in the broadest sense that entails the realms of local and national activism, advocacy work, social justice, environmentalism, spirituality, transpersonal reverence, and connecting psychopathology to issues such as poverty¹²⁰ Adame and Knudson, 2008).

Indeed, mainstream global concepts on mental health in emergencies do place emphasis on addressing pressing needs, and the psychosocial approaches even address more medium-term socio-economic needs (IASC, 2007). Nonetheless, analysis suggests that the logic behind the focus on economic and physical needs in the global humanitarian response to mental health in emergencies implies that that this is simply because the closer in time one is to a disaster the higher the focus will be on immediate needs. Once these are addressed affected individuals will have the opportunity to understand and address the fact that they have been psychologically impacted. The assumption is that the desperate need to meet

¹²⁰ Author's emphasis

basic needs eclipses attention necessary for the disaster related psychological problems. Another important assumption is that these psychological issues are not necessarily related to the lack of physical needs, but the negative aspects of whichever disaster.

In the case of my work with this community in Sierra Leone, it is important to note that the war officially ended approximately seventeen years previously. People have had the time to live and reflect on what happened. They are thus much further removed from the pressing physical suffering immediately after the war. Despite this, so long after the end of the war, in a combination of both their memories as well as hindsight and current understanding of life, they are still able to place primacy on the importance of their economic and physical causes of suffering.

7.3.2 Perspectives on death

Many of the responses explaining the various types of suffering relating to death, were categorized under emotional /psychological suffering. The results are very clear that emotional suffering did rank second, although with a significantly lower number of mentions than physical and economic suffering. Community members recounted detailed experiences of their encounters with death or the fear of death. In some cases, this was related to threats to their lives or loss of loved ones. Manja explains the context saying, *'Rebels were going from house to house killing people. Only God helped us (Manja Banya, 2017).'* Baidu expressed that it was not just the threats to their lives but the loss of loved ones that caused their suffering saying, *"My brother who helped me was killed. I left him in the house. I went to Bo. They killed him. Shot him with a gun (Baidu Gegba, 2017).'*

With more in depth analysis of the results, there are some other elements that were raised related to death and suffering. In several instances the fact that the death had a direct or indirect impact on the community member's ability to survive economically, or to meet their basic needs, was a critical element of the suffering. Thus, they were not wholly concerned so much as to the absence of that person in their life, but what impact this ultimately had on their basic needs, or ease of survival. Death itself, in these cases, was not so much a problem as its economic consequences.

It is useful to note that concepts of death and dying in general African, and other Non-Western cosmologies, could also be contributing factors to focusing on the more pragmatic

aspects of loss from death. Some such concepts include understandings of reincarnation, understanding of life as the transfer of energy, belief in heaven, and destiny amongst other things. Such beliefs do not necessarily stop people from wanting to live, but it does add certain normality to death, and temper elements regarding the manner in which and how long one should grieve. In my experience of engaging in Sierra Leone on a socio-cultural level, this is illustrated in funeral ceremonies and the nature of communication with those around the deceased and their family.

Death is considered natural, and so is grieving. There is a lot of understanding for those who grieve all the while expressing the importance of carrying on with life. In addition, perhaps because of extremely poor healthcare, death is something very regular; people are confronted with this all the time. In the process, whether due to culture, or economic realities, death is also not very sanitized. People see corpses or degradation, particularly so in the Islamic faith where coffins are not used. Seeing death as a normal part of life has a consequential effect on how community members understand and are affected by its related suffering. It also plays an important role in how one approaches such suffering. This latter point will be expanded and discussed in more detail in the chapters eight and nine, addressing the community's approaches to suffering.

7.3.3 Non-medical view of suffering

In several Non-Western traditions suffering is considered a normal part of life. Reactions to negative situations may cause mental suffering, emotional or even physical suffering, but one has to find a way of addressing this. In some cases, the situations do need external help, external interventions from someone qualified to do so. In other circumstances they are also just left to be. This becomes part of the person's life journey.

One of the things that was clear by its omission in the results shared by the community members in Bauya was that the levels of suffering were not considered serious enough, neither to get external 'specialist' help nor for medical intervention. While people explained the depth of their emotional pain, there were only two mentions or indications that the suffering being experienced was some form of illness or in any way an abnormal reaction to the situation. Interestingly, Jina Kpuagor, the one person that described her suffering as an illness might have possibly been able to fit it within the diagnosis criteria for PTSD. She explained a fear of sudden noises that appears similar to the hyper vigilance element of the

PTSD diagnosis. She herself considered this very abnormal, explaining that even if a spoon dropped or she heard a noise that was out of the ordinary it made her start and experience great fear. She literally referred to this as a type of 'sickness'. To her this exited from the realm of ordinary suffering to something medical. It is nonetheless important to note that she did not seek treatment and felt her husband's comforting, and the passing of time were sufficient to address this problem.

Apart from this, while people referred on many occasions to the magnitude of suffering, they experienced during the war, and while several explained that it reached unexplainable levels (all but this one woman), they never referred to their suffering as something that needed even traditional healing. What they saw, how they lived and what they lived through, had atrocious moments. They felt this on many levels which they explained- the heart, the body, the mind. But in none of these experiences did they suggest that their understanding of the suffering was inappropriate or exceeding the norm or being some sort of illness- even one that needed treating by their own traditional methods. They did not take a medical approach to their suffering.

7.3.4 Links to advances in mainstream science

I have discussed the advances in mainstream science, notably quantum physics and biology, in detail in the literature review, chapter three. These are reflected in 'medical' practice in what are generally termed in the West as complementary and alternative therapies or integrative medicine¹²¹. The results from community members illustrate that some of the elements of quantum healing and neuroscience advances, that provide some 'scientific' basis to Non-Western approaches that consider the unity of mind, body and spirit, are inadvertently, reflected in their understanding of suffering.

In terms of community members understanding that the state of the body, particularly with weight loss, is directly related to the mind (here I refer to the results that are not linking weight loss with lack of food), neuroscience advances about the power of the mind over the body suggest that this is entirely plausible. However, even if the possible involvement of spirit is excluded, as often is the case in Western mainstream science- it is included in integrative or complimentary medicine as mind, body medicine. In this understanding of

¹²¹ It is important to note that the terms complimentary and alternative in and of themselves de facto refer to a different system than what is generally practiced in the West. In the parts of the world where such therapies are the usual way of healing, most notably in East and south Asia, these are not alternatives or complimentary to another system.

body mind relations there is the space for an overthinking mind, as expressed by many community members as a sign of suffering, to lead (starvation notwithstanding) to a significant physical impact on the body, which can lead to weight loss without this necessarily being attributed to biological functioning. This means that there is technically no 'acceptable biological explanation' for such a reaction or phenomenon. In the field of quantum healing this concept is acceptable. There is a great power given to energy and consciousness that make non-biological explanations for these mind body links to be considered as something tangible.

Another link to advances in mainstream science is community members location of the heart as the centre of emotions and the understanding the heart's ability to greatly impact reaction of the mind and other parts of the body. This also finds correlations with advances in the quantum healing, neurocardiology and neuroscience. As explained in more detail in the literature review chapter three, one example is scientific research from the Heartmath Institute conducted over a period of twenty-six years (Heartmath, 2018). This has presented evidence from studies that suggest that the existing mainstream science understanding of the link between the heart and the mind, and the understanding of the capabilities of the heart have been incorrect.

Recent research in the field of neurocardiology essentially provides scientific foundations for what has been common in most 'indigenous' knowledge systems, that the heart is powerful and central organ and that contributes to the body's qualities for wisdom, spiritual insight and emotions. The field of neurocardiology considers the heart as its own intelligent system with a nervous system, production of hormones and other functions, and one that can control the brain¹²². In addition, the signals generated by its rhythmic activity actually play a major part in determining the quality of our emotional experience from moment to moment. For current mainstream Western scientific thought, it has been an organ that pumps blood around the body, undoubtedly a critical function, but nonetheless limited to that (Heartmath, 2018).

Community members, without questioning, consider that when it comes to emotions it is something that they feel or happens in their hearts. This mirrors thinking in broader Non-

¹²² The indication is that it is not only the brain (in the head) that controls the heart, but that the heart has a significant effect on how the brain functions. The research shows that the heart sends more signals to the brain than vice versa, and that this and these signals have a role in 'influencing emotional processing as well as higher cognitive faculties such as attention, perception, memory and problem solving. In other words, not only does the heart respond to the brain, but also the brain continuously responds to the heart (Heartmath, science, 2018)'.

Western cosmologies as well. The changes in the understanding of the role of the heart being backed by scientific research are important in their own right in terms of understanding emotion. They also have a particular importance from the perspective of this study regarding the related implications on how to address emotional suffering. The relation to such implications on mental health responses in the global humanitarian field will initially be explored in the following section of this chapter.

7.4 Implications for mental health responses in the global humanitarian field

Abraham Maslow is a deceased American psychologist whose work I have come across regularly in my professional role within the development and conflict transformation fields. He developed the triangle with a hierarchy of basic needs. There is a saying that is often attributed to him, 'I suppose it is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail (Maslow, 1966 in McRaney, 2012).' Although the detail of global mental health responses in disasters is not being examined in this chapter, it is unavoidable, even at this stage, to make some reference to the process of such interventions. What appears clear is that there are elements of suffering, or how people perceive their own suffering (which should be central), that do not fit fully with mainstream global humanitarian responses' current understandings of how people suffer and as a consequence how to provide relevant support.

7.4.1 Primacy of the economic in people's perception of suffering

In community members' descriptions of suffering many recount experiences that fit the well-documented violence of the Sierra Leonean war (Amowitz et al, 2002; Keen, 2002; Lord et al 2000). They describe ruthless killing, brutality, senseless violence and amputations. They make no mistake about the fear they experienced. Much literature from international organizations of that time, assessing the situation, focus on trauma that must have resulted from exposure to such violence. And it seems natural to a layperson, particularly to one that is not from the context; that the most primary preoccupation of anyone faced with such horror, violence, and uncertainty, would be to have a terrible and very strongly negative psychological response. The underlying assumption is that the central psychological suffering is related to the violence and death. While in trauma focused programming the focus on trauma is obvious, in psychosocial programming, an apparent evolution, the focus is still on the trauma. The difference is that there is recognition that original strategy for intervention, omitting the social and cultural, aspects was not effective.

As explained above, what community members from Bauya were expressing in describing their suffering, was not that they didn't live such atrocities. What they demonstrate is that by a significant amount, if one had to prioritize the order of impact and importance of their suffering- the economic suffering ranked highest. The social related suffering also came third, which together with the economic suffering places the emotional suffering, most often related to trauma or mental instability, lower down in terms of priority.

What people felt mattered, such as loss of income generation opportunities and livelihood were mentioned the most. It manifested in different ways and was inherent even in different categories. Some people suffered because they could not meet their basic needs, while others' suffering was increased because they could not meet the needs of those they were responsible for be it children or other adults. In explanations about exposure to death and dying as a form of suffering people mention the suffering was caused not so much by the loss of the person themselves, but by the fact that this equated in some way to a loss of income or financial support. While it does not automatically preclude that people are not traumatised, these results do not fit so neatly with the understanding often reflected in global humanitarian responses on mental health, that people's psychological health, as related to exposure to traumatic event, is their primary source of mental suffering.

What the responses from the community in Bauya do correspond with is findings from some studies after the Tsunami in South Asia. These illustrate similar results as to the primacy of the economic as a source of suffering. Gryse and Laumont's (2007) study in Aceh and de Mel et al's (2008) discussion of the impact of the Tsunami in Thailand indicate that where these communities discussed their suffering, economic factors also rated extremely high, as did social issues. The argument that the authors were making related to the inconsistency in their findings with global responses, which then proceeded to focus on psychological suffering. They question the link between the problem and the context and the response (de Mel et al, 2008; Gryse and Laumont, 2007).

Contrarily to this, MSF's approach to the immediate aftermath of the Sierra Leone war was to suggest that addressing the economic and development needs alone were not helpful (De Jong, 2000). Based on interviews and experience of providing humanitarian support, they state in their assessment report on Sierra Leone that, 'To address only the material

restoration and physical needs of the population denies the shattered emotional worlds, ignores the broken basic assumptions of trust and benevolence of human beings, and leaves unaddressed the shattered moral and spiritual consequences of war (De Jong et al, 2000).’ The latter reflects the more common foundation for global mental health responses in emergencies. Inherent is that the ‘fixing’ role is for the humanitarian sector.

These differences in views on appropriate basis for global responses on mental health in emergency settings raises questions regarding limits of international organisations considering themselves as experts and not giving enough attention to what is being said by the people living the experience. There are major concerns about the ‘expertise’ of international organizations and global humanitarian responses because the evidence base is being questioned (Jayawickrama and Rose, 2017; Summerfield, 1999). There is much criticism as to whether either the trauma focused or psychosocial interventions have been able to provide suitable evidence of their effectiveness, particularly as results rarely show that they are more effective than natural recovery (Pedersen, 2014). In the case of MSF in Sierra Leone, it is interesting that their conclusions and prescriptions regarding the importance of trauma, come even when the same organization acknowledges significant limitations in their assessment criteria saying, ‘No trans-cultural tools to measure traumatic stress are available...Despite its wide use, interpretations of the outcomes should be done with appropriate care since the Impact of Event Scale is not validated either for Western Africa or for Sierra Leone (De Jong et al, 2000).

The ability to implement projects based on an understanding of suffering self-identified as not fully valid, is an indication that there is a primacy of MSF’s understanding of suffering over that of the affected communities. This continues to be the general approach to global responses on mental health in emergency settings. The international standards around trauma and mental health are directly related to accepted texts such as DSM and very much based on specific mainstream Western science and social realities. The MSF studies referred to are partly reflective of the general critiques of trauma-focused intervention. They ignore or omit the importance and existence of the economic element of people’s suffering or the linkages between them and emotional or social suffering. They also ignore nuances and developments in primary and secondary care approaches in Western countries such as the

UK, which may also suggest that an approach that gives importance to economic conditions should at least be explored¹²³ (Delgadillo et al, 2015; de Silva et al, 2005).

These challenges to intervention will be explored in more detail in the following four chapters that address approaches to suffering and external interventions. Nonetheless, there are two important questions that the results around understanding of suffering raise in relation to global humanitarian responses on mental health in emergency settings. The first question is to what extent is an understanding of the suffering of the people in the emergency setting is important as compared to understanding of the international organizations doing the 'responding'. The second question is whether the basis of the expertise of such organisations is built on a valid evidence base, taking into account the existing debates on the matter, or on something else. From the responses to these questions a third question develops which is how far can these realities and community understandings be ignored if the aim of an organization or a program has the genuine intention of making a positive difference in the lives of those negatively affected by whatever disaster is the root of their suffering?

In the study in Bauya, analysis of results reflected that community members suffered largely due to their inability to meet their basic needs and those of others that they were responsible for. They recognized their own agency in remedying multiple other manifestations of their suffering by addressing this underlying problem of income generation. These results point to the potential in income generating related solutions- more economic- than mental health or trauma focussed ones. In this case, the evolutions of the psychosocial programming would fall more in line with community understanding of suffering. At the same time, it is important to note in concepts underlying psychosocial interventions, the social aspects are given value and not the economic. In recent work for the War Trauma Foundation (WTF), Silove (2013), a long-time critic of trauma focused interventions presents the Adaptation and Development After Persecution and Trauma (ADAPT) model. In Silove's (2013) ADAPT model we see the emphasis for healing placed on establishing a context of safety and security. It is one of the key pillars for restoring mental health and wellbeing. There is no discussion of the role of economic stability.

Already in 1995 there are authors proposing alternative frameworks suggesting that with mainstream Western approaches, 'Issues of context are seen as secondary and as being

¹²³ Da Silva et al explain the inclusion of issues of socioeconomics in the UK Health Policy as well as in changes to Social Exclusion Unit plans to improve mental health.

merely 'factors' which impinge on the progress of a now reified psychological or biological process...In contrast to this we are proposing that issues of context in terms of social, political and cultural realities should be seen as central (Bracken et al, 1995, p.8).¹²⁴ What Bracken et al., (1995) consider fitting within these broad categories includes space for economic status or employment, religious beliefs and local knowledge and perspectives on community and illness. It is unclear how much of an emphasis they would give to the restoration of economic livelihood, but there is a space in their framework for its exploration in the way this does not normally exist in more mainstream understanding of mental health interventions. The key issue is that such critiques remained on the periphery of global humanitarian policy and practice responding to mental health in emergency settings.

7.4.2 The importance of the social in people's perception of suffering

While the economic links to trauma seem to have been given little attention in the international arena, the social ones have taken an ample of their own and contributed to the most recent change in policy and direction in the international response to mental health in disasters, its new direction. Médecins Sans Frontières¹²⁴, a major player in global humanitarian responses to health, including mental health, illustrates an evolution of their approach. Very much trauma focused when they intervened in post war Sierra Leone in 2000, their 2011 guidelines are underpinned by 'transcultural psychiatry'. The definition provided in the report is that, 'Transcultural psychiatry employs the anthropological assumption that patterns of thought and behaviour are learned through one's cultural environment. Therefore, while people experience the same types of psychiatric and psychological disorders worldwide, they experience and express these in varying ways cross-culturally (De Jong, MSF, 2011, p.12).'

In MSF's manual they consider aspects such as the influence of social, spiritual moral and cultural elements as part of the understanding of mental health trauma in the populations they work with. It is important to note that this base still does not allow for the possibility that some people may just not experience the same type of psychological disorders as defined by mainstream Western psychiatry. Unlike Bracken et al., (1995), there is no space in the MSF concept that traumatic events may not cause a negative reaction. Their suggestion is just that it will be expressed differently in different cultures, or that 80% of the

¹²⁴ MSF started mental health and psychosocial programming in Gaza in 1990. Since then they have implemented similar programs in over 40 countries (MSF, 2011).

population will be able to address their trauma without external intervention (De Jong, MSF, 2011). Also key to note is that economics is not considered an important factor.

All of this is well embodied in the globally used term 'psychosocial'. The new mental health programming considered an evolution from trauma focused programming, is considered more apt and having a better understanding of local context and cultures. In particular this is reflected in the acceptance of the fact that most Non-Western cultures do not place importance on the individual (Miller, 1999; Honwana, 1998). This meant that individual based Western trauma and other mental health therapies were deemed inappropriate. The distinction is in the conceptualization of health. For a problem to be a mental health issue they can be measured diagnosed and treated by mainstream Western mental health models. Psychosocial disorders, 'Are often culture-bound expressions of mental, physical, social, moral or spiritual states of suffering. Psychosocial treatment aims to reconnect to his or her environment, community or culture (De Jong, 2011, p.11- 12).' It is beyond this study, and not its objective, to examine whether these guidelines and theories are now being effectively translated into practice.

Analysis of the results from community members in Bauya demonstrates that after the economic related descriptions of suffering, in totality those with a social element were mentioned the most. Most significantly the issues surrounding displacement; separation from family and the inability to live in their usual communities, caused distress to many community members. The constant displacement as suffering is described in Eta's statement where she explains, *'We go to town a few days then they say people are coming- we run back to the bush. I carried my children... If I stayed in Bauya we'd be dead. We left in the middle of the night* (Eta Roberts, 2017). For Isata her suffering was based on how she was affected by separation from her siblings, saying, *'The constant worry and overthinking lasted a long time ... My sisters scattered. Everyone went their own way* (Isata Kandeh, 2017).'

Even in that time of 'atrocities' for some a major source of suffering related to their stunted education, largely affecting elements related to social status. Foday explains how he considered related shame regarding his retarded education as suffering saying that, *'Later when I started school I had a psychological effect- delay on education- people at the same level. I felt shame. I was big- we were at the same rank but they were grade 6 or 8 now. I was*

in grade 4. I would be ashamed (Foday Massaquoi, 2017).’ When they thought of suffering during this time, these are the experiences they shared with me. Being together, being in community, and completing their education was considered more significant levels of suffering than even those issues related to death and violence.

These results validate the importance given to psychosocial interventions that understand the importance of the social elements in people’s suffering. One of the evolutions from trauma focused to psychosocial interventions is precisely this understanding of the importance of the social. Silove’s (2013) model that discusses psychosocial responses and principles expresses the importance of the social. A key principle is about bonds and networks. The results do not automatically validate the specific psychosocial approaches that still link social aspects of their intervention to trauma, or that organize activities that may not necessarily replicate what those who have survived disasters are looking for. But the psychosocial programs do help to indicate that single focused programming on trauma, particularly those that focus on individual’s suffering may need much deeper examining and may be much less appropriate (De Jong, 2011; IASC, 2007).

What the results from community members in Bauya do not suggest, as mentioned above, is that this social suffering (beyond reuniting families and rebuilding homes) is something that needs addressing as some sort of medical issue. As with other forms of suffering there is no indication that community members felt that this was an abnormal reaction to their situation, which needed a particular form of addressing, be it medical or some specifically formed program. This will be discussed in detail in chapter ten and eleven that focus specifically on this issue, but this sentiment is also reflected in community members’ responses to what they would consider appropriate interventions.

7.4.3 The personal nature of suffering

One of the major critiques of the way the international system, or the mainstream Western approach to mental health interventions in disasters is being implemented, relates essentially to a basic assumption that everyone suffers in the same way (Jayawickrama and Rose, 2017; Summerfield, 2000; Summerfield, 1999; Bracken et al, 1995). While current health policy in some Western countries may now be in support of these critiques, notably within the concept of patient centred care¹²⁵ (Ray, 2004); it is unclear how far this is

¹²⁵ One of the several elements of patient centred care includes developing an integrated understanding of the patient’s world, which addresses social and emotional issues and also aims to include the patient’s view in how to

reflected in practice. Exploring this in more detail goes beyond the aims of this study. What is important to this study is that this evolved understanding of patient centred care is not reflected in the mainstream practice of global humanitarian responses on mental health. This is one of the key reasons why this system still remains subject to the many critiques highlighted in my literature review, chapter three, which discusses work by authors such as Summerfield, Bracken and Jayawickrama who posit strong critiques against such assumptions.

Mainstream global responses on mental health in emergencies, including the current psychosocial approach, are still based on the assumption that there is the biological perspective that as human beings with the same biological make up, our reaction and response to 'traumatic' situations is the same everywhere. This is regardless of culture or different personal life experiences and backgrounds. From this view, these factors simply change the way the psychological problem is expressed, but does not prevent it from occurring. One of the leading critiques of this approach, Summerfield (2001, p.98), summarises the challenge in his statement arguing that:

The psychiatric sciences have sought to convert human misery and pain into technical problems that can be understood in standardised ways and are amenable to technical interventions by experts. But human pain is a slippery thing, if it is a thing at all: how it is registered and measured depends on philosophical and socio-moral considerations that evolve over time and cannot simply be reduced to a technical matter.

The consequential result of this mainstream thinking in terms of global mental health emergency response that Summerfield critiques, is that everyone exposed to certain types of events (termed stressors in Diagnostic and Statistical Manual of Mental Disorders V deemed 'traumatic' -'death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence') will as a result have a reaction which will lead them to being traumatised- often expressed by them having some version of PTSD. When studies such as the MSF one on Sierra Leone are examined, the figures for PTSD in Freetown were estimated at 99% based on the Impact of Event Scale developed by Horowitz, Wilner and Alvarez (MSF,

manage illness. UK health policy is evolving in this direction though results indicate it is not always reflected in practice (Stewart, 2001; Mead and Bower, 2002). There is however no clear definition (Pelzang, 2010). See the following for more detail on patient centred care: Stewart, 2001; Mead and Bower, 2002; Bauman et al, 2003; Pelzang, 2010)

2000). The PTSD diagnosis is so sweeping that essentially everyone who has witnessed a traumatic event (loss of family, rape, torture, amputation) must necessarily suffer enough for it to be PTSD (MSF, 2000).

There are specified reactions that are categorized in the DSM that link to the PTSD diagnosis. Following on logically from this, the trauma needs treating, and this involves medicalised interventions. These are not always drugs, but interventions that have been crafted and styled based on medical scientific evidence. Bracken et al. (1995, p.4) additionally critique this approach as being Universalist which considers, 'That the forms of mental health disorder found in the West are basically the same as those found elsewhere.' Similarly, Nathan and Grandsard (2006) warn against interventions that do not give necessary importance to other conceptualisations of 'trauma' such as the way fright is interpreted across cultures in the global south. In particular they raise these concerns considering that research in the psychopathology of trauma and ethnopsychiatry are pointing to the similar conclusions as theirs.

Psychologists Adame and Knudson (2008) describe the overall mainstream mental health field's understanding of suffering saying, 'Western society's dominant medical model narrative does not represent every individual's lived experience, and furthermore, 'explaining human unhappiness in medical terms is still nothing but a hypothesis, one which minimizes the possibility that people can change, grow and develop, (Adame and Knudson, 2008, p.143 and Chamberlain, 1978, p.110 in Adame and Knudson, 2008, p.143).' These authors posit the idea that suffering or mental health issues must be considered more broadly because people suffer differently, and there are a myriad of factors that should frame such understanding. There is a debate that is continuing in mainstream psychiatry regarding the medicalization of a life event. The challenge for global humanitarian responses on mental health in emergencies is that, in general, such debates are not reflected in the policies of the key international organizations providing guidelines on mental health intervention in international settings. This is much less so in practice in complex emergency settings in the field.

In emergency settings, some evolution of this perspective is supposed to be demonstrated in psychosocial programs. They attempt to overcome some of these critiques and allow for the understanding that there is a difference in suffering between individuals and cultures, and

an understanding that the social aspect of suffering can be important. Intervention styles will be more closely examined in chapters ten and eleven, but it is important to reiterate, that while the intervention style may be different between psychosocial and trauma focused interventions, there is the same foundational concept; that people will be traumatised and need treatment even if, as in psychosocial programming, this treatment includes the less traditional trauma treatments such as social activities.

What community members shared about their understanding and detection of suffering as it relates to the war can be examined in relation to this thinking. Indeed, very few people said it directly, but a few of the community members clearly expressed their understanding of the relative and individual nature of suffering. One response that captures this is from Dimoh who said, *'The way I see it- I don't believe there is anyone who doesn't suffer. The only thing is it varies...Some people suffer for shelter, for food, for employment, some for luxuries...Some people suffer more than me and me too I suffer more than others (Dimoh Kuna, 2017).'* Dimoh's comment, and the results from community members around their understanding of suffering are more in line with the critics of global humanitarian responses on mental health that propose that definition and understanding of 'mental disorder' can vary. An illustration of this is Summerfield's statement that, *'Since the 1970's many ethnographic studies have shown that the presentation, attributions, classification, prevalence and prognosis of mental disorders varies greatly between cultures (Summerfield, 2008, p.993).'* Further, from the community members' responses it is clear that they are not even classifying their suffering as mental disorder.

In addition, analysis of the results around emotional pain also demonstrates the level of complexity in the different reactions even of people from the same culture and community. Further, with the community in Bauya, some of the considered stressors such as threats to death or violence that are supposed to trigger PTSD can be found to be related, not so much to emotional issues as much as economic or physical survival elements- or in some cases social ones. In any case, the details of how people suffer, is demonstrated as complex. There are also direct responses from community members that suggest that suffering is very individual. They suggest that it is only by knowing and asking those potentially suffering that one will be able to fully understand the nature of or the existence of their suffering.

There is also the underlying question of whether their explanations of suffering are indeed expressions of mental health problems. Because they suffered economically and were worried and constantly overthinking, is this a mental health issue? Bracken et al., (1995, p.3-4) also leave space for these lines of questioning in their critique of the universalism of Western psychiatry, explaining that, 'However, the fact that symptoms and signs can be reliably identified in different settings is no guarantee that they mean the same thing in those settings...it should also be clear that the suggestion that they are therefore universal is somewhat 'vacuous' at best and dangerous at worst.'

7.4.4 The complexity of suffering

In Bauya, everyone was exposed to more or less the same experiences with threats to life, loss of loved ones, displacement and its related challenges. Analysing the results, especially the original data before creating fewer categories, there were one hundred and twenty-one different categories of suffering. This alone is an indicator of the complexity of this situation. In presenting the results, having refined the categories to a much lower number I still discuss some of the detail of the findings because without this one could easily make assumptions and misjudgements. I also explain in presenting the results the difficulty in categorizing in the first place.

It is a similar situation for the global mental health responses, and possibly something that contributes to challenges around effectiveness of programming. There is a tendency to simplify everything related to suffering and notably particularly limiting this understanding to the broader mainstream Western conception of mental suffering. Watters (2010, p.4) describes the Western position as based on certain assumptions explaining that, 'Westerners share, for instance, beliefs about what type of life event is likely to make one psychologically traumatized, and we agree that venting emotions by talking is more healthy than stoic silence. We are certain that humans are innately fragile and should consider many emotional experiences as illnesses that require professional intervention.' It is the reason for calls from authors like Jayawickrama (2018, 2010, 2008), Summerfield (2012, 2008, 2001) and Honwana (1999), for more culturally appropriate responses to suffering in emergency contexts. What the results from community members in Bauya are suggesting is that the way people understand suffering may not fit mainstream Western humanitarian organisation's understanding of 'normal' reactions to 'traumatizing stimuli'. Authors like Bracken, Gillers and Summerfield's (1995) research in Uganda provided case studies that

suggested that it is not possible to consider certain events as being objectively the cause of a reaction that is damaging or that would necessarily lead to trauma.

Further illustration of such complexity is highlighted in the suffering related to losing a loved one or fear of death and violence. Without deeper analysis this may be understood as some kind of emotional suffering. Thus, a response or treatment might well be considered from the psychological angle. However, with the results from the community in Bauya, in many cases the cause of their emotional suffering was not the death per se, but direct negative economic consequences this would have on their ability to survive economically and meet basic needs. The place of death related suffering is actually closer to social and physical issues such as lack of income, shelter and food. In addition, and more generally, particularly the emphasis on the economic and social aspect of the results, illustrates a further complexity in how suffering is 'normally' understood. It may not fit neatly with mainstream global concepts on mental health in emergencies. If the essence of interventions is to provide necessary support and help community members then it should necessitate a certain level of understanding of 'the problem' from the community's perspective.

It should be noted, that at least at conceptual or theoretical level there are attempts to acknowledge the importance of such complexity. Silove's (2013) ADAPT model is based on several principles, but the first one does address the aspect of complexity and the importance of understanding contextual meaning of trauma. He states that, 'The traumas and stresses associated with mass conflict are multiple, often occurring concurrently or sequentially, and convey complex meanings to the survivor and community. Assessing the contextual meaning of trauma, therefore, is essential to understanding the overall impact on mental health and adaptation (Silove, 2013, p.237).' It should be noted, however, that this is not necessarily broadly translated into global humanitarian practice.

Also, important to note is that this principle still operates on a basic assumption that there will be trauma, it is just a question of how it is manifested. This is the essence of the developments in global responses from trauma focused to psychosocial interventions. There is still an assumption that there must be psychological trauma of some sort. Responses from community members, at least from their own perception, acknowledge primacy of other types of suffering, but also indicate that the emotional suffering is not considered extreme, unusual or needing specific responses. The question when reflecting

on the aspect of responses is to what extent should global responses on mental health in emergencies respect community's own understanding of their suffering.

Indeed, if we focus on the key categories of suffering, the level of complexity reduces, but examining some of the issues that received lesser mentions are important for understanding complexity. This would be particularly important to consider if designing some kind of intervention. The analysis of issues related to education for example is that someone could have been exposed to the level of violence, fear and uncertainty that came with their war experience, and still consider the fact that their education was regarded as an indication of their suffering. This was particularly striking for me in cases where I knew there had also been rape and some fairly brutal loss of life of loved ones.

There are important nuances to people's suffering. Amidst all of this, others highlighted not only the retardation of their education but the social stigma they felt. This was based on the fact that when fellow students of the same age group who were able to continue their education advanced further than them in school, this created feelings of shame. This was in particular the case if they had to enter school at a lower class with children much younger than them. So, there is nothing about that level of suffering from war related violence that removes feelings around status or perhaps even ego. An illustration of this is that the concept of humiliation was considered a form of suffering for many who had to beg even though it was justifiable in the context.

The reality is that these results could be even more complex. My wish was to respect what comes naturally from the community members. I did not want to over probe, something that may itself bias the research results, introducing my own presuppositions. This meant that I didn't go into the detail I could with certain expressions of suffering, which would have likely produced further complexity.

Another illustration of the complexity of understanding suffering relates to the roles that people might have played in the war, and perhaps even the extent of their physical suffering. In the field of peacebuilding trauma and experiences during the war, there is a particular interest in those who fought-the combatants (Wessels, 2009), or those who were victims of extreme violence such as amputations, or in the case of sexual violence multiple or single experiences with rape. This was particularly applicable with the Sierra Leonean

case. The start of the PTSD diagnosis is also related specifically to US veterans of the Vietnam War, though trauma related to war (particular soldiers) has been recognized for longer under varying names such as 'shell shock' (Van der Kolk, 2015; Summerfield, 1999; Withuis, 1998). Although PTSD is now related to anyone who is involved in trauma from witnessing this, being involved, hearing of loved ones affected or dealing with this through their profession, it was initially related to those who were combatants in a violent conflict or war. This research study, however, made a deliberate decision to focus on the majority of those who experienced the war, the average civilian.

Nonetheless my focus was within a particular community where specific recommendations were made about who I should speak with, trying to also capture a representation of the community. Some of the people I interviewed had taken part in the war as combatants. Of those community members proposed for the interviews, three of the four former combatants fell into two of the three main categories of combatants in the Sierra Leone war- soldiers and civil defence forces. I also spoke to a very few numbers of participants who had experiences with the rebel forces and an amputee who were recommended using the snowballing process. I had several ethical questions around this, and it took a second visit to the community before I completed those interviews. In the end, the additional interviews contributed important elements to the research findings, including their relevance in understanding the complex nature of suffering.

With the fighters who had a 'legitimate' cause-the soldiers and those who were part of the Civil Defence Forces (CDF), there is nothing about their explanations of suffering that they shared with me that would actually distinguish them from the responses from the rest of the civilian community members that I interviewed. I can also say the same thing for the person who experienced an amputation. Apart from the specifics of the amputation or particularities of life in combat, in terms of their understanding and explanation of suffering itself, compared to the other members of the community there were no major differences. That the analysis indicates that other combatants did not suffer in the same way also says something about the complexity of the human- while they may have killed and struggled with the hard life of the combatants, the effects were different.

There was, however, a major difference for those that had been linked to combat on the rebels' side, even though they were forcefully captured. Firstly, for the first time there were discrepancies in the stories that meant I was weary about the truthful nature of the

exchanges. The discrepancy was between the public manifestation of their suffering described by others, including immediate family, some of my own observations and their own accounts. My concerns were not so much that I was being lied to, but that so much was not being told to me that in terms of my study it ended up having similar consequences; that I could not be sure their explanation of their experiences of what it meant to suffer were accurate-even from their perspective. One of the things I had been constantly alert for during my fieldwork, were signs of discrepancy; much of my study relies on people telling 'the truth'. This vigilance was important in reducing some of the critiques aimed at qualitative research and I took it seriously. In general, with the majority of interviews, even where I had one or two concerns, they turned out fine.

However, with these community members there were already discrepancies. Firstly, it was a very close relative who explained the suffering those who had experiences with the rebel fighters went through and continued to experience. This was one of the reasons I spoke with them in the first place. Some of the problems included their suffering manifesting as alcohol abuse and violence. And while I didn't expect to have the full details, I thought that these might be alluded to. Even the interview process experience revealed some of the issues to me as the researcher.

For the other person, they actually did neither refer to their experience with the rebel forces, nor struggles with family separations and other struggles. Not in any way, not even a hint or allusion. Even then they did not speak about other incidents of suffering such as family separation, which were less sensitive. They suggested quite simply that all was well now, not so bad. The key issues mentioned were the same as everyone else, lack of shelter, condiments for food, the poor conditions in the forest. For Salimatu the bulk of her suffering was described saying, '*They captured my husband. I suffered. I was left with the children. No school fees...No clothes. All were stolen. Life was difficult in the bush. To get salt was difficult, or Maggi cubes, or medicine. We didn't get it. We suffered* (Salimatu Roberts, 2017).' Nothing about this statement (which was the essence of her explanation of suffering) suggested the numerous experiences it was explained she had gone through and suffered. The interview was also remarkable compared to others for being the shortest I ever conducted. There could be several explanations for this. There are names and diagnoses for this as PTSD, perhaps a form of avoidance. It could also simply be that she was

one of the few people that did not feel comfortable sharing these personal experiences with me.

Regardless, what we see here is definitely a difference in the way those who were combatants or linked with the rebel groups suffered. I did not probe; neither did I probe with other community members.

For this study I do not think the details and the 'truth' of their experience was necessary. It was sufficient to show that there were possibilities that suffering of this group could be different which goes to further highlight the complex nature of suffering. While this does not allow for any conclusions it does indicate that there is a gap in understanding such differences. Further, the fact that some community members do show, perhaps, that they may be more psychologically affected, does not still directly suggest that an intervention based on a mainstream Western therapeutic model may be an appropriate manner for helping them. What the results of these few people does do is validate the decisions of many who critique Western mental health interventions, to always place a caveat expressing that their critiques refer to the 'average' person's suffering and not cases where there may be signs of more serious mental health issues.

7.4.5 The relative and particular nature of suffering

Even in this small community, interviewing an even smaller sample of people, the responses to questions about understanding suffering illustrate community members' understanding of both the particular and relative nature of suffering. The quotations at the start of this chapter by two community members directly articulated this idea that suffering is considered as something that is relative.

One of the most frequent places where the relative nature of suffering can be noticed is related to issues of weight. Underlying comments was the general sense that someone who is thin must be suffering and someone who is fat shows prosperity. Even a superficial knowledge of Sierra Leonean culture will confirm this. However, what was clear in responses around weight was people's reference to changes in weight being the real indicator of suffering. Sundu Gborie's statement provides one such example where he says that suffering can be detected by, '*The way they appear. They have lost weight* (Sundu Gborie, 2017).' Community members did not speak in terms of specific kilograms or point

out other people in the vicinity that represented a 'healthy' weight or 'poor' weight. People were clear that it depended on a particular individual having lost weight, reduced from their own 'normal' weight. Technically a skinny person could get skinnier too. An overweight person could lose weight and still be considered overweight. The key issue was a change and deviation from the norm towards what was considered a sign of suffering- losing weight.

Another indication that suffering was considered relative is reflected in the numerous refusals to respond to my question about detecting suffering in someone because they do not know them. Further a significant number of community members that responded to this question about detection of suffering, explained clearly that they would have to know the person before they could understand if they were suffering or not. Combo's comment is an apt reflection of the general concerns as he explains, *'But I'll need to know them...I know if people are suffering if I'm with them... But without living with them it will be hard to know (Combo Konneh, 2017).'* Again, the implication here is that one needs to know the base of 'normalcy' of that person so that the deviation from that norm would indicate suffering. Without this base one does not have a frame of reference. Essentially what many people were saying is that not only are there not clear indicators of suffering, but that these vary from person to person.

Linked to this, the highlighting of the particularity of suffering was also illustrated in the responses that expressed the importance of hearing about the suffering directly from the person. In these instances, external detection was not sufficient, one needed to communicate and understand the person's suffering by asking them. Temu and Unisa reflect this view saying, *"Only by asking ...You can't tell without asking (Temu Sessay and Unisa Kai Kai, 2017).'* Of course, this precludes the person would tell you if you asked. This in itself is an indicator of the society and the social relations that exist. It is expected. In this case it reminds me of elements I noticed when conducting the field work, both in the way people related to me as well as to each other, it was clear that that what is and is not considered confidential has wide boundaries.

These findings reflect ideas of authors such as Summerfield (2012, 2008, 2002, 1999), Wierzbicka (2012), Jayawickrama (2010, 2008), and Kleinman (1988) who argue that the nature of suffering is not a universal experience. Their writing cautions against this understanding of suffering from a Western perspective and Western science that is adopted

through international policy and finds itself propagated through a global humanitarian system. There is a tendency globally to move towards simplifying, and not only that, using basic Western conceptualizations of suffering. American author and journalist Ethan Watters (2010, p.3) consider that, 'The remarkable diversity once seen among different cultures' conceptions of madness is rapidly disappearing. A few mental illnesses identified and popularized in the United States- depression, post-traumatic stress disorder, and anorexia among them- now appear to be spreading around the world with the speed of a contagious disease.' In the results from this study in Bauya, there is not a universal understanding of suffering even within the same community. Further, their own understanding of suffering reflects the complex nature of suffering and includes the fact that different people will respond to the same experiences differently, including suffer in different ways.

7.5 Conclusion

The key concepts arising from the results of community members' response to questions reflecting their understandings of suffering related to the war were discussed in this chapter. In particular the categorization of types of suffering as being of the body, mind and heart and how these were considered as interlinking were explored. The nature of how the community's understanding of suffering related to existing concepts of health and healing in broader Non-Western cosmologies was also discussed. In addition, the manner in which community members' understanding of suffering also related to advances science was also addressed.

The other sections of the chapter examined the implications and linkages of results on community understanding of suffering with the broader elements of global mental health responses in emergency contexts. The primacy of economic and social suffering from the results, as opposed to the usual international focus on emotional and psychological suffering, added to existing debates around the appropriate place within global humanitarian responses of the affected community's own understanding of suffering. The chapter also discussed the complexity involved in understanding suffering. This made links to the wider debates in literature and practice regarding the potential appropriateness, or inappropriateness, of global responses to mental health in emergencies across cultural contexts. In particular, the chapter discussed the links between the fieldwork results and some of the major existing critiques of such global mental health responses in complex

emergencies in the global south. The next chapter, chapter eight, will present community member's approaches to suffering and begin the exploration of the manner in which the issues raised on understanding suffering relate to the approaches taken to ease such suffering.

Chapter Eight

Running Rivers Destined for You Never Flow Past You: The Community's Approaches to Addressing Suffering and Promoting Well-being (Presentation of Results)

'Yes...Prayers. Why it worked for me? God protects humans. Some people are dead. That's God's will. Some places we went in the bush we only had prayers. So I survived. I pray to God. He answers my prayers. I pray for good health. I pray my children will learn well so they can look after me in my old age. I pray so I have peace of mind. There is nothing that is superior to or more powerful than God...Even if a White Man gave me medicine for peace of mind, I would still pray. Even them who brought me the medicine...it was from God. So I'd pray.'

Gita Kailondo, (2017)-research participant- She is a subsistence farmer and petty trader.

'We meet our friends and advise each other. We talk to each other. There's no medicine for sadness or emotional upset. You explain yours; show how you're feeling better. Then you help them. We explain to each other- "Let us bear, it has passed. God will help us. It's over. If you follow the suffering you'll be tired. Try to forget." The White Man calls it psychosocial counselling.'

Sundu Gborie, (2017)-research participant- He is a teacher and subsistence farmer.¹²⁶

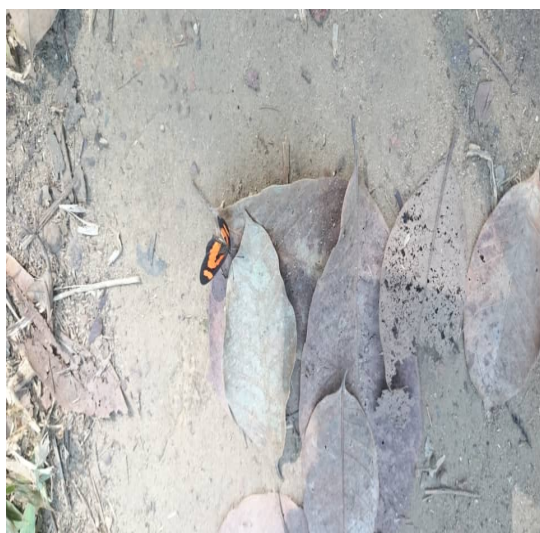


Fig. 25 Dirt paths are the means of moving around the village, mostly by foot. Bauya, Sierra Leone

Source: Author 2017



Fig. 26 The extent of religion illustrated on public transport slogans are common in the country.

Waterloo, Sierra Leone

Source: Author 2017.

¹²⁶ Sundu, Gita and Dimoh are members of the community in Bauya that took part in this study. The comments quoted were part of their interview in response to questions around approaches to suffering and their effectiveness. The names are code names.

8.0 Introduction

This chapter is a continuation of chapters six and seven and focuses on the additional elements of results and findings of my field research that detail the way community members approached their suffering; all the different types of suffering they described in chapter six. The results are based on responses to direct questions asked related to community members' approach to their war related suffering as well as their assessment of how effective their approaches were in addressing this suffering. Key categories that arose such as faith and spirituality, attitude to their situation, relying on others and their lives returning back to normal, will be presented in this chapter. The chapter also presents a description of how results were categorized, in order to help qualify the information.

The chapter will present the qualitative data that captures the community members' experience of addressing their suffering and the approaches they used. Each category will be presented in greater detail highlighting sub-groups within the broader theme. This level of presentation allows for illustration of the detail and nuances of the community members' experiences. As in the previous chapters, words and comments by community members that best illustrate and contextualize the categories, are woven together to present a picture of the approaches to suffering in this community. Similarly, I also chose comments that most clearly expressed certain points, thus not necessarily representing each community member.¹²⁷ The reflections from the participants are placed in italics.

8.1 Background to data presented

The data presented in this chapter relates to responses to two questions that community members were asked:

1. How did you approach your suffering?
2. How effective did you find your approach to this suffering?

Regarding question one, when actually asking the questions in the field there was an elaboration that I had to make which is important to note. Simply asking for community members 'approach' to suffering for many was interpreted as vague. Defining an approach in either a technical theoretical way did not seem to fit well in the context. After

¹²⁷ During my data analysis process, I developed a code name for each community member that participated in the study. The names do not correspond in any way with the community members, but they do correspond with the sex of the community members.

understanding this from the first few interviews, I started asking the question differently. In the end the question I asked was essentially, 'What is it, that on a day like today, makes it possible for you to be able to talk to me normally. How did you stop the suffering from affecting you too much?' This then allowed community members to respond not simply by explaining their approach but providing descriptions of their experiences with this approach and examples of how they used it, and how it was part of their lives.

The process of analysing and categorizing results is explained in detail in the methodology chapter, but there are a few key points worth highlighting relating to these specific responses. Firstly, for initial categories I went through each interview, mainly focusing on answers to the questions mentioned. From this initial analysis I was able to determine fifty-eight different approaches to suffering. Further and more detailed analysis enabled me to draw out similarities between the initial categories, which allowed for them to be grouped together. This reduced the categories describing approaches to suffering to twelve. Regarding the effectiveness of the approach thirty people responded to the question of the total sample of thirty-six people interviewed and one focus group session. Here the general categories indicate whether community members found their approach effective, not effective or more or less effective¹²⁸. The different reasons for their responses are also presented. It is also important to note that I had similar challenges as I did in the previous chapters six and seven with regards to the complexity involved with categories and the related challenges. For example, where people's approach to their suffering was based on an attitude of acceptance of their suffering it was very often intrinsically linked to their faith, but I had to make a distinction and place this in one category for ease of understanding.

8.2 Community Approaches to Suffering

8.2.1 Faith and Spiritual based approaches

The category that received the highest number of mentions was 'faith and spirituality'. Not only did this category receive the highest mentions it was significantly higher than the other categories, and received almost twice as many mentions as the second ranked category, which reflected the community members' attitude to their situation. It is also important to note at this stage that even attitude to situation had many direct and indirect linkages with community members faith and spirituality. This goes to highlight the extensive role that faith and spirituality played in community's approach to their suffering. Also significant to

¹²⁸ Detailed figures and analysis presented as charts can be found in the appendix 5.

highlight is that of the thirty-six people interviewed, thirty-one of them mentioned faith and spirituality, as one of their approaches; thus, this spread further indicates the importance of this category as an approach to suffering.

The definitions of terms 'faith', 'religion' and 'spirituality', will be explored in more detail in the following chapter, chapter nine. However, I want to clarify that I do use faith, religion and spirituality interchangeably. The following definition by Kaiser for spirituality embodies part of the way I am using these terms, 'Spirituality is about the relationship between ourselves and something larger...Spirituality means being in the right relationship with all that is (Kaiser, 2000 in AfP, 2017, p.6).' This definition encompasses, but also goes beyond the simple definition of faith as a, 'Strong belief in God or a particular religion (Cambridge dictionary, 2019).'

However, it is important to note that the Cambridge dictionary definition is particularly apt in the Bauya context, where faith is essentially related to the belief in God and very much tied to community members key religions; Islam and Christianity. I used the term spirituality to allow the space for discussions that included a higher power and spirit world, but exited the realm of traditional monotheist religions. This, however, really only happened in the case of one community member. In addition, I would like to clarify I am choosing these understandings of faith and spirituality because this is how it expressed itself in this study. As such it is directly related to the way the community members approached faith and spirituality rather than academic and theoretical debates. I am well aware of contentious debates, for example, about the difference between religion and spirituality¹²⁹, but do not feel that is relevant in the context of this study where those taking part or the results did not require entering into this debate.

As noted in the introduction there was several different ways that the question of faith and spirituality was expressed. The results below are presented by grouping the varying expressions:

General faith in God: It was clear that there is a strong belief in a God and faith that this God had control of community members suffering, and thus, equally to the end to this suffering.

¹²⁹ See the Alliance for Peacebuilding project document on the Rewiring, the Brain Project for a detailed presentation of the different academic debates around this issue (AfP, 2017).

Simply having faith in this God was an important approach to their suffering. For community members God was in the context of their religion that was either Christianity or Islam.

Dimoh and Hindolo's simple statements capture the importance of having faith in God. Dimoh expresses this saying, *'Anything that happens you take it easy like nothing happened. Just have faith in God (Dimoh Kuna, 2017).'* Hindolo stated, *'My sister we suffered here. All we do is hope to God (Hindolo Banyan, 2017).'*

We also see the clear link to the Christian religion in Dimoh's approach to suffering, hoping to see his loved ones that passed away in the afterlife. He explains this describing when his brother that passed away saying, *'My younger brother, I raised him and put him in school until he got his masters. Then his house, we built it together... But with these things we don't lose hope. The Bible says one day we'll meet them and we shouldn't lose hope (Dimoh Kuna, 2017).'*

God works things out for the best: There was a sense that regardless of the pain of suffering God would ensure that everything ended for the best. As such this was another source of faith. Unclear of the path they would take to end the suffering, and acknowledging that the suffering was hard, there was still faith in God knowing what was best.

In Pessima's case, he was a fighter and experienced much loss, but believed that though the route was difficult he benefited in the end. He explains that, *'It's passed. I've got more now than before. There is a God. Today I'm more important than them (Pessima Cowan, 2017).'* In the process he was able to surpass people he considered his enemy.

For Raka this sense that God works things out for the best was able to help him gain a sense of comfort to cope with his suffering. He explains this feeling saying, *'Why I didn't go crazy? I have faith that anything that comes your way, you give to Almighty Allah¹³⁰. Take comfort. Bear it (Raka Kamara, 2017).'* Adama explains her reality as one where there was no one to help. In this desperation she attributes the fact that she made it through, to God, and describes her continued faith by explaining, *'God took care of our life. It was with the help of God and some friends. Up to today we won't leave God. If you hope in God you will succeed (Adama Sombie, 2017).'*

¹³⁰ Allah is generally the term used by Muslims to refer to God.

Gratitude to God: Community member's expressions of their faith as a means of addressing their suffering was also illustrated in expressions of gratitude to God. It is a combination of gratitude for what they have, and the fact that at least they are alive. There is also gratitude to God that though things were or are bad, they know they could be worse. This sense of gratitude is also addressed below in more detail in the presentation of results of the category of 'attitude to their situation'.

Temu and Unisa acknowledge the depth of the suffering they experienced, but are still grateful to God saying, '*What we saw we can't talk about, but we thank God (Temu Sessay and Unisa Kai Kai, 2017).*' For Baindu, she acknowledges there is still some suffering in her life but expresses gratitude to God nonetheless saying, '*By now I thank God. I don't have wealth. I don't have a lot to wear. But I'm not sick. I'm not suffering beyond what I can bear. It's better than before (Baindu Gegba, 2017).*'

Reliance on prayer: Prayer was one of the main manifestations of faith as an approach to addressing suffering during the war. Most community members talked about the constancy and regularity with which they prayed, what they prayed for, as well as how they used prayer as a source of comfort.

As well as individual prayers some community members also made reference to group and family prayer as their approach to suffering saying, '*We would sit in the morning after we pray to read Quran. From here we all pray to Allah to let him solve our problems...this is continuous. We Muslims in the war we did it in the bush (Raka Kamara, 2017).*' Adama, a Christian shared that, '*We used group prayer. Family prayer. We prayed under the palm tree before we slept (Adama Sombie 2017).*'

In addition, Adama's response to her approach to suffering was simple, '*That was prayer. We prayed...God helped us... Morning and evening (Adama Sombie, 2017).*' In the same way she mentioned the regularity of her praying so did Lombeh and Konima saying, '*Thank God. It's because I believe in God. Anything is God. Anything that meets me, if it's a bad thing God will comfort me. I have faith. I pray. I go to church. When I wake up I pray. When I go to sleep I pray. That comforts me (Lombeh Ndomaineh, 2017)*' and, '*When night came I prayed. Morning I prayed. In the bush I prayed. It helped. It's prayer that worked (Konima Turay, 2018).*'

Other community members described that they used prayer as an approach to suffering by praying for everything and anything, and in particular for solutions to the different forms of suffering they were experiencing. Danke indicated her faith in the power of prayer as well as the fact that she prayed for everything saying, *'For anything, God says put it in prayer. I pray for my family that died. Let God open my way and let God give those that died a good place...Everything is prayer. I don't go to the witch doctor. Only God. As my kids are not near me I pray to God. Not only for them- I also pray for peace of mind in the country. We pray for God to give us a good person to lead who will help us. We pray for that (Danke Koroma, 2017).'*

Juldeh, was very direct in where and how she sought comfort saying, *'Nothing apart from God comforted us...Only God comforted me...Only God comforted...We prayed solidly. We prayed for our life (Juldeh Kemokai, 2017)*. Similarly, Kadie explained her faith in prayer saying, *'During the war it wasn't our doing, but it was only God who made the constant worry and overthinking end. It was only prayer. It was God's direction that helped us. It was only prayer that stopped the suffering (Kadie Bangura, 2017).'*

Belief in God's role in their fate: Community member's faith as an approach to suffering was also highlighted in views around fate and a belief that all that happens is the will of God. This belief is also clearly expressed and will be further presented in the section on the category of 'attitude to their situation'.

Hindolo's statements about dying express this well. He said, *'Despite that we are alive. If God says you won't die you won't die (Hindolo Banya).'* Danke's highlights the importance she gives to fate and God's role in her suffering explaining that, *'I don't depend on anything other than God. Because I know what God decides is what will be. That's what I accept...Anything that God has marked for you that is what will be. Whatever God marks for a person that is what happens. I won't say that I'll be sad over that. I'm alive (Danke Koroma, 2017)*. Dimoh shares a similar view saying, *'Well in the Bible they say- I memorized it- "That anything that happens to human beings on earth is the will of God"...Counselling or no counselling. I had faith. I accepted that personally. Counselling or no counselling...These things God said it should be (Dimoh Kuna, 2017).'*

Spirituality: In the introduction to this category I explained that I used the terms faith and spirituality interchangeably, but also that spirituality allows for an interpretation of faith and belief in the spirit world that goes beyond organized religion. This was largely to capture what was really the experience shared by only one community member whose approach to suffering was linked to spirit and dream guidance. He believes this helped him address and avoid suffering in his life.

Pessima suffered greatly during the war including losing his mother. He explained that, *'Somebody said they dreamed my mother and she said I should fight. I said I couldn't fight, as I had nothing. Someone else from another village came the next day and said he also had a dream. He dreamed of my mother and told me to sacrifice one basin of flour and one chicken. From then my way was open. From then I lost all fear (Pessima Cowan, 2017).'*

He further describes how he received comfort and guidance from the spirit of his dead mother, mostly through dreams. He shares that she helped him saying, *'By prayers and the dreams that direct me I overcame my suffering. For now she's not alive, but she encourages me by dreams. I go anywhere - night and day-I'm free to go anywhere. I'm not afraid...She still encouraged in dreams that I'd get those back. And I've had more than those houses that were burned (Pessima Cowan, 2017).'*

8.2.2 Attitude to situation

Another significant approach to addressing suffering could be found in community members' attitudes to their experiences that were the root of their suffering and to the suffering itself. Aspects such as acceptance, forgiveness, and a belief that suffering would end were all indications as to how they approached their suffering. Of significance was the ability to relativise their suffering, to consider how things could have been worse or comparing themselves with people who suffered more. It is also important to note that the links between this category and that of faith, religion and spirituality were clear; whether direct and obvious, or more subtle.

Acceptance: Accepting the situation of suffering in which they found themselves was an attitude that community member's took in addressing their suffering. In most instances this was closely linked to elements of their faith and belief in fate and God's will regarding any

event that occurs. In other cases, a sense that what has happened has happened, and focusing on it won't change anything, is an attitude used to approach their suffering.

One can see clear linkages to faith in God and religion as the basis for acceptance throughout the different comments from community members. Baindu's statement provides a clear illustration of this. She explains that, *"My family also comforted me. That time my children had nothing. They said, 'Don't feel sad. This is what God ordained. How God wants you to be that's how you should be. Maybe God will change things. When somebody says that you have peace of mind. You don't feel too sad (Baindu Gegba, 2017)."* Ansumana's response that, *'I'm not bitter about it now...I'll put it to my Christian faith. I brought nothing in the world and I won't take anything (Ansumana Barrie, 2017),'* indicates his acceptance based on his religion. This reminded him to limit the importance he placed on material things.

For some community members their acceptance was related to the fact that they understood that God did not specifically target them for such suffering. Hawa describes that this calmed her emotions explaining that, *'Why I have peace in my heart... It wasn't only me (that suffered)¹³¹. But if it was only me my heart wouldn't calm down. This same war- the next person shares a story even worse than yours. What to do? You're heart has to become peaceful (Hawa Kargbo, 2017).'* Similarly, Dimoh shares his approach saying, *'I believe it didn't only happen to me. Other people had worse experiences so I should take comfort. I took comfort through the bible when they preached to me. I had to bear the suffering within myself (Dimoh Kuna, 2017).'* Also repeating the same regularly used Krio phrase -'What to do?'- to denote acceptance of a situation Hawa says, *'But what to do? I have to bear this. Even if I suffer I have to bear...We can't blame anyone. It's only God that saved us from that (Hawa Kargbo, 2017).'*

Forgiveness: Forgiveness is one of the key tenets of Islam and Christianity, and as an aspect of an attitude to suffering that also has links with faith. Some members explained that their attitude to forgive others was one of their approaches to suffering. It is important to note that for those who talked of forgiveness this attitude did not include the necessity to forget.

¹³¹ The author's addition.

Raka not only considered forgiveness as an important attitude to have in addressing his suffering, he felt it important enough to take time requesting others to do the same. He shares his experience saying, *'After the war ended we walked village-to-village 6 people with me- after the war- to comfort the people. Asking them to forgive though not forget (Raka Kamara, 2017).'* Zorokom's impetus to take the attitude of forgiveness was related to the Sierra Leone Government's approach to helping the myriads of people that went through the war in Sierra Leone address their suffering. Zorokom explains both the government approach as well as his own saying, *'When the government said everyone should forget it was the law. Government spoke. We can see those who harmed us around us. We don't forget but we forgive...The government gave blanket amnesty to everyone apart from those who bore the greatest responsibility (Zorokom Bengeh, 2017).'*

Relativising the suffering/situation: Many community members illustrated that their acceptance of their situation and suffering was based on relativising the situation. It is also often clearly linked to, and expressed as their gratitude to God for not allowing things to be worse. Their attitude to the situation considered aspects such as still being alive, the improvement in the suffering and security situation, and their ability to make a living, as some of the reasons that helped them not be overwhelmed by their suffering.

Dimoh's explanation of his basis for accepting the suffering, has ties to his faith, and also encapsulates the essence of the responses by other community members as they used the approach of relativising their situation to better cope with their suffering. Dimoh explains somewhat philosophically that, *'Some of us born together are dead, some blind, some are in jail, and some are crippled. I thank God. You should be satisfied with the little you have. The English man says- 'Be satisfied with what you have and you'll get what you want.'" The little you have be satisfied with it (Dimoh Kuna, 2017).'*

For many community members the fact that they were alive, even to suffer, was considered a relatively better situation as compared to death, which tens of thousands experienced. Konima and Hawa express gratitude to God for the fact that at least they are alive saying, *'I have my life. God allowed that...when I'm ready to go about I can (Konima Turay, 2017).'* Hawa explained that, *'We imagined that we'd have been more advanced, but we thank God that the life is here. What to do? We have to bear it (Hawa Kargbo, 2017).'*

This appreciation of being alive also took on some specific expressions. This is illustrated by the statements from Ansumana that, *'Under the constraints my children survived. Shouldn't I thank God for that (Ansumana Barrie, 2017)?'* Manja explained that, *'We thank God- some people had their hands cut off or were dead. Thank God we we're okay. We put it to prayer and said God must make a way for us. We put it to prayers (Manja Banyu, 2017).'* For others they were specific in relativising being alive and not dead in relation to their ability to earn an income. This can be seen by Raka's statement, *'I know I'm better because I'm lucky, I have experience to find my living ... Many died, but we thank God as we do better than others during wartime (Raka Kamara, 2017).'* Zorokom's statement of general gratitude, *'I'm attached. I've got children. I'm paid. I just praise God that our war has passed and I'm still alive (Zorokom Bengheh, 2017).'* also acts as a reminder that community members used different approaches.

Another attitude of relativising expressed by community members was how they compared the level of suffering. For some the fact that suffering decreased in intensity, and was in some way better, helped them approach suffering. Combo summarises the idea of a reduction in intensity of suffering in his statement, *'Suffering won't end...But suffering compared to the war- time. It's finished. 70% reduced. It's better (Combo Konneh, 2017).'* For Temu and Unisa, they spoke of poverty in peace being relatively better than suffering during the war saying, *'Peace of mind- when you are somewhere where you don't hear guns. You can sleep regardless of poverty and you're with your family you sleep. During the wartime as you hear shots you're running (Temu Sessay and Unisa Kai-Kai, 2017).'*

Suffering would end: The accepting attitude to suffering was also reflected in the way some community members approached the time frame of suffering. They used the understanding that their suffering would have an end as a way to approach their negative experiences. As with other elements of the attitude to suffering, there is also a clear link to community members' faith.

Kalie simply had a belief, one not specifically related to religion, which gave him hope that the suffering would end someday. He reflected this attitude in his comment that, *'You can see the suffering- some things that frustrate and bother me, but I believe that everything will be possible for me one day (Kalie Suma, 2017).'* Raka's hope that the suffering would end was linked directly to his religion which he explained saying, *'I believed it would end. One it*

ends either with me in life, or I die. If you have that faith you know everything finishes. It passes- you die or you die in suffering but I had faith and - there's a Surah in the Quran,¹³² "Nothing is forever" (Raka Kamara, 2017).'

8.2.3 Relying on others

Although receiving almost half as many mentions as the category 'attitude to their situation' the category of 'relying on others' received the third most significant number of mentions as an approach to suffering. Community members relied on other people in different ways to help ease their suffering. Some relied on their friends, and others on their neighbours or community members. There was also a strong reliance on family members, both for economic support and welfare, as well as for emotional comfort.

Relying on friends: Several community members explained the importance of relying on friendship as a way of receiving comfort, mostly emotional. For some confiding in friends was important. Others expressed how the acts of friendship themselves such as talking, playing and joking helped them forget their suffering. What is also highlighted is the role that friends had in consoling each other.

Isata and Kalie found relying on friendship helped ease their suffering. Isata explains that, '*I would find a corner and think that this is war. I was thinking within me. But when I was well I went to go and fetch water with friends- play, play and then forget. When I was alone it came back (Isata Kande, 2017).'*' Kalie also found importance in laughing and forgetting, but also having people to confide in. He highlights this in his statement, '*I just keep it (the suffering) away from me- I don't take it in. I stay with friends we laugh. I only tell close people... I don't tell my problems to many people. Just reliable people (Kalie Suma, 2017).'*'

Danke describes how friendship and the comfort it provided was critical in her life, including as a deterrent to her suicidal thoughts. She explains her value of such friendship saying, '*When it's me alone and I don't have people around, my mind goes far. If your heart wasn't there it takes you there. That's why I like the friendship... I lean on people so I don't feel bad...A tree doesn't come out from the forest and talk to you. It was my companions. If not for friends I planned to poison myself. It's my fellow humans that supported me to help me live my life (Danke Koroma, 2017).'*'

¹³² A surah or surat is a verse from the Islamic key religious text the Holy Koran.

Sundu also describes how friends comforted each other saying, *'We meet our friends and advise each other. We talk to each other. There's no medicine for sadness or emotional upset. You explain yours; show how you're better. Then you help them. We explain to each other- "Let us bear, it's past. God will help us. It's over. If you follow that you'll be tired. Try to forget." The White man calls it psychosocial counselling (Sundu Gborie, 2017).'*

Relying on community members and others (to give and share): Struggling to survive at the most basic level was one of the most frequently mentioned categories of suffering expressed by community members. One of the ways they approached this suffering was relying on neighbours or those in the community, and sometimes beyond, to help them meet these basic needs. This was whether it is food, shelter or clothing, and in some cases help with security.

Some community members explain they relied on those with more helping those with less in the community. A couple of them, Raka and Baindu described this as begging. Raka explained that, *'We beg among us. Those who have more give their colleagues, friends...I would walk to the people that had money and we beg. We would bring it to the mosque, we measure, and we eat. We organized it (Raka Kamara, 2017).'* Baindu related her experience saying, *'That time during the war I had to beg before we eat. I had to beg. When I see people I asked that they give me for God. The little they gave me I'd buy garri and we eat. That time I had three children...I don't have anything unless they give me. That time I did not have a husband. I had no husband. If anyone gave me even an old sarong I managed it (Baindu Gegba, 2017).'*

One of the elderly community members, Finda, explained that it is her neighbours support that helped her survive saying, *'This child she's my child. Anything that happens to me she comforts me. When I was sick she helped me. She's my child (Finda Lavalie, 2017).'* In Manja's case the value of the wider community was for survival that included information on the security situation that they could use to stay safe. She explains saying, *'We went to that village because we knew people there. Different people we knew arranged the place where we'd go all day. They would also get information to tell us where the rebels were and how to hide (Manja Banya, 2017).'*

Religious institutions that were central to the community, the Church and the Mosque, and their leadership, the imams and reverends, were also relied upon. Yamba referred to this more abstractly saying, *'Imam or Reverend can play comfort role for mental suffering (Yamba Kamachende, 2017).'* We see from Eta's statement that in some cases comfort was also sought within the institutions themselves. She says, *'The church comforted us. The reverends comforted us. It helped give us peace of mind (Eta Roberts, 2017).'*

Relying on family for welfare support: In the same way that some community members relied on the wider community for basic needs described above, they also relied on family. What is also shared in some cases was whether or not this help was satisfactory.

Even without knowing some members of their family, the social bond or expectations embedded in Sierra Leonean culture meant that family helped each other. Danke states simply that, *'Today I lean on my father's side but I didn't know them before the war (Danke Koroma, 2017).'* Baindu describes to some extent how this social obligation helps, saying, *'When the suffering ended people were giving me things because I didn't have. I didn't even have a sarong to tie. I had children and I didn't have a man. My brother and my sister, my family in Sierra Leone; I had I helped them. Now they had to do for me (Baindu Gegba, 2017).'* Kadiatu relied on help from her children saying, *'I thank God I have children. They looked after me...They took care of me well. They fed me and clothed me (Kadiatu Jalloh, 2017).'*

In Finda's experience she found the help from the family useful but not fully satisfactory. She explains this saying, *'Nothing has happened that I'd say helped my suffering. Recently I was sick. My skin was melting. They called my child who sent money by phone. I won't tell anyone a lie... but the suffering it won't ever finish. It won't finish here. My children are here. I won't say they don't attend to me, but suffering in Bauya, it won't finish (Finda Lavalie, 2017).'* Ansumana's experience was on the other end of the scale. He relied on a non-biological child he had raised as his own and shared the experience of living at her home during the war saying that, *'I was there with my wife and kids. I was in good hands and we suffered for nothing. One of the girls that I looked after, I raised her. She looked after us in Freetown (Ansumana Barrie, 2017).'*

Relying on family for emotional support and comfort: Leaning on family for emotional support and comfort during their time of suffering was another approach the community members used to address this suffering. In some cases, the comfort came from children and parents, and in other cases more distant relatives or spouses.

For many members of the community, comfort and support came from their children. The simple fact of giving birth to her child during the war itself proved a form of comfort for Isata, which she explains saying, *'It was when I gave birth. The love for my child made life become better (Isata Kandeh, 2017).'* For Danke it was a combination of having a child around, but also having her children comfort her. She describes her experience saying, *'When my children were near me they'd comfort me. They'd pray to God. And they would tell me, " We're your sisters your brothers now. When we have we'll do for you"...They would tell me to bear the suffering and ask me to pray God so that God will give them money. The youngest one- we play and he comforts me. We play until we're tired and then I don't feel sad (Danke Koroma, 2017).'*

Kalie speaks of comfort he received from his father saying, *'During the war- it was my dad and me. The moments where I was worrying and over thinking is when they gave me bad news. But when I mingled with my father we had fun. He comforted me, told me my family was okay and I was fine (Kalie Suma, 2017).'* Hawa also relied on her father saying, *'My father used to comfort me. He said this war has come now, what can we do but to bear (Hawa Kargbo, 2017).'* Brima's comfort also came from family, but less close. He shares that, *'I was with my aunty. She comforted me...She would say that my parents are in the bush. She said I should take her as my mother. She comforted me. She said I should try to study so I'd become somebody (Brima Kanu, 2017).'*

Other community members explained that their spouses provided comfort. In these instances, it was always women referring to their male partner. Referring to her partner Isata said, *'This man- I ask him to comfort me. If he loves me, I don't feel anything bad (Isata Kandeh, 2017).'* Danke's support also came from her partner and she explained, *'During the war it is the man with whom I now have children that comforted me...I didn't have children at the time. It was the man who was in love with me that comforted me (Danke Koroma, 2017).'*

8.2.4 Lives returning to normal

Community members expressed an understanding that getting back to daily activities eased their suffering. Going back to school, farming, and restarting business activities were all presented as examples of their lives returning to normal. They also illustrate that both emotional and economic suffering was relieved through the undertaking of their usual activities.

Continuing with daily routines: Returning to daily routine helped many community members, suffering disappear or reduce significantly. It may not have been a deliberate approach, but they are clear on the positive impact on their suffering, both emotional and socio-economic.

Foday's description of life returning to normal highlights various aspects of normality for community members in this rural community. His statement also alludes to the importance of actual peaceful security situation as a key ingredient of this normality. He says, '*We did common things. When I started attending school the fear began to reduce... At the end of the day they withdrew soldiers and we carried on our rural business and we turned our backs to the war (Foday Massaquoi, 2017).*'

Sundu's explanation points clearly to the importance of returning to farming activities, professions and rebuilding property that had been destroyed, all which he directly linked to the easing of emotional suffering. He states that, '*After the bush I came back and taught. We farmed again and we built this house. Yes suffering left. We started to work as before. Then it went a little at a time. It didn't leave immediately. The suffering left little by little...That helped us so our emotions were calm and we were able to gain the necessities to live well (Sundu Gborie, 2017).*'

Ability to work or generate income: One of the signs and indications that lives were returning to normal was the ability of community members to conduct their usual income generating activities. They regularly mentioned the return to their farming and petty trading businesses as helping reduce their emotional and socio-economic suffering. The rebuilding of homes, a result of this income generation, was also mentioned as helping ease suffering.

Finda was clear that farming was the only approach that created some reprieve from her suffering. She explained that, *'The only thing that helped me was the farm work. There's no work here for older women (Finda Lavalie, 2017).'* Vandi, a teacher, placed great importance in his agricultural abilities for easing his socio-economic suffering in particular saying, *'Because of rice and seeds supplied- because of what I had, I multiplied it over five years. I was able to get enough to make me live happily with my wife and family. I did not use any methods to ease frustrations- teaching and garden work, setting traps, fishing and then the prompt payments were there (Vandi Jusu, 2017).'* He also alludes to the fact that this was just him living his life and not something he would consider a specific or deliberate approach to easing his suffering.

Yamba and Warima both also consider returning to farming and their agricultural skills as the source of their reprieve from their socio-economic suffering. For Yamba however, it was clear that this also helped his mental and emotional suffering which he described saying, *'During the war I was constantly worried and overthinking. After the war I resettled, I planned myself. That's how I forgot what happened during the war- time. I applied myself to the farming...Yes. Because of the palmoil that I made. When the palm nuts are ripe I get my living for that day. It reduces the suffering on me. That also helped reduce the worry and overthinking (Yamba Kamachende, 2017).'* Warima used the income from his farm work to pay for his education. He explains this saying, *'It was not easy to reduce my suffering- I had no mother and father. One thing that God did that helped me; I thank God I know how to cut palm nuts. I had my garden- potatoes, groundnut paid school fees and other things...It was the agriculture that helped me (Warima Coba, 2017).'*

Community members also considered working and earning income from their small businesses as returning to normal, especially as it contributed to another aspect of normality- rebuilding their houses. Manja explains that this was how she rebuilt her house saying, *'I was only used to doing business in Bauya. I paid the children's fees and was able to build this structure (referring to her house) (Manja Banya, 2017).'* Brima explained this more generally, *'It took some time for suffering to end. It took some time to put things in place before you settled. When peace came people did their normal life- farming, business that comforted and encouraged people to get what they lost from the past. You get and replace what you lost. What you lost you rebuild them. You'd come up with new structures (Brima Kanu, 2017).'* Making a similar point Gina said, *'We thank God that the war is over. That's*

the first thing. Our men returned to work. We saved and bought property. We bought a bag of rice and we could eat. We could move freely. Now I can leave my shop and go somewhere else. We could do our vegetable farming and our business (Jina Kpuagor, 2017).'

Returning to normal for other community members was related to working again.

Warima had to make a decision to continue with education rather than learn a skilled trade. He credits this choice to his reduced suffering explaining, *'You see why I decided to go back to school- I had the stress during the war- either I go to school, or I learn a trade... My family has farmed and we don't see the benefits. I had people I admired because of education. I'd suffer still but it would be worse if I was uneducated (Warima Coba, 2017).'* Charles also felt that his education and choice to be a teacher were important to limiting his suffering. He explained that, *'If I hadn't gone to school I would have suffered more. I came back to teaching. Teaching...that made me not suffer much (Charles Serry, 2017).'*

8.2.5 External support/initiatives: There was some support to the community after the end of the war that came from external initiatives. Donor funded projects funded some micro-credit and other projects and the government also had some initiatives supporting education and supplementing basic needs. A few community members referred to this as help towards easing their suffering.

Vandi explains how the educational program helped him saying, *'Why I look happy now because then I did not go to college. After the war help came from distance learning. These programs came close to me and I was able to attend. This meant that not me alone but the majority of the district gained from that. That helped me much. I teach and work and go to college. I was still getting money on teachers work. I was on payroll. From college I was able to do something myself (Vandi Jusu, 2017).'* Kadie explains how she benefited from various initiatives from government and international NGO's that helped with her basic needs, as well as rebuilding her home and providing microcredit. She says, *'After the war we received help from donors. Microcredit allowed us to support our home. Plan International helped us to build homes so we can sit back. The donors helped us. The government supplied us- bulgur, oil, beans. We survived through that (Kadie Bangura, 2017).'*

Gaining community support/status: With a few community members gaining status in their community represented a sense of normalcy that helped them address their suffering. They feel their suffering improved through societal approval.

Vandi's position gave him the sense of having his suffering end, which he describes saying, '*I make my garden, the community people are happy about my area and recommend me as a leader (Vandi Jusu, 2017).*' Gaining status and approval in the community is directly related to ending Warima's emotional suffering as he explains, '*What gave me peace of heart is that despite all my constraints, at the end, when I applied at a school to teach I was accepted. The money is not a lot but I thank God that people recognize me in the community. That gave me peace of mind (Warima Coba, 2017).*'

War ending: As has been alluded to in other sections above, some aspects of returning to normalcy were not so much an approach, as much as something that just happened to community members. The importance of a return to a normal and peaceful security situation is mentioned in the different sections in this category 'return to normal lives' as well as in some of the others. Many community members recognized the importance of a peaceful and secure context as a being critical to the ending of their war related suffering.

For Brima and Eta peace was seen as the foundational aspects that reduced suffering could be built on. Eta understood peace as essential for the reunification with her family which had been a source of her suffering and describes that, '*When the war was over. I was reunited with my mother, sister and brothers. The constant over thinking reduced a bit (Eta Roberts, 2017).*' Brima refers to the fact that movement of people and people being alive are only possible with peace, and the insecurity of the war limited almost everything. He says, '*The reason we are here talking is the peace in our country. If there were no peace a guy like me wouldn't be here. Peace. Even you (referring to me as the researcher) wouldn't have even been thinking of coming (Brima Kanu, 2017).*'

Foday is more specific as he highlights the importance of the aspect of passing of time linked to the end of the war saying, '*We didn't run anymore. We'd have a bad dream once in a while but not frequently. Unless I see people who remind me, like today one woman who was amputated passed and I remembered... But from 2002 to now- we have mainly forgotten about the war, although, once in a while it comes in dreams (Foday Massaquoi, 2017).*'

8.2.6 Revenge

The possibility to mete out to the rebels the suffering they had inflicted on civilians was an approach a small number (three) of community members used to address their suffering. For two members it related to joining the Civil Defence Forces (CDF), local hunters that combined hunting skills and herbal and spiritual medicine and ritual to defend their communities during the war. In the Mende part of the country, such as Bauya, they were known as Kamajors. In other parts of the country and with other ethnic groups they had different names. One community member was simply interested in direct revenge for the killing of his son.

In Raka's case one way he chose to address the suffering that resulted from the brutal death of his son was to revenge his death. He states that, *'I sent to Freetown to revenge. I gave the ammunition to revenge (Raka Kamara, 2017).'* Pessima and Gibrila both decided to address their suffering by joining the Kamajors, but with different impetus. Pessima joined the fighting in the war after the death of a friend, and explains this saying, *'But after a friend died, I decided to take part. I joined the Kamajors (Pessima Cowan, 2017).'* Gibrila's reason was simply a response to the general suffering that the rebels were inflicting on civilians. He explains his reasons and the impact of this approach saying, *'I decided to join Kamajors. The hot water¹³³ the rebels put on us we returned it on them. And we succeeded...During the war it was the suffering in the bush. Once I fought I didn't suffer (Gibrila Ndawa, 2018).'*

8.2.7 Forest survival skills

While only a very few numbers of community members directly acknowledged their ability to survive in the forest as an approach to their suffering it is clear throughout different elements of the interviews that this helped, particularly with suffering of a physical nature. Knowledge of farming and foraging in the forest, that were natural to the majority of the community members, helped with providing basic food and water. Other useful skills mentioned related to hunting and knowledge of medicinal plants.

Knowing how to hunt helped Sundu find ways of feeding himself and his family. He explains saying, *'I was trained as a small boy to set traps. I continued to do that during the war (Sundu Gborie, 2017).'* For Adama the ability to make and use fire and knowledge of medicinal plants helped which she explained saying, *'Our medicine was fire. We warmed it*

¹³³ He meant this in the metaphorical sense of troubles and suffering the rebels caused.

and prayed. No one was sick (Adama Sombie, 2017).’ Similarly Temu and Unisa explain that, ‘They were sick in the bush. We used leaves. Bush leaves and roots to heal...That time we used bush medicine (Temu Sessay and Unisa Kai Kai, 2017).

8.2.8 Flexibility in leadership strategy

One community member explained the value of leadership approaches to reducing suffering in their communities. While this was not their own personal approach, they explained how they benefited from this. Leadership approaches that understood the complications of the situation and were flexible in responding to community members suffering were seen as helpful.

Vandi explains how flexibility in providing accommodation by the town’s leadership helped with his suffering saying, *‘Deep frustration came again. To go and start a new life it was not easy. The Paramount Chief said any building you find in railway quarters you can take it and start a new life (Vandi Jusu, 2017).’* The government originally built the railway quarters for railway workers when Bauya was a major station on the train line and the buildings remained derelict though intact. They are some of the strongest and most well-built buildings. Allowing community members to live in them helped, as there had been a massive destruction of homes during the war. This is reflected in community’s descriptions of their suffering in the previous chapters.

8.2.9 Listening to music

While possible that it may have been used by several community members, only one person directly mentioned the fact that they used music as a method of easing their suffering. In this case it was directly considered as help for emotional suffering.

Danke describes the different ways she used music to help her emotional suffering saying, *‘When I have money and I have batteries. I play music it makes me happy...At night, some days; I don’t sleep when I remember. I listen to music to forget (Danke Koroma, 2017).*

8.2.10 Joining peace initiatives

During the war there were several peace initiatives at multiple levels and of different sizes. There were many women’s groups that marched, sang and campaigned for peace. It was also similar for religious groups or concerned groups of people that came together using

different methods and media, normally requesting the government and fighters to stop the fighting. As with other categories, it is possible that several community members used this approach to address their suffering, but only one person mentioned this directly.

Manja explains that joining an initiative campaigning for peace with peace slogans was one way she addressed her suffering saying, *'They came out with a song; 'We want peace! We want peace!' We came out and sang too (Manja Banya, 2017).'*

8.3 Summary of key findings on community's approach to suffering

The results illustrated that the community members had several approaches to addressing their war related suffering. The most significant approach to their suffering was related to faith and spirituality. This included, amongst others, elements such as general faith in God, gratitude to God and prayer. This approach received much more mentions than any other approaches and received twice as many mentions than the next category of approaches which was attitude to suffering.

Further indicating the importance of religion and spirituality as an approach, the results indicated that the category of attitude to suffering also entailed several elements related to faith and spirituality. Also important was that essentially research participants talked about religion; only one research participant mentioned using a spiritual approach that was not based on the more mainstream monotheist religions practices in Sierra Leone of Islam and Christianity.

The results also illustrated that the attitude to suffering was also another important approach to suffering. Attitudes from the findings of the results included acceptance, gratitude and forgiveness. In addition, there was the approach of relativizing the suffering, considering that things could be worse or that there were people in worse situations than the person suffering.

Relying on others was also an approach used to address suffering. This included relying on family members, friends as well as community members. These people were relied on both for their ability to provide comfort and emotional support, as well as address the pressing welfare needs of those suffering. Other lesser-mentioned approaches included getting back to daily routines, generating income, return to normalcy and listening to music amongst

other things. Often deemed to be negative, revenge was also considered an effective approach to suffering.

8.4 Community Views on Effectiveness of their Approaches to Suffering

8.4.1 Effectiveness of approaches to suffering

This section of the chapter presents the results linked to the question: 2. How effective did you find your approach to suffering? Responses were also inadvertently provided and implicit in other sections of the interview notably the previous question regarding community members' approaches to suffering. Responses are divided into categories of effective, somewhat effective and ineffective. The majority of people talked about effectiveness approaches specifically referencing their faith while for others it was education. For the very few that found their approach ineffective it was largely related to their continued economic suffering.

8.4.2 Approaches to suffering were effective

The large majority of community members found that the approaches they used to address their suffering were effective. It is important to note that just under half of those made specific reference to their faith-based approach. Other explanations supporting the effectiveness of their approach related to education, the value of comfort they received from others, and quite simply the fact that they were no longer suffering.

Faith and spirituality: About half of the comments that expressed an understanding that approaches to suffering were effective were directly linked to faith. Some community members described general faith as being effective; some were specific about this being related to prayer, while others combined the two.

Raka was unequivocal about the effectiveness of faith as an approach to suffering saying, *'The only thing that will solve problems is if we worship Allah (Raka Kamara, 2017).'* Dimoh stated the same about the effectiveness of his faith in God saying, *'It's very effective. I feel that it's the only way (Dimoh Kuna, 2017).'* Konima was equally confident in faith as an approach, but she referred specifically to prayer, *'It helped. It's prayer that worked (Konima Turay, 2017).'* Lombeh felt the same saying, *'The prayer worked for me. It was sufficient. I didn't need anything else (Lombeh Ndomaineh, 2017).'* Nyawa is also specific about the value of prayer as an approach to her suffering, particularly her mental and emotional suffering.

She explains this perspective saying, *'Yes. Because I know that for what happened- only prayer can take it from my heart. If you sit and think... think...think-you won't think of doing useful things. That's why I know prayer is good (Nyawa Ndomahina, 2017).*

For other community members the value of faith and prayer are linked as we see in the statements from Manja and Sundu. Sundu explained that, *'Yes. Should we stop praying? That- we won't leave it. God gave me peace of mind. God knows everything. I won't believe someone that says it wasn't God (Sundu Gborie, 2017).'* Manja also shared the importance she placed in faith in God and prayer saying, *'For me God worked things out for me. I put it to prayer and God worked it for me. I started my life again (Manja Banya, 2017).'*

Evidence that they worked: The fact that in their view, approaches they used to address suffering worked was also a reason given for considering certain approaches to suffering as effective. The end of suffering or the improvement in their suffering was attributed to the approach or approaches used to address this suffering.

Some community members like Zorokom and Manu, responded simply that their approach worked saying, *'Yes. It was effective (Zorokom Bengeh, 2017).'* Manu stated, *'Yes my sister. That worked (Manu Jombla, 2017).'* Gibrila found joining the fighting worked to end his suffering, and he states, *'Once I fought I didn't suffer (Gibrila Ndawa, 2017).'* Pessima feels his approach was so effective he applies it to general suffering he experiences in his life. He describes this approach saying, *'I'm still using the same approach during and after the war; dreams and healing...Not just suffering related to war. It's better. I live happily. I'm not dealing with suffering (Pessima Cowan, 2017).'*

Combo is also confident in his approach for dealing with suffering from the war. While he understands that other suffering may meet him during his life, he is clear that he has addressed war related suffering, and he explains this saying, *'Yes. It works for me. I don't want to think of what I went through. I don't want it to be part of me...It's suffering it may come back, but suffering of the war I put behind me (Combo Konneh, 2017).'* Kadiatu was also clear that her faith and prayer worked, saying, *'The overthinking and worry ended. I pray. I go to church, in the morning, every time. How they preach to me that's how my emotions are calm. They talk about God to us and we have peace of mind, you don't constantly worry and overthink (Kadiatu Jalloh, 2017).'*

For Hawa and Kadie there is a clarity that their approaches worked to reduce suffering. Although they both acknowledge that perhaps their suffering has not completely ended, they still consider their approaches effective. Kadie stated, *'That was enough to comfort me during that time. After the war I'd remember, but I didn't cry (Hawa Kargbo, 2017).'* Kadie explained that, *'It's better than the war. I appreciate it (Kadie Bangura).'*

8.4.3 Approaches to suffering were more or less effective

In some instances, an approach may have helped improve a situation related to suffering, but not entirely end it. For example, prayers may have helped in terms of addressing emotional comfort while the economic suffering still remained, or vice versa. A very small number of community members did not feel that their approach to suffering was fully effective.

One community member felt her approach to suffering was only partly effective. Danke explains her perspective saying, *'Husband and neighbours helped to lessen my suffering but it was not enough...So the comfort from others helped, but was not entirely effective (Danke Koroma, 2017).'* Isata's statement suggests that while her approach may have worked in some instances, it was not effective in the area of her pursuit of education. She says that, *'Yes. But the only side I suffer is what I wanted to do that I didn't achieve. It was spoiled. That's the only side I feel upset (Isata Kandeh, 2017).'* At the same time another community member felt their approach might not have worked in some instances, but from the education perspective, relying on external initiatives helped. Vandi explains this saying, *'That's not all but it's a method that guarantees easing suffering- especially the education side (Vandi Jusu, 2017).'*

8.4.4 Approaches to suffering were not effective

In only one case, the community member felt that their suffering had not improved. Thus, they felt the approach they were using was not effective. It is important to note that the suffering referred to was economic suffering as opposed to emotional.

Baindu describes the multiple reasons of her economic suffering that indicate that her approaches to suffering were not effective. She has not regained her weight or her lifestyle and she has not been able to rebuild her property or continue her petty trading. She explains her continued suffering saying, *'That was not really effective for ending my suffering*

because I did not have anything... It's not better. I want more support so I feel fine like before. I drank tea when I woke up. I ate what I wanted, dressed well. But the remembering and worry means I have lost so much weight. I want to be independent, build a home for myself... I'd do business (Baindu Gegba, 2017).'

8.5 Summary of key findings on community's understanding of the effectiveness of their approach

The findings indicated that the majority of research participants found their approaches to suffering effective. It is important to note, that for over half of the respondents, they made specific reference to the effectiveness of their faith-based approaches. They felt that faith and prayer had an effective role on easing their suffering. Also clear from the results is that other approaches such as the comfort and support from family, community members and friends, was also effective. Another indicator of effectiveness of an approach was the fact that the suffering ended through such approaches.

The findings indicated that for a minority of research participants they found their approaches more or less effective. In these cases, some aspects of their suffering were addressed by the approaches while others not. This included family support not providing all necessary needs as well as emotional suffering that was addressed but not some of the economic suffering. In one case the findings indicated that the approaches to suffering were not effective. This related specifically to economic suffering that stemmed from the war.

8.6 Conclusion

This chapter presented examples of community members' different approaches to their war related suffering and their understanding of how effective such approaches were. It provided data that highlights the different categories of approaches, and provides descriptions of the different types of approaches. The chapter presented the various categories of approaches mentioned such as faith and spirituality, relying on others, return to normal lives, and revenge, amongst others. It was clear from the chapter that the category of faith and spirituality was the most mentioned category as an approach that community members used to ease their war related suffering. In the presentation of results for the other categories, the linkages to faith and spirituality were also highlighted.

Community members' explanation of their approaches to suffering described a context in which faith, hope and family and community played major roles in addressing both emotional and socio-economic suffering. For example, descriptions of the category 'faith and spirituality' approaches included aspects of general faith in God, prayer and elements of fate. The category of 'attitude to their situation' highlighted elements such as acceptance, gratitude and relativising their situation. At this level of analysis, the chapter highlighted the fluid nature of the topics and complexity in creating hard and fast categories.

Further, still using community members' own words and responses, the results presented illustrate their understanding of whether the different approaches they used to address their suffering were effective or not. The majority of community members expressed that for the most part they found their approaches effective, particularly referring to their faith. A much smaller number of community members felt that their approaches were more or less effective or not effective at all.

Combined summary of key findings on community approaches to suffering and their effectiveness

Community approaches

- The most significant approach to war related suffering was faith and spirituality based.
- The significance of faith and spirituality as an approach is likely even greater, as it can be found as a critical element of other categories, most notably the approach of attitude to suffering such as gratitude and acceptance.
- An important approach was the attitudes that were taken towards suffering. These include attitudes such as acceptance, forgiveness and relativising one's situation.
- Relying on social connections was an important approach used to ease suffering. Family, friends and community members were used to help provide comfort and emotional support as well as meet various welfare needs.
- Approaches related to a level of return to normalcy were also considered to help with suffering. These included going back to daily routines, restarting of education, and involvement in income generating activities.
- In some instances of approaches relating to return to normalcy, the agency lay with those suffering, but in others such as the normalcy created through the improvement in the security situation, the agency was external to the individuals.

- Some approaches had minor mentions, but highlighted the importance of nuances and complexities in approaches to suffering. Revenge, usually considered a negative approach, was used as an effective approach to suffering by a few research participants.
- Only one response indicated using a spiritual approach that was not linked to the major monotheist religions of Islam and Christianity.

Effectiveness of approaches

- The research participants' approaches to suffering were largely considered effective, and in many cases special reference was made to those related to faith and spirituality.
- Much fewer people found their approach more or less effective, and only one found the approach ineffective. In these cases, the inability to meet physical needs was the source of lack of satisfaction with their approach.

The next chapter, chapter nine, will discuss the various findings highlighted in this chapter and starts to ask important questions about the role of external interventions in the context of the community approaches highlighted in the findings. The key finding of the role of religion and spirituality as approaches to suffering will be discussed, notably as a provider of comfort. This will be linked to existing studies on the role of religion in medicine, and in particular in the field of psychology where there is much study on religious coping. Elements in studies attempting to ascertain effectiveness of such approaches, such as measuring impact and proving effectiveness, will be discussed in comparison with the views reflected from the findings of the results of this study. Also, to be discussed in the following chapter are the links between the findings in Bauya and studies on religion in emergencies in some humanitarian contexts in the global south.

The following chapter will also discuss the key findings around attitude as an approach to suffering. As well as addressing the aspect of the role that religion and spirituality play in several of the attitudes, the chapter will specifically discuss certain attitudes such as gratitude, acceptance and relativising suffering as well as the less mentioned attitudes such as revenge. These attitudes are largely discussed in line with key scientific studies that examine the role of attitude on physical and psychological health and wellbeing. Similarities and differences are discussed as well as other key elements. The discussion also makes

linkages to quantum sciences that examine the role of attitude and spirituality in health and healing in particular. Some of these studies address the role of spirituality and prayer directly. The discussion in the next chapter also makes linkages between the Non Western approach to health, healing and suffering and these quantum science perspectives.

Finally, the next chapter will also discuss the main findings on the social and security approaches to war related suffering. The role of the social through reliance on others will be discussed as it relates to key medical and humanitarian perspectives on the subject. This is also the case with the discussion on the findings related to security context and return to normalcy. The humanitarian sector psychosocial programs and the field of psychology have specific perspectives on how the social, peaceful security settings, and the role of normalcy impact on mental health in emergencies.

Chapter Nine

Running Rivers Destined for You Never Flow Past You: The Community's Approaches to Addressing Suffering and Promoting Well-being (Discussion of Results)

'Gratitude is a universal virtue. It is also the central value among Africans...all received benefits are seen by Africans as an expression of God's goodwill...in the gesture there radiates appreciation of the gift and respect to the giver. Both appreciation and respect are here, expressed in words and action. This is to say, gratitude is not a passive phenomenon, but an active engagement.'

Matsobane J Manala, (2018, p.4)- He is an academic at the Department of Philosophy at the University of South Africa, writing on the role of gratitude in the Christian faith.

'If I'm sitting across from thousands of people interviewing them and they are telling me about the importance of spirituality in their life, or faith, or mystery, or grace, then it's my job as a social scientist to make sure I include that in whatever theory I develop or whatever explanation I put forward.'

Dr Brené Brown, (2019¹³⁴)-She is an American social scientist and three-time bestselling author.

'Thus we have come full circle from the supernatural, God-drenched view of life of the universe, by way of the fateful Copernican revolution and the lesser intellectual rumbles attending to it, to a professedly objective, rational, this-worldly, man-centred theology. In this latter-day dispensation, the supreme, unchallengeable doctrine is that of the Scientific Method and its sacred covenant to redeem us all through total and perfect knowledge of virtually anything worth knowing.'

Dr Wilbur Zelinsky, (1975, p.125)-He was an American cultural geographer who made substantial contributions to the field.

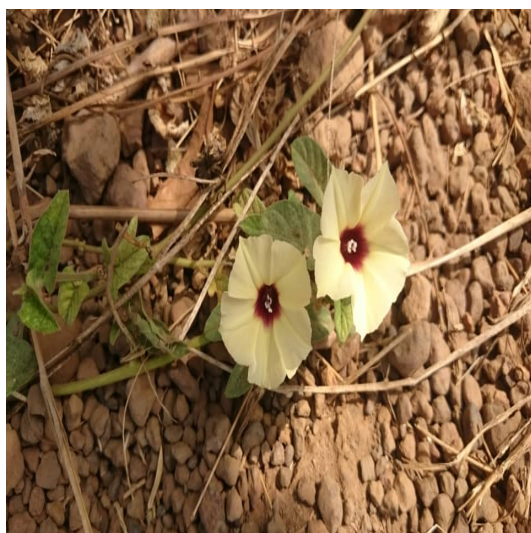


Fig. 27 Stony paths are the other routes for moving around the village. Bauya, Sierra Leone
Source: Author 2017.



Fig. 28 A house destroyed by fighting during the war is now used to dry clothes. Bauya, Sierra Leone
Source: Author 2017.

¹³⁴ From interview with Oprah Winfrey, Super Soul Sunday series. 19.11.19. (part of bibliography)

9.0 Introduction

This chapter follows on from the previous chapter with a discussion of the results and findings presented from my field research that detail the community's approach to their war related suffering and whether they found their approaches effective or not. The chapter will move beyond specific categories of approaches to suffering to exploring some of the concepts that have arisen from analysis of these categories and specific responses. The chapter will draw together the essence and implications of what the community suggests as their overall approaches to suffering. It will also discuss their evaluation of the relevance and applicability of the approaches they used. Some of the concepts that will be discussed include the elements of spirituality, attitude, and social aspects as approaches to suffering. As such, the discussion will also touch on the way the community's approaches reflect the concepts within a wider Non-Western, or even specifically African cosmology, notably the focus on religion and spirituality. The chapter will also make linkages to some of the key aspects raised in the discussion in chapter seven on the community's understanding of suffering, such as the role of spirit in the unity of mind, body and emotions and the social elements related to suffering.

In addition, this chapter will link the concepts arising from the community members' approaches to their suffering to wider debates in practice and theory within the medical and humanitarian sectors on coping with traumatic experience. These debates are generally found in the research within the field of psychology, in the global humanitarian sector, and developing fields around mental health and wellbeing. Linkages will also be made to the key elements of the thesis subject and the relation to global humanitarian responses on mental health in emergencies that were raised in the literature review in chapter three. To some extent, the question of cultural appropriateness of mainstream Western approaches to mental health will also be explored. While it is difficult to completely separate approaches to addressing trauma from the humanitarian responses, this chapter attempts to focus on the approaches while addressing detail of global responses in the following chapters; eleven and twelve.

9.1 Spirituality, faith and religion as approaches to suffering

9.1.1 The spirit, as part of the unity of mind, body and heart and not as spiritual suffering

It is critical to understand at this stage that community members did not express that they experienced spiritual suffering. They did not express, for example, that they believed that

unhappy spirits or ancestors caused their suffering. There are many African contexts where the individual and community's suffering is considered to be the result of spirits, the Divine entity or ancestors somehow being unhappy with some behaviour. Studies by Honwana (1996) and Stark (2006) that examine spiritual cleansings in Mozambique, Angola and Sierra Leone, provide descriptions of such examples. The role of spirit as a cause of suffering, however, remained extremely minimal in the Bauya context.

Similarly, the vast majority of community members did not express suffering that is linked to crisis of faith. Loss of faith is considered in studies on psychology, religion and spirituality as one of the possible consequences of religion on the mental health of those that have experienced trauma (Koenig, 2004; Pargament et al., 2000). Koenig (2004, p.1196) explains that this results from people asking themselves questions saying, ' "Why me?" Then as prayers for healing and relief go seemingly unanswered, they ask other questions. Is God punishing me for past sins? Does God even care about me? Does God even have the power to make a difference? Has my faith community deserted me?' In fact, one of the reasons given for the initial lack of interest in studying and considering the role of religion and spirituality in the field of health sciences, and the general approach of pathologising this in mainstream Western medicine, is this 'negative' effect of religion (Lukoff et al, 1995). This type of questioning of their faith only arose mildly, with one research participant in Bauya.

It is clear that the breadth of community members that used spirituality and religion as a coping mechanism in Bauya is extensive. The analysis of the results from the fieldwork location of Bauya demonstrates that for community members the world of spirit, more precisely the existence and impact of the Divine as God, is omnipresent in their lives. This spiritual element has the ability to impact all facets of their suffering; emotional, mental and physical. The impact is related both to the cause of the suffering, the way they should approach and deal with the suffering as well as the solution to ending their suffering. In the results discussed in this chapter, community members refer to their spirituality and religious faith in God to address problems they have previously identified as being emotional, mental and physical- but not spiritual.

9.1.2 Religious faith as comforter and provider of solutions

There is a continuous adjusting and readjusting, agreeing and disagreeing within academics and practitioners that engage in some study on religion, spirituality and health regarding

definitions of the terms, spirituality and religion¹³⁵ (Blazer, 2009; Oman and Thorsen, 2005; Koenig, 2004; Miller and e, 2003). In discussing definitions of religion and spirituality Miller and Thorsen refer to 1991 reference material in the Oxford Dictionary dedicated to this subject describing spirituality as being concerned with two main themes, 'First is the notion of being concerned with life's most animating and vital principle, or quality, often described as giving life or energy to the material human elements of the person...Second, spirituality includes a broad focus on the immaterial features of life regarded as not commonly perceptible by the physical senses (e.g., sight, hearing) that are used to understand the material world...Therefore, it comes as no surprise that *spirituality* as a term tends to elude tight operational definition (Miller and Thorsen, 2003, p.27).'

Religion includes spirituality but is generally linked to more community and institutionalized rituals. Thus, distinctions are generally drawn between the terms where, 'The construct of religion is well grounded, while that of spirituality is much more diffuse. Nonetheless the 2 necessarily interact (Blazer, 2009, p.281).'

Another distinction is that, 'Spirituality is more individualistic and self-determined, whereas religion typically involves connections to a community with shared beliefs and rituals (Koenig, 2004, p.1194).'

Finally, it is also instructive to note that:

Any scientific operational definition of spirituality is likely to differ from what a believer means when speaking of the spiritual. Scientists study beliefs or feelings or perceptions about spirituality, or they study behavioural practices and effects related to religion, all of which, from a believer's perspective, are essentially physical manifestations that fall far short of representing or comprehending the real thing, the essence of what is experienced as spirituality...The believer on the other hand, is surely not meaning anything like an underlying neurobiological event or structure when speaking of what is spiritual. This difference of meaning creates an inherent definitional if not a procedural tension in the study of spirituality (Miller and Thorsen, 2003, p.27).

For the purposes of this study I will use the terms interchangeably recognizing their fluidity and similarities. I understand spirituality to be an overarching term that allows for the inclusion of religion and faith, but is not limited to this. However, with reference to the

¹³⁵ See Miller and Thorsen 2003 for a more detailed discussion on definitions of spirituality.

latter point by Miller and Thorsen (2003), I will use the term religion most frequently as a way of reflecting the community perspective. The fieldwork responses clearly show that, apart from one person, all references in the realm of spirituality related directly to the notion of the Divine entity of God, within the frame of the two monotheist religions of Islam and Christianity, and were thus very much about religion.

In my wider understanding of Sierra Leonean culture, and in particularly in the rural areas, monotheist religions, going to church, attending the mosque does not exclude the fact that people believe in and are linked to other spiritual practices. While often referred to animist or African religions, in Sierra Leone these are more generally belief systems in which a 'priest' or 'priestess' is the mediator between the spirit and material world. Therefore, belief in communication with ancestors and other elements of a spirit world reside very comfortably in tandem with 'traditional' religions, even though much of the religions frown upon these wider notions and links to spirit.

In addition, it is also important to comprehend that in this community in Bauya where I conducted my research, and in Sierra Leone in general¹³⁶, people are generally religious. This is illustrated in the fieldwork results where in discussing their understanding of suffering responses were replete with references to God. Examples of this include, '*It is a blessing you're talking to me today. I thank God that I'm talking to you...Me I thank God I can talk to you on a day like this* (Hawa Kargbo, 2017).'

Reference to their religion and faith in God was the most significant category in terms of approaches to suffering that were used by community members in Bauya. It is also important to be clear that from the community members' point of view this approach was effective for the vast majority. The fact that this response to suffering is not a major departure from how they live their lives ordinarily will be important in the discussion later in the chapter that makes linkages with existing studies.

Analysis of the results illustrate that people used their faith in God to maintain hope, to simply take comfort and also to help them find the solutions to their suffering. The main

¹³⁶ Another example can be seen in basic interactions in Sierra Leonean context. When people greet each other gratitude and praises to God are part of the language. The usual response to how are you, which is usually a specific request on how one's physical body is, is not so much a reference to how one is, but a general expression of gratitude to God either that one is well or, if one is not, the same gratitude is expressed to God that one is not in a worse condition. Similarly, as part of the morning greeting it is customary to also ask how one slept. Again, the answer is generally an expression of gratitude to God, or a response of how one slept followed by gratitude to God, or if one did not sleep well an acknowledgement that at least one is alive and woke up to see the morning.

recourse was to their faith and even in the second most mentioned category for community members approach to their suffering; their attitude to suffering, the role of religion is also reflected strongly. It is considered accepted knowledge in the broader field of mental health that religion and spirituality is one of the most usual recourses for coping with stress (Weber and Pargament, 2014; Shaw et al., 2005; Koenig, 2004; Miller and Thorsen, 2003; Pargament et al, 2000). Pargament et al (2000) summarise this concept saying, ‘When asked how they cope with their most stressful situations, many people make mention of religion. Among some groups, particularly the elderly, ethnic minorities¹³⁷ and individuals facing life-threatening crises, religion is cited more frequently than any other resource for coping (e.g. Bullman and Wortmann, 1977) (Conway 1985-1986 in Pargament et al, 2000, p.521).’ The results from the community members in Bauya are in keeping with these findings regardless of the fact that the studies from where such findings emanate are largely conducted on Western audiences (Miller and Thorsen, 2003).

Similarly, community members’ responses that their approach to suffering was to use religion as a source of comfort and hope fits into some of the key religious functions of coping identified by Pargament et al (2000). They define five key religious functions; 1. Meaning, 2. Control, 3. Comfort/Spirituality, 4. Intimacy/Spirituality, and 5. Life Transformation¹³⁸. In Bauya the use of religion for most people largely fell under the category of function three and to some extent four and five. Some of the functions gaining a lot of focus in medical literature such as Life Transformation (5) and Meaning (1) did not present themselves in my fieldwork results.

The RCOPE¹³⁹ is a framework developed for measuring religious coping that aims to enhance understanding of the role of religion in the process of coping with a traumatic event (Pargament et al, 2000). The focus is around the points of gaining control and finding comfort and closeness to God. With regards to gaining control the items include active religious surrender, which gives control to God in coping. Many community members’ expressions of using a spiritual approach illustrated this aspect of religious surrender. Raka’s statement provides such an example where he says, ‘*I have faith that anything that comes your way; you give thanks to Almighty Allah (Raka Kamara, 2017).*’ Dimoh’s comment that,

¹³⁷ This term refers to ethnic minorities in a social context that is largely Western and Caucasian, as opposed to ethnic minorities in a setting in the global south.

¹³⁸ See Pargament et al 2000, for more detailed description of each function.

¹³⁹ This is not an acronym.

'Anything that happens you take it easy like nothing happened. Just have faith in God' (Dimoh Kuna, 2017), is similar.

In terms of the religious function of comfort/spirituality there were very many strong correlates to the Bauya fieldwork. Statements such as, *'I take consolation from my religion I don't take it to heart (Ansumana Barrie, 2018),'* reflect the sentiments of a large number of community members who mentioned looking to their religion for comfort. These results fall under the more specific definitions of the RCOPE regarding 'seeking spiritual support'. This is based on the search for comfort from God and 'religious focus', which relate to keeping focused on religious activities as a way of distracting from the stressor.

Community members also used different methods to access this comfort from God. The responses presented in chapter eight highlights the importance of prayer. Raka explained that *'From here we all pray to Allah let him solve our problems...this is continuous (Raka Kamara, 2017).'* Konima affirmed, *'When night came, I prayed. Morning I prayed. In the bush I prayed. It helped. It's prayer that worked (Konima Turay, 2018).'* Both highlight how important prayer was to many community members. These methods were active in the sense that this involved prayer, or going to the church or mosque. But less easily definable methods were also used, for example it is clear in many instances that the simple belief and faith in the Divine was sufficient to ease suffering. Hindolo's comment provides such an example when he says, *'My sister we suffered here. All we do is hope to God (Hindolo Banyar, 2017).'*

While religion is used as a coping mechanism in the community in Bauya, there is a marked difference from how this is addressed in the scientific studies examining the role of religion and mental health. This is reflected in the fact that the questions of why and how these different expressions of faith in a Divine power were able to have an impact on reducing the community's suffering were not raised during the study. The specifics of *how* God works were not alluded to or questioned in any way by any of the community members that took part in this research. This was a reflection of their faith, a part of their way of life, their way of being, their way of communicating and understanding and engaging with all that life throws at them; the good, the bad and the ugly. Only in one interview was there a vague suggestion that the person questioned their faith. Otherwise it was an approach that worked, that made sense to community members and one that they used. No one raised

questions about how or why this approach worked. It did not appear relevant to them. It is however a critical focus of the academic and clinical study of religious coping.

9.1.3 Religion as a response to suffering in humanitarian emergencies

The literature examining religion as an approach to addressing trauma in humanitarian emergencies was extremely limited. There is, however, a study in Asia that also has correlations with the findings from my fieldwork with regards to religion and spirituality as approaches to addressing suffering. Gryse and Laumont's study (2007), which interviewed 400 people regarding the impact of the Tsunami and conflict in Aceh, Indonesia, also found that the community's principle approach to their suffering was religious. While this one study is not sufficient to draw any conclusions, it provides points of interest for my research and does allow the drawing out of some key issues. The figures of people relying on religion as a coping mechanism in the Aceh study were overwhelming, and as such have a similarity with results from the community in Bauya where I conducted my research. Gryse and Laumont (2007, p.13) explain that, 'Nearly all interviewees saw religion as a functional coping mechanism (95% of the key informants and all participants in the focus group).'

As with the results from the study in Bauya one can see similarities in how community members felt their religious faith helped them. The following summary by Gryse and Laumont (2007, p.135), of the impact of community members' faith on their suffering and the role of religion, reflects the findings and also results presented in my study. They state that:

However, in the light of an almighty God, it is also believed that even negative events ultimately bear positive outcomes ...Whether it is called 'establish a close relationship to God', 'surrendering yourself to Allah' or believing that 'even bad events will eventually lead to positive outcomes', in many ways religion helps to accept one's destiny and therefore has, as such, a calming effect on people.

This then begs the question as to whether international organizations involved in humanitarian response in emergencies consider religion and spirituality as they design and conduct their interventions. This is both generally, but also more specifically as it relates to their interventions aimed at addressing trauma or mental health of affected communities.

The statements from the community members in Bauya, similar to the Aceh study, express the sentiments that the outcomes will be positive; that they believed God would find a solution. The closeness to God was reflected in the results illustrating faith, constant prayer and surrendering to the will of God. What Gryse and Laumont (2007) express as a 'calming effect' is similar to what community members in Bauya referred to when they talk of having peace of mind and ability to bear what they were going through and direct expressions that their faith provided comfort and solace. Dimoh expressed the value of his faith saying, '*I took comfort through the bible when they preached to me. I had to bear the suffering within myself (Dimoh Kuna, 2017).*'

As well as the similarities, it is useful to understand some of the differences between the study in Bauya with the Gryse and Laumont study (2007). While we cannot make direct comparison's because the nature and terms of both studies were different, there are some differences that arise that make useful contributions to the greater picture and discussion on how global humanitarian responses on mental health address an issue such as spirituality and religion. Firstly, Gryse and Laumont (2007) do make an attempt to explain why religion is functional or effective as an approach to suffering. Their emphasis is on the social aspect of religion, which they explain saying, 'So by reinforcing social cohesion, religion also has a social function (Gryse and Laumont, 2007, p.134).' They explain how this helps in terms of community bonds through religious belonging, social support. This includes the fact that the mosque has a role that goes beyond being a simple venue for prayer, but one for social gathering and interaction and where social support can be provided. Gryse and Laumont's emphasis on the social aspect of religion is fairly strong and they go as far as cautioning an understanding of prayer as an individual act, suggesting that it should be conceptualized as a social one due to these wider social links identified as being inherent in religion. They explain this saying, 'Since religious activities such as 'praying' (voluntary) or 'taking salat' (the obligatory five prayers a day) are performed individually, it might be wrongly concluded that religion should only be considered as an individual coping mechanism (Gryse and Laumont, 2007,p.135).'

In the study in Bauya, this sentiment reflecting the social value of religion is echoed by one of the community members who explained that, '*I would walk to the people that had money and we beg. Bring it to the mosque we measure and we eat. We organized it (Raka Kamara, 2017).*' During and after the war people begged for food and came and shared it collectively

at the mosque. But, while there were clear references from community members as to the value of the social aspect of religion, the results of the fieldwork in Bauya more clearly indicate that for the large majority of community members, religion had more of an individual impact or importance. The focus was individual faith and prayer. This is contrary to the emphasis Gryse and Laumont place on the social aspect of religion. It also lends possibility that it is the religion itself that is effective, rather than the social acts related to it.

It should also be noted, as with the general academic and clinical study on religious coping, the focus on the social, or the desire to find a reason WHY religion and spirituality have this level of impact or effect, does not allow openness to the possibility that this could in fact be due to the fact that a 'higher power' could provide a remedy. This is important for two reasons; first is that it contradicts with what other scientific perspectives such as that of quantum physics, or Non-Western energetic healing practices. In these worldviews the energy of the mind from prayer, belief, and intention and the existence of a consciousness that could have such powers is a basic part of understanding and approaches to health. This is the general belief and understanding of the communities that are affected by the emergencies in the global south. Second, is that there is something that speaks to the questions of political power of knowledge and primordially of worldviews. It essentially negates the explanation that the people affected themselves give. They are telling Gryse and Laumont (2007) and this research, that their suffering was eased because of their faith, and mainly due to the acts of the Divine.

In searching for social or any other explanations, without being able to prove the community members are wrong or building reasons on baseless foundations- there is an implication that their view cannot really be possible. This is despite the fact that this is an on-going debate with no real proof either way. The mainstream science view that says there is no God is as valid as the 'non-scientific' one that says there is. Why one story has primacy over another is where issues of power and politics enter the subject of global mental health responses and will be explored in much more detail in subsequent chapters.

There are two other important differences between the Gryse and Laumont study (2007) and this one conducted in Bauya. One is relevant to contributing to the understanding of nuances within different Non-Western cosmologies, and the other is very relevant to the discussion below linking the results from this study to broader work on mental health and

spirituality, because it relates to the concept of post-traumatic growth. The first difference is related to the psychological understanding of how religion is used for coping outlined by Pargament et al (1995). Results from both studies in Asia largely fall under one of five religious functions for coping; Meaning. This refers to the search for understanding and interpretation of a confusing life experience to which religion provides a framework for comprehension (Pargament et al, 1995). However, in the results on suffering in chapters six and seven, community members in Bauya did not provide explanations for why they were suffering or attempt to ascribe meaning to this. I had allusions from two members that they did not consider the suffering a form of punishment from God against them individually, because the majority of the country was affected in a similar way. There were no suggestions that the war and suffering were a punishment from God on the whole country. There was an acceptance that the experience was negative, and that this was something that was meant to be, but nothing was said about Divine punishment. There was no evidence in the analysis of my fieldwork results that this aspect of using religion as part of a search for meaning as outlined by Pargament et al (1995), was an issue in the Bauya community.

In contrast, in the Aceh study the search for meaning appeared to be an important element of how religion was used to cope with suffering. For example, one third of respondents considered the war a trial from God and the Tsunami were explained as a punishment from God for poor religious behaviour (Gryse and Laumont, 2007). It is interesting to note that this approach can find correlation with the RCOPE items and definitions around religious coping, particularly as it relates to finding meaning. It fits with the item titled 'Punishing God reprisal' where the stressor is redefined as a punishment for God related to one's sins. This then involves questioning what sins had been committed or an understanding of these (Pargament et al, 2000). Indeed, in other work around spiritual cleansing, including in Africa and Sierra Leone, this element of punishment is more evident. Yet, it did not arise in the results from this study in Bauya and indicates the importance of staying open and not bringing pre-defined notions and understandings to a study.

In this case, the results from Bauya also did not follow the 'norm' for Non-Western perspectives of religion. It is a reminder that not all Non-Western people think the same way, and that there is no universality of the way people use their religions. There is a nuance then to the role religion plays in terms of acceptance- in Bauya it was just accepted,

and in Aceh it was considered as punishment and a reason for the suffering was sought. Eagles (2004) study on the implications of an African cosmology in addressing traumatic stress is replete with the type of worldview that is supposed to underlie African cosmology, and indeed many other indigenous worldviews. Eagle (2004) explains that Africans are perpetually looking for the cause of their troubles within a spiritual context. She states that, 'If some kind of misfortune befalls an individual the search for causality tends to exclude the possibility of such an event being random or purely fortuitous (Eagle, 2004, p.6).' She further states that the explanations of misfortune fall under three main categories of mystical, animistic and those with a magical cause¹⁴⁰ (ibid).

Again, this sense of grappling with why they experience such terrible things and suffered to such an extent did not arise in the study in Bauya. Perhaps this is an extreme form of acceptance and takes the meaning of faith also to its furthest level. It happened because it is supposed to happen. The following statement from Danke express this clearly, '*Because I know what God decides is what will be. That's what I accept...Anything that God has marked for you that is what will be. Whatever God marks for a person that is what happens. I won't say that I'll be sad over that. I'm alive (Danke Koroma, 2017).*' There was no evidence of a questioning and search for meaning. So, this major role given to religion in academic context or based on normalities of African cosmology, were not reflected in analysis of the results from this study. In addition, the analysis did not indicate any ascription of causality to neither mystical reason, nor animistic or magical causes as suggested by Eagle to be the 'usual' African response. This is yet another indication of the importance for humanitarian actors of focusing on, taking the necessary time, and having the patience to understand more profoundly the perspectives of communities in emergency settings.

9.1.4 Religious coping: links to the mainstream psychological understanding

In the broader field of psychology, the number of studies on the impact of religion and spirituality on health is growing, although meta analyses still limit this to 10-20 relevant studies. It is also important to note that a major challenge, as is the case with the studies I am finding in general, is that the majority of the studies are conducted on Western audiences, and mostly Caucasian populations (Miller and Thorsen, 2003). Further several of the studies have also been on very young student populations. These studies themselves discuss this element as a key limitation; as such there are limits of generalisations and

¹⁴⁰ See Eagle (2004), p7 for a detailed explanation of each cause.

comparisons. Also, important to note is that my study has not been set up to test the impact of religion, or measure religiosity or many of the other elements that the majority of these studies have been set to achieve. Thus, in any case, there is this additional limitation for comparison with my study. Nonetheless, there are important aspects of the research on the effect of religion and spirituality on health that are relevant to the responses from my fieldwork.

It is instructive to note that initial studies about the role of religion on mental health tended to treat religion as pathology. A review of literature and the various studies exploring the links between religion and spirituality and mental health substantiates this. Lukoff et al (1995, p.468) explain that, 'The religious and spiritual dimensions of life are among the most important cultural factors structuring human experience, beliefs, values, behaviour, as well as illness patterns. Yet mainstream psychiatry, in its theory research and practice as well as diagnostic classification system has tended to either ignore or pathologise the religious and spiritual issues that clients bring into treatment.' Further it is not surprising that this is the case when the father of Western Psychology, Sigmund Freud, 'Saw religion as a 'universal obsessional neurosis (ibid p.468).'

While this view of religion as pathology is still the mainstream position, there is an increasing challenge to this, and it has relevance to the results from the study in Bauya. Several studies found that the link between religion and spirituality and mental health is not only strong, but also more often positive (although they do leave space for understanding of cases where the effect can be negative) (Langman and Chung, 2012; Pargament et al 2000; Lukoff et al, 1995). For example, Langman and Chung (2012, p.12) explain that, 'Spirituality can enhance inner strength and allow individuals to find meaning in stressful situations, provide people with an optimistic perspective and positive purpose in life and subsequently reduce anxiety.' Religion in particular is thought to provide explanations that allow people to comprehend and make sense of their suffering which improves their coping (Brinkman, 2014).

Another point to note related to the positive nature of religion, is that the literature on trauma and mental health suggests that part of the psychological suffering of people who have experienced trauma inducing events is due to the fact that they are unable to understand or find meaning in the experience (Splevins et al., 2010; Pargement et al, 2000).

As an example, Gryse and Laumont (2007, p.135) explain that in their study religion provides meaning, saying that it, 'Not only helped in constructing a more unified Acehnese society, it also provided 'answers' to questions such as why the conflict, or the tsunami, occurred.'

A key concept related to such a positive role for religion is that of posttraumatic growth. This is essentially the idea that the process of finding meaning and emerging from the trauma inducing experience can make a person/survivor develop personally. While there is some question regarding methodologies for posttraumatic growth, the concept itself is growingly accepted (Jayawickrama et al., 2014). The concept often includes some element of personal and spiritual growth. It is often acknowledged in the studies and literature on the topic that posttraumatic growth is not a new concept and one that can be found in most major religions (Taylor, 2011; Shaw et al, 2005). Splevins et al (2010, p.259) state this clearly saying, 'That there may be psychological benefits following adverse events is not a new concept. Indeed, such ideas are incorporated in the world's major religions of Christianity, Buddhism, Hinduism, Islam and Judaism and are rooted in the history of diverse cultures.'

Within the field of psychology, the focus on the fact that traumatic events can lead to positive outcomes is a recent trend that is often linked to the start of the positive psychology movement around 2000 (Splevins et al., 2010; Shaw et al., 2005). Splevins et al. (2010) also make a particular point of framing the value of the posttraumatic growth concept from a cultural perspective that militates against the imposition of one mental health model on people of different cultures. They explain this saying this perspective can 'Reduce the risk of inadvertently assuming a universal framework...limit the risk of undertaking culturally insensitive research and practice (Splevins et al., 2010, p.260).

However, it is important to note that the results from the study in Bauya illustrate that community members did not experience their overcoming of suffering as posttraumatic growth. The community members accepted their suffering, but none of those that were part of this study expressed anything similar to, or exactly like, the concept of posttraumatic growth. Not one person expressed that this suffering strengthened their faith, their relationship with God or that they somehow became a better person for this. As psychology and the field of mental health is evolving in a manner that suggests it will better fit realities on the ground, results like this are a reminder of the importance of addressing each context specifically.

Also considered important regarding the use of religion for coping are the cultural assumptions inherent in a mainstream Western approach that ignores spirituality and religion. In the USA, for example, it is more regular that 'enlightened' people do not feel that science and religion can mix, the latter linked more with superstition (Shweder, 2008). The fact that the majority of the world may be religious does not seem to matter. Most Non-Western health systems embrace, and consider as part of their central frameworks, the spiritual and religious elements of sickness. It should, therefore, not be an insignificant fact that, 'More than 70% of the world's population relies on non allopathic systems of medicine, and the traditional healers who often operate from these models often conceptualize and treat patients' complaints as having spiritual causes (Lukoff et al, 1995, p.468).'

9.1.5 Measuring the impact of spirituality as a coping mechanism

Another key concept that is clearly reflected in the studies on religious coping is the importance of measuring the impact of recourse to spiritual methods as effective mental health coping strategies. This is in contrast to the community in Bauya's acceptance that religion was effective and sufficient because it worked. There were no questions regarding, how or why and measuring the impact beyond the fact that it worked.

In terms of measurements we can see that some of the measures around religion and psychology are related to religiosity (Hill and Pargament, 2003). Here we see the focus on clinical practice's attempt to understand how often a patient attends church or prays, or takes part in religious social activities (Hathaway et al, 2004; Koenig, 2004; Pargament et al, 2000). The imitations of such basic measurement of religiosity have been highlighted many times and has led to the development of more sophisticated measures to define and understand religious coping such as the RCOPE framework (Pargament et al, 2000).

While one may understand this preoccupation of measuring religiosity from an academic and clinical point of view, it would be extremely important to reassess its value as an approach to developing mental health responses in an emergency context like that of Sierra Leone, or anywhere in the global south. The results from community members' responses in Bauya illustrate that the concept of measuring and categorising did not manifest. Indeed, measuring may be more of an issue for practitioners, and hence one could consider that the average civilian may be the wrong audience. As community members talked about their

approach to suffering there were no attempts to measure and categorize in any detail. People were clear about what they used religion for and its positive effect.

While the RCOPE on the other hand and several studies go to extreme lengths to measure and define and categorize, one has to be very clear what value that would bring to a humanitarian emergency. Does this hold value for those being assisted, or is it of academic value for those responding? Does the knowledge of how one defers to God, actively or passively help a global mental health humanitarian response that does not have a spiritual element? This level of questioning places the individuals experiencing suffering under a microscope to analyse their suffering, but does little to help them actually address it. The question we should ask is to what ends and to whose benefits this is when the worldviews of the researcher and the researched may be so different.

I am not suggesting that measuring and defining and trying to better understand how people use religion to cope is unimportant. What I am saying though, is that this may have very particular use and relevance in a clinical context, or a certain cultural context, but there must be caution in assuming that this can go beyond. In this particular case I refer to the field context of complex emergencies. Further, I am also suggesting that the basis for trying to define and categorize, holds within it an assumption that the 'God' that the people believe in does not really have the capacity to do what they are asking or what they feel he does. There is an element of disbelief underpinning the studies. Again, it is not for me or my study to try to ascertain whether this is right or wrong, but it does raise a question of whether one can respectfully engage with people using religion as a coping mechanism when unable to respect certain aspects of a religion, or at least one of its fundamental tenets; that there is this God who has the power address such suffering.

9.1.6 Proving that religion and spirituality works as a coping mechanism

In terms of explaining why or how religion works this issue is similar to that of attempts to measure the impact of religious coping. One thing that the Bauya fieldwork results showed clearly is that community members had conviction that their various approaches were effective, faith and spirituality being a major one of these. When explaining their use of spirituality or religion as an approach to their suffering they described what it did for them- provide comfort, hope or solutions. We see this in explanations of general faith, or with references to prayer such as Lombek's statement, '*Anything that meets me, if it's a bad*

thing God will comfort me. I have faith. I pray. I go to church. When I wake up I pray. When I go to sleep I pray. That comforts me (Lombeh Ndomaineh, 2017).' It is clear. There is no single interview, including the focus group discussion, where any individual questioned why their reliance on their God and their religion worked. It just did, and that was sufficient.

On the contrary, in the field of religion, spirituality and mental health, there is a deep desire to understand why religious coping has the positive effect it does. There seems to be little headway in this matter. It is similar in the case of scientific studies of mindfulness that focus deeply on the physical neuroscience aspects of the impact of the practice (Hayes and Plumb, 2007); there is no space for the spirit. As with the measurements, it is important to note that there is an underlying assumption in trying to understand how religion works, that it could not be because there is a God, Divine entity, consciousness or energy that provides the comfort and solutions that people are seeking. One of the obstacles to religion and spirituality being studied in the health field is related to this point. It is sometimes argued that the nature of religion and spirituality in itself by definition defies scientific study because there are aspects of it that are unobservable (Miller and Thoresen, 2003).

The results in Bauya have more of a relation to another explanation of the challenges to studying religious aspects in science. Miller and Thorsen (2003) explain the view that science is not equipped to study religion saying, 'According to this view, the methods of science offer inept or inappropriate ways of trying to understand spirituality, regardless of its relevance or health and patient care. If one believes spiritual tenets to be fundamentally subjective and ineffable, then it follows that spirituality will elude methods that rely on direct observation and replication (Miller and Thoresen, 2003, p.25).' Another similar explanation comes from Blazer (2009, p.282) who states that, 'The deepest spiritual thoughts and feelings are often too deep for words. Therefore, assessing spirituality may be especially difficult with structured interview instruments. In contrast, abstracting generalizable data from a more qualitative approach (such as a non-structured interview) can be challenging as well as costly.'

Thus, a related challenge I noted earlier, is that the basis of a scientific study, to question the power of a divine entity to provide psychological comfort or healing, already inadvertently insinuates a disbelief and assumption that this is not possible. What is implied de facto, through scientific questioning is that what the community members in Bauya are saying, and

what all the other great numbers of people who have been researched and use religion coping as their primary mechanism for coping with traumatic experiences and suffering are also saying, about the power of God and/or religion; is false. A fundamental assumption behind trying to find how religion works, is basically, that it couldn't possibly be the fact that there is a God, divine entity, consciousness or energy, that provides comfort and solutions to suffering. What is important in this study in Bauya is that whether there is a God or not, is not relevant. However, what is significant is the impact of such underlying attitudes on the communities that global humanitarian responses seek to help. The impact of having such an attitude has several repercussions on the respect with which we deal with our fellow human beings, the respect of their culture and ways of doing and being, and consequently also on the effectiveness and appropriateness of any given humanitarian response. This ultimately affects whether the interventions made or designed have the sought-after impact on the populations being 'helped'. Further, such approaches do not reflect 'scientific' debates that allude to the possibility that these Non-Western conceptions of health and spirituality are scientifically valid. This will be further discussed in sections below.

Perhaps it is useful to examine the challenge from the perspective of the numerous studies illustrating that there is a positive correlation between religion and mental health. From a qualitative point of view, and from the self-assessment of the community members in Bauya, this scientific finding is also applicable in their case. If there is anything that the results have indicated it is not only that majority of the community members used religion and faith as an approach to address their suffering, but even more, that they found this effective. While there are indeed studies that are questioned for their findings based on methodology, the overall conclusion emerging is that religion and spirituality have a positive effect on mental health (Oman and Thorsen, 2005).

Now the critical question in this context is; so what? From the perspective of approaches of those designing humanitarian responses, are these finding useful to validate the fact that they should address the matter of religion and spirituality in their actions? Maybe interventions will focus on providing support that enhances people's spiritual practice or faith in some ways. Such an approach, however, is highly unlikely in the current scientific and global humanitarian climate, but perhaps it cannot be categorically ruled out. In short, the results of the study, by both what community members said, and also what they did not say, suggests strongly that preoccupations as to how religion works, and the details of why it

is effective, is not something that concerns or is relevant to them. This will be explored further in the following chapters on the question of external interventions.

9.2 Attitude to suffering as an approach to overcoming suffering

9.2.1 Overlap in spirituality and attitude as an approach to suffering

In chapters six presenting results on understanding suffering, and the previous chapter eight, on presenting results on community approaches to suffering, I explain the challenge in placing concepts and responses into hard and fast categories. One of the places that this presented the greatest challenge was in making a clear separation between attitudes to suffering as an approach to dealing with suffering and the spiritual and religious approaches. This posed a challenge for two main reasons. In the first place there were certain attitudes to suffering where community members directly referred to their faith. For example, in the case of acceptance of their loss, Ansumana Barrie explains directly, *'I'm not bitter about it now...I'll put it to my Christian faith (Ansumana Barrie, 2018).'*

Another example pertains to community members' attitude of gratitude or relativising of their situation in the face of their suffering. In this case there were several instances where community members made direct references to their attitude of gratitude to God. They were grateful for their lives, for the ability to earn a living, and for the fact that their suffering ended. There were several examples, such as Hawa's comment, *'Even if I suffer, I have to bear...We can't blame anyone. It's only God that saved us from that (Hawa Kargbo, 2017).'* In the majority of instances they made direct reference to God. As such it becomes complex to dissociate the attitude to suffering as an approach from the use of religion as an approach to addressing suffering related to the war. What this indicates, at the very least, is that the importance of religion is even greater than is indicated in the initial groupings because it cuts across other categories.

On examination of monotheist religions like Islam and Christianity, the references to the value of attitudes such as gratitude are both clear and widespread. This is certainly considered a virtue that needs cultivating and one that it is encouraged that adherents to these religions both cultivate and value. For a practicing Muslim expressing gratitude to God is supposed to be a daily practice, at the least included as part of the five daily prayers¹⁴¹.

¹⁴¹ At the end of each of the five daily prayers a person is supposed to use prayer beads. The prayer beads or tasbeer is made up of thirty-three beads broken up into 3 sets of eleven. At the end of the prayer one is supposed to recite, 'Praise be to God' thirty-three times, 'God is great', thirty-three times and 'Thanks be to God' thirty-three times. This

The importance of gratitude as a human virtue is considered a central element of Christianity. Manala (2018,p.2-3) illustrates this saying, 'Gratitude is therefore an essential component of the Christian response to God's mercy...The grateful person must, indeed, first believe in God and accept that all things come from God...gratitude is a central virtue of the Christian faith.'

9.2.2 Gratitude as an approach to suffering

Although receiving significantly less mentions than faith and spirituality (about half as many) the next key approach community members used to address their war related suffering related to their attitude. One attitude that community members from Bauya expressed in addressing their suffering was gratitude. Analysis of the results identified much gratitude expressed directly to God such as Ansumana's statement, '*Under the constraints my children survived. Shouldn't I thank God for that (Ansumana Barrie, 2017)?*'

The impact of positive attitudes such as gratitude hope and optimism in healing physical as well as mental illness are being explored scientifically (Peres et al., 2007), notably in the field of psychology. The concept is generally known as positive functioning. The study of gratitude has been more recent (Wood, Joseph and Linley, 2007 in Wood et al, 2009; McCullough et al, 2002). Despite the fact that the interest in gratitude is still recent, it has nonetheless been the subject of great interest due to the fact that initial studies demonstrated the positive impact of gratitude on general subjective well-being, but also more specifically the ability to protect against depression and anxiety (Morgan et al., 2016). In essence studies are increasingly showing that gratitude, 'May help an individual cope with stressful life events, thus enhancing the individual's wellbeing over the long term (Lin, 2015, p.14).' While calling for the need for more research, initial findings on the impact of gratitude on wellbeing of Vietnam veterans with PTSD, indicate a positive impact on wellbeing. They consider that this at least provides support for additional investigation of the role of gratitude as it relates to people who have survived trauma (Kashdan et al., 2005).

There are several studies that examine the role of gratitude and positive attitude on wellbeing (defined in its broadest and most subjective terms) that indicate that there is a clear relationship between gratitude and wellbeing. The relevance of gratitude to the field

means, for a practicing Muslim that five times a day they have to remember and be grateful to God, a total of one hundred and sixty--five times within the day.

of clinical psychology is considered to be in its possibility to provide strong explanations related to the understanding of wellbeing, but also as it provides possible opportunities for developing exercises and interventions that would improve wellbeing (Wood et al., 2009). It is also clear that there are studies that are more general in their definition and use of gratitude and others, such as the study by Morgan et al. (2016), where there is an attempt to break down gratitude into components reflected in the 'Multi-component Gratitude Measure'. According to Morgan et al (2016), it is critical to use multiple aspects of gratitude to fully measure and understand gratitude in individuals. While it is important to understand the extent and types of research that already exist on gratitude and wellbeing, in the context of global humanitarian interventions on mental health, the need for such in depth measuring of gratitude would need to be clearly demonstrated. It may have more of a place in clinical psychology. Nonetheless, what can be seen in terms of the study of gratitude, and what seems relevant for the Bauya study, is that an approach that people took to their suffering has 'scientific' validity.

Another element of the results on gratitude from Bauya fits within an ongoing debate in literature that Wood et al. (2010) explain regarding the nature of gratitude as a construct. The main contention is described as being between those who consider gratitude as an emotion tended towards others and based on receiving something of value from another, and those who believe that gratitude can come from other sources, such as simply appreciating one's abilities or situation. Wood et al. (2010, p.2) factor into the latter group and suggest that, 'At the dispositional level, gratitude is part of a wider life orientation towards noticing and appreciating the positive in the world. This life orientation should be distinct from other emotions such as optimism, hope and trust.' They describe numerous scales that measure gratitude¹⁴² which provide 12 subscales to better understand gratitude and more specifically 8 effects, ' (1) individual differences in the experience of grateful affect, (2) appreciation of other people, (3) a focus on what the person has, (4) feelings of awe when encountering beauty, (5) focusing on the positive in the present moment, (6) appreciation rising from understanding that life is short, (7)¹⁴³ a focus on the positive in the present moment, (8) positive social comparisons (ibid, p.2-3).'¹⁴⁴

¹⁴² See Wood et al, 2010, p2, 3 for more detail on the unifactorial GQ6 scale, the multifactorial Appreciation Scale, the multifactorial Gratitude, Appreciation and Resentment Scale.

¹⁴³ Repetition of point 7 and 3 may be an error but was reflected this way in the text.

¹⁴⁴ For more detailed explanation of what these categories entail see Wood et al, 2010, p3 Table 1

In some cases, community members in Bauya explained some sense of gratitude towards neighbours, family and even strangers that directly provided help. This would fit with the researcher describing gratitude as an emotion expressed towards others when people receive help from others. However, the majority of what the results from Bauya show is that gratitude fits more within the life orientation conception of gratitude. And in the different categories within this orientation we also see that the results from Bauya show that the majority of responses expressing gratitude as a coping mechanism fall within points; three to eight. This includes (4) behaviour such as rituals expressing gratitude, which could include prayer discussed above, (5) focus on the positive in the present moment, which includes gratitude towards non-social sources. It also includes what I have termed as relativising (to be discussed below) which in this context reflects a combination of (8) positive social comparison which entails feelings of appreciation derived from an understanding that life could be worse and (3) focus on what a person has which reflects their gratitude for the basic things in life (Wood et al, 2010).

While for people in Bauya, cultural and social realities may have been the reasons behind such dispositions of gratitude (and not clinical or psychological interventions) the results essentially suggest that this approach to dealing with their emotional suffering was effective. Wood et al.'s (2010) review of twenty-three studies on gratefulness indicate that there are limited studies on its effect on physical health, but the studies from researchers from different schools, indicate that gratefulness has a positive impact on wellbeing.

What will be important to examine in chapter eleven exploring external humanitarian responses is how the value of gratitude on wellbeing is relevant to those responses aimed at providing mental health support in complex emergencies. For now it is important to be aware of the fact that interventions to increase and improve gratefulness do exist and are generally grouped into one of three categories¹⁴⁵; ' (a) daily listing of things for which to be grateful, (b) grateful contemplation, and (c) behavioural expressions of gratitude (Wood et al, 2010,p8).' One key question would then be how appropriate such interventions would be in settings of complex emergencies in Non-Western cultures. If, as is the case in Bauya, general Sierra Leonean socio-cultural dispositions, or religion and values, already predispose community members to having a grateful predisposition, is external intervention the right vehicle to improve gratitude? Taken further the question is also whether there is any

¹⁴⁵ For more detailed explanation of what these interventions entail see Wood et al, 2010, p. 8-11

indication that gratitude even needs improving in the first place. In a context like Bauya, where this appears to be the overriding attitude, this would appear not to be the case.

9.2.3 Acceptance and relativizing one's situation

Other attitudes that community members reflected in addressing their suffering were those of acceptance and relativising of their situation. It should be noted that they both include a sense of gratitude, though I have focused on gratitude to God in more detail in the section on spirituality and religion. Community members' responses fairly clearly illustrate how they perceived acceptance or how it helped them cope with their situation. For some it was simply a matter of dealing with a reality they could not change. Others understood this as part of their faith ordained by a higher power whose wisdom they did not question. Still for others it was about not focusing on the past and making do with what they had. Examples of these were highlighted in the previous chapter. As with the spiritual approach, most community members felt this approach was also effective.

These results around acceptance have many similarities with growing scientific studies around health and attitude as it relates to coping with stress and trauma. For example, there is a key part of therapeutic practice addressing trauma that believes that a refusal to accept the situation is one of the key elements that perpetuates trauma. A person who has experienced trauma is considered to continually question what happened, and particularly why it happened to them. This is generally conceptualised in the search for meaning, which is considered to in itself be a key source of suffering. Many therapeutic approaches focus on trying to help patients find ways of accepting, not being victims, but accepting the situation that has caused the trauma. As an example, Pratti and Pietrantonio's (2009) meta-analysis of one hundred and three studies suggests that attitudes of acceptance have an impact that improves coping with trauma. In their work they highlight findings by Zoelner and Maercker's 2006 review that, 'Emphasized the potentially functional effects of acceptance coping...(and) suggested that the ability to accept situations that cannot be altered is crucial for adaptation to uncontrollable or unchangeable events (Pratti and Pietrantonio, 2009, p.366).' Van der Kolk's (2014) work in psychiatry was based on what he considered a key purpose of the role of mental health practitioners to help human suffering through supporting patients to bear and accept such suffering.

Where there is a difference with the results from Bauya and the findings of Pratti and Pietrantoní's (2009) meta-analysis is with regards to the focus on posttraumatic growth. Pratti and Pietrantoní (2009) suggest that acceptance is a factor that strengthens coping with trauma, a strength, which they measure by evidence of posttraumatic growth. As mentioned earlier in this chapter, there was no evidence in my study that participants related effectiveness and relevance of their approaches to suffering with posttraumatic growth. It seems that it is possible, from the community's experience and analysis of the results, that accepting the situation can improve suffering and response to the trauma inducing event, regardless of the post-traumatic growth aspect.

In addition, there are also other scientists that consider acceptance as critical for healing of trauma. One of the clearest cases of this is the work on Acceptance and Commitment Therapy (ACT) (Hayes et al., 2012). ACT, developed by Hayes, Strosahl and Wilson in 2012, is an approach to dealing with trauma that attempts to ensure that psychological suffering is not pathologised as is done in mainstream psychotherapeutic care. The intervention is process and client centred with a focus on a non-hierarchical collaborative approach to moving beyond trauma (McClean et al, 2016). ACT addresses six core processes¹⁴⁶ in treatment of which acceptance is one. Within the ACT approach, as with other psychotherapeutic approaches to trauma, '*Acceptance* is being aware of and open to private events without trying to change, control or suppress these experiences...acceptance does not mean that one is condoning or approving of what happened, and it does not involve forgiveness of people or institutions that allowed abuse to occur (McClean et al., 2016,p.143).'

At the same time this definition of acceptance that does not include forgiveness may become too specific. This already addresses a key challenge of interventions, in that they may not always be culturally appropriate. What if someone's approach to suffering is one of acceptance, but allows for forgiveness of individuals and institutions that perpetrated the crimes, and causes of suffering? This would go against a core element of the definition of ACT's intervention conceptions. The study in Bauya did not make specific inquiries into the details of acceptance, but considering the role of religion, which highly solicits forgiveness as a form of addressing suffering, there is a possibility that those who are accepting can marry this with forgiveness. As ACT at times refers to acceptance as transcendence, so too is

¹⁴⁶ ACT 6 core processes are: acceptance, diffusion, present moment awareness, self as context, values and committed action. See McClean et al, 2016,p143 for more detailed information on the other processes.

forgiveness in many religions seen in the same light. In any case, this is just one indication of the importance of fully examining an issue in a different cultural context. It is an area where it may be useful to conduct further research. The concept of forgiveness as an attitude used to address suffering will be discussed below.

It is useful to note that even within Bauya, though only reflected in the comments of one community member, there was concern expressed that this community's ability to accept a situation was a sign of passivity and not emotional strength. This particular community member considered this passivity to be encapsulated in the statement regularly used by other community members and Sierra Leoneans alike. This sense of acceptance is encapsulated in the Krio phrase- 'How for do? Nar for bear. God dae.' - which translates directly to 'What to do? One should bear. There is a God.' It is a phrase I also used in the title of my thesis, as it is a prevalent response in Sierra Leone society in general, but also one I have come across regularly in my engagement with post-war Sierra Leone from 2002 until today.

For the Bauya community member that expressed this reservation, Ansumana Barrie, he felt this expression devolves responsibility and absolves people from taking necessary action, which he considers problematic. For him this is an expression of victimhood. In defining acceptance McLean et al (2016) are also careful to ensure this element, which would appear negative, is removed. At the same time, taken in the religious light where what has occurred is ordained and has a reason, this level of acceptance is also an expression of faith. Pargament et al.'s (2000) work on religious function would locate this type of response as passive religious deferral. In other responses in Bauya, people also displayed acceptance of the situation, but did not necessarily follow with deferral of any kind. It becomes a matter of choice and worldviews as how one perceives the role of acceptance in addressing trauma and how one believes this should be incorporated into any effective supportive humanitarian responses on mental health.

Another key point is that acceptance is also a fairly important aspect of addressing adversity in many of the Non-Western, and more specifically the Eastern traditions. The ACT framework is in itself quite clear that it borrows from such traditions and conceptualises acceptance as, 'More concordant with the notion of living in the present moment as is often described in Eastern spiritual traditions and Western mindfulness therapies. It is not

forgetting or trivializing the importance of the trauma, but rather a way of transcending those experiences in the service of living the client's valued life (Mclean et al, 2016, p.143).’ This attitude to acceptance can also be seen in major monotheist religions such as Islam and Christianity although the basis may be different. In these religious perspectives, as described by many community members, acceptance is based on the belief and faith in the higher power. What has been ordained, and there is hope and faith in the Divine power to provide the solutions in various ways.

Where the aspect of the Divine links to the Eastern religion such as Buddhism, where there is no God (Shingu and Funaki, 2008), is an understanding and acceptance that suffering is part of life. In the section on spirituality I discussed this in more detail from the perspective of faith and religion. Relying more on the Buddhist tradition which is one of those that ACT takes reference from, the notions of general acceptance are present, but also an importance in accepting suffering as a normal and expected part of life.

Rahula (1959) in his attempt to explain Buddhist teachings struggles with this complexity. He explains the important nature in Buddha's teachings of accepting suffering as part of life, and even as a way to attain true liberation saying, ‘ We must take account of the pleasures of life as well as of its pains and sorrows, and also of freedom from them, in order to understand life completely and objectively (Rahula, 1959,p.19).’ Ajahn Sumedho (1991, p.66), a Bhikkhu in the Theravada school of Buddhism further elucidates on this concept of acceptance when he says, ‘Whatever diseases I may get, or tragedies or catastrophes, or successes or the best to the worst, one can say this is the way it is. And in that there is non-anger, non-greed, and the ability to cope with life as it is happening.’ Young-Eisendrath's (2008) work on psychotherapy and Buddhism similarly focuses on the role of this particular religion in positive transformation from suffering.

9.2.4 Positive approach, optimism, forgiveness and revenge

Optimism as a positive approach: Whether it is gratitude, or acceptance, or relativising their situation, the results from the community members in Bauya on how they approached their war-related suffering, indicated, in the categories on spirituality and attitude at least, that this resulted in a hope and belief that their suffering will end and solutions would be found in time. There is a sense that the approaches taken to address suffering are related in some way to having a positive attitude and reframing the negative situation of suffering in which

people find themselves into positive ones. Thus, this fits with findings from studies that stress mindset can influence health and wellbeing (Crum et al., 2013). Viewed within this context the results from Bauya demonstrate that there is a correlation with much of the research, even though not in Africa, regarding the impact of general positive attitudes on wellbeing and trauma. In particular, optimism is said to have a positive effect on cognitive growth and trauma because one of the abilities of an optimist is to concentrate on what is most important, leaving to the side what they cannot achieve that is related to the trauma (Tedeshi and Calhoun, 2004 in Pratti and Pietrantonio, 2009).

One of Pratti and Pietrantonio's (2009, p.379) conclusions after their meta-analysis was that, 'From a theoretical point of view, that interventions aimed at increasing optimism, social support, and specific coping mechanisms may promote positive changes in the aftermath of trauma'. Examples of optimistic and hopeful attitudes can be seen in statements such as Dimoh's who lost his brother which he describes saying, *'My younger brother, I raised him and put him in school until he got his masters. Then his house, we built it together... But with these things we don't lose hope. The Bible says one day we'll meet them and we shouldn't lose hope (Dimoh Kuna, 2017).'* In the case of the community in Bauya these positive and optimistic attitudes were not, however, due to external interventions. If hope is so vital is it something that the global humanitarian community can design projects to address?

Forgiveness as a positive approach: In terms of approaches to their suffering, there were only three mentions from community members in Bauya that forgiveness was an approach used to help address their suffering. I will not therefore go into a lengthy discussion on the matter. It is useful to note, however, that the role of forgiveness in addressing mental suffering is something that has been studied scientifically. I will discuss some of the key aspects in the debates around how forgiveness is considered to contribute to trauma recovery.

There are different definitions and understandings of forgiveness, but Webb (2004.p.18) provides a helpful summary saying, 'A constant theme in the definition of forgiveness involves decreasing negative attitudes and actions toward an offender (Gassin and Enright, 1995; Hargrave, 1994), while not seeking retribution (Wahking, 1992). Additionally, forgiveness does not relieve the offender of fault or responsibility, does not require the victim to return to a state of vulnerability, and does not necessarily include reconciliation

(Enright, Freedman, and Rique, 1998).’ Another key element added by Worthington et al (2007) relates to the fact that forgiveness is considered a process and not an event. In the few comments on forgiveness from the community in Bauya, there was no detail given about definitions and understanding, although in two cases there was a pressing insistence in the fact that forgiving did not entail forgetting. This was a phrase also used in other parts of the interviews. In the current literature on the impact of forgiveness on mental health I have not come across this discussion about the place of memory in this manner.

It is important to note that as with the discussion on gratitude and acceptance, forgiveness is another subject that cannot be easily delinked from the aspect of religion and spirituality, although from a theoretical perspective forgiveness is not necessarily a spiritual matter (Webb, 2004). As it relates to the dominant religions in this community and Sierra Leone, Christianity and Islam, as well as other major religions, forgiveness is a key virtue and is considered to have links to health (Worthington et al, 2007; Orcutt et al, 2005; Webb, 2003). Langman and Chung (2012) while focussing on trauma related to addiction, make direct links between trauma, forgiveness and spirituality in their study.

In psychology a number of practices such as acceptance, reframing, letting go or resolving conflict, in some way are considered to rely on or accept the practice of forgiveness (Webb, 2003). Due to these links to psychology Webb (2003, p.18) considers that forgiveness does not always have to be linked to religion, but that, ‘It is a boundless concept and construct, unlimited by culture, time and geography.’ He further explains that there is evidence of the impact of forgiveness on broader health and neurological pathways, brain structure and that even facial and other musculature are affected. Webb’s study focuses on the impact of forgiveness on rehabilitation specifically, but also demonstrates the wider benefits of forgiveness on health. In essence, though not yet substantial, there is evidence of forgiveness playing a role as a coping mechanism.

More recent studies on forgiveness argue more generally that forgiveness is useful in the promotion of health and wellbeing. Worthington et al.’s (2007) research is based on a review of more studies than previous reviews as well as more empirical data. In their study they explore various studies, including some that consider that forgiveness can affect both physical and mental health including lowering stress levels and improving cardiovascular health (Worthington et al, 2007). One of the explanations given is that, ‘Forgiveness may

serve both as an antidote to the health eroding processes of stress, hostility and rumination and as and as an agonist for health promoting processes of positive other-oriented emotion (Worthington et al, 2007, p.296).'

While many of the studies do not precisely focus on mental health or trauma, Orcutt et al. (2005) specifically examine the role of forgiveness as a mediating factor in response to PTSD. Their study proposes, 'A general response style of forgiveness towards persons who have inflicted harm upon oneself may be a mechanism of healing and resilience following trauma exposure. Allowing oneself to experience, work through, and accept the distress and pain following a traumatic event without significant avoidance may actually serve as a buffer or protection against the occurrence of PTSD symptomatology (Orcutt et al., 2005, p.1009).' The reference to the positive effect on forgiveness on mental health is also made in Langman and Chung's (2012) study on forgiveness, guilt, spirituality and addiction.'

Even without knowing all the specificities, there are indications that using an approach such as forgiveness in Bauya, is something that fits into broader understandings of its role on health and wellbeing in more scientific studies. In some specific cases there are actual suggestions that forgiveness has a positive role to play in mental health. Also, important to note in the Bauya study is that discussions of forgiveness were not about self-forgiveness, but about forgiving others, those considered the perpetrators of atrocities and violence that were the cause of community members' suffering.

In addition, those community members in Bauya who mentioned forgiveness as an approach to addressing their suffering, were very clear that they did not link this to forgetting. This is important as it touches on the definition of forgiveness not mentioned in the literature. This aspect of memory is however considered important in peacebuilding work on reconciliation, generally termed 'dealing with the past'. At the same time, it should be noted that there were no indications in the results from Bauya that anything more than 'not forgetting' would have been sufficient. There was no mention of the need for statues and other forms of commemorating aspects related to whichever traumatic event as is often considered a necessary part of the 'official' processes of 'dealing with the past.

Finally, it is also important to note an aspect where literature and medical practice on forgiveness is relevant to community approaches to addressing suffering, and this relates to the aspect of humanitarian responses. Chapters ten and eleven will more carefully discuss

aspects of interventions to address suffering. Nonetheless, it is useful to take into cognisance, even at this stage in the discussion of research findings, that one of the discussions in the medical setting around forgiveness is how to use it effectively as a form of intervention. Worthington et al. (2007) examine some interventions that used forgiveness as part of their treatment protocol, though they explain in their summary that there is a resistance of using forgiveness within the medical settings. Also important is their research agenda providing a reminder that while much is known there is much more remaining unknown.

9.2.5 Revenge as a positive approach

Revenge is not a clear opposite to forgiveness or acceptance; however, it does clearly have some of the characteristics of 'unforgiveness'. Unforgiveness is defined as, 'Delayed emotions of resentment, hostility, hatred, bitterness, anger, and fear (in some combination) that arise after ruminating about a transgression (Wade and Worthington, 2003, p344 in Orcutt et al, 2005, p.1009). There is a general sense that holding on to negative emotions regarding those who are at the root of one's trauma has negative effects on one's physical and mental state. This is very clear from the explanations above regarding why forgiveness has a positive impact on health. In addition to religious perspectives, there are some studies that examine revenge in detail attempting to ascertain why people choose such options and when they may find it valuable (Gollwitzer et al, 2011; Gollwitzer and Denzler, 2009;). These studies do not directly assess impact on mental health.

From a religious perspective there are different views on revenge. The Christian saying 'an eye for eye and a tooth for a tooth'¹⁴⁷ has become part of common parlance as a description of revenge. At the same time, you have the teachings of Jesus in direct contradiction that preached about turning the other cheek¹⁴⁸. It can also be said that in general practice, religions like Islam and Christianity preach forgiveness as a virtue and revenge as at worst a sin, and at best something negative.

In Bauya, as with forgiveness, there was a minimal, but equal number of mentions from community members who expressed that their approach to their suffering was to take revenge on perpetrators of violence. For them, having the power to fight back against those killing their family's and destroying their communities provided a sense of actively

¹⁴⁷ The book of Exodus 21:23-25 states, "But if there is harm, then you shall pay life for life, eye for eye, tooth for tooth, hand for hand, foot for foot, burn for burn, wound for wound, stripe for stripe." (Holy Bible)

¹⁴⁸ The book of Matthew (5:38-42) states that Jesus said, "Ye have heard that it hath been said, An eye for an eye, and a tooth for a tooth: But I say unto you, That ye resist not evil: but whosoever shall smite thee on thy right cheek, turn to him the other also (The Holy Bible)

addressing the cause of their suffering. There was no indication in the interviews that this was ineffective as an approach or something that caused them any torment or regret in any way. As such, their experiences did not reflect the general research suggesting negative impact of non-positive elements such as unforgiveness. This is another aspect of the study that could be interesting to further explore.

9.2.6 Quantum physics and attitude and spirituality as coping mechanisms

As explained in the literature review, chapter three, in general quantum physics could be seen to provide a scientific explanation of the impact of spirituality and acceptance on health. This is largely due to the possibility, and theoretical acceptance in this field, that there is an energy and consciousness that has the power to impact the human body and emotions. In quantum physics this is not referred to as 'God', but depending on how deeply one enters this field there are possibilities for such energy to be tapped into. Possibilities then exist for a review of how we see time, providing fluidity between the past and present as well as the living and the dead, for the impact of the mind, emotions - the psychological, to have power over the physical body. This is all acceptable, in a way that has not yet been accepted in mainstream science and medical practice, but in a way that is considered intrinsic to Non-Western healing practices.

In this quantum context the power of prayer, for example, is explainable through these energies. A clear example of this is the work of Japanese scientist Masaru Emoto in his research on the memory of water (2011). Emoto, now deceased, conducted experiments that exposed water to positive words indicating positive intention and negative words indicating negative intention to see the resulting impact on the water, which was frozen into ice crystals and photographed. Emoto's work followed decade long investigations on whether intention affects water. This has been particularly interesting for research in the fields of alternative and complimentary medicine as the research is related to the possible impact of intention on the human organism which is made up of 70% water (Radin et al, 2006)¹⁴⁹.

In the context of the results from community members in Bauya this means, that for those who need proof, there is the possibility that people's faith, their belief in a God that provides

¹⁴⁹ The double-blind study of Radin et al exposed 2000 people in Japan who focused positive intentions on water located in an electromagnetically shielded room in California. They were unaware of controls that existed. Crystals of both samples of water; the control and that with positive intention directed to it were frozen and photographed and the pictures sent to 100 independent judges who blindly assessed the images for aesthetic appeal. The results indicated that the water with positive intention directed towards it supported other similar experiments that indicate that the possibility that intention may influence the structure of water (Radin et al, 2006).

comfort, and their prayers, can have an impact on their being (mentally or emotionally), and even on their realities. Emoto is explicit about this in two ways - what he describes as consciousness and the impact of prayer ¹⁵⁰.

It is beyond this study to confirm the validity of such studies. They are however conducted by trained scientists performing research using global guidelines. Like all good research they highlight their limitations and provide suggestions for better conducting such experiments in the future (Radin et al, 2006). This, however, is an element found in most scientific research. What is important is that this type of study is one of many areas that demonstrate that in 2020 it is no longer justifiable to ignore the possible impact of spirituality and religion on the human organism's body or mind. It means that the fact that people in Bauya found prayer and religion as a key element in addressing their suffering whether it be for comfort or belief in solutions, can no longer be ignored and is something equally valid as any other 'scientific' approach.

Emoto (2011, p.86) explains the important need for a change of approach within mainstream science saying:

Human consciousness can have an enormous impact on the world around us...Traditionally speaking, anyone who says that consciousness has an impact on the physical world risks certain ostracising for being unscientific. However, science has progressed to a point where the failure to understand consciousness and the mind limits our understanding of much of the world around us.

This evolution should allow experiences of using religion and spirituality as coping mechanisms to be, at the very least, legitimately considered as an approach that, if nothing else, needs respectful consideration.

¹⁵⁰ Regarding the impact of prayer on water, Emoto has conducted experiments where a priest performed incantations for an hour on cloudy. We took photographs of the crystals water in a lake. He explains that, 'You could see clearly that the water was becoming more and more transparent as we looked at it. We were even able to make out the foliage at the bottom of the lake, which had been hidden by the cloudy water...We next took the photograph of crystals. The crystals made with water from before the incantation were distorted, and looked like the face of someone in great pain. But the crystals taken from the water after the incantation were complete and grand. Within one hexagonal shape there was a smaller hexagonal shape, all enclosed by a halo like pattern of light (Emoto, 2011, p90) ¹⁵⁰.

It means that people should not be disrespected and considered unintelligent or unscientific for believing that such methods are effective for ending their suffering. It also means that there needs to be an acknowledgement that there is so much that is unknown. It further means that some people may have intrinsic knowledge, though they may not have 'scientific proof' and this does not necessarily reduce the validity of their approach. All of this is important and points to the developments in quantum medicine or what is known as complementary and alternative healing in the West, because in 'indigenous' systems of healing, these other approaches of acceptance of spirituality or energies that are not seen, is common practice and knowledge.

From this perspective also, the concept that the attitudes that people had in Bauya around their understanding and approaches to suffering could help ease their emotional suffering; such as gratitude, hope, acceptance, is also entirely plausible. This view, which is in line with quantum physics in Western Science and the general Non-Western approaches to health and healing, can accept that having an attitude of gratitude reduces mental suffering and could also have physiological benefits.

In my literature review chapter, I discussed and described different types of Non-Western approaches to health and healing, including approaches to mental health. Of all the types of healing it is clear that a key difference with the approach that is used as the basis for mainstream global humanitarian responses on mental health, the mainstream Western approach, is these questions of the seen and unseen. This is manifested in several ways; the link between and power that the mind has over the body, the existence of an energy or consciousness that one can tap into for healing and the role of spirit and ancestors (be it a Divine or other).

The other key aspect is that in Non-Western medical and healing traditions the acceptance of these 'unseen' elements considered as 'unscientific' in mainstream Western science approaches, means that there is a place for these same elements in the treatment of any illness, including those that are considered psychological or mental in nature. The way the spirituality is incorporated is varied. In the Ayurveda tradition the more traditional practice ensures that herbs used for treatment are prayed upon. Quite specifically the treatment of more severe psychological disorders calls for patients to seek input from astrologers and spiritual healers, hence the Ayurveda healer works in tandem with those who are more

specialised in spiritual aspects (Preethi Nair, 2016). In Curandero from South and Latin America, Ayhuasca from Peru and Hawaiian Huna, the role of the spirit is part of the healing and addressing of illness, but the shaman has the capacity to make this intervention themselves- mixing the herbal and the spiritual. The same can be said of the Native American tradition. The two healers I spoke to both combined hands on healing and herbal medicine with direct spiritual intervention. One of the healers explained in detail her process for preparing medicines and the role that prayer and the moon played in this. Similarly, in cases in Africa where there is a need for healing that involves the spirit world or ancestors the healers themselves mix herbal medicine and contacting the spirits (Stark, 2006; Honwanna, 1999).

It is important to note that at the root of the different Non-Western health models described are different paradigms of viewing healing. The distinctions are important because it is clear that the results from Bauya fit very clearly into these. Goswami (2011, p.11) suggests that the three key currents in alternative medicine are the concepts of; '1. The mind having power over the body both in the cause and healing of disease, 2. A non-physical life force or vital energy has the power to heal, and 3. The idea of a non-physical Spirit (or God) who is the healer in all cases of spiritual healing. Spiritual healing is 'God's Grace...the ultimate causal efficacy is given to a non-physical entity called God (or Spirit).'

The important point here is that not only in the tradition of the people in Bauya, or Sierra Leone, or Africa, but in the healing traditions of the populations that make up the majority of the peoples on this earth, compared to the numbers that make up the modern¹⁵¹ Western populations - the idea that spirituality and health are linked, is not only accepted, but also a given and fundamental base of the approaches to addressing dis- ease, be it mental or otherwise. That people turned primarily to their religion through prayer or faith, as is the case indicated by the results from community members in Bauya, is in this perspective by no means extraordinary or ridiculous. The positive impact of religion and spirituality on health and wellbeing here, is a given.

There is a space within the scientific and medical fields, though not mainstream, but growing in prominence, where quantum physics and these Non-Western approaches sit comfortably together. This is generally called the field of complimentary or integrative medicine and some also use the term quantum medicine. In this collaborative space, elements of Western

¹⁵¹ It should be noted that historically, before the Age of Enlightenment, similar viewpoints were found as mainstream in many Western nations.

scientific method give credence to healing practices from the global south and/or 'indigenous' cultures. There are several studies that show the impact of complimentary therapies such as acupuncture, meditation and hypnotherapy on PTSD for example (Wahbeh et al., 2014). In this space scientists such as Goswami (2011), Gribbin (2007) Chopra (1989) and Zukav (1989), explain the potential, which seems to be explored and understood in Non-Western traditions, for the influences of energy, consciousness, spirit and the mind over the human being and human experience.

Without being able to prove causality, which is not necessary for these study, the findings from these authors work (most of them Western trained scientists) do also point to the fact that the idea that spirituality, religion and attitude could have an impact on people's suffering, mental, physical, is very much a plausible reality. Goswami (2011, p. xvii) summarizes this idea well in his statement that, 'When we use quantum physics as the basis of our formulation of medicine, the old argument of "dualism" posed by conventional medicine against the validity of positing nonphysical mental and other bodies in our theories is no longer valid.' In short, what this means for results from my fieldwork in Bauya, that place such heavy emphasis on the role and value of religion and attitude for the healing of their emotional and other suffering, is quite simply that this possibility is a scientific reality. While community members in Bauya are not asking for reassurances of this, it is important for those who develop global humanitarian responses to have such an understanding.

The work of Davies and Gribbin (2007, p.8) further explore different elements that challenge the concept of materialism, which is, 'The claim that all physical systems, all events, can be regarded as part of a vast mechanistic process.' They go on to argue that this is a 'myth', because like all myths, specific paradigms are useful to specific circumstances and are neither right nor wrong and generally have some allegorical utility to the context. Their argument is that with the revelations of science currently, the materialistic paradigm is no longer suited to the 21st century. They explain that scientists are seeing the limits of mechanistic paradigm and chart the movement into a post-mechanistic age (ibid).

Like Emoto (2010), Davies and Gribbin (2007, p.8) state clearly that ignoring the advances in science are to the detriment of human advancement. They explain that:

The movement towards a “postmechanistic” paradigm, a paradigm suited for 21st century science, is taking place across a broad front: in cosmology, in the chemistry of self-organizing systems, in the new physics of chaos, in quantum physics and particle mechanics, in the information sciences (and more reluctantly) at the interface of biology with physics. In all these areas scientists have found it fruitful, or even essential, to regard the portion of the Universe they are studying in entirely new terms, terms that bear little relation to the old ideas of materialism and the cosmic machine.

In this space, and in this new orientation, the fact that religion and spirituality can have an impact on people’s biology or people’s psychology is plausible, and quite logical. This, of course, does not mean it is yet acceptable in mainstream science. As Goswami (2011, p.8) explains, Western allopathic models struggle to deal with this concept, ‘The idea of relying on Spirit for healing encounters resistance. The Spirit, for an allopath, is a dubious concept, and, relying on it is tantamount to relying on the natural processes of the body, which are often inadequate for healing. And to do so when all the powerful drugs of allopathy are available seems preposterous to an allopathic practitioner.’

Nonetheless, scientists like Goswami (2011) and Chopra (1989) make the link much more closely to quantum physics and these advanced scientific paradigms and the field of health and spirituality. While their focus is largely on clarifying the eternal possibilities that exist and lay undiscovered in the realms of body mind medicine, and in essence the power of the mind, over the body, they do often link this to spirituality and a higher force. The approach in the results from my fieldwork in Bauya is clear, from the perspective of community members they mainly used their spirituality to ease their suffering- emotional and physical and then their attitude also helped. For them it was not a matter of mind over body, but a matter of a Divine power.

Work of scientists like Goswami (2011) and Chopra (1989) may perhaps provide other explanations, but in essence they still leave open the fact that religious faith and positive attitudes to suffering have significant enough power to heal that suffering. One relevant example Chopra (2011) provides relates to mainstream Western approaches to depression. He explains that:

Materialism, for example, holds that depression is a result of a chemical imbalance in the brain and anti-depressants are based on the assumption that chemicals are needed to correct chemicals (never mind that the most up-to-date research shows that the brains of depressed people are not chemically imbalanced in the way that theory suggested, nor do popular antidepressants correct such imbalances). The fact is that I can make a person depressed simply by speaking words. This indisputable fact leads us to the place that The Quantum Doctor elucidates, the junction point where the material world is subject to immaterial forces (in Goswami, 2011, p.xiii).'

In the study of religion, faith or prayer are not viewed simply as words from one person to another, but as thoughts within a person or between a person and a Divine entity providing the impact on the body and mind that results in the easing of suffering. In this world of quantum medicine this is a possibility and the norm rather than an exception that needs proving or explaining. The historical links between physics and spirituality are noted by Chopra (2011) when he talks of great physicists saying:

Their names are celebrated today- Albert Einstein, Erwin Schrodinger, Wolfgang Pauli, Werner Eisenberg- but what is much less well known is that almost all became mystics. Having discovered that the solid material world was based on invisible energy fields, and those fields emerge from a place outside space and time... (in Goswami, 2011, p.x).'

Zukav (2012, p.xxix) explains this further saying, 'They were mystics. That is my word. They would not use such language, but they knew it. They feared that their careers might become contaminated by association with those who did not work within the scientific model, but in the depths of their own thoughts they saw much too much to be limited by the five senses, and they were not.'

Goswami (2011, p.xv) directly considers that quantum physics, 'Based on the primacy of consciousness...has a spectacular ability to integrate many disparate fields of human endeavour, even science and spirituality...If any field needs integration it is medicine. If any field needs an integrative paradigm that can make sense of all the different models of healing, it is medicine.' It is also important to note that Goswami (2011) refers to his framework for healing as integral and not integrative. He makes the distinctions due to the

fact that integrative medicine uses systems theories to integrate different models of medicine while the integral medicine uses metaphysics that underlies all medicine as the base for integration (Goswami, 2011).

The results presented from the fieldwork in Bauya about approaches, ultimately raises the question whose 'myth' is the one we choose to believe. We cannot even talk about the 'myth' of science, because there are multiple 'myths'. So do we believe that the myths of materialism that leaves no space for the possible scientific impact of spirituality, even the possibility of the Divine, as correct? Or do we believe the non-mechanistic and non-materialistic myth, which leaves space for the immaterial and the ethereal though likely still giving it a scientific twist? Or do we believe in the myth of a spiritual dimension to life as expressed in the results in Bauya?

To be discussed in following chapters, the question for this study is which myth the international community believes and the consequences this has on global humanitarian responses in emergency settings with communities who believe in a different myth. The international community and approaches would do well to remember or not over emphasise the infallibility of science. As with everything it is changing, and mistakes are made. One of the simplest examples of this is summarized here, the concept of whether the world was finite or there was an infinite void beyond- 'The controversy raged for many centuries, right up to the Renaissance and the modern scientific era. Under the impact of Copernicus, Galileo and Newton, the ancient idea of an infinite spherical world was abandoned, and the Atomist concept of limitless space containing the stars and planets at least became generally accepted (Davies and Gribbin, 2007, p.65).

9.3 Social and security context in addressing suffering

9.3.1 The social context

After spirituality, which had the largest mentions, and attitude to their situation that followed after this in number of mentions, relying on others received the next significant number of mentions. Analysis of the results illustrated that there was a variety of types of relationships that were called upon or levied during this time of suffering. Some mentioned relying on family, both extended and direct. Aunts, uncles, parents and children were mentioned as providers of comfort. There was also relationships with friends and neighbours that community members used in different ways to approach their suffering. In

essence, this is a form of social support, defined as, 'A form of providing or exchanging resources with other people (Gabert-Quillen et al 2011 in Lin, 2015, p.14).'

What was also clear from community members was that they relied on others to address all forms of their suffering. This was an approach they used to address material lack in their lives, whether for clothes, shelter or food as explained by Baidu, '*When I see people I asked that they give me for God. What they gave me a little I'd buy garri and we eat...I don't have anything unless they give me (Baidu Gegba, 2017).*' For many it is clear that they sought comfort from others for the psychological and emotional pain they were going through. Danke explains how friendship helped her saying, '*That's why I like the friendship... I lean on people so I don't feel bad... It's my fellow humans that supported me to help me live my life (Danke Koroma, 2017).*' There are also examples of people providing comfort by talking and counselling each other, but also the simple fact of having company to do things together and be distracted by positive things, appears to be another way support from others helped address community members suffering.

The role of social relations on mental health

The role of social relations as a factor with positive impact on mental health is something that is already studied in medicine. The positive impact of social relations and support from others that community members in Bauya expressed, also correlates with wider global findings on the positive effect of social relations. There is a growing understanding that the quality of friendships and social contacts is related to wellbeing. A study by Lin (2015) tries to link social relations with gratitude suggesting that people with higher levels of gratitude are also more likely to have a more subjectively positive view of the impact of support from others. It is beyond the remit of my study's results to be able to make clear linkages with this finding, however it is interesting to note that gratitude is indeed a key element used to approach suffering in Bauya.

Silove's (2013) work on social support uses the terminology 'Bonds and Networks'. This more closely reflects what people in Bauya were describing as social support in relying on others; the basis was bonds and social networks that already existed. Silove (2013, p.241-242) explains that, 'Restoring the integrity of interpersonal bonds and wider social support is vital to promoting recovery from a wide range of emotional disorders following exposure to conflict.' It is important to note that one of the characteristics of 'indigenous' cultures and

Western cultures before modernity, and possibly very rural Western cultures today, is the importance of social bonds and family as an underlying factor of their functioning.

Leslie Korn (1997,p.8) in her work on trauma in Native American cultures also explains, as well as other things, the value of social bonds, even referring to them as medicine, saying:

Indigenous peoples are challenged and tested over the millennia by a natural environment that is often stressful and traumatic. In response people have developed ways of coping, healing and responding that enabled people to survive productively in spite of the difficulties life offered. These medicines include family and community connection, physical closeness, the use of hot and cold water, laughter, massage, foods and medicines from the land and sea.

The fact that results from Bauya, without being based on detailed medical studies and background and scientific analysis, are showing correlations with current findings in the broader medical field, is useful to note. Woodward et al. (2015) examine the influence of social support from family and friends on PTSD, and describe other studies that demonstrate the positive interactions with people in the social networks enhance trauma recovery. Despite this, Robinaugh et al.'s (2011, p.1072) study calls for a much better understanding of the relation between social support and trauma recovery saying, 'Although these findings have advanced our understanding of the association of social support and PTSD, a great deal remains poorly understood.'

In the field of global humanitarian responses, it seems that the importance of social aspects to addressing trauma has been given importance. It is not clear though, whether this is based on the type of medical evidence and debates outlined above. It seems more likely based on experiences from practice and lessons learned from failed interventions. The revised guidelines on mental health in global humanitarian interventions discussed below suggest as much.

In general, the changes in policy in global humanitarian responses on mental health from trauma focused to psychosocial programming, are in part a response to the fact that their programs and interventions previously ignored social aspects of addressing mental health. One of the main expressions of the global policy and agenda on psychosocial programming

can be found embodied in the ninety-nine page Inter Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support (MHPSS) that was published in 2007 and is the core guide for the largest institutional actors in the global humanitarian field aiming to intervene in the field of mental health (IASC, 2014). Mental Health and Psychosocial support is official defined as, 'Any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent and treat mental disorder (IASC, 2007, p.1).' Major Agencies of the UN, such as the UNHCR and the WHO as well as the key NGO's such as MSF and Oxfam GB, Save the Children, CARE International and the International Committee of the Red Cross and Red Crescent (ICRC), that intervene in emergency contexts, use this as a policy reference and guide for intervention¹⁵²(IASC, 2007). Whether this definition reflects how things work in practice will be explored in more depth in the next two chapters, chapter ten and eleven.

The IASC guidelines are considered to be the first representation of inter-agency consensus on initial actions that should be taken in emergency contexts and are thought to, 'Represent a significant achievement, in terms of offering conceptual and practical clarity about the role, definition and scope of MHPSS (IASC, 2014, p.6).' These guidelines state clearly that, 'The core idea behind them is that, in the early phase of an emergency, social supports are essential to protect and support mental health and psychosocial well-being (ibid).'

A key aspect is that the social has thus been considered to be a key factor in addressing issues of mental health. The additional aspect in the guidelines of addressing community mobilisation in emergencies is also an attempt to emphasize the importance of working at a multi-sectorial level (IASC, 2014). The psychosocial approach gives importance to what it terms social considerations that should accompany mental health interventions. This is about addressing issues such as food security and nutrition, shelter and water and sanitation (IASC guidelines, 2007). This is distinct from the trauma-focused interventions that do not take such wider social elements into considerations. The question that is not so strongly addressed is whether these global responses can address the social relationships and bonds between people, as described as the approach used by community members from this study in Bauya.

¹⁵² See IASC guidelines for a detailed list of those who were only on the task force. 26 of the largest international NGOs and all the key UN Agencies involved in humanitarian action are present.

The IASC guidelines that embody the global humanitarian approach to mental health, at least at a policy level, certainly consider the aspect of social support. In defining minimum responses one of the key elements under community mobilisation and support is to, 'Facilitate community self-help and social support (IASC, 2007).' It is however, important to note that key elements of the community mobilisation is related to the concept of Do No Harm, and more about using community resources to mobilise humanitarian action (IASC, 2014; IASC, 2007). Social support is just one aspect of a greater whole.

The UNHCR's 2012 Operational Guidelines on Mental Health and Psychosocial Support heavily reflects the IASC approach and acknowledges this (UNHCR, 2012). Of the four layers to their approach layer 2 is titled, 'Strengthening community and family support' (ibid). While this does have a refugee focus, there is again a highlighting of the importance of social support in addressing mental health needs. As with the 2007 IASC guidelines there are some examples provided of what it means to promote activities that foster social cohesion and rebuild community structures (ibid). The IASC (2007) guidelines specify reinforcing existing social support and also provide possible examples of actions which include activities from supporting street children, organising activities for women's and widow's groups or supporting community healing practices, amongst others. In this conception of social support, it has to manifest itself in a certain way so that there can be external support provided. In essence it needs to be, to some extent, a type of organized activity.

The social support that the results indicate in Bauya are more about human relationships and the comfort that comes from being together, comforting each other and helping each other. This is the type of support that comes from 'being' in family relationships and friendships. This relates to a level of harmony within the family and community that contributes to wellbeing. The critical question becomes whether there is something that an international humanitarian organization can do to support this. Interventions need to consider whether the global humanitarian community has to acknowledge its limitations, but also consider whether helping individuals to be supportive family and friends in such contexts may be better helped by providing the general relief they need to live better lives, and which may not come in the form of mental health support.

But a key question then remains; as to how social support is actually facilitated. In the case of results presented from community members in Bauya where people relied on family and friends, how does a humanitarian response facilitate such relations? Indeed, there are

organisations such as the Red Cross and Red Crescent Federation that specialise in reuniting and resettling families and some other concrete elements. Charuvastra and Cloitre (2008) argue of the importance of social bonds are critical in PTSD recovery. Silove (2013) mentions programmes that address family and network reunification and ones that reintegrate communities as contributing to strengthening social bonds. He further emphasises that this should receive major attention of relief organizations (Silove, 2013). But otherwise, what is the role of a humanitarian organisation in strengthening social bonds? What type of response design achieves such a goal? Further, is that the role of the humanitarian organization? These are some of the issues that will be explored in the following chapters that focus on external responses.

What these questions begin to highlight is a key aspect about the difference between having a policy approach that may address all the right issues and how this is then reflected in practice. Who is implementing a policy that says that social support should be facilitated and are they even aware of the IASC guidelines? In 2014, seven years after the IASC guidelines had been operational the IASC (2014) conducted a review of the implementation of the Guidelines. One of several findings was that, 'The level of awareness of the Guidelines varies widely; and awareness often does not translate to knowledge of the content of the Guidelines (IASC, 2014, p.8).' The review also addressed the challenge of human resources. Assuming that it is knowledgeable experts well versed in the various policy and academic advances and debates in the field that are the ones who implement these policies, would be a misconception that practitioners like myself and project evaluations, known to be a false.

Even the review of the IASC (2014, p.9) guidelines, (ignoring other faults it may have that mean implementing them across cultures may not be ideal) states that, 'One of the central challenges to implementation of the Guidelines is availability and quality of relevant human resources in emergency settings, whether within local and national Government systems or international agencies.' This issue of who is implementing the psychosocial programming in general, but also in the context of understanding how to 'facilitate' social support is important. It is the link between the move from policy to practice. The UNHCR and WHO toolkit for assessing mental health and psychosocial needs and resources is eighty-eight pages long (WHO, 2012), already a major inhibitor for it to be assimilated by over stressed, often frantic and pressed for time, humanitarian aid workers in the field. They are also

dealing with constantly changing dynamics and complexities of their on the ground humanitarian context.

The link between approach to suffering or trauma and response becomes clear when those responsible for implementing current approaches and understandings on mental health in emergency are considered. Another good indication of the challenges that arise with interventions due to 'who' is applying them is well illustrated by the World Health Organization, World Vision International and the War Trauma Foundation 2011 'Psychological First Aid Guide for Field Workers'. The guide is aimed at addressing disasters in low- and middle-income countries. It highlights that the key guidelines on interventions in humanitarian emergencies for mental health and psychosocial support, such as the IASC, endorsed the document. Further, it has also been endorsed by another twenty-three international humanitarian agencies, including Médecins Sans Frontières. The document also follows psychosocial approach discussed that gives an importance to social aspects, and makes a point of clearly stating this (WHO, 2011, p. ii). Key to understand is who in the field will be responsible for administering this psychological first aid. The document defines the range of possible responders as staff or volunteers assisting in disasters as well as an unrelated bystander at the scene of a disaster, or a teacher, or a health worker. In this conception, anyone and everyone is able to administer some sense of psychological support even if it is not their specialism, or they are unaware of the complexities of existing debates about dealing with trauma, notably the cultural complexities. This is one of the sources of calls for professionalising the humanitarian workforce (Walker et al., 2010; Wessels, 2009). It is also a key criticism levied at the humanitarian sector's ability to adequately address mental health in disaster contexts (Wessels, 2009).

There therefore poses a major challenge in terms of whether or not evolution in approach to global mental health interventions is actually translated into action and activities on the ground. There is an understanding, perhaps, of the value of the social and social support in these policy guidelines. However, with the initial challenge of awareness combined with the pressures on humanitarian actors on the ground it is not surprising that one of the findings of the review was that, 'There appears to be concern about the quality of psychosocial programming. The Guidelines have not been employed to decide who should do what, when and where, and implementation of the Guidelines is reliant on coordination, capacity and structure of the humanitarian sector (IASC, 2014, p.9).'

From the perspective of effective humanitarian response, what would be necessary, as in the case in Bauya, may be to better understand whether the majority or minority of people found the social support effective. The fact that, despite the negative impact of the war on everyone, that social support was vastly considered to also be an effective approach does indicate that the matter is more complicated. My study did not investigate this fact, but social support did have fewer mentions than spirituality and attitude. Further studies could examine whether the higher reliance on other methods is precisely due to the more limited ability of social support to function in such contexts. Again, this would help support the need and importance of external responses, though it would have to be carefully designed to clarify the nature of interventions that could have an impact on improving this notion of social support.

9.3.2 The security situation

It is also important to note that the more prominent, (from a policy perspective at least) psychosocial approaches to addressing mental health also give importance to the aspect of safety and security as a contributor to wellbeing in emergency settings. In addition, their element of community mobilization does entail aspects of relying on the community, which one may be able to interpret, to some extent, as placing value on things returning to normal. However, it is clear that there are differences in this priority. The medical and clinical approach to mental health and trauma does have a position regarding the continued existence of 'the stressor' in an individual's life if one is trying to improve the mental health situation.

Normalcy and security in Mental Health and Psychosocial Support (MHPSS)

There were three key aspects of normalcy presented in the results from the community in Bauya. One was not so much an approach they took, but an acknowledgement by a few community members that without the key improvement in security, the end of the violence and war, then their suffering would not end. In this case they felt a necessity that for their suffering to end, it's primary cause needed to be stopped or ended and replaced with, peace which would provide the conditions for their suffering to end; reuniting with family, ending fear of death, violence and injury and allowing them to find ways to generate their income. This is highlighted in Foday's statement, '*We did common things. When I started attending school the fear began to reduce... At the end of the day they withdrew soldiers and we*

carried on our rural business and we turned our backs to the war (Foday Massaquoi, 2017).'

The solution to their suffering, though one that they admit they did not control, was the existence of peace.

The other two key aspects of the approach of returning to normal both involved the ability to generate income and the impact this had on covering basic living costs such as food and education. For some people it was related to a profession such as teaching, or gaining income from petty trading. For others it was being able to generate income and meet basic food needs by returning to farming as illustrated by Sundu's statement, *'Yes suffering left. We started to work as before. Then the suffering went a little at a time...With cooperation my wife and I were engaged in subsistence farming and vegetable farming. That helped us so our emotions were calm and we were able to gain the necessities to live well (Sundu Gborie, 2017).'* It is clear that this brought an end to material suffering, but of course also to the emotional suffering that was a direct result of suffering through the lack of the ability to meet physical needs previously covered by their income generating activities.

What the results from community members do not tell us is whether, it is simply the income-generating factor that eases the suffering, or there is an element of being occupied that also helps. With farming in particular, heavy physical work may help in many ways to take mind of struggles and suffering or just working with the land as expressed by Oseh, *'I made my farm I do things. So now I thank God. By farming everything left my mind' (Oseh Dumbuya, 2017)*. I did not ask community members additional questions regarding this point. However, it raised some questions for the research. They can be taken as points to consider for future research or limitations of the study. As I was working with only a rural population it is hard to determine how this may or may not have influenced their suffering. Some community members for example, explicitly mentioned that one approach they took to end their suffering was their abilities to survive in the forest, something that they were taught when young or were naturally a part of their lives. This ability to effectively deal with uncertainty and danger of everyday life is something that Jayawickrama (2010) also found in his work. It would be interesting to consider how urban-based individuals would have coped. For example, without expertise of finding or growing basic food, or knowing how to work with plants or build makeshift shelters, the situation may be one of starvation as opposed to problems with choice of food. This was how hunger was expressed once results

were analysed. The MSF study conducted in the capital city Freetown, did find starvation to be one of the most commonly cited sources of trauma in their study (MSF, 2000).

Similarities and differences with the prevailing psychosocial approach and the community

On examination of the 2007 IASC guidelines, there is attention given to the importance of the presence of some sense of safety and security after the emergency situation or disaster, as a basis for wellbeing and mental health under the rubric called - multi-layered support. But as this is a cross-sectorial approach, it is not necessarily the humanitarian agencies that have control over the security and governance aspects. While not immediately clear, there is a similarity to results of Bauya in terms of the aspect of income generation role of return to normalcy. The aspect where there is a difference relates to the approach to basic needs. In the MHPSS approach security is considered important along with the provision of basic needs such as shelter, basic health care, food and water. These are the type of things that community members in Bauya placed importance on for the income generation element as an approach to their suffering. The ability to have income was mostly linked to their ability to meet their basic needs.

The IASC guidelines also provide options for minimum response and comprehensive response (Becker, 2015). While less clear in the minimum responses, in the comprehensive responses under the rubric of community and psychosocial response which falls under the domain of core mental health and psychosocial support, the guideline suggests that it is necessary to, 'Strengthen livelihoods and support implementation of community and economic development initiatives (IASC, 2007, p.24).' This points to another concern about psychosocial programming. Framed this way it is difficult to distinguish between general humanitarian responses and the psychosocial approach. Authors such as Becker (2015), and Jayawickrama (2006), the latter who was involved in the 2006 review, also raised this criticism¹⁵³. This illustrates that caution is needed in the importance given to psychosocial programming and its level of contribution to addressing psychological suffering.

The critical challenge with providing social support or helping communities find normalcy after an emergency is finding the balance between providing needed support and creating dependency and changing community dynamics in an unhelpful way. This is why the regular reference to the principle of 'Do No Harm', that in attempting to do good the spill over

¹⁵³ The author shared his experience directly with me in 2019.

effects on the community are negative. The community mobilisation rubric of the IASC Guidelines reiterates the importance on working with existing community strengths and even provides an example of an experience in Nepal where the family and friends mobilisation in times of need was effaced after international NGO's set up a system of working and nominating leaders to help with aid distribution (IASC, 2007).

Normalcy and security from medical/trauma approach

Although couched within a wider model that could be considered much more predisposed to the psychosocial approach, Silove's ADAPT model also places importance on safety and security as a precondition for mental health recovery during and after emergencies. His explanation, however, is more directly related to the impact that this has on different levels of trauma. Silove (2013) explains that the continued presence of traumatic situations increases risk of normal reactions to situations that may prepare a person to better deal with their situation to becoming something that ultimately disables the individual from normal functioning. He further states that, 'The post-traumatic environment is particularly relevant, especially when survivors are exposed to a constellation of adversities such as: ongoing conditions of threat, uncertainty about the future, lack of control over their lives, and an absence of social support (Hobfall et al., 2012 in Silove, 2013, p.241).' There is a direct link being made with the security situation and levels of trauma in a way not so strongly emphasised in the IASC guidelines and other guidelines using the same base.

What will need further exploring in the following chapters that focus on responses is how they reconcile this prerequisite with the fact that the role for humanitarian agencies rarely has anything to do with ending the violence or the governance related causes of natural disasters. Silove (2013, p.241) calls for leaders of humanitarian agencies to take a role of informing policy makers responsible for relief programmes of, 'The importance of establishing environmental conditions of safety, stability and predictability in order to achieve mental health recovery for those exposed to conflict and displacement.' This begs the serious question of how much of recovery is related to this; external factors that international humanitarian agencies have little control over in the first place, yet which may ultimately lead to natural recovery on mental health. This further highlights the question of what is the role of the humanitarian agencies in this case, because MPHSS interventions are generally targeted at everyone, despite policy indications that the minority will suffer 'abnormal' psychological reactions.

9.4 The effectiveness of community approaches to their suffering

While asking community members to describe their approach to suffering over half of them were very clear that they considered that their approach effective. In some cases, particularly when they referred to their spiritual approaches, there was an underlying clarity that they found this approach effective. I felt it would be disrespectful to then ask the question about whether they considered their approach effective. This could have been interpreted as disrespect as within their explanations of the approach their belief in its effectiveness was patently clear. If I had insisted though, this would have probably greatly increased the number of mentions regarding effectiveness of approach, increasing significantly the gap with mentions that their approach was moderately effective or not at all effective. I think this is important to keep in mind in the ensuing discussions about the approaches; the vast majority of community members found their approach effective.

The results illustrate that, in essence, apart from their faith being important, community members also consider this approach effective largely because it worked. They experienced great suffering; social, emotional, and economic. Of the many approaches the main one they used was their faith. They considered this to be effective and so they continued to use this for their war related suffering as they had for their general suffering before...and as they have continued to do after that.

One of the key issues that arises regarding community's understanding of effectiveness of their approaches to their physical and emotional suffering regards the point of perception. If the approaches that community members took to their suffering, religion and faith, attitudes of gratitude and acceptance or relying on others, are considered by the vast majority to be sufficient responses to their suffering, is that sufficient to address their mental health suffering. This is bearing in mind that the community members are not referring to what one may consider indisputable or more severe cases of mental illness.

This touches on two key issues related to approaches to healing and also broader approaches to humanitarian responses regarding mental health in emergency settings. The first relates to how the global community decides to define suffering. Is it equivalent to psychological trauma or is it something else, and does it need categorizing in medical terms in the first place? The community admit they suffered, and they used approaches to their emotional and psychological suffering that they found effective and relevant. Can the global

humanitarian community be satisfied that they may not have a role to play at this level?

This question will be discussed in chapters eleven and twelve.

In terms of approaches to healing, Kleinman's (1988) work that distinguishes meaning of disease, illness and sickness is quite instructive and highlights some of the challenges facing global humanitarian responses to mental health. For Kleinman (1988, p.3-4-5) illness is a social affair, one of perception and he describes this saying:

By invoking the term illness I mean to conjure up the innately human experience of symptoms and suffering. Illness refers to how the sick person and members of the family or wider social network perceive, live with and respond to symptoms and disability... and when we speak of illness, we must include the patient's judgement about how best to cope with the distress and the practical problems in daily living it creates...we can say of illness experience that it is always culturally shaped.

When Kleinman (1988, p.6) refers to disease he states:

Disease is the problem from the practitioner's perspective. In the narrow biological terms of the biomedical model, this means that disease is reconfigured *only* as an alteration in the biological structure or functioning...In the practitioner's act of recasting illness as disease, something essential to the experience of chronic illness is lost...Treatment assessed solely through the rhetoric of improvement in disease processes may confound the patient's (and family's) assessment of care in the rhetoric of illness problems.'

Kleinman (1988) is specifically referring to clinical practice and it is important to note that mainstream health care in Western countries such as the US and the UK are adapting to address this critique. However, what still remains a similar problem in the field of global humanitarian responses on mental health is the issue of definition of the problem. In the results presented on suffering, both its approach and understanding, there was only one instance where suffering was considered as an illness. While Kleinman's distinction is between illness and disease, in a context like Bauya the question is even more basic, is suffering at the level they experienced even considered an illness? Where Kleinman's definitions become important is in the way humanitarian responses are doing the defining

and 'curing'. Essentially the whole reframing of general suffering as different levels of trauma follows similar lines of definitions and recasting of a problem from the perspective of those suffering to those self-tasked with finding the cure to the illness or disease.

One challenge for global humanitarian responses in mental health in taking such an approach is that it does not really correspond to policy guidelines relating to giving communities agency to address their problems or suffering. The nature of the global response is based on several assumptions and one is that people must necessarily suffer psychologically in some way when exposed to violence and uncertainty seen in emergencies in general, and certainly after war. While policies may acknowledge that the majority of people do not suffer 'abnormal' psychological reactions, responses are none the less based on providing general support to those who did not suffer 'abnormal' reactions. There is then some more targeted response to those who are thought to have suffered mild to major mental health illness. Space is not made in such interventions to consider that mental health related intervention is not needed. In a situation like Bauya, if people are saying their approach was largely effective where is the place for psychosocial interventions and how necessary are they, let alone appropriate? These are some of the key questions that will be investigated in the next three chapters. Chapter ten and eleven will directly explore the community's perspective on humanitarian responses to their suffering. Chapter twelve will examine the wider implications related to more global level responses.

9.5 Conclusion

This chapter discussed the key concepts arising from the findings regarding the community in Bauya's approach to suffering and their understanding of whether their approaches were effective or not. The chapter highlighted and discussed implications of the different approaches. One of the key concepts discussed was the use of religion as an approach to address suffering. As one of the most mentioned approaches the chapter gave this element much attention linking the findings in Bauya to wider medical debates around the role of spirituality and religious coping for physical and mental wellbeing. The discussion also addressed how the community's approaches reflected such concepts within a wider Non-Western cosmology. Other key categories discussed were attitude, and reliance on others and return to normal activities as approaches to suffering. These were also linked to existing concepts and studies in the medical field on the role of attitudes such as gratitude and acceptance in coping with traumatic experiences, as well as the role of social support in

broader healing. Much of these are found in the research in the field of psychology and developing fields around mental health and wellbeing.

The discussion in this chapter also addressed how these concepts arising from the fieldwork link the approaches community members used, to broader context of how trauma is addressed in the global humanitarian field. The chapter explored the links between findings from Bauya and the key policy's guiding international humanitarian approaches and action in emergency settings. The chapter also raised some of the challenges arising due to the gap between policy and practice, as well as some of the challenges between policy and cultural contexts in the global south. The chapter further focused primarily on the issue of approaches to suffering, however there were aspects of humanitarian responses that were necessarily discussed at this stage, and in this chapter. More in depth focus on humanitarian responses will be the main focus of the following three chapters of the thesis.

Chapter Ten

What to do Oh My Sister?: The Community's Views on Appropriate Interventions (Presentation of Results)

'CARE International- they provided housing materials...They come with buckets. They gave food for the week. They housed the Chief. It gave people comfort that's what really comforted people in the country. That's why you don't see people acting crazy. Many charitable organizations came. UNICEF came. They provided medicines we couldn't get during the war. This keeps frustration away. If we didn't have these things... that, my sister, would have been a disaster for me.'

Brima Kanu, (2017)-research participant- He is an entrepreneur in the village.

'Comfort me only with talk? No. My heart may calm down but not too much. They come and find that I'm looking for a place a place to live... I'll hear what they say but it won't go in my heart. But if you talk and you give me some small money and I build my house, anytime I see you I'll be happy. My heart will be calm. They will provide me somewhere to sleep... I'll be happy. I'd even give you a chicken.'

Coloneh Conteh, (2017)- research participant- Subsistence farmer and petty trader.¹⁵⁴

You expressed your stress and feelings...They talked and cried- they comforted each other... They tried to make peace...It was effective. Everyone expressed their feelings and reduced their stress...They poured cold water libation on the ground. It was only talk. No food, but it was good.

(Kallie Suma, (2017)-research participant- subsistence farmer and casual worker)



Fig. 29 Another example of a sturdier home rare in the village. Bauya, Sierra Leone
Source: Author 2017



Fig. 30 The break in education due to the war meant external help with education was highly valued. A secondary school in Bauya
Source: Author 2017.

¹⁵⁴ Brima and Coloneh are members of the community in Bauya that took part in this study. The comments quoted were part of their interview in responses. The names are not real names.

10. 0 Introduction

This is the final chapter of the thesis that will present results from my fieldwork. The chapter will focus on the results of my field research that detail community members thoughts regarding how responses external to their community, such as from government, national and international NGOs, and the United Nations system, helped address their war related suffering. The results presented in the chapter will also provide an understanding of the nature of the humanitarian responses that existed and often specify the agencies that implemented them. However, the results go further in illustrating community members' perceptions of the responses, and more so, what type of interventions that they would have preferred or considered most effective in reducing or eradicating their suffering. The chapter will present the community's understanding of key types of responses that existed such as provision or support for; shelter, education, food, clothes and medical supplies as well as psychosocial support. The chapter will thus address general humanitarian and development responses as well as psychosocial responses separately where possible.

The results presented in this chapter are based on responses to direct questions asked related to community members' views on external humanitarian, development and psychosocial responses during and after the war, and how this impacted their suffering. Also included were questions that addressed their assessment of how effective they felt these approaches were in addressing their suffering. The data that will be presented in this chapter relates to response to three questions that community members were asked:

1. What type of responses existed to help your suffering?
2. Were the responses helpful?
3. What type of responses would you ideally liked to have address your suffering?

It is important to note that in asking these questions during my fieldwork I never received any natural and non-solicited answers that related to psychological and emotional suffering, neither in relation to existing nor preferred responses. Any information community members provided on psychosocial responses and that is reflected in the results section below, is due to the fact that in the end I made a methodological decision to specifically request from community members' views on psychosocial responses. This in itself is a strong indicator of the priority given to physical over psychological suffering. The implications of this point will be discussed in chapter eleven.

As with the other two results chapters words and comments made by community members that best illustrate and contextualize the various explanations are woven together to present a picture of the community's views on the responses that existed and the ones they desired. Again, I used comments and statements that best represented or expressed a wider group of people and chose those that most clearly expressed certain points. As such each community member is not necessarily represented though I have attempted to make gender considerations where possible¹⁵⁵.

10.1 Community views and understanding of humanitarian responses¹⁵⁶

10.1.1 Existing external responses

There were a variety of external humanitarian responses that community members had access to during and after the war. It is clear, however, that not everybody had access to all or any of the interventions. Nonetheless, across the community members that participated in the study there is a broad picture presented of the various types of humanitarian response that existed in Bauya during and after the war. This is based on people's memories and perceptions and not a systematic audit of the actual responses. It simply provides a background and general picture of what existed in that time and context. From the results the description of various external responses included:

Housing and shelter: There appeared to be different types of support related to the provision of housing and shelter. Some organisations seemed to provide building materials; others appeared to construct the accommodation. It is also clear that the government made special provision at some point to provide housing for Chiefs from the provinces in the capital city of Freetown.

Kadie Bangura describes receiving help to meet her needs for shelter from an international NGO saying, *'After the war we had help from donors...PLAN International helped us to build...If someone helped with a home it will make your heart calm down a bit (Kadie Bangura, 2017)*. Ansumana made reference to the government initiative to provide support to Chiefs saying, *'That's why government even used some ministerial housing for chiefs (Ansumana Barrie, 2017).'*

¹⁵⁵ The specific process of categorizing and analysing data is reflected in the methodology chapter five in the section on data analysis.

¹⁵⁶ The main focus of this section is on humanitarian and development interventions. There are some areas where the results are specifically about psychosocial interventions. When this occurs, it is made clear. It created a better flow and structure to address some of the issues relating to the psychosocial interventions in this earlier section. Full focus on psychosocial interventions follows in a later section of the chapter.

Basic needs: food, clothing, cooking utensils: There were also initiatives from government, NGO's and UN agencies that focused on providing support that can be termed generally as relief. They provided the basics necessary for people affected by the war to live. This included, as well as other things, items such as clothes, food, blankets and cooking utensils.

Pessima and Kadie explain the initiatives providing food and basic needs saying, '*They brought food and clothes. Even cooking materials they supplied. They gave us so that we didn't die. After the war they continued for some time then they stopped (Pessima Cowan, 2017).*' Kadie explained that, '*The donors helped us. The government supplied us- bulgur, oil, and beans. We survived through that (Kadie Bangura, 2017).*' In both cases the importance to their survival is made clear.

Educational support: teachers, schools, equipment: There was also some support provided to help with education of school children. This included providing school materials, and training and deployment of teachers, as well as providing school meals.

Adama describes the support provided by a particular international NGO, Plan International, '*PLAN was very helpful. They did a lot on the educational side. They provided teaching and learning materials. During the war they sent food...We had it twice during the war. Books and pencils. They also cooked at school for children...When we didn't have money we could still send the children to school. That really helped us (Adama Sombie, 2017).*'

Agriculture and farming related support: There were humanitarian responses that went beyond providing food items to providing different types of agricultural support. These then helped people farm crops and create a more sustainable food source.

Vandi expresses the value of initiatives providing farming related support. He says, '*It was not easy but NGOs visited and did registration for food items, seedlings to start farms...rice. They said go plant and start life. That helped for 2 years (Vandi Jusu, 2017).*'

Skills training and income generation activities: Even as part of Sierra Leone's Disarmament, Demobilisation and Reintegration (DDR) programs for former combatants, retraining people with new skills that helped generate income was a key intervention. In the humanitarian sector these types of responses were also implemented in Bauya for the civilian population.

Ansumana Barrie talks of the value of skills training interventions. He explains that, *'I think the NGO intervention helped...skills training for sustainable living to give empowerment when people were drawing attention to their poverty. A few of them took skills training and it led to stabilization. One girl did hairdressing in Bo and after that she came back to Bauya. NGOs supported her and to a large extent she has a stable life (Ansumana Barrie, 2017).'*

10.1.2 Desired external responses

As will be explained below, community members considered that the responses they had access to, useful as they were, were also replete with insufficiencies and shortcomings. Their expression of the type of humanitarian responses they would have liked or preferred is one indicator of these shortcomings. This is not a reflection that the interventions did not exist, but it is clear that not everyone benefited. The results also illustrate where community members placed the most emphasis in types of desired responses.

Housing and shelter: This category received the highest mentions. In some cases, the request for housing was related to the fact that part of the destruction during the war included deliberate burning of homes. Oseh mentions the importance of providing building materials for the reconstruction of homes saying, 'Let them help us- they burned our houses. (Oseh Dumbuya, 2017).' Konima suggests that housing is so important that even the minimum would be valued saying, *'I'm here I don't have a home. I'd say let them make a one room house for me at least. But you can see I'm in a broken house here... That's all I'd ask (Konima Turay, 2017).'* Also implied is the value of shelter over other needs.

Danke's desire for responses that provided shelter highlights its importance in terms of social security. In her case she had to rely on family, which left her vulnerable, and she believed having a home would reduce this vulnerability. She describes her situation saying, *'If they helped build a house... Like this house is my father's home. There are many of us. I'll have to move (Danke Koroma, 2017).'*

Income generating activities: Receiving the next highest number of mentions after shelter was people's preoccupation and desire to have opportunities and support to generate income. Community members described desired interventions that would train and better equip them to generate income or simply provide money to allow them to conduct petty trading and light commercial activities.

Combo was not interested in hand-outs or cash interventions, but something that would provide an opportunity for him to be in a position to make his own income, whether a job or training opportunity. He expressed this desire saying, *'NGOs could offer me work or teach us something- training people to help themselves. If the government said they would give us work, I would have done it to help my brothers. If I had the opportunity to do those things, like I'm doing now, I would. I don't want to suffer (Combo Konneh, 2017).'* Manu's request was also for inputs towards starting a small business. As a petty trader she requested help to provide the kiosks used to sell light goods and asked, *'Help me- only help. Help us make small kiosks. This is the type of help I ask God for (Manu Jombla, 2017).'*

Other community members considered that interventions that provided support so they could carry out their petty trading are what they would have wanted. In these cases, they felt financial inputs would have been most welcome saying, *'Let them help us...Give us money for business. If you have money and you do business, the suffering will finish (Oseh Dumbuya, 2017).'*

Educational support- teachers, schools, equipment: Receiving the next highest number of mentions as a desired humanitarian response was support for education. Each mention of education support provided different reasons for its importance, from its basic value to it being a form of pension if one's children were educated.

For Manja it was simply important that she was able to educate her children. She expressed this saying, *'If I had help to get a way to educate my children (Manja Banyu, 2017).'* Gita considered interventions in the domain of education useful because these educated children could be depended on for support in old age. This is very important in a country that does not have a social welfare system. She explains her needs saying, *'When the war was over- education. That's what will help me live. My children will help me in my old age, especially the girls. I will have peace in my heart if God used and external person to help with that (Gita Kailondo, 2017).'*

Foday and Warima had a different perspective on the need for educational support. For them the payment of fees would have allowed them both to follow their dreams rather than accept a professional path based only on what they could afford. Foday explains his wish for responses in the field of education saying, *'Just after the war what I wanted was someone to*

pay my fees. Maybe I would be a lawyer now. That was my dream...with no sponsor I never achieved this (Foday Massaquoi, 2017).' Warima, now a teacher, makes a similar point, disappointed that he could not achieve his dream to be a doctor. He says, *'I wasn't thinking of teaching. I wanted to be a doctor. I couldn't because of financial constraint. If I had an organisation to support me it would have been fine (Warima Coba, 2019).'*

Basic items- food, belongings, and clothes: For a few community members they placed importance on initiatives that addressed their most basic needs for food and clothes. In one case there is also a mention of replacing belongings that were lost due to the insecurity and movement during the war.

Kalie placed importance on humanitarian responses that would provide food and clothes saying, *'What I would like is for them to give me food and clothes. Those days the one bag we took was all. I carried this bag on my head. We exchanged clothes (Kalie Suma, 2017).'* Brima was generally interested in interventions that would replace all he lost during the war saying, *'Well the help I needed was my place that was vandalized. If they help me with all that I've lost it will help me resettle. It would comfort me to have these things and I'd not remember so much all that happened during the rebel war (Brima Kanu, 2017).'*

Health and medical support: Accessing health care facilities or getting access to medicine was one of the challenges during the war. A few community members mentioned that the humanitarian responses they would have desired were ones that provided medical support.

Kalie stated simply that he wanted interventions that, *'Help us heal when we are sick (Kalie Suma, 2017).'* Vandi was specific that the interventions should provide free medical care. His request was that, *'Really, I see they should help both sides- mind and body. Health facilities for people who have sickness from war. Free health facilities where government doesn't ask for payment that would be better (Vandi Jusu, 2017).'*

Relocation programmes to peaceful countries: A few community members felt that in the midst of the suffering of the war the only solution was to leave the country. In one of the cases they are clear that any country in peace was a sufficient destination, and in another case, it was important the destination was 'the White Man's Country', not any country.

Kalie's desired intervention would have been the provision of help to evacuate from the country and resettle in a Western country. He explained this desire saying, *'When I sat with my dad I told my dad I wish someone came and took us from the country...I was thinking of the White man's country. That's all I thought of (Kalie Suma, 2017).'*

Foday described the strength of emotion that he had to leave and the hatred he had for Sierra Leone during the war. In his view as well, the only solution was to leave the country. He described this point of view saying, *'That time the help I wanted was to be taken from the country, so I seek asylum. I'm someone who is very fearful... I wanted any organization to take me to Guinea. Some people had the chance and went, while we were at the mercy of the war. That's the major help. I didn't want Sierra Leone at all...I hated Sierra Leone at that time. I didn't want Sierra Leone. I wanted to leave (Foday Massaquoi, 2017).'*

10.2 The felt value of external humanitarian responses

This next section of the chapter presents the results linked to question; 2. Were the responses helpful? Analysis is based on the numbers of mentions that considered humanitarian responses useful and those that expressed that the responses were not useful. It is also important to note that the section on positive value given to humanitarian responses does include some comments made on psychosocial interventions. These will however be addressed in more detail further in the chapter.

10.2.1 Positive value given to humanitarian responses

Earlier in the chapter different types of humanitarian responses that existed were presented based on descriptions from community members. There were initiatives addressing different issues from provision of food and shelter to income generation support. It is also clear when examining community members' view of desired humanitarian responses that even though certain responses existed not everyone was able to access them. This section focuses on the humanitarian responses that were accessed and that people considered had a positive value and impact on their suffering.

Humanitarian focused initiatives: A few community members express the value of the responses because they helped with critical basic needs and survival. There is also a view expressed that the value of the response also lies in simply knowing of the existence of solidarity from other human beings with one's own suffering.

Kadie considers the humanitarian responses positive, crediting them for the survival of people in the community. She explains this position saying, *'After the war we had help from donors. Microcredit allowed us to support our home. PLAN International helped us to build... The donors helped us. The government supplied us- bulgur, oil, and beans. We survived through that (Kadie Bangura, 2017).'*

Adama saw a different value in external responses. Her perspective placed value in the comfort of knowing that people around the world expressed solidarity with her suffering, and also that the responses helped everyone including children. She describes her view saying, *'The NGOs. If you had funders in other parts of the world sending you something it will help. Even if the suffering doesn't go it will get better. Your heart will calm down. NGOs can help. A place exists for everybody. They give to everyone. They give to children and it makes you happy.'* (Adama Sombie, 2017)

Psychosocial focused responses: Though few, there were some community members who found value in the psychosocial humanitarian responses. They refer to different types of responses as being valuable. While some of the value was considered to be in the comfort provided from the initiatives that were implemented others were also clear that the forgiveness and reconciliation necessary to build the community would not have been possible without external support.

Pessima considered that there is always value in other people coming to try to help ease suffering of all types saying, *'Anything that happens, another person's experience can add to your own. They can add their experience to mine. If people come with their approach I'll test it. The more we share the more we'll get more ideas. Not one head writes a book (Pessima Cowan, 2017).'* In this view the more people are involved in trying to bring psychological healing is useful, as he gives value to the ideas of others having the possibility to change things.

Adama and Vandi suggest that without interventions to address the social and psychological breakdown within the community, a repairing of the social tissue would not have been possible. It should be clear that in this case they refer to external international responses as well as those external to the community, but still Sierra Leonean. Adama's concern was that the negative feeling between people would not allow healing and she described this saying,

'It would have been hard for our hearts to calm down without external intervention. There was malice and negative feeling between people. There was suspicion and anger. That could have continued. It would have been worse (Adama Sombie, 2017). Vandi was also emphatic on the inability for healing to have occurred without some form of intervention. He explained his view saying, 'Because of the workshop, churches and mosques assisted NGOs to talk to the people of the community...No way we would have been able to do it ourselves. But we would have been able to do it with church and the mosque (Vandi Jusu, 2017).'

10.3 Limits and challenges of humanitarian responses

While it is clear from the community members' descriptions that there were different humanitarian responses and many had value, it should be noted that in terms of number and frequency of mentions it was the insufficiencies of such responses that stood out and were more striking. The information regarding the challenges of the interventions provide much input and foundation for ideas in the discussion in chapter twelve, on how humanitarian responses in complex emergencies could be improved.

External responses not considered superior to their own approaches: Community members in Bauya felt that what worked for them, is what was useful. Particularly as it related to psychosocial suffering, some community members expressed that they considered their approaches to such suffering sufficient and effective. This then essentially made external responses redundant in their eyes. There are explanations that their individual spiritual approaches were sufficient. There is also an understanding that the community religious leaders could have, and did, provide sufficient support in situations where the community members themselves would not have been able to facilitate the sewing back together of the social fabric.

Vandi referred to a well-known national initiative called Fambul Tok¹⁵⁷ that attempted to foster reconciliation by bringing communities together to talk and also use traditional methods such as pouring libation. He still considered that this was external, and that the religious leadership of the community was an equally valid option. He explains this saying, *'No way would we have been able to do it ourselves. But we would have been able to do it with church and mosque (Vandi Jusu, 2017).'*

¹⁵⁷ Fambul Tok was considered a national initiative to foster reconciliation in communities in Sierra Leone. It has evolved into an international organisation now working in other African countries. It does have strong links to the US organisation in terms of origin and approach.

Pessima and Gita simply had sufficient faith in the efficacy and validity of their spiritual approaches and doubts about external initiatives. Pessima's reliance on guidance from his deceased mother through dreams had worked for him. He describes his unwillingness to cease using this approach saying, *'I won't stop unless you can find money and send an alternative. Otherwise, there you want me to go back to suffering...My life is what it is today because my mother's dreams guide me... I won't leave it (Pessima Cowan, 2017).'* Pessima also raised another key point as to why he preferred his own approach saying, *'External people cannot solve that problem. They give and they go back (Pessima Cowan, 2017).'* He essentially raises the point of the transience or lack of sustainability of external initiatives.

In Gita's case she considered everything to be linked and attributed to God, including any humanitarian responses that may have been positive. As such she would consider that this was due to her faith and prayers. She explained her faith in her approach very clearly saying, *'Even if a White Man gave me medicine for peace of mind, I would still pray. Even they who brought me the medicine, it was from God. So I'd still pray (Gita Kailondo, 2017).'*

External responses created harm in the community: Another limit of the external responses expressed by community members was the fact that they sometimes created more suffering and conflict within the community. Community members describe how methods of sharing materials, limited attention to the rural areas as opposed to urban centres, or provision of micro credit loans could sometimes have a negative impact. This is an illustration of the fact that the concept of Do No Harm¹⁵⁸ often has difficulty being implemented and reflected in practice.

Vandi explains that a consequence of the regulation of distribution of zinc, put in place to ensure people did not make profit from or misuse the zinc, was that the homes had to be constructed to a certain level before the zinc was distributed. In some cases, this was not possible in time for the delivery of the zinc. Vandi describes how this had a negative effect saying, *'They even came here with zinc, but only few people were lucky to get access to the zinc...There was a law that you have to have gone far with the construction of the house before they supply...The law was to stop people from taking the zinc and then not building*

¹⁵⁸ Developed within the humanitarian field in the mid 1990's, and mostly linked to the work of Mary Anderson from the CDA Collaborative, the concept of Do No Harm is centred on the fact that aid is not neutral, particularly in conflict contexts. The aim of Do No Harm was more effective delivery of humanitarian assistance in conflict contexts, reducing harmful effects and increasing positive ones. In aiming to do good many humanitarian interventions end up creating harm in other areas. The concept allows for reflection and analysis of programs using a specific framework in order to improve humanitarian practice and limit potential harm to affected communities. Notably a focus on forces that connect people rather than those that divide them. (CDS, 2007)

the homes... We were discouraged, we saw things in the car and they took them away. They didn't come again (Vandi Jusu, 2017).' Pessima makes a stronger emphasis of the negative impact speaking more generally of responses that distributed materials saying, *'Even the way they shared goods brought conflict. Even the ones that weren't suffering they created more suffering for them (Pessima Cowan, 2017).'*

Raka had two key concerns regarding how external responses caused harm to community members. He shares his view on the negative impact of micro-credit saying, *'Micro-credit loan; they get a profit and you get suffering... I refused my wife to take a loan. People go to jail for not paying. People ran away and left their family to avoid jail (Raka Kamara, 2017).'* His other concern is broader and refers to humanitarian responses in general which he felt in the end did not target people at community level because the city and urban areas were given priority. He explains his view as a plea stating, *'Anyone that wants to help this country should start at grassroots. But anyone that wants to help comes from high- by the time it reaches down its finished. We then have nowhere to turn unless we straighten our hands to beg and also pray that Allah hears our cry (Raka Kamara, 2017).'*

Corruption in the system of distribution of aid: Many mentions were made of the insufficiency of external initiatives that indicated corruption of different levels. Some of the community members' responses hinted and suggested corruption and others were open and direct with accusations aimed at both government and NGO interventions. This is a reflection of an issue that is also prominent in the aid industry, beyond the mental health sector.

What Baidu described is forms of nepotism where community members were able to gain access to the benefits of various initiatives only through favour or because of someone they knew. She explained that she was able to attend one of the psychosocial interventions based on some form of favour that made them include her name on the list. She describes this situation saying, *'I heard about Fambul Talk meeting. I attended only two times. I attended because they put my name down. Here it's based on whether they favour you or not. Here it's by favour. Then they put your name on the list (Baidu Gegba, 2017).'* Her statement suggests that there were no transparent criteria for selecting beneficiaries. She further added more generally that who one knew was important, describing the situation as,

'No NGO helped me. NGO's were here but people got help by "sababu"¹⁵⁹. If your person was in the NGO you'd get help, but if not...nothing (Baindu Gegba, 2017).'

Raka and Hindolo spoke of a different form of corruption and suggested that in general, planned responses or materials that were supposed to reach the community, never made it or arrived to the communities. Raka relates this to the fact that everything was centralized in the capital city and says, *'Don't leave anything in Freetown that you want to reach the people at the grassroots. We have lots of experience. Lots of experience. From Executive until... we didn't see it (Raka Kamara, 2017)*. Hindolo explains a specific example with the distribution of zinc for roofing describing that, *'The government said we should build a house and they'll give corrugated iron sheeting for roofs for 17 houses. The government did not give the sheets. All these houses have fallen down. Not one exists today (Hindolo Banya, 2017).'* There is also the element of false promises that can be seen in Hindolo's statement, it is similar with Oseh's comment, *'They came lied a lot to us, but they didn't do anything (Oseh Dumbuya, 2017).'*

Juldeh and Finda describe the limits of external responses being that money aimed for activities or materials that was meant to provide support was actually embezzled. In different ways they all say the same things; *'The government came, and they asked us questions. They said they'd help us with shelter. They ate the money (Finda Lavalie, 2017)*. Juldeh stated, *'Some NGOs came and took names, took papers to government. NGOs got money but they did not give us (Juldeh Kemokai, 2017).'*

Limits to the process resulted in limited impact of responses: While other community members also made reference to limits of humanitarian responses, there were some who directly referred to different elements of the process of providing aid, creating a negative impact. Community members mentioned the problems being set at the root. This started from the manner in which their problems were assessed in the first place. Also highlighted were limits regarding inclusion and access as well as flaws in the procedures.

Foday makes a specific critique of the manner in which NGO's conduct assessments of community needs and suffering, suggesting this is where there is a fundamental flaw. He uses the example of the importance given to psychosocial programming at the time saying:

¹⁵⁹ 'Sababu' is actually a Temne word now used commonly as part of the Krio language. It embodies the idea that benefits are provided by relying on knowing people as well as on their benevolence and desire to help.

You know why NGO's fail? They don't do feasibility studies... After the war came psychological help will not have had an impact... At that time I wanted physical materials. I attended school without uniform. So faced with such difficulties whatever counselling you give me that was not what I wanted... I wanted basic necessities. If you want to give someone counselling at least meet some of his basic demands. They'll be thinking of food and clothes. You'll just be wasting your time. We needed relief packages. So, the bulgur and beans packages were the happiest moments for some of us. After the war Sierra Leone Red Cross gave us bags of rice to our school. Even 600 Leones- some of us couldn't pay. Some of us couldn't afford that (Foday Massaquoi, 2017).

Finda and Adama's critiques of external responses related to the lack of practicality and feasibility of some of the initiatives. Adama mentions inappropriate time frames given describing a specific shelter intervention saying, *'They gave people a period of two weeks that's why many houses were left out. Many houses are still unfinished (Adama Sombie, 2017).'* Finda explains the lack of logic in an intervention to provide help, but that required people to travel distances that necessitated spending money most of them did not have, to access this help. She explains that, *'The external people. Government doesn't come with anything. That first time, they said you should go to Moyamba to access the help. Imagine if you don't have money to go to Moyamba (Finda Lavalie, 2017).'*

Coloneh and Isata's critique of the lack of impact of humanitarian responses speaks to the limited reach and poor communication in that not everyone benefitted or was asked to properly explain their needs. Coloneh questioned the impact of a psychosocial intervention because it excluded her and also because she did not hear much regarding its positive impact. She explains this saying, *'Fambul Tok- I never went...They didn't invite us and tell us to come. They didn't invite me. Maybe other people, but me, they didn't do that...but...if it was really good the talk would have been everywhere you passed. You'd have heard about it- so I don't think it was good (Coloneh Conteh, 2017).'*

Isata's concerns related to the fact that she was not approached to talk about her needs in a manner she found useful. She would have preferred more detailed attempts to understand her needs beyond radio announcements and other methods. She describes this saying, *'Like the way you are sitting here- you're asking me and I'm explaining my suffering to you. They*

should help me with so so so thing. They talked about it over the radio but it didn't reach us. I would have liked them to sit here face to face (Isata Kandeh, 2017).'

Insufficient support or impact of responses: Another weakness of external responses as seen by some community members was not so much that they were not appropriate, but rather, for different reasons they were insufficient. They were only able to have a limited impact.

Santigie's frustration was about not benefitting at all from various humanitarian responses. He explains that, *'When we suffered we thought they'd help us as we had nothing to eat and nowhere to sleep. We thought they'd help but they didn't (Santigie Lawali, 2017).'* For Unisa the issue was more that the financial aid given was insufficient, notably that it did not provide a sustainable solution to income generation. He shares his critique saying, *'The government gave us money, but it was too little. If I had a motorbike taxi that would help me and the family (Unisa Kai-Kai, 2017).'*

Yamba expresses the point that the nature of the responses was not a problem as much as the limits of how they were implemented. He explains this saying, *'NGOs came and helped displaced people. It wasn't sufficient in Sierra Leone here. When they sent them to do something it wasn't done to satisfaction...They had the right program- rehabilitation- but it was not done well (Yamba Kamachende, 2017).'*

In particular reference to psychosocial interventions, Raka, Eta and Unisa refer to the inappropriate nature of the support. Raka explains that the main needs were for food and money. He illustrates his point about psychosocial interventions by asking a question, *'If one man talks nicely to you but gives you nothing...and another man comes and slaps you but says take some rice and 100,000 Leones. Which is better (Raka Kamara, 2017)?'* Eta expresses a similar sentiment about preferring financial support rather than attempts to address psychological issues saying, *'It's been a while we've been here. People talk to comfort us, but they don't bring anything. If they want to comfort us they should bring some money (Eta Roberts, 2017).'*

Unisa explains that he appreciates the sentiment behind people willing to try to provide psychological support, but questions how much impact it would have saying, *'I'll be happy if someone came from far away to talk to me. You can appreciate it, but it won't be easy to*

reduce you're suffering. You'll listen, but your suffering won't reduce. I'll hear the sweet talk but it won't enter (Unisa Kai-Kai, 2017). Baindu emphasises this point by referring to her lack of appreciation of a specific psychosocial intervention saying, *'Fambul Tok- they talked to us. It didn't help. They talked to us by group (Baindu Gegba, 2019).'*'

Surveys, studies and needs assessments were not followed by action: The tone and content of the response from community members regarding the lack of follow up after surveys conveys clearly a deep sense of frustration. They describe being asked for details and information about their different types of suffering and needs, only to find that in the end they did not receive anything. As well as frustration a loss of hope and sense of helplessness is found reflected in some of the responses.

Of the community members that felt the assessments did not result in concrete results, some simply described a negative situation without a deep sense of dissatisfaction. Coloneh and Danke describe similar situations saying, *'They've done it to us before. Write a lot and come back until they go. They take records, go and don't come back (Coloneh Conteh, 2017).* Danke states, *'They've seen our names. Our names have gone in books. We don't see anything. How many children? How many pots?...One goes. One comes (Danke Koroma, 2017).'*'

Statements from Unisa and Danke also highlight the impact of the lack of results after the various surveys. In both cases they feel they can only depend on their faith in God to finally address their suffering. Unisa explains the regularity of the situation and his final understanding that he could not depend on these external responses saying, *'We've had many programs we can give examples of. People gave information that they requested. They asked. We gave... They left us... Anything they want to do I leave it to God (Unisa Kai-Kai).'*' One can see a similar sentiment in Danke's statement, but the length of time that elapsed is also a sense of disappointment for her. She explains her view saying, *'How many years? People come-they talk. Someone comes - they write. I don't depend on anything other than God. Because I know what God decides what will be. That's what I accept (Danke Koroma, 2017).'*' Gibrila clearly also highlights lack of delivery after numerous surveys, but focuses on how poverty limited his ability to challenge this. He explains his frustration saying, *'NGOS came and collected our names but nothing. But we leave it to God. But we can't fight them we're poor (Gibrila Ndawa, 2017).'*'

10.4 Community views and understanding of psychosocial humanitarian responses

In this section of the chapter the full focus is on responses that referred strictly to external responses of a psychosocial nature. It presents the results linked to the questions; 1. What type of interventions existed to help your suffering?, 2. Were the interventions helpful?, and 3. What type of interventions would you have ideally liked to have address your suffering?, but in relation solely to psychosocial interventions.

Also, as mentioned earlier, important to note in this section is that every comment about humanitarian responses that existed to address psychological suffering was made after I made a specific request for some kind of commentary on this. None of the community members when initially discussing types of humanitarian responses that existed, or that they would have liked, mentioned anything regarding addressing their emotional or psychological suffering. I made a methodological decision to request their opinion on the matter, as their reflections and inputs were critical to a deeper understanding of the issue.

10.4.1 Existing interventions and their positive value

Various types of responses: Throughout the responses relating to psychosocial humanitarian responses there is a sense that initiatives on reconciliation and interventions directly related to trauma healing were all combined and considered as trauma healing. From the results it appears that there were activities of both types of responses and also that sometimes the initiatives themselves did not make such clear distinctions. While one could make theoretical distinctions, this was not the case with community members. There was certainly no idea from their perspective of what a psychosocial intervention was. This is well illustrated in a comment made by Sundu saying, *'They said we should bear. They talked a lot about forgiveness even if they beat you or killed your child- your child, your son...- So they said you had to bear. They preached forgiveness. ...- Let's pray for our children. What they did let's bear (Sundu Gborie, 2017).* He considered this as trauma healing while it is clear that what he is actually referring to is an intervention with a reconciliation focus.

It is also clear that while there is regular reference to one psychosocial initiative, Fambul Tok, the rest of the time responses are referred to generally. Also, important to note is that none of the community members referred to any psychosocial interventions that were about spiritual or ritual cleansing. One community member was specific in saying they were not aware of these processes in Bauya, *'No observing of medicine man washing people-*

cleansing people (Yamba Kamachende, 2017).' I did not investigate further as even if these exist I respected the fact that community members were not willing to discuss this with me, and I did not feel this would have a major impact on the study.

There is also a sense that in this community the psychosocial or trauma healing initiatives mentioned were mainly implemented by Sierra Leoneans. It is important to note however, that many of these initiatives, including government ones, were conceptualised and funded largely through Western donors and organisations. The foundations of initiatives like Fambul Tok, for example, are very much linked to Western perceptions around psychological healing, although the emphasis is indeed on reconciling communities and perpetrators and victims. The initial development of the organization is linked with an U.S.A. based organisation, Catalyst for Peace. So while community members may see this as an external intervention because it is not of their community, it's external nature also extends beyond that. This point will be important when discussing the findings from the results in the next chapter, chapter eleven.

Combining trauma healing and relief packages: It seems that there were some interventions that made specific attempts to counsel community members. These were often combined with provision of relief packages.

Sundu provides a summary that reflects how most community members described trauma-healing interventions. He describes this saying, '*Some districts, the south and the east, they had a trauma healing group. They talked to you. They played films. They showed films of war in other countries. They came, called the community people and talked to them (Sundu Gborie, 2017).*' It is also useful to note that often the groups did not just counsel or run programs, but also provided elements of relief. Sundu's statement explains this and suggests that it is both the economic and counselling inputs that helped address community members suffering. He explains that the groups working on trauma healing also, '*Brought used clothes, bulgur and oil. They talked just so our hearts calmed down...They came monthly 1998-2000. It was various groups. Different groups. Everything they brought, all put together helped us to forget little by little (Sundu Gborie, 2017).*'

Group reconciliation and healing: Two of the community members who spoke of the value of psychosocial humanitarian responses both referred directly to the reconciliation and

healing work of the Fambul Tok initiative. They described some of the detail of the initiative, which clearly highlights the combination of reconciliation and psychological healing, and both community members were appreciative and considered the intervention valuable.

Vandi expressed the value he saw in the fostering of forgiveness saying, *'I participated in trauma healing- Fambul Tok. It was really good. According to the facilitator they tried to provide comfort... they encouraged us on how to embrace one another... Without the workshops the forgiveness would be unlikely. Because you see the person, boasting before you, you'd want revenge (Vandi Jusu, 2017).'* He is also clear that the external intervention was necessary to address the emotional and psychological suffering.

Kalie's account is also useful in describing some of the detail of the practice and implementation of a Fambul Tok intervention. The concepts of peace, reconciliation and forgiveness are highlighted, as are cultural elements such as pouring libation. Kalie describes his experience and opinion of this psychosocial intervention saying:

After that Fambul Tok- they called people they asked to testify who did bad. They asked for forgiveness and united. They danced and sat near the fireside. People talked. You expressed your stress and feelings. They asked if they would forget. They talked and cried- they comforted each other. They called the person for forgiveness. They accepted. They tried to make peace.... It was effective. Everyone expressed their feelings and reduced their stress...They poured cold water libation on the ground. It was only talk. No food, but it was good (Kalie Suma, 2017).

Informal psychological counselling: It is unclear whether there was a specific program that provided counsellors or whether they were part of the groups making broader psychosocial interventions. Responses from community members suggest that both types of initiatives existed. It is also clear that some members found this form of psychological and emotional support both necessary and effective.

Ansumana felt that counselling was important, although he appears to consider that the work of fostering dialogue and facilitating mediation also played this role. He explains this saying, *'Psychological counselling would be necessary... In Sierra Leone we used dialogue and*

mediation to express negativity and stress. To me that's the best way to settle conflicts and reduce trauma and appease them (Ansumana Barrie, 2017).'

Dimoh and Manu felt that counselling provided comfort where it was needed. Dimoh expresses his appreciation of such interventions, and also expresses their particular value for people who lost loved ones. He shared his thoughts on this saying, *'Psychological counselling is an additional comfort. They can talk to you. We appreciated it. Some really counselled us. We appreciated it...They counselled us on trauma (Dimoh Kuna, 2017).'*

Manu's comment shares an opinion that was never, expressed by any other community member. She suggests that having material goods or stability without having psychological health would still leave a person unhappy. She explained this saying, *'There were people who came to counsel. Not everyone went. It was good because they counselled those who lost people, gave them words of courage. If you don't have comfort, even if they build a home for you, you won't live happily (Manu Jombla, 2017).'*

10.4.2 Suggested responses- indicating positive value of psychosocial initiatives

Keeping in mind that all suggestions for humanitarian responses of a psychosocial nature were only made when solicited, there were several suggestions for psychosocial interventions. Some related to the approach that should be taken, and others simply expressed the importance and value of having such interventions.

Provided support for local initiatives: It is clear from the descriptions of many community members that the most psychosocial initiatives they refer to came from outside of the community. One community member suggests that providing more support to community initiatives for addressing psychological and emotional suffering would have been a useful intervention.

Pessima explains his idea of a useful intervention as one that supported community initiatives and existing attempts at addressing psychological and emotional suffering. He explains this view saying, *'Psychosocial help in the community could have been externally helped. Make a place to gather them all...If government helped we could have done it fast and made people forget. We did it alone (Pessima Cowan, 2017).'*

Value of counselling: Two community members also mentioned that they would have appreciated psychosocial interventions due to the positive value they gave to counselling. Both considered that counselling provided emotional comfort and support that was necessary during the war.

Yamba explained that any attempts to provide comfort should be welcomed. He explains that, *'I find psychosocial programs necessary. You suffer for something and someone gives you something, however small it will help...I think it can be effective if external people come with counselling, because you sit and discuss and they comfort you, and you forget what happens. So that person is not a bad person (Yamba Kamachende, 2017).* Combo also felt that such interventions were necessary and should be appreciated saying, *'Even during the war we wouldn't mind if people spoke to us to help us stop what we were doing...When someone talks to you it is something they give you. If I want to slap someone and someone talks to me to stop and says I should stop doing bad things or stop thinking too much... When you are suffering you think some bad ways and talking can help reduce that...If an NGO or government came. I'd have listened (Combo Konneh, 2017).'*

Role of counselling in contributing to reconciliation: There were two important points made regarding the role of counselling and reconciliation. The first is simply that counselling played an important role. The other point related to the fact that for the counselling to have a positive impact it needs to come at a specific time, notably after basic needs have been met.

Foday explains the value he sees in the role of counselling to foster forgiveness and reconciliation. He also suggests that it would have been difficult to provide counselling to people who had acute basic needs. He shares these two points in the following statement:

At that stage counselling was not important. All we wanted was our sustenance. But later- it was necessary- in terms of reconciliation. All that happened in war ... Some people had physical wounds and were seeing people we suspected were behind heinous events so with counselling we could put this behind us. Had it not been for some counselling exercises people would have not forgiven the perpetrators. Later counselling was important (Foday Massaquoi, 2017).

10.4.3 Suggested responses- indicating negative impact/value of psychosocial initiatives

Once again, these responses suggested for psychosocial support were only made after I solicited specific comment on the issue. Otherwise community members suggested initiatives were largely related to humanitarian and development related inputs. In suggesting the type of interventions that they would have preferred when it comes to psychological and emotional support, most community members that responded made indirect critiques of the existing experiences they had with psychosocial interventions. Some of the more direct critiques of psychosocial interventions are also addressed in sections above.

Psychosocial responses not necessary- rely on own approach: There were a few mentions that indicated psychosocial support was not necessary at all. These community members believed that their own approach that they used to address their psychological suffering, and seek comfort was sufficient. In these cases, the approach they were referring to related to their religious faith.

Lombeh, Manu and Hawa were all clear that their comfort came from their faith and that external support to address their psychological and emotional suffering could not be superior to this. Hawa mentioned the value of prayer and going to church saying, *'I wouldn't need help for counselling... No. I didn't need that...Every Sunday I go to church for comfort from prayers (Hawa Kargbo, 2017).'*

Lombeh and Manu had different positions regarding NGO's making interventions, but they were both clear that interventions providing emotional support or comfort were not necessary. For them it was clear that the source of their comfort was God. Manu expresses this simply saying, *'I wouldn't have minded an NGO. But to come to provide comfort? That is in Allah (Manu Jombla, 2017).'* Lombeh expressed a similar sentiment, saying, *'I wouldn't want counselling and comfort...But if they gave me the house and food without the comfort I'd be okay...I was getting comfort from God (Lombeh Ndomaineh, 2017).'*

Psychosocial initiatives not necessary- basic needs important: A few community members were very clear that there was no need for psychosocial interventions. From their explanations, they described that the more basic need for food and shelter was both more pressing and more important.

Zorokom did not completely discount that counselling could not have some value, but overall did not consider that it would have had a sufficient impact on his suffering. He explained this understanding saying, *'The problem solving is what they should have done. Counselling would not have held water...Counselling could have been useful but it's not effective...it's just a lot of talk. The relief package itself would have been able to do much more (Zorokom Bengheh, 2017).'* Kalie felt strongly enough to suggest that attempts of counselling would actually move him to anger because his main interest was in meeting his basic needs. He explained that, *'To me counselling was not necessary. During the war if you try to comfort me and you don't give me anything; talk, talk to me? No. No. I'd get angry. If they come with something concrete I'd know they were ready to help (Kalie Suma, 2017).'*

Psychosocial responses are not as effective as humanitarian responses for addressing psychological and emotional suffering: There were several community members who also expressed clearly the idea that not simply was the provision of humanitarian support more useful because they responded to basic needs, but also because they were an effective method for addressing psychological and emotional suffering. They explained that provision of shelter, support for education and direct financial help was more effective than direct psychosocial initiatives for addressing psychological and emotional suffering.

Eta and Baindu made it clear that the type of intervention they would have preferred was one that directly addressed their poverty by providing money. Baindu believed that the money would help her forget her suffering saying, *'If an NGO came my way to help that time I was suffering I would ask that at the end of the month I'd have some money. I'd think about the fact that they have some money for me and I'd forget my suffering (Baindu Gegba, 2017).'* Eta was not completely against psychosocial interventions and on the one hand said it would have provided comfort, but clarifies that this would only be if they provided money in the end. She describes this view saying that, *'It would have calmed my heart. I would have stopped crying...It would have worked if they came to comfort us if they did it well. That means if they comfort us by giving us some money (Eta Roberts, 2017).'*

Danke and Temu's source of suffering was due to lack of shelter. They both felt that interventions that provided shelter could have been a source of happiness for them and their families and reduce worry. Temu states his view saying, *'I want someone to help me get a small house. My worrying would reduce... if I have people help me I'd be happy (Temu Sessay, 2017).'* Danke explains the value of providing shelter as addressing a core need

leaving her to address other needs which she may be more capable of doing, which would make her happy. She explains this saying, *'If they build a home I'd do the minimum necessary to find the other basics to live. If you have somewhere to sleep you'll be happy... If you have a house then you can think of other good things (Danke Koroma, 2017).'*

A few other community members combined a variety of needs for interventions to help with shelter, education and provide money. They all felt that the lack of these things was at the core of their emotional and psychological suffering, and the provision of this type of support would provide the basis for easing this type of suffering. They directly talk of peace of mind and comfort. Brima did not feel that he would have needed psychosocial interventions if he could have had support for his shelter and finance needs. He explains this saying, *'If they gave me shelter or helped me with finance I wouldn't need counselling or comfort. I'd be happy ... That would help give me more comfort and I'd be happier than before (Brima Kanu, 2017).'*

Santigie and Dimoh in addition place an emphasis on the value of education initiatives for easing emotional suffering. Santigie considered that his worrying would have ended in such circumstances explaining that, *'If they helped with education and shelter I would have been emotionally at peace. I would have stopped worrying (Santigie Lawali, 2017).'* Dimoh made a point of emphasising that psychological healing is in no way simple, but the interventions on education were important in assisting this process. He describes this in his statement, *'After CARE and PLAN came in- they educated our kids, built schools, gave learning materials... All of that is a help that gives us comfort. Let no one lie to you that we'll forget. You see burned houses, amputees and remember the war. War is not easy to forget...but we really take comfort (Dimoh Kuna, 2017).'*

10.5 Summary of key findings of community views and understanding of humanitarian responses

General humanitarian responses

There were a variety of humanitarian responses that existed during and after the war in Sierra Leone that the research participants had access to or knowledge about. It was clear that not everyone had access to all the different types of responses. There were

humanitarian responses that provided housing and shelter, basic needs, education related needs as well as skills training and income generation services.

In terms of the type of humanitarian responses desired, the results indicated that several of the needs were the type of humanitarian responses that existed. However, the emphasis on what was most important, and the manner of delivery meant that community members did not always feel the positive impact of the humanitarian responses. The main desired responses related to shelter related support. This was followed by support for income generating activities. Other types of support requested included support for education and basic needs. There were very few mentions requesting support for health as well as physical relocation out of the country.

The findings indicated that there was some positive felt value of the humanitarian responses. They illustrated that a few research participants valued the solidarity of help provided and the importance of external actors in addressing psychosocial issues. Nonetheless what were mostly highlighted from the results were the limits and challenges of humanitarian responses, although this was also an indication that they were still welcomed and needed. Challenges mentioned ranged from lack of appropriateness of responses, e.g. psychosocial responses, corruption, lack of follow up on surveys and the limited feasibility studies.

Psychosocial humanitarian responses

The results were clear that the respondents considered psychosocial humanitarian responses less important. This was reflected in the methodological result where psychosocial interventions were not mentioned unless solicited by the researcher. The results also indicated limited psychosocial programs in the community, notably as reconciliation projects were also included in the category of psychosocial programming. Existing psychosocial initiatives appeared mostly to be facilitated by Sierra Leoneans, though the methodology of some could be attributed to Western approaches based on trauma healing. Results also indicated that psychosocial programs also provided relief packages.

While in the minority, the findings indicated some appreciation for psychosocial programs. Value was given to having emotional suffering addressed by external actors. It was also suggested that any form of help that provided comfort should be welcome. Finally, findings

from these minority results also indicated the value of counselling in leading to forgiveness and ending wider suffering.

In terms of desired humanitarian psychosocial responses, the results indicate a lack of desire for such responses. In essence they highlighted that psychosocial humanitarian responses were not necessary, due to the effectiveness and appropriate nature of the community's own approaches to their emotional suffering. The results further highlighted the lack of importance for help of a psychosocial nature, placing emphasis on the importance on support for basic needs through more relief-oriented responses. Finally, results also indicated that humanitarian responses addressing physical needs were considered to be more likely to have an effect on addressing emotional suffering than attempts to address this through psychosocial programs.

10.6 Conclusion

This chapter presented community members' experiences and understanding of the different external humanitarian responses that existed during and after the war, which were aimed at addressing their physical and psychological suffering. It also explores the value they gave to these initiatives including highlighting some of the challenges they observed. In addition, the chapter presented community members views on responses by presenting their desired and preferred responses to their war related suffering. There were interventions presented from multiple actors, notably the Government of Sierra Leone (GoSL), international and national NGO's and UN agencies. The results presented various initiatives addressing basic needs such as food and shelter as well as agriculture and income generating support to communities.

The results presented in the chapter also indicated that some community members did find some of the humanitarian responses useful and the reasons behind these views. The chapter illustrated, however, that there were much larger number of mentions of the inadequacies and possibilities for improvement of the different humanitarian responses. The challenges presented ranged from community members accusing humanitarian responses of being corrupt, inadequate and often times inappropriate. Community members' explanation of their experience with the different humanitarian responses, or lack thereof, describes a context where they often lost faith in those that were supposed to help them, and in some cases made clear references to relying on their own approaches, which

generally related to their religious faith. Also presented in the chapter was that many community members considered that the best way to address the emotional and psychological suffering is indeed to provide economic and social support such as shelter, education and direct finance.

Summary of key findings on community's view of external interventions

Existing interventions

- A variety of humanitarian responses existed in the communities. These mostly addressed physical needs such as shelter, education, basic needs (food, clothing, cooking utensils) and skills training.
- There were also humanitarian responses that addressed psychosocial needs. The community included programs focused on reconciliation in this category.
- Sierra Leoneans mostly facilitated the psychosocial programs, but the methodology was generally Western based.
- The humanitarian responses were implemented by a variety of actors including the Government of Sierra Leone, local NGOs and international NGOs. In some cases the specific agencies were mentioned other times general references were made.
- The level of access to humanitarian responses varied across the community.

Desired external humanitarian responses

- The results indicated that the most desired external humanitarian responses were those related to physical needs of shelter, followed by income generation. Educational, support and basic needs support was also desired humanitarian responses. There were much lower requests for health and relocation related needs.
- There were no requests for support to address emotional needs such as those addressed through psychosocial programming. They were considered unnecessary.

Felt value of external humanitarian responses

- The results highlighted some positive elements of humanitarian responses including solidarity and the addressing of physical needs (when they are successful).
- Results indicated a minority of positive views towards psychosocial programming that valued external help for complicated emotional issues, general value of emotional comfort even if external and the possibility to lead to forgiveness.

- The results indicated that the overwhelming feeling towards humanitarian responses was their ineffective and insufficient nature.
- Limits and challenges of external humanitarian responses addressing physical suffering included; corruption lack of feasibility studies, insufficient support and no action after surveys.
- Limits and challenges of external humanitarian responses to emotional suffering included their unnecessary nature due to the value of the community's own approaches, and the higher importance placed by the community on physical suffering.
- Results highlighted perceptions that humanitarian responses to physical needs were more likely to address emotional suffering than psychosocial approaches that directly targeted this.

The implications and consequences of these results in the broader context of global humanitarian interventions will be discussed in more detail in the following chapter, chapter eleven. As the point of departure, the next chapter discusses these findings by clarifying the community's understanding of humanitarian responses and the various external actors. The complexity between what constitutes an internal or external response, in a context of a war-torn country relying heavily on donor funding is also explored in the chapter.

The chapter will also discuss the positive value given to humanitarian responses responding to physical and emotional suffering in the community. However, reflecting the results' emphasis on the challenges of external humanitarian responses, the chapter places greater emphasis on the discussion around the challenges posed by such responses. In particular these challenges are linked to broader discourse and debate in policy and academia, notably around concepts such as 'Do No Harm' and wider critiques and debates in the sector related to recent changes around addressing the balance of power between largely Western based humanitarian interventions and actors in 'receiving' societies in the global south. Similarly, in keeping with the main focus of this study, the following discussion chapter also gives special attention to the findings highlighting particular challenges with humanitarian responses aimed at addressing emotional and psychological suffering. The chapter addresses the issue of the incompatibility between community understandings of suffering and external humanitarian responses on mental health. This part of the discussion also makes strong links with wider debates and discourse in the field, notably the critiques of global humanitarian responses to mental health.

Chapter Eleven

What to do Oh My Sister?: The Community's Views on Appropriate Interventions (Discussion of Results)

'To hell with good intentions. This is a theological statement. You will not help anybody by your good intentions. There is an Irish saying that the road to hell is paved with good intentions; this sums up the same theological insight...I am here to suggest that you voluntarily renounce exercising the power which being an American gives you. I am here to entreat you to freely, consciously and humbly give up the legal right you have to impose your benevolence on Mexico. I am here to challenge you to recognize your inability, your powerlessness and your incapacity to do the "good" which you intended to do...I am here to entreat you to use your money, your status and your education to travel in Latin America. Come to look; come to climb our mountains, to enjoy our flowers. Come to study. But do not come to help.'

Ivan Illich, (1968,p.1-6)- He was an Austrian philosopher and Roman Catholic Priest. This quotation is part of an address he gave to the Conference on InterAmerican Student Projects.

'A few mental illnesses identified and popularized in the United States - depression, post-traumatic stress disorder, and anorexia among them- now appear to be spreading across cultural boundaries and around the world with the speed of contagious diseases. Indigenous forms of mental illness and healing are being bulldozed by disease categories and treatments made in the USA.'

Ethan Watters, (2010,p.3), he is a journalist that has written about social psychology and psychiatry for the last twenty years.

'It would have calmed my heart. I would have stopped crying...It would have worked if they came to comfort us if they did it well. That means if they comfort us by giving us some money.'

Eta Roberts, (2017)-research participant-. Sharing her thoughts on humanitarian responses for her psychological suffering. She is a petty trader and subsistence farmer from Bauya.



Fig.31 Examples of grains farmed in West Africa
N'dire, Guinea

Source: Author 2017



Fig. 32 One of the many routes for getting around
the village, Bauya, Sierra Leone

Source: Author 2017.

11. 0 Introduction

This chapter will follow on from the previous chapter with a discussion of the results and findings that detailed the community's experience and understanding of the humanitarian responses implemented by external actors to address their war-related suffering. The chapter will first provide a background of the types of humanitarian responses in Bauya. It will then explore the community members' understanding of what constituted external humanitarian and psychosocial responses. The chapter will also examine the types of responses mentioned by community members within the wider context of humanitarian responses that existed in Sierra Leone at that time, as well as relevant global humanitarian responses to violent conflict. It is important to note, however, that I have found a general lack of research and publications on the role of community in humanitarian responses in general, and even more so within the field of mental health.

The chapter will continue by discussing the community members' perceptions of the various humanitarian responses. The discussion will examine the contexts where humanitarian responses were valued as positive as well as the context where their value was considered to be negative. The different reasons behind community perceptions and experiences and linkages to some of the current concepts and debates in the humanitarian sector, notably that of Do No Harm, will make up key elements of this chapter. The chapter will also make linkages to current critiques regarding the impact of global humanitarian responses notably those aimed at addressing the mental health of communities in complex emergency settings. Specific attention will be given to the community's views regarding the value of psychosocial programming, notably its effectiveness and its appropriateness. To a lesser extent the question of value given to local knowledge will also be addressed in the chapter.

11. 1 Background to the community's understanding of key concepts around humanitarian response

In defining the type of suffering that they experienced during the war, community members mentioned elements that I categorized in different levels of detail in chapter six. However, the broad categories were the following; 1. Physical: physical, economic, socio-economic, 2. Psychological and emotional, and 3. Social: social, socio-cultural. In explaining the type of humanitarian responses that they had access to or knew about, community members mentioned humanitarian responses that for the most part reflected all the categories of suffering outlined. The complex emergency that characterised Sierra Leone at that time can

be summarised as, 'Widespread destruction of private housing and infrastructure and the almost complete disappearance of state services and local government structures from rural areas. The war devastated a country already impoverished and in deep social crisis (Fanthorpe, 2003, p.3).'

The next section of the chapter will focus on the actors delivering humanitarian aid. A plethora of bilateral and multilateral donors, international NGO's, some national NGO's and the government of Sierra Leone played a role in the delivery of humanitarian response programmes aimed at meeting the urgent needs of the population of Sierra Leone that had been affected by the war (Fanthorpe, 2003).

11. 1.1 Various types of humanitarian responses to the community's suffering

In terms of humanitarian responses, some community members mentioned having access to relief such as basic food items and basic necessities for survival such as clothes and cooking utensils. Several community members also mentioned varying types of support for the rebuilding of their homes. Other community members mentioned support that is more often termed as reconstruction support. This related to education through school feeding programmes as well as provision of school materials and support to teachers. It also included a range of activities that supported income generation. From descriptions there also seemed to be some programs that provided cash, microcredit loans, skills training and agricultural support.

In addition, community members also made reference to several initiatives that they felt aimed to address their more psychological suffering. In this study most community members referred to one particular programme, run by the NGO Forum of Conscience, known as 'Fambul Tok'. There were also one or two references to other initiatives that coupled counselling with elements of relief, resembling a psychosocial response. The community understanding of psychosocial and the more formal definition used in the global humanitarian field did slightly differ. This will be discussed in more detail in the next section.

From both my professional experience, particularly working in Sierra Leone at the time, as well as background literature on the humanitarian response after the war, the community's description of humanitarian responses they benefitted from, or knew existed, correspond to

the actual reality of the Sierra Leonean context during that time. However, one of the key differences between the actual humanitarian responses and the community members narratives was that a major sector of humanitarian response in Sierra Leone were related to basic health. One of the major International NGO's, the International Rescue Committee (IRC), apart from providing emergency relief and support for education provided accessible health care including a focus on improving maternal mortality (IRC, 2019). Another major player in global humanitarian response, the International NGO, Médecins sans Frontiers delivered emergency healthcare services, but also had a particular focus in dealing with the mutilations that were a specificity of that war (Médecins sans Frontiers, 2007).

As this chapter places the discussion in a wider global context, it is also important to note that the emergency response described by the members in Bauya and supplemented by my professional observations, also fit within the general global package of emergency responses delivered in humanitarian crisis. As summarised by Albala-Bertrand (2000, p.218), the humanitarian response in essence aims to cater to post emergency civilian needs, 'Which normally emerges in the forms of hunger, disease and displacement.' Nafziger and Auvinen (1997) also explain that, 'The most obvious work of international emergency efforts normally involves the tackling of displacement and associated ailments, i.e. the shelter, disease, hunger and livelihood stability of the people displaced by warfare (Nafziger and Auvinen, 1997 in Albala-Bertrand, 2000, p.219).'

11. 1.2 The community's understanding of external responses

A key element in discussing community's understanding of humanitarian responses relates to the classification of whether these responses were 'external' or 'internal'. The understanding of external and internal that I will adopt, however, not only needs to be explained, but the different interpretations also need to be clarified.

Quite simply, for the majority of community members, they termed external help and humanitarian response as coming from outside of their community. This means that support that came from the national government, the United Nations, International NGOs and local NGO's, all constituted external humanitarian support. In their explanations of who provide help, and in their usage of the 'they' that were the helpers, most members combined this whole group. The glue making these actors one group was simply the fact that they did not originate or have their root and base in Bauya, and that those who were

employed by them were not from Bauya. In addition, the design, execution and monitoring and evaluation of the various interventions were, for the most part, not conducted in collaboration with the community.

The more formal categorization of humanitarian response, separating exogenous and endogenous responses, does not fully support the understandings reflected by comments from community members. Endogenous, internal response mechanisms are characterised by Albala-Bertrand (2000, p.217) as:

Those channelled through societies in built institutional processes. These processes represent a series of formal and informal feedback mechanisms, which are part of the existing self-regulatory machinery, e.g. the family, the market, political and administrative frameworks, cultural norms and customs...For example extended family solidarity represents a highly automatic endogenous reaction while the use of the hazard reserve item of the public budget is mostly a non-automatic built in response.'

It is useful to note that community members did not categorise their own support and approaches when considering humanitarian response to their suffering. A clear difference in understanding is that from a global perspective the government response is endogenous and internal, but from the community's presentation of what is exogenous and external the government initiatives were included. I will use the terms internal and external in a similar way to the community. I consider responses from the government, national NGOs, international NGO's and donors external. My basis for the usage of these categories, however, differs from the community's. I explain this further in the following section.

11. 1.3 The external responses and their related complexities

Through my experience engaging professionally during Sierra Leone's post conflict context, and other complex emergencies in Africa, I have come to understand how power and finance in the humanitarian sector are distributed. This complexity profoundly blurs the boundaries and borders of what is international or national, internal or external. The role donors play in dictating research and project agendas is known in this field (Bradley, 2007). This is critical to understand in the context of this thesis where 'external' approaches are often critiqued. As such I will clarify why, like the community members, I will consider most

national NGOs and Sierra Leone government humanitarian responses as essentially being; 'external' along with those of international NGOs and global agencies.

The Sierra Leonean government had specific commissions¹⁶⁰ set up after the war to address both relief (more short-term) and reconstruction and rehabilitation (more long-term) (Fanthorpe, 2003). When community members speak of the Government, it is non-specific, and could be one or a combination of any of the aforementioned institutions. This plethora of actors added another level of complexity. In addition, it is also important to understand that the deep overlap and linkages between the national/local and international is because, particularly then, but also now, much of the government and local NGO humanitarian response initiatives were mainly funded through international mechanisms. The recovery in Sierra Leone after the war, 'Benefitted from the generous contributions of an eclectic mix of donors consisting of some of the largest and most influential aid agencies. The complex humanitarian and developmental challenges in the country led to the proliferation of donors¹⁶¹ of all kinds (Kanyako, 2016, p.26)¹⁶².' The situation is not much different today (Foday et al., 2012).¹⁶³

With this level of financing that is external, government and local NGO's cannot be seen as an independent, internal group of actors fully representing national interests, positions or initiatives. Kanyako (2016) explains that, 'Aid agencies such a World Vision, Save the Children and Christian Children's Fund now channel more aid to developing countries than all of the United Nations Agencies combined (Kanyako 2016, p.30).' Of course, heavy donor financing and national ownership are not mutually exclusive, however, in the case of Sierra Leone these initiatives were very much donor driven as highlighted by Foday et al. (2012). As mentioned by Kanyako (2016), the issue at hand is that of power. The interests and

¹⁶⁰ Examples include; National Recovery Committee (NRC), National Relief Committee of Sierra Leone (NARICOM), National Commission for Social Action (NaCSA), National Commission for Reconstruction, Resettlement and Rehabilitation (NCRRR), and the National Commission for Disarmament, Demobilisation and Reintegration (Fanthorpe, 2003)

¹⁶² During the war and in its immediate aftermath the situation and need for donor support was undoubtedly needed and essential. This is explained by Kanyako's statement that, 'The intervention of the donor community was sorely needed. The nature and scale of challenges facing Sierra Leone at the end of its devastating civil war in 2002 which claimed 70,000 lives and displaced 2.6 million were immense (Kanyako, 2016, p.26, 27).' The government was however weak and unable to manage most of the funds and therefore a large percentage was channelled through NGOs, national and international, a related consequence being a proliferation of local NGO's implementing donor projects.

¹⁶³ Sierra Leone's budget is not a capital investment budget but a developmental budget that addresses core issues of infrastructure, public health, post war reconstruction and security, social services and community development as projects that need international financing then additional investments by government are recorded (Foday et al, 2012). Essentially Sierra Leone is a donor driven economy even if the degree of donor influence may fluctuate in specifics, as 'External donors provided 80% of the development budget between 2003-2009. To date, the role of the Parliament in selecting and monitoring projects has been minimal: the process is heavily donor driven (ibid).'

domestic and foreign policies of Western nations providing the funds, and their methodologies and ideas, necessarily influence the initiatives developed as part of the humanitarian response.

11. 1.4 Understanding humanitarian responses to psychological suffering

Due to the key research questions and key theme of this study, this chapter gives particular attention to the humanitarian responses to community members' psychological suffering. Thus, some level of clarity on how this was understood is important. This is particularly the case considering descriptions of psychosocial interventions by the community members may not necessarily correspond with definitions used in the context of global humanitarian responses to mental health in complex emergency settings.

Although defined earlier in chapter eight, it is helpful to recall the general IASC (2014, p.7) definition of psychosocial responses and programming in the humanitarian sector, notably that:

The term 'psychosocial' denotes the interconnection between psychological and social processes and the fact that each continually interacts with and influences the other...the composite term 'mental health and psychosocial support' (MHPSS) is used to describe any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorders.

These should be understood also as an evolution from earlier humanitarian responses on mental health and as distinct from responses that generally focus solely on issues of trauma. MHPSS activities often include social elements such as income generation activities or community activities as part of their programming.

It is important to understand that none of the community members interviewed referred to any humanitarian responses to address mental health issues that would be classed as trauma focused. None of the community members appeared to have access to, or spoke about the type of trauma focused responses such as those implemented for example in parts of eastern Sierra Leone by Centre for Victims of Torture (CVT) (CVT, 2019). More important most community members generally referred to initiatives aimed at community reconciliation rather than psychosocial programmes. Many made specific reference to the

Fambul Tok¹⁶⁴ initiative. This program worked at community level, bringing victims and perpetrators together with the aim of fostering forgiveness and reconciliation. They used methods linked to traditions of story telling a conflict resolution such as bonfires for truth telling and traditional cleansing ceremonies (Hamber, 2015). This response, in a global context falls more under the category of peacebuilding (Hamber, 2015; Lederach, 1997, in Hamber, 2015; Gawer, 2006).

Despite its differences with global definitions of psychosocial, I will be using the community members understanding of responses aimed at addressing their psychological suffering. This means both their understanding that responses to their psychological suffering were all of a psychosocial nature and that reconciliation initiatives also constituted psychosocial responses. The main element to be cognisant of is that this understanding overplays the value that community members give to psychosocial initiatives, as there is the inclusion of reconciliation activities in this category.

11.2 The value and importance of humanitarian responses to community suffering

On analysis of the community's responses it is the critiques of the various humanitarian responses that are most striking. Even the overall findings, exploring approaches and types of suffering in chapter eight and nine also highlight some critiques of humanitarian responses, particularly responses aimed at addressing psychological suffering. Deeper analysis, however, also surfaces one of the key messages and experiences of community members, and that is that they found great value in certain humanitarian responses. Community members indeed explain the inappropriate nature, inefficiency in implementation and limitations to the impact of many humanitarian responses, however, they do request for more and better responses. They generally do not suggest that there was no need for humanitarian assistance. The only place this need for assistance is questioned is the humanitarian responses for addressing their psychological suffering.

11.2.1 Value of relief responses

The value of the various humanitarian responses that existed was expressed directly by some community members. In those instances, it was mostly clear that there was an importance given to relief responses, those that provided food and catered to other immediate needs, such as blankets and cooking utensils. The essential factor in the

¹⁶⁴ See chapter 9 for more detail on Fambul Tok and its origins.

ascription of value to these responses was that they were directly related to survival; notably food. In such a context even, shelter took a secondary place.

The community members desired interventions also indicate the value that they placed in humanitarian responses¹⁶⁵. Although there were minimal requests for health support, this form of humanitarian response was still valued by community members. Despite the fact that in this case community members are referring to what they desired, there is still a sense of value given to their hoped-for responses. No one, for example, suggested that they did not need any humanitarian relief because this was something the community could have handled. Not one community member made any such allusions.

Essentially the community in Bauya placed most value in the short-term responses such as the provision of food, and cooking utensils, which they considered as lifesaving, as well as the medium-term responses to address needs such as shelter and livelihood restoration. In the more formal categorization of humanitarian responses as defined by Albala -Bertrand (2000) the community's responses in this case fit within the reconstruction and prevention elements of response. This further highlights the fact that community members see the need and value of such humanitarian responses.

It may also be useful to know that in a more global humanitarian context that the services and responses given most value in Bauya are also the broader humanitarian responses provided globally. For example, two of the most recent crises on the African continent, Cameroon and Central African Republic, provide such references (OCHA, 2019; Lawday et al., 2016). An evaluation of the Central African Republic crisis commissioned by the Inter Agency Humanitarian Evaluation of the Response to the Crisis in the Central African Republic, explains that, 'All stakeholder groups agree that the response saved lives through provision of food assistance, health, water and sanitation (WASH) and protection services...hundreds of thousands of the 9222,000 internally displaced persons (IDP's) in January 2014 and 400,000 IDPs in December 2014 would not have survived without food assistance and basic health services (Lawday et al., 2016, p.7).'

¹⁶⁵ In the requests for ideal humanitarian responses community members essentially support and express the needs of the services that do indeed make up the essence of global emergency relief. Albala-Bertrand categorises global humanitarian responses, in terms of areas of attention, '(i) response mechanism; (ii) compensatory response; and (iii) anticipatory response...The duration and the overlapping of the expected responses vary with the type of disaster. In natural disasters, the emergency is normally a short-term type of response, while both restitutive response, or reconstruction, and the anticipatory response, or prevention, are by their very nature long-term...there is some small overlapping in the sequence of these responses (Alabala-Bertrand, 2000, p.217, 2018).' The analysis indicates an alignment between the community members' requests and general relief provided through global humanitarian response.

11.2.2 The value of psychosocial responses but preference for relief assistance

While there is no question from the responses in Bauya that the vast majority of community members considered the humanitarian responses that took the form of relief and reconstruction of more value than the psychosocial support, it is important to note that some people did find value in what they understood as humanitarian responses to address their psychological needs.

It is important in examining community perspectives on psychosocial humanitarian responses, similar to Vorholter's (2019) ethnographic study of happiness and suffering in Uganda, not to work in extremes. While the crux of Vorholter's (2019) study tends towards a critique of psychotherapeutic practice growth in Uganda, she does note that it may suit some clients for varying reasons, even if overall it may not meet the needs, particularly of those in the war affected North. In the presentation of results in this study, there were a few community members in Bauya who expressed their appreciation of external humanitarian response to psychological suffering. However, it should also be noted that this was essentially not about receiving comfort for general trauma and what may be considered more individual suffering. Most of the community members that in some way considered psychosocial support of value in addressing emotional suffering referred largely to the social aspect of addressing reconciliation. They found the external support in bringing victims and perpetrators and addressing the issue of the destruction of the social fabric as something valuable.

Two of three points of Vorholter's (2019) summary of the key difference between the way the West deals with suffering and the way it is understood in other cultures, provide the foundation to my point about the applicability of the psychosocial approach. Vorholter (2019) explains that:

Whereas a Western psy-perspective focuses first and foremost on the individual self, suffering in other contexts is primarily seen as a social and intersubjective experience. Second, and related, whereas the concept of psy is rooted in the Cartesian dualism of mind and body and clear differentiation of the individual from the social, such clear-cut dichotomies may not exist in other contexts.

This is in line with the community members who saw the main value of psychosocial approaches as their positive impact on the social fabric of the community, on reconciling broken bonds which were the result of the victim perpetrator dichotomy caused by the war.

The other element of note was that several community members who found value in responses attempting to address their psychological suffering, especially the more traditional counselling, not reconciliation initiatives, was the elements that came attached to that, such as food or other aspects of relief support. It would need deeper research to understand whether there was indeed value in the counselling itself or it was simply the food and other relief packages they received that was important. But my overwhelming sense during the interviews, and the general direction of the overall research results, indicates that they would have happily received the relief packages without the counselling. Several community members actually mentioned this point directly, stating that their interest was in the relief aspect of the counselling initiatives. Others, in speaking of a hypothetical situation where they would receive psychosocial counselling made it clear that their dispensation to even listen to or participate in the counselling aspect would only succeed if their initial basic needs were attended to. This perspective from the community is in line with key critiques of global mental health responses in emergencies in the global south that question both their general value and precedence given above relief support (Delgadillo et al, 2015; Pedersen, 2014; de Mel et al, 2008; Gryse and Laumont, 2007; de Silva et al, 2005).

These responses and attitude to addressing their war related suffering, in one sense supports the general concept and approach of psychosocial responses that acknowledges that some cultures view suffering as more of a social issue. Hence the activities, even of counselling, tend to be conducted in groups or with the whole community or other social activities are sponsored. The IASC (2007) minimum guidelines for mental health responses in emergency includes a section on community mobilisation which includes aspects such as facilitating community support for self-help and social support as well as for activities that facilitate spiritual and religious healing practices at community level. In the case of Bauya, the Fambul Tok program referred to by community members clearly conducted work in groups.

In addition, the IASC (2007) guidelines' proposed approach for interventions on mental health and psychosocial programming is illustrated as a pyramid where the wider base represents the main support, which addresses basic services and security. This corresponds with the aid that community members in Bauya valued the most, which was the relief packages. The IASC (2007, p.11) guidelines stipulate that the first priority is, 'Services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases)'. The next layer of the pyramid addresses the provision of community and family support (ibid). This includes the other category of activities that community members in Bauya found useful, and that was activities around livelihood and education.

It appears, at least from a policy perspective, that there seems to be a certain level of alignment with what we see as community responses to, and appreciation of, psychosocial interventions, although the focus may well be on the more relief aspects of psychosocial programming. The Guidelines appreciate the fact that providing basic services may be sufficient enough to address the mental health needs of the majority of the community. The Guidelines also recognize the importance of community, the social aspects and the ability of community itself to provide mental health support to those for whom provision of basic health services was not sufficient in addressing their mental health needs.

11.3 The challenges linked to humanitarian responses to community suffering

As mentioned earlier, in analysing the community answers regarding the humanitarian response to their suffering, much more striking and mentioned in greater number than the value they had for the humanitarian responses, was simply the sheer frustration at what they considered a combination of inefficiency and inadequacy. This was even more pronounced as it related to the inappropriateness of psychosocial interventions. The community members also, both directly and indirectly, raised questions around the concept of Do No Harm, coined by Mary Anderson (1999), which is explained in chapter ten¹⁶⁶. The section below addresses all these points, initially discussing issues of inefficiency and inadequacy that was addressed to all the external humanitarian responses. Addressing the

¹⁶⁶ Developed within the humanitarian field in the mid 1990's, and mostly linked to the work of Mary Anderson from the CDA Collaborative, the concept of Do No Harm is centred on the fact that aid is not neutral, particularly in conflict contexts. The aim of Do No Harm was more effective delivery of humanitarian assistance in conflict contexts, reducing harmful effects and increasing positive ones. In aiming to do good many humanitarian interventions end up creating harm in other areas. The concept allows for reflection and analysis of programs using a specific framework in order to improve humanitarian practice and limit potential harm to affected communities. Notably a focus on forces that connect people rather than those that divides them. (CDS, 2007)

aspect of the inappropriate nature of responses that was mainly directed at psychosocial humanitarian responses then follows.

11.3.1 Limited reach, impact, inclusiveness and presence of corruption

Although in one sense a criticism of the humanitarian responses, it is still useful to bear in mind that the emphasis by community members on the limited reach of several of the responses, is essentially a reinforcement that they felt there was value in the type of response. Their criticism is not so much about the nature of the response, but the lack of access they had to this and the process of 'distribution'.

In a community as small as Bauya some members explained that they were not aware of certain initiatives. At the same time several others explain that such responses existed. One example was the Fambul Tok reconciliation initiative. In my field research I was going from one end of the village to the other to conduct interviews multiple times throughout the day. This is a relatively small surface area where one can fairly easily access the majority of the households in a day or two. Providing information to such a small community is an achievable feat, but there seem to be many humanitarian initiatives that had a limited reach, even regarding the selection process.

In addition, in the analysis of the desired interventions expressed by some community members, the difference in levels of access to certain initiatives, are also highlighted. While people refer to micro-credit, cash or shelter support that they received, others in this same community were making requests for the same thing as an ideal, suggesting that such interventions did not exist. Again, this highlights that in the same community, for whatever the different reasons, justifiable or not, the level of access to humanitarian support did not address the needs of all the community members. The question of who was included and for what reasons, from community explanations and their own perspective, was considered as essentially being arbitrary.

Further, in this case much humanitarian support that reached the community members, had limited impact. Its ability to address the suffering, the specific need it was attempting to alleviate, was not seen as sufficient. In some cases, these insufficiencies were directly attributed to poor implementation of what were otherwise considered good initiatives. In other cases, the community members' responses suggested that the amount of what was

given, for example with provision of cash, was not sufficient to address the actual needs of community members. In one particular example, a distinction was made between an amount of cash that could address limited temporary needs, and that of a more significant amount that could have been an investment in an income generating activity, and thus a more sustainable remedy to the deeper problem of replacing their source of regular income.

Finally, community members considered the limited impact of some of the humanitarian responses was also reflected in the simple lack of feasibility of some of the initiatives. Proposing timeframes that didn't fit realities of community members they aimed to support was one such example. Similarly proposing that help could be sought from a location which involved spending the type of money that most community members did not have at the time, simply in order to reach the location where the humanitarian aid was available, was another example.

The reasons given by the community for the challenges described above seem generally, to be related to a certain level of corruption and nepotism within the various institutions providing the humanitarian support. Several community members suggested, both directly and indirectly, that whether you received humanitarian aid or not depended solely on whether you knew someone in the system who would ensure you had access to such aid. Alternatively, they also mentioned that access could also be received due to those providing support and determining beneficiaries, for some reason or another, finding favour with a particular community member. Essentially the sense is that there was no systematic or fair process for beneficiary selection. Even if there was one, it seems that community members, at least the ones I spoke with, were not aware of this.

It is important at this point to place this concern for corruption at the study level, from the community in Bauya, in the broader national context, to better understand its pertinence. Firstly, as explained in the background chapter, chapter two, one of the root causes that led to the war in Sierra Leone was indeed due to the large-scale corruption in the country. This has remained a major problem for the country with international corruption assessments stating that, 'Corruption permeates almost every sector of Sierra Leone's public life, as reflected by major worldwide governance indicator. In 2009, Sierra Leone scored 2,2 on a scale of 0 (highly corrupt) to 10 (highly clean) in Transparency International's (TI) Corruption Perceptions Index (CPI), ranking at place 146 out of the 180 countries assessed and

indicating widespread and endemic forms of corruption (Chêne, 2010, p.2).’ In 2018 Sierra Leone’s ranking has improved to 129 (Transparency International, 2018), though still making it one of the more corrupt countries in the world.

The level of corruption is considered to be widespread at street and institutional level. This illustrates that what community members in Bauya experienced is a microcosm of a broader problem and very common in the country. In addition, it is important to note that, though having more limited research and data, one of the sectors identified, as being the most corrupt is that of foreign aid. Transparency International’s country description of Sierra Leone describes a context that could easily reflect the challenges community members in Bauya mentioned, stating:

Sierra Leone’s economy is heavily dependent on foreign aid and external sources of revenue. As aid is often disbursed outside regular domestic accountability structures, it comes with its own inherent corruption risks...like in many countries emerging from conflict, in which government structures and institutions have been destroyed by long years of conflict, Sierra Leone lacks the overall human and financial resources to manage and monitor donor funded projects. Given the country’s limited absorption capacity and weak governance structures, it is reasonable to assume that donor funds may be particularly vulnerable to corruption risks (Chêne, 2010, p.4).

11.3.2 Failure to apply concept of Do No Harm

Another clear impact of the humanitarian responses during and after the war raised by several community members was a negative impact of the process of aid distribution or the aid itself. While supposed to contribute to decreasing their suffering; they felt that some humanitarian responses had the result of increasing suffering. This was illustrated through different experiences, and also directly and indirectly stated. One community member explained directly that the method of distribution of goods itself in some instances created conflict. Other community members spoke about the negative emotions and sadness generated by some of the rules guiding NGO’s regarding distribution of housing materials.¹⁶⁷ The result of this was that some people with real needs suffered, notably as the materials were in their sight before being taken away again. Indeed, in this particular case, such rules

¹⁶⁷ Specific examples can be found in results presented on page ten of chapter ten presenting humanitarian responses that caused harm.

were to avoid misappropriation of materials, which was something that was occurring. Some beneficiaries were taking materials and selling them. Nonetheless the impact on those who were genuinely in need was also negative.

In addition, the sentiments expressed by community members regarding their general sense that humanitarian responses would be inadequate or there would be some element of corruption and nepotism involved, suggest clear indications of harm. This is less physical harm. However, community members expressed deep frustration and a sense of hopelessness that seems anathema considering the principles that are supposed to govern humanitarian responses. One of the areas that most clearly elicited such feelings related to the use of surveys.

In their descriptions about surveys community members responses describe an experience of responding to numerous surveys by different institutions about their suffering and needs. Their expectations were raised. There is no clear indication that the community members always had clarity on who was conducting the surveys or why they were conducting them. What is clear from community members' reactions is their basic underlying expectations and assumptions. The first was that if they were being asked about their needs it was so that these needs would be met. The second was that if they articulated particular needs, any responses that arrived or were disbursed would meet the needs that they had articulated. It is also important to comprehend that some of these expectations and assumptions may have been self-developed, but many community members also mentioned assurances being made by those conducting the needs analysis and research. These challenges are reflective of critiques made of the nature of research and evaluation in violently divided societies (Jayawickrama and Strecker, in Bush and Duggan ed., 2015). Similar points are made in Wessels (2009) critique of psychosocial programming where he specifically highlights the harm of raised expectations in humanitarian emergencies.

The feelings of disappointment and hopelessness that the community members expressed on not receiving any support in many cases, or inappropriate support in others, or yet still for others, watching some people receive help while they were left out, illustrate that their expectations were not met. This highlights some of the complexities often addressed when doing qualitative or field research through ethics committees within the field of academia. This level of ethical questioning may not necessarily be the case for organisations and actors

generally trying to implement humanitarian response initiatives, despite overarching global humanitarian standards at policy level. Calls for more respectful collaborations between affected communities and agencies providing humanitarian support reflect the realities of the above experiences of the community in Bauya (Jayawickrama, 2018; Roesdahl and Varughese, 2017; Jayawickrama, 2008).

The issue that the community members raise regarding the surveys is also one I had to address diligently in conducting this study. What are the expectations created and what is the impact of simply asking the questions? Qualitative research understands the highly complicated nature of this action¹⁶⁸. I have addressed this in detail in one of my methodology chapters, chapter four. Humanitarian practice is still struggling with how to address these ethical questions. Jayawickrama and Strecker (2015, p.147) in their work examining the need for more robust ethical approaches explain the challenge of, 'The myopia of researchers who selectively seek, and instrumentally use information that suits preconceived notions, while ignoring the realities, problems and needs of the community within which they are.' This can be understood for organisational processes as well.

The reality is that there are many possible reasons why the various responding humanitarian actors conducted surveys that had negative impact on the community, even, as is clear in the Do No Harm concepts, if the intentions were good. Some organisations needed to conduct surveys and research to simply understand the issues in general, with no intention of responding. For example, there may be NGOs, government agencies or even international institutions that just needed information for census, research or analysis purposes. Other actors may have needed to understand the needs in an area although the final choice of geographical location would only be made after assessing different locations. Yet still, other actors may have needed to assess all needs to later decide which needs they would be best suited to meet.

Various elements then also contribute to the different institutional decisions, including funding, which could limit numbers of beneficiaries or number of locations that initiatives could be implemented. And of course, as mentioned by some community members, some people just had ill intentions from the start, to use the information to receive funds that

¹⁶⁸ See Mackenzie et al, 2007 work on ethics in research with refugees and displaced people highlights the many challenges and ethical considerations that should be addressed when conducting research in such context. Several of these points would be valid for the surveys that were conducted.

they would misappropriate, which would account for some of the descriptions of false promises. One of the original concerns behind the Do No Harm concept, the unequal relationships between aid workers and beneficiaries, and how this is exploited to generate collaboration, including gaining information, is highlighted here. The challenges the community in Bauya faced highlight the underlying problems in governance of humanitarian responses. There is limited transparency, accountability and active (and equal) participation of affected populations.

However, working from the best-case scenario of good intentions, there is clearly still some sort of disconnect. Even today, in the wider field of international development and peacebuilding, the simple act of conducting surveys and research is implemented with little care and attention to the possible impact on the affected communities. They are also conducted within time frames, and in a manner that is geared to institutional needs and not the needs of the affected communities. The simple fact of explaining the reason for the surveys being conducted, explaining the possible results of participation, and of managing expectations, is often not done. In addition, it is very important to understand that there are institutional cultures and assumptions about the level of background knowledge and understanding that a community might have about how the whole global aid system works. As a result, certain attempts at explaining aspects of a survey may still not be appropriate. It is often forgotten that even when speaking the same language, there are cultural aspects to translation and interpretation of information that mean sharing a message and basic communication on technical matters can be much more complex.

These challenges in violently divided societies have been given much attention by Bush and Duggan's (2015) compilation of research. Jayawickrama and Strecker's (2015) exploration (in the same volume) of research ethics highlights the importance of issues such as cultural humility, which also point to the many challenges above that community members in Bauya faced. This type of negative impact on the communities, caused deliberately or indirectly by the institutions purporting to provide humanitarian responses to alleviate suffering of affected communities, speaks directly to the concept of Do No Harm. This concept was explained in detail in chapter 10 and is generally applied in the fields of international peacebuilding, development and humanitarian action.

Do No Harm has become a globally accepted concept with many international organisations making attempts to mainstream this in their institutions (Conflict Sensitivity, 2019). Organisations such as World Vision undertook the mainstreaming as early as 2001, while a group of institutions in Germany committed to doing the same (ibid, 2019). There are numerous other international organisations that pay great attention to this concept of Do No Harm, and I myself am involved in providing training for some large international organisations to help them integrate this approach in their work. One of the key elements in the Do No Harm concept is 'conflict sensitivity' which the CDA (2019) defines as:

Recognizes that aid, whether development, peacebuilding or humanitarian assistance, has the potential to support either conflict or peace...Conflict sensitivity does not require that all organizations focus on conflict and peace issues. Rather, it insists that all organizations and actors consider the unintended consequences of their programs on the relationships between groups of people in the context, and act to address those consequences.

This concept has technically been put in practice in the international setting since at least 1999, but the question that is raised then and often now, which is highlighted from the responses of community members in Bauya; relates to the gap between policy and practice. Wessels (2008) gives much attention to such discrepancies highlighting key challenges such as humanitarian agencies inability to adequately deal with culture and other socio-political contextual issues as well as providing more attention to mental health issues rather than those of coping and resilience. Where was 'Do No Harm' in this context in Bauya? Even if not in the formal framework, through informal and basic attitudes of meeting the key principles and objectives underpinning humanitarian action, it is questionable the extent these principles were taken into account. Now that the 'Do No Harm' concept is more entrenched, perhaps one can hope for better. There are also advances in the thinking, including practitioners who highlight that more emphasis must be placed beyond doing no harm to improving on the situation and increasing the impact of good, notably by focusing on the ethics of evaluation and research in these contexts (Bush and Duggan, 2015; Jayawickrama and Strecker in Bush and Duggan ed., 2015).

11.3.3 The context of broader challenges in the global humanitarian context

Despite not being part of the academic and policy debates, the community members in Bauya descriptions of the shortcomings of humanitarian responses, form the essence of

some of the major critiques of responses that can be found in numerous reviews of global humanitarian initiatives. Several of their points are included in global attention being given for the review and improvement of current policy and practice as it relates to global humanitarian response on mental health, both for natural disasters as well as in complex emergency settings.

As early as 2002 there was the Humanitarian Accountability Project that combined the needs of accountability to donors with those of defending the rights of affected communities that were most vulnerable (Doane, 2003). In addition, in the last five years the 'localization of aid' agenda has placed emphasis on the need for the global humanitarian system to recognise and respect local government and civil society capacities in delivering humanitarian action (Organisation of Economic Cooperation and Development (OECD), 2017). Two major milestones also reflect this. The first is the Charter for Change (2015) that promotes partnership based on identified principles and is signed by 32 international humanitarian agencies and endorsed by over 200 local NGOs (Jayawickrama, 2018). The other milestone is the Grand Bargain (2016) that pushes for commitments to translating the idea of localising aid into a reality and moving it from policy to practice (ibid).

In the peacebuilding field one of the most recent initiatives is spearheaded by the United Nations and known as the 'Sustaining Peace Agenda'. In particular it addresses the failure of addressing root causes and dealing with aspects of preventing conflicts rather than just putting out the fires. It also emphasises the need to shift primary agency from the international level to that of the national and local (De Coning, 2018). All these recent initiatives to address challenges at global level resonate with what community members described as the challenges they faced, and the difficult experiences they had engaging with the external system and actors providing humanitarian responses to their war related suffering.

Indeed, there is then no real doubt about the validity of the experience or such challenges. Yet, it is also important to note that there are real challenges of operating in the ideal and principled way described and suggested by the different global initiatives described above. It is important to acknowledge that the challenges that face humanitarian actors; national or international, government or NGO, are many. And indeed, it is important to acknowledge that as community members describe their experiences, they have far too rarely been made

aware of the surrounding complexities. What community members are describing in terms of challenges around impact, access, implementation and corruption and inclusiveness were and continue to be major challenges in the delivery of humanitarian aid up until today. Issues of effective delivery, including questions of financing, dealing with corruption and working with effective coordination and partnership, while surely improving, somehow continue to plague the general humanitarian delivery system (local and national). This is soliciting great criticism about what may be fundamental flaws of the system.

While it should not be considered an excuse, the challenges for humanitarian organisations in operating in complex emergencies like the situation of Sierra Leone are notably often much more complex than in a situation of natural disasters. For example, having operated in Sierra Leone since 1988, Action Aid established a relief program in 1995, four years after the start of Sierra Leone's war. Their aim was to apply the standards and guidelines on humanitarian delivery as outlined in The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief (Young, 2003). Action Aid highlights numerous challenges in being able to follow these policy guidelines in practice due to the context in Sierra Leone. One challenge Young (2003) describes is related to limited reach and is described as:

Even though funding proposals submitted to donors were based on thorough assessments of needs of the affected populations, the responses were generally, especially in non-government areas. Action Aid and its partners did not have the necessary resources to provide for equitable relief, and to ensure equal access for all victims. Limited access meant that selective targeting took place, with aid being channelled to people in government-controlled areas where access was easier.'

Richard Fanthorpe's (2003) assessment of humanitarian responses in Sierra Leone also sheds light on some of these challenges including corruption, which was raised by community members in Bauya. Also raised were the challenges regarding insufficient spread of humanitarian responses. Fanthorpe (2003, p.4) highlights some of these dilemmas, but questions the moral and ethical basis of the actions of international humanitarian agencies saying:

There are never enough resources to benefit everyone on any single occasion, so an order of priority in access to benefits must be established. But who does this, and who has the final say if there are differences of opinion among stakeholders and corruption and nepotism, return and demand that aid agencies ceded decision-making authority to them?

The way needs are assessed, and the unequal power dynamics inherent in this process is another one of Fanthorpe's (2003) critiques. Fanthorpe's (2003) key point that, information is central, and there is no substitute for consultation and dialogue speaks directly to some of the concerns from community members in Bauya regarding how they were, or more aptly, how they were not, consulted. Jayawickrama and Strecker (2015) make a similar point about the poor level of consultation saying, 'It is vital that social researchers acknowledge that they are not conducting research on rocks and soil; they are engaging with human beings who have experienced conflict or disaster (Jayawickrama and Strecker in Bush and Duggan ed., 2015, p.148).'

The 2016 interagency humanitarian evaluation of the response to the crisis in Central African Republic is recent, yet one sees that somehow the international community is still struggling with some of the basics of addressing the needs of the affected communities. The report identified improvements, yet despite this it is the challenges highlighted that are more numerous, and for this study, more pertinent, in terms of their relationship with the results from Bauya. In sum, the response was deemed as having fallen, 'Short of the highest humanitarian aspirations (Lawday et al, 2016, p.7).'

This says a lot. Essentially the usual challenges existed of; insufficient funding, the needs of significant numbers of the affected populations not being met, and poorly addressing the needs in the areas of livelihoods and recovery (ibid). In addition, the focus of the aid localisation agenda, the nature of partnership with local capacities, was also not optimised. Finally, amongst other issues the element of poor coordination was also highlighted in this emergency response initiative (ibid).

All the above are elements that have received numerous policy attention and initiatives, specifically developed to address such challenges. Somehow a key element is being missed, the key that will allow for a significant shift in the way the global humanitarian community operates. This shift needs to happen not simply for the sake of shifting or changing, but for

the sake of having greater impact on the lives of those that this global system purports to improve, and help to reduce their suffering. The impact that is ultimately felt is also the main aim of the humanitarian organisations, and if communities are not feeling a positive impact when receiving humanitarian aid, this is indeed a major problem. In the case of Bauya these were the challenges that were highlighted; people were not sufficiently feeling the impact of the responses. Appreciating something rather than nothing, they still hoped, wished and expected more. And this is not unreasonable, it is simply in line with global humanitarian policy and humanitarian organisation aims and objectives expounded openly for all to see, and hear, and know about.

11.4 The challenge of the inappropriateness of psychosocial responses

The results that most obviously highlighted the inappropriate nature of the humanitarian response are illustrated by community member's descriptions and experiences with psychosocial responses. Both in terms of the analysis of the individual responses, and an overall sense after the completion of the field research, the overwhelming feeling I had was that community members considered the response to their psychological suffering inappropriate. The result of this is that these responses were not effective, thus, their value and necessity were essentially questioned, and to some extent, a source of confusion. The sections below will focus on these responses, the reasons behind them, and their place in broader global humanitarian discourse.

11.4.1 Incompatibility with defining and understanding psychological suffering

In addressing the question of how humanitarian responses to community members' psychological suffering or trauma from the war were inappropriate there are several issues to contemplate. It starts with the question of understanding people's needs, which is directly linked to understanding the problem. It is from this point that any actors responding to a crisis should develop the content and parameters of their response. If at this critical stage they get it wrong, or more correctly, their understanding is different from that of the communities they want to help, then it is not a surprise that there is a disconnect between the need and the responses. This was well described by study participant Foday Massaquoi's (2017) statement analysing the reason for inappropriate responses by external actors:

You know why NGO's fail? They don't do feasibility studies... After the war came psychological help will not have had an impact... At that time I wanted physical materials. I attended school without uniform. So faced with such difficulties whatever counselling you give me that was not what I wanted... I wanted basic necessities. If you want to give someone counselling at least meet some of his basic demands. They'll be thinking of food and clothes. You'll just be wasting your time. We needed relief packages. So the bulgur and beans packages were the happiest moments for some of us. After the war Sierra Leone Red Cross gave us bags of rice to our school. Even 600 Leones- some of us couldn't pay. Some of us couldn't afford that.'

Foday makes the simple point that feasibility studies, as means to assess people's needs, were not conducted. For Foday it is very clear, living and knowing the community he was from, and being knowledgeable about different people's experiences, he believed that if any of the actors wishing to provide support had asked the community about their suffering and needs, related responses would not have provided psychosocial support. He did not see this as a need in his community. To be more precise, what other community members reflected, was that at least these needs were not seen as something that needed to be resolved by external actors.

Analysing the results around psychosocial responses, but also reflecting back to the way people approached suffering, it is clear that this community's understanding around psychological suffering, and that of external actors providing support, were different. It is important to note that there does not seem to be a discrepancy as to whether community members actually experienced emotional and psychological suffering related to the war. Both from the chapters six and seven on suffering, and the analysis of community members thoughts on humanitarian responses, it is clear that they are not saying that they did not experience such suffering. The discrepancy with the global humanitarian responses lies firstly, in the importance that this suffering is given, and secondly in the manner in which they feel this should be addressed. These points, and the discrepancies between the community and the external actors providing psychosocial responses, will be discussed in more detail in the following sections.

In this section I highlight the reasons behind this mismatch in understanding, discussing both the process of identifying needs as well as some of the conceptual issues that create bias. First, we have the opinion as expressed by Foday that needs assessments or feasibility studies were not conducted in the first place. Reflecting on some of the challenges for actors operating in complex emergencies above, it is certainly conceivable that in some cases needs assessments were not conducted. In such a case, where then would this understanding that psychosocial needs should be addressed come from? In general, it is guided by some policy and broader global understanding of the psychological needs of people in other locations in the country or in other countries that had a similar context.

However, the responses of other community members illustrate that there were certainly humanitarian actors conducting surveys to determine community needs. This demonstrates that it not simply the lack or presence of needs assessments that determines appropriate needs and as such appropriate responses, but it is also the nature of such assessments and surveys, as well as the way information is interpreted. If sufficient attention is not given to the manner and type of questions asked, they can be replete with assumptions that, in different ways, alter the responses from community members. These then essentially skew the understanding of appropriate humanitarian response. For example, one of the key criticisms of PTSD diagnosis is that the diagnostic tools themselves are fairly rigid and guiding. The issues and elements are very focused, perhaps understandably so, on detecting PTSD. This then does not leave space for questioning the validity of PTSD as a diagnosis, or whether it is a priority issue in an individual's life. Further, even if one did not use those specific tools, the simple fact of asking questions about trauma are likely to provide answers about trauma, to which a humanitarian response could be created.¹⁶⁹

In addition, a key assumption that underlies the feasibility studies around psychosocial support and the global policies around psychosocial and mental health programming, is that disaster related psychological suffering, even if normal, is something negative. This is reflected in the numerous critiques of global humanitarian responses to mental health in

¹⁶⁹ For example, when MSF conducted its 2000, assessment in Freetown, their survey suggested a large per cent of the population suffered PTSD, but it also suggested that 99% of people reported starvation. In fact, MSF's report, in relating trauma to life threatening events, within the context of violence in Sierra Leone, highlights that acute food and hunger situation was actually the most life- threatening event (MSF, 2000). The reality is that a medical focused NGO like MSF, with their own views and policies on PTSD were unlikely to ignore the findings on PTSD and develop a relief-focused program. Although they may provide food as part of their psychosocial program, they would not aim to resolve that as a problem of its own. Hence, we can see how the discrepancy between need and response can be created. There are essentially ethical and institutional judgements involved.

emergency contexts, particularly in the global south (Summerfield, 2012; Clancy and Hamber, 2008; Bracken, 2002; Summerfield, 2000; Airhihenbuwa, 1995; Illich 1975). Another key assumption is that this psychological suffering needs to, and can be, addressed in some way through external responses, even if it is simply to support endogenous methods of addressing this psychological suffering. This is reflected in the policy guidelines on responses to mental health from major global institutions responding to the issue (IASC, 2014; UNHCR, 2012; WHO, 2012; MSF, 2011; WHO, 2011; IASC, 2007). Further, it should be understood that from the global humanitarian perspective psychological suffering after emergencies, is not just suffering, but it is trauma. This means it is severe and it is a medical issue. Even if there is a policy perspective that not everyone develops a diagnosable form of trauma known as PTSD, it is assumed that one must naturally experience some form, or some level of trauma after witnessing and/or experiencing the type of violence in a war such as Sierra Leone's, for example. Critiques of global mental health interventions detailed in the literature review, chapter three, make reference to such assumptions (Hamber, 2015; de Jong, 2012; Joseph, 2012; Clancy and Hamber, 2008).

These assumptions lead to two critical problems. The first is that they are simply that, assumptions. They are not facts, though often presented as such. Moreover, these are assumptions that do not generally resonate with the communities in which responses are applied. Bauya is just one such example. Discussion in chapter nine on approaches to suffering explores alternative understandings and approaches to psychological suffering. Such questioning in global discourse is explained by Vorholter (2019) in her statement that, 'While some authors have suggested that there are basic similar conceptualizations of well-being across societies, most anthropologists emphasize that there are significant cross-cultural differences in what meaning and importance are attributed to happiness, how and when it can be achieved and who is responsible for it.' The second problem is that these assumptions have a significant effect on the type of responses external actors provide to affected communities.

As I explained in the introduction to the presentation of results in chapter ten, it may likely be, that if open questions were asked, and assumptions not made, in a context like Bauya, only relief and reconstruction programs would have been implemented as humanitarian response initiatives. One can see a similar experience described in the work of humanitarian

affairs academics and practitioners, Jayawickrama and Rose (2017, p.215), with reflections on their work in Nepal and South Sudan. They explain that:

Our own experience is that- unlike food, shelter, physical health, or protection- affected communities do not request mental health or psychosocial interventions. Amid the urgent request for food, water, shelter and physical health needs, not once have we heard a request for any form of mental health aid. Why is it then, that international agencies and donors feel compelled to implement mental health programs?

Their final question will be discussed in detail later in this chapter, but what is clear from their statement is the disjuncture between felt and requested needs by affected communities, and the non-corresponding humanitarian response when it comes to mental health and the addressing of psychological suffering.

I draw attention to the fact that Jayawickrama and Rose (2017) are not stating here that they do not come across people who are suffering psychologically, but the emphasis is that this is not where aid is being requested. Indeed, in the case of this study, people in Bauya were very clear that they suffered psychologically and emotionally during the war. But for many reasons, they believed that this suffering would not be resolved by the provision of psychosocial support, at least not in the sense that it differed from more general relief support. They were very clear that if psychosocial support included a relief package, then it was useful.

What is highlighted here is reflected in global humanitarian discourse in the debate around varying understandings of psychological suffering and relevant responses. Firstly, a key element of this debate is that one of the assumptions of global humanitarian understandings underpinning mental health and psychosocial responses is that there is a universal response to violence and atrocities, and these responses is necessarily a negative one. This forms a key foundation of critiques discussed in the literature review, chapter three. Positive elements of suffering described in chapter nine such as posttraumatic growth do not form the basis of the global humanitarian policy and response. In this system the suffering experienced after war and disaster is abnormal and needs to be remedied. It is not reflected, as described in Jayawickrama and Rose's (2017, p.216) critique of global mental

health responses that, 'Conflicts and disasters are devastating experiences that invoke fear, anger and pain- they are normal reactions to abnormal situations'.

In short, the assumptions underpinning the global humanitarian response policy, and even more so practice, follow the general understanding of suffering from the Western, and medicalised perspective. Vorholter (2019) summarises this belief in her statement, 'A contemporary Western belief holds that the absence of happiness is a sign of ill health and abnormality. This medicalization of unhappiness, manifested most prominently in the concept of depression, seems to have reached unprecedented levels'. Young-Eisendrath's (2008) work that tries to highlight the value of Buddhism in addressing mental health, also describes this deep 'dread' of suffering and unhappiness in the USA. Taken even further one can say that this unhappiness is also manifested in the concept of trauma.

It is also worth noting that even as applied in a typical Western context, this Western medicalised concept of suffering and trauma's, relevance is also being debated in the West. In their work, Fassin and Rechtman (2009)¹⁷⁰, amongst other things, debate this relevance and highlight the rise of the 'trauma' discourse both in popular culture but also in humanitarian response. Fassin and Rechtman (2009, p.2) describe the normalisation of this understanding of reaction to a disaster saying:

From the literal sense in which the term is used by psychiatrists (a psychological shock) to its metaphorical extension disseminated by the media (a tragic event) and it is worth noting that discourse often shifts from one meaning to the other within the same passage, without particularly marking the distinction- the idea of trauma is thus being established as a commonplace of the contemporary world, as shared truth.

The essential dilemma is of course that this is not a shared truth across the globe. This inevitably and understandably has a fundamental impact on the type of humanitarian responses developed and implemented, notably in the global south. It is one of the fundamental foundations of the reason why community members in Bauya viewed the humanitarian responses related to psychological health as inappropriate.

¹⁷⁰ Didier Fassin is a social anthropologist and physician. Richard Rechtman is a psychiatrist and anthropologist.

11.4.2 Limited value given to community's own understanding of suffering and their solutions

There are two other key points that community members made regarding humanitarian responses to psychological suffering. One related to the fact that, in general, (there were a few exceptions) they considered their religious approaches to their psychological suffering effective and did not believe there to be a need for external support. Several community members expressed that not only did they consider their own approach effective or adequate, but also, they considered them more effective than the external approaches.

The other point raised was the fact that much of the cause of their psychological suffering was not so much due to the atrocities and violence they witnessed, which they admitted was clearly disturbing, but the cause was more related to the lack of the basic needs or other needs related to reconstruction of their lives, such as loss of income generating activities. As such, there was a general understanding that the addressing of their relief and reconstruction needs would consequently address their psychological needs. From this perspective, there is no specific need to address psychological suffering, in the way implemented by psychosocial programmes. This is very much in keeping with a few studies conducted in Tsunami affected Asia. In one 2006 project evaluation by Jayawickrama of a psychosocial project in Eastern Sri Lanka the project was only considered effective after local understandings of suffering were used to adapt it. The project was adapted to build houses for the Tsunami affected community justified, 'Based on the general Sri Lankan cultural ideology: a roof over one's head gives peace of mind, which is imbued with the idea that when there is a house, people feel better (Jayawickrama and Strecker, in Bush and Duggan ed., 2015, p.149).'

There is indeed part of the global policy on response to mental health in emergencies, that theoretically takes into cognisance the communities own healing practices and the intervention is supposed to both support and valorise that. In this conceptualisation, spiritual practice is recognised as important. But again, this value is given to a certain understanding of spiritual practice. It functions if spiritual practice is defined as a social action, or when considered as ritual cleansings. The latter was applicable in Sierra Leone, for example, to a small minority of the population who perpetrated war crimes. What this policy does not consider is when community response such as spirituality and religion is an individual factor, when it is simply about one's faith and ability to pray, individually. In such

instances, what is the appropriate external response necessary to support this, if any response is at all appropriate or necessary? It seems, that for some reason, the vast debate in the medical field and beyond around the healing role of spirituality and religion, which I discussed in detail in chapter seven and eight, is ignored or not included in global humanitarian policy and practice when responding to psychological suffering.

Posed as an open question as well as a caution, the work by Jayawickrama and Rose (2017) provides examples of the case of the 2015 earthquake in Nepal to illustrate the lack of value for local capacities, concepts and approaches. They explain how local action and Nepalese culture supported psychological healing due to general culture, religion and social organisation. They describe effective local initiatives, as well as local humanitarians that express, like in Bauya, the more appropriate nature of some of their own responses for addressing the consequences of the crisis compared with external humanitarian responses. Yet, still, the global humanitarian response did not give this value, otherwise there would have been a different configuration of support. As Jayawickrama and Rose (2017, p.2019) explain and caution:

Local initiatives such as listening and helping processes were found to be more effective and efficient than external mental health and psychological interventions such as counselling, befriending, and playgroups...Outside assistance and resources may be needed, but it is important that international interventions are not driven by external agendas that label local populations as traumatised, passive and vulnerable.

As relevant to psychotherapeutic as psychosocial interventions, Bracken et al.'s (2006) concern for the globally accepted response to addressing mental health aspects in disasters, cautions that the limited value placed in local responses is likely to have the opposite effect of addressing any psychological ills. Again, even national NGO's and national governments implementing humanitarian response initiatives that are often donor funded and conceived, should be understood as external, at least in the study's context of Bauya. It is similar in many emergency contexts in the global south. Further, strengthening this view of lower value to local responses is the fact that an air of 'expertise' surrounds the nature of implementation and its related assumptions. This leads to, 'The possibility of undermining already existing medical and non-medical approaches to the alleviation of distress caused by organised violence (Bracken et al, 2006, p.15)'. This general approach of valorising Western

academic and political traditions and marginalising Non-Western ones forms one of the key challenges faced by global actors working in violently divided societies (Jayawickrama and Strecker in Bush and Duggan, 2015).

This brings the discussion back to the point highlighted by Fanthorpe (2003) that decisions about whom to help and how to help are political and moral issues. What gives primacy to a largely Western conception of suffering, mental health and its relevant treatment in emergencies, and limits the value given to local approaches and solutions to their psychological suffering after disasters? What makes, a policy understanding of the value of local communities remain firmly in the realm of policy and rarely make the transition and translation into implementable and implemented practice? For authors such as Summerfield (2012, 2008, 2000), Jayawickrama and Rose (2017) and Kleinman (1988), this is about a wider global dynamic akin to imperialism or colonialism. The question of power cannot be sidestepped.

Somehow, somewhere, there is a decision, and perhaps, one could say a global understanding, that certain knowledge has value and primacy over another. In this case, in general, Western concepts (however different, nuanced and debated or not, it is still generally about different Western viewpoints) are considered as more superior than knowledge of communities and local people in the global south. Summerfield (1999, p.7) in particular makes direct links to imperialism saying, 'Psychiatric universalism risks being imperialistic, reminding us of the colonial era when it was impressed upon indigenous people that there were different kinds of knowledge and that theirs was second rate. Socio-cultural and socio-political phenomena were framed in European terms and the responsible pursuit of traditional values regarded as evidence of backwardness.' I should clarify this is not simply by Westerners alone, hence why this concept of primacy of knowledge has such global, deep and insidious implications.

Jayawickrama and Rose (2017) also say much on this, notably clearly expressed in the title of one of their papers referring to the impositions of global mental health approaches, particularly on Non-Western populations, as 'therapeutic imperialism'. Even more directly, Jayawickrama and Rose (2017, p.221) conclude that:

The Western knowledge imperialism and donor priorities that drive inappropriate and ineffective mental health interventions in conflicts and disasters must cease. Collaboration and engagement with communities, and where possible, governments to deliver context-specific, culturally appropriate interventions that are needed as identified by the affected communities themselves is the only option if humanitarian aid is to be effective.

While not labelling it specifically as imperialism or a form of colonialism, American author and researcher on psychiatry, Ethan Watters (2010), also explores the significant impact on mental health that has come from, North American and European, or general Western, thought and practice. Providing research and cases from around the globe, he adds to the evidence from critiques, on the importation of a universal understanding of mental health. He also suggests this is 'imposed' in varying ways on Non-Western cultures. Watters (2010, p.4) is much more specific in portraying the United States as the main 'culprit' of this exported mental health perspective, saying:

There is no doubt that the Western mental health profession has had a remarkable global influence over the meaning and treatment of mental illness. Mental health professionals trained in the West, and in the United States in particular, create the official categories of mental diseases. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders the DSM* (the "bible" of the profession as it is sometimes called) has become the worldwide standard...Western universities train the world's most influential clinicians and academics. Western companies dole out the funds for research and spend billions marketing medicines for mental illnesses. Western-trained traumatologists rush in wherever war or natural disasters strike to deliver "psychological first aid," bringing with them their assumptions about how the mind becomes broken and how it is best healed.

In addition, beyond the impositions found in the humanitarian field generally referred to by authors like Jayawickrama and Rose (2017), and Summerfield (1999), Watters (2010) also provides a case study describing the lengths that some large pharmaceutical companies go to actually generating, within specific cultures, an understanding of mental health that can fit Western standards and concepts. These would then require the related medication that the companies are providing. His case study illustrates the extents to which a

pharmaceutical company, in this case, Glaxo Smith Klein, went to get academics and marketing companies, to 'develop' a cultural acceptance of the concept of depression in Japan, for which they were developing a new drug¹⁷¹ (Watters, 2010).

What is it that makes these ideas so dominant and able to permeate an international global humanitarian system, that despite its own policies suggesting differently, and despite its own good intentions, allows essentially for the imposition of these Western standards in Non-Western humanitarian contexts where there has been violent conflict or natural disasters? What is this critical element that gives primacy to the Western knowledge and conceptions of mental illness? The main response to that can be found in the different incarnations of the word 'power'.

Ultimately this is what it is about, and if Africa is not cautious, with the global economic rise of countries like China and India, primacy of Western knowledge will one day be followed by primacy of South and East Asian knowledge, but still an external knowledge. The power is a global power found in politics, economics, and also a social power that is much more easily and quickly transferred in this globalised world and age of high-speed communication. The reality is that the political and economic power the USA has over the UN, which provides major humanitarian response, cannot be separated from the concepts founding them, and the manner of the responses. Neither can the economic and political power that major donor governments such as Canada and the UK may have, be separated from the policies and practices of the international Non-Governmental Organisations that such countries fund.

The power that key donor countries have at international level, and the global geo-politics has a direct impact on the power relations between those providing humanitarian aid and those receiving it. The multiple initiatives examining the effectiveness of aid, which I mentioned earlier in the chapter, and the ways to improve this aid, all understand these unequal power relations. Further there another issue of power. Here the whole nature of humanitarian aid, misrepresenting its value to less powerful countries while overplaying the non-interest-based intentions for provision of aid, reflects this. Zoe Marriage (2007, p.3) is

¹⁷¹ See Watters for a more in depth understanding of the lengths that Glaxo Smith Klein went to promote the concept of depression in Japan. This included trying to get Japanese academics to promote and buy-into the idea. It also involved working to challenge culturally understandings and acceptance of behaviours in Japanese culture that were even considered positive, but had some correlation to the more melancholic aspects of depression as conceptualised in the West.

one of the authors who examined these humanitarian responses from a psychological perspective and describes the powered nature of such relationships saying:

There is an 'assistance game'. Central to this game is a politically functional morality that provides a rationale for rich countries to engage in countries considered to be of marginal political or strategic significance. Assistance is recreational in that it is not of a quantity or quality that could genuinely be expected to relieve suffering caused by war, and in that this is known by the people and the organisations that provide it.

The other element of power that aids this imposition of the Western mainstream scientific and medical models on mental health is the value that is given to science within Western culture. This value means that scientific research, papers, and writing by academics and scientists (usually from Western universities) that go through a certain process of peer review are given an importance. Wilbur Zelinsky's (1975) stress and caution on the limits of Western science, and the needs for its rethinking also indicates this power that is placed in science. Zelinsky (1975, p.123) cautions that:

In a quite literal sense, science has become the dominant religion of the late twentieth century, effectively displacing the traditional faiths of the supernatural. Yet, despite the rapidity and near totality of its triumph, the reign of the Church of Science may be quite brief because of the basic defects in its theology (methods and philosophy) and many shortcomings when its tenets and findings are applied to biophysical reality and the social world of human beings.

And indeed, some of the work I discussed in chapters six and seven on approaches to suffering, relates to the types of challenges to science that Zelinsky foresaw and encouraged. A growing challenge from scientists Goswami (2011), Emoto (2010) and Chopra (1989) as well as the growth of research in integrative and alternative medicine, all pose valid challenges to this acceptance of Western science as the only and correct solution to any medical ills of the world, be they physiological or psychological. But as I discussed, despite these changes and challenges, they do not form the basis of global humanitarian responses to health in general, and certainly not to mental health.

As well as being problematic in and of itself, this power imbalance poses a great challenge because it further limits the possibility of effective response, as it is fundamental in the interaction between international organisations and their local 'partner' or the affected communities they work with. The nature of the imbalance in the relationship, and the superior value given to Western knowledge, does not help in establishing the correct needs of affected communities. This will further limit the impact, relevance and appropriateness of the humanitarian responses, as evidenced by community members in Bauya. This power imbalance also manifests itself, greatly influenced by this absolute confidence in Western knowledge, science and the Western way in general, in relationships between international organisations and local actors. On examination, even from my own professional experience, these relationships are often replete with a lack of respect. One of the ways this manifests itself is well described in the summary that, 'Although the global humanitarian system has recognized that external stakeholders should partner with affected populations to create beneficial change, the system continues to experience a lack of genuine willingness, the social skills needed, and the cultural understanding, or a mix of all three, to develop meaningful partnerships (Anderson et al., 2012 in Jayawickrama, 2018,p.2).' In particular reference to Sierra Leone the element of power in humanitarian responses is considered by some authors to maintain key elements of the colonial relationship (Shaw, 2010).

Several of the global attempts to address the negative aspects of humanitarian and development aid, in some way, speak to the nature of these relationships. Some of Jayawickrama's (2018) work also places the nature of these relationships as central to the ineffectiveness of humanitarian responses. He defines the international community as 'outsiders' and the 'local and or affected communities as 'insiders', and emphasises that a global humanitarian system that is effective relies on a healthy relationship between these actors (Jayawickrama, 2018). What is even more helpful about Jayawickrama's (2018) reflection on this partnership is that he uses the framework of Eisler's cultural transformation theory and examines partnership using seven pillars that includes amongst others; love and care, spirituality, policy and practice and outsiders and insiders. These elements combine factors considered important to local 'internal' community and the global 'external' community.

Jayawickrama (2018, p.3) proposes that:

It is wholly possible to establish meaningful partnerships, particularly when based on humility, compassion, and mutual respect, but that doing so requires external actors to abandon their perceived monopoly on knowledge. By adopting such an approach, both the insider and the outsider can learn and grow with each other, becoming active change agents, in pursuit of a common goal.

Jayawickrama and Strecker (2015) also give importance to the value of cultural humility, which recognises the individual's life experience and political and economic standpoint shape their viewpoints and behaviour. They explain that this approach gives importance of the political and power dynamics inherent in the relationship between outsider and insider.

Putting it in a different way, and using a broader context, Jayawickrama's requirement for the mainly 'external' actors of the international global humanitarian system has parallels with Brian Resnick's request for what he terms as 'intellectual humility' (Resnick, 2019). Resnick reflects that philosophers from ancient times have grappled with the limits of human knowledge, and also reminds us of the flaws of the human mind. What is important is that Resnick (2019) considers the need for a greater intellectual humility, 'The recognition that the thing you believe in might in fact be wrong (Mark Leary, in Resnick 2019)', as essential for improving the ability to learn from the experiences of others. This is a key element of the rethinking of the relationship between 'outsiders' and 'insiders' that Jayawickrama discussed. Though it must be clear that Resnick does not underestimate the difficulty in taking this path. He himself shared that in his desire to pursue this new concept personally, it mainly inspired in him the feeling of anxiety.

It is important to clarify that working in partnership and respecting community knowledge and viewpoints acknowledges a two-way knowledge exchange. It is about sharing. It is not about the external being wrong and the internal indigenous community knowledge being right. Particularly in anthropology, there are often positions and arguments to leave 'indigenous' culture untouched, validating and valuing everything that exists therein.

In my view this is contrary to respecting a culture. All culture evolves, part of this evolution is internal, and part is external. Further, as Zyregov et al. (2002, p.138) argue, sometimes in some cases of severe atrocities or disasters:

The societal mechanisms for healing are rendered useless by the conflict at hand...There are some war situations that are so unprecedented (i.e. massacres) that no cultures have societal healing or coping mechanisms to apply...Sometimes the introduction of new societal mechanisms can be helpful in such situations.

Zyregov et al.'s (2002, p.138) main argument is that culture is not always right, and they say, 'But, such respect for the culture overlooks some cruel facts. Culture is not always right.' There are also few voices in academia like Patel (2014) who argue that cultural relativity in psychology reflects colonialism not by forcing ideas on 'indigenous' peoples, but also mirrors refusal to provide medical services to the 'natives' as they were considered not to suffer in the same way as their colonisers. While I essentially understand the concern of Patel (2014) and Zyregov et al., (2002) they seem to ignore the fact that the partnerships and introductions of new and different societal mechanisms are political and mired in numerous unequal power dynamics that essentially make null and void any real sense of community or local choice in the process. It simply remains a key reality that psychosocial interventions in humanitarian contexts are often implemented with limited research or clarity of their value let alone sufficient contextual understanding (Wessels, 2009).

My point is quite simply that any acceptance of new or external way is for people in those cultures to decide themselves, to choose. Further, even if the local community may not have all the knowledge at their disposal to make certain choices, I still believe strongly, that as long as you are dealing with adults, and as long as you explain and exchange respectfully, communities do know what is best for them. If their societal mechanisms are weak or if the external proposed mechanisms are inappropriate, they are able to know this. If this is not the case that is also okay, together alternatives can be found, through authentic and respectful exchanges, through real partnership. Zyregov et al.'s (2002) critique presupposes that if local existing mechanisms don't function, the same local people cannot develop alternative mechanisms, and/or that trauma responses are the only other feasible and viable option. In any case, the global humanitarian system is not currently approaching these complex situations in a way to allow nuances to arise. What an international organisation or national external actor should do when what the community wants is at odds with what the institution wants to do is a different matter.

11.5 Conclusion

This chapter discussed the various elements of the community's experiences and understanding of the humanitarian responses by external actors implemented to address their war-related suffering. The chapter highlighted the range of humanitarian responses and the different actors and also explored the varying understandings that community members had regarding what constituted external responses, notably the psychosocial ones. The chapter further examined, and placed in context, the community's experiences of humanitarian response within the wider context of humanitarian action that existed in Sierra Leone, and in a more global context.

In addition, this chapter discussed the community members' perceptions of the various humanitarian responses. The discussion provided an examination of community members' positive and negative perceptions of external humanitarian responses in general, but also specifically to the responses aimed to address their psychological suffering. The chapter also made linkages between some of the reasons behind the community's perceptions and some of the current concepts and debates in the humanitarian sector, such as Do No Harm. The chapter further discussed the community's views on psychosocial humanitarian responses, notably regarding their effectiveness and appropriateness. Here also links were made to the similarities of community responses with some of the more well-known critiques of global psychosocial humanitarian responses, addressing questions of the power in partnerships, and the imposition of Western ideas as well as the limited value given to local knowledge and experiences. The following chapter will take into consideration this discussion as well as those of chapter seven and nine that explored community's understanding and approaches to suffering, to draw out the key conclusions from this study.

Chapter Twelve

Monkeys and their Permanently Black Hands: Implications for Policy and Practice (Synthesis)

‘Sierra Leonean proverb: ‘A monkey will never be rid of its black hands.’

Peter Anderson (2019). From a compilation of proverbs. The proverb is used to suggest that a bad person will never change their bad ways.

‘The concepts of dignity, humiliation, and polarization seem to be at the core of understanding the gravity of the challenges in institutional procedures and practices within aid architecture...this can feed into patterns of polarization between different stakeholders ... and is likely to constrain the space for collaboration.’

Mie Roesdahl and George Varughese (2017, p.464), both are long time practitioners in the broader field of development, peacebuilding and human rights and have worked for international and intergovernmental organisations.

‘Of course, I recognise that my own organisation is, in many ways, part of a development structure that perpetuates some of the problematic myths...I’m committed to helping reverse historical mistakes. I’m under no illusion that it makes everyone – including me – uncomfortable. Understandably, none of us wants to be painted as in the wrong when all we are doing is trying to help...So I believe that to bring about change, we cannot just shout from the sidelines or be defensive...Perhaps the first step for all of us is to not make ourselves the heroes of the story. Let’s see those we are helping or donating money to as people just like you and me – deserving of dignity and respect, but also able to play a part in changing their own futures.’

Amanda Khozi Mukwashi (2019). She is the Chief Executive Office of Christian Aid. This is taken from an article in the Guardian.



Fig. 33 Scenes from Sierra Leone: The road to Kabala north of the Country, Sierra Leone.

Source: Author 2014



Fig. 34 Scenes from Sierra Leone: Aberdeen, Freetown, Sierra Leone.

Source: Author 2014.

12.0 Introduction

This chapter will draw together the key findings from this full research study- the fieldwork results and literature review. A key element of the chapter will be to address the main research question, ‘How do war affected communities deal with the suffering presented by war?’ The chapter will examine this question by collating responses from community members and literature from the literature review to respond to the three sub-questions of the research:

- 1. How does the community define and understand their suffering presented by the war?*
- 2. What are the community’s approaches to addressing this suffering and do they find them effective and appropriate?*
- 3. What are the implications of the responses to the above questions on academia, as well as current humanitarian policy and practice in complex emergency settings in the global south?*

The chapter will then examine the way in which the research findings of this study make a contribution to academia and humanitarian policy and practice on global interventions in the field of mental health. The chapter will do so both by addressing how this study contributes to existing gaps in research as well as contributions to new knowledge on the subject. In addition, the chapter discusses possible next steps for ensuring that these findings and contributions to knowledge are translated into practice.

12.1 Key findings on the community’s understanding and approach to their suffering presented by the war

In addressing the issue of suffering it was essential to ensure a clear understanding of what war related suffering looked like from the community members’ point of view. The points below essentially respond to the question: *How does the community define and understand their suffering presented by the war?*

12.1.1 The community’s definition and understanding of their suffering presented by the war

One of the key critiques of humanitarian responses on mental health is that the basis of interventions are often from global conglomerations of understandings of how people suffer and how this should be addressed. Also critical to note is that communities did not ‘define’

suffering or what 'mental' suffering entailed or what 'spirit' meant specifically. They had their own intrinsic understandings, which to them were felt, and shared. Whether or not the researcher had the capacity to understand this detail, they left me to address myself.

In part, linked to my methodology using ethnography and indigenous methodology, it was important to get a sense of their suffering. Also critical was that this sense of what suffering meant to communities was not already leading to specific answers, notably a focus on mental health. By keeping the questions broad I was able to also determine the weight and importance given to mental health. This way one could ascertain whether global humanitarian attention given to the issue is proportionate with local understandings of conceptions of mental suffering.

Thus, the methodological and conceptual approach in this study to use the term 'suffering', described in the literature review, chapter three, was validated by the communities' understanding of suffering. As explained, the term 'suffering' is used as opposed to a more likely term such as 'trauma' to avoid making mistakes highlighted in some of the major criticisms of global humanitarian interventions on mental health. Of note is the Western basis of the term 'trauma' that includes a level of suffering that necessitates medical intervention, and one that considers trauma as psychological distress and places this as paramount over physical distress.

Firstly, the communities ease in using the term 'suffering' which translated easily into the local language, and lack of questioning around this term, is an important validation of the approach taken in this study. Secondly, contrary to the emphasis placed on psychological suffering, generally termed as 'trauma' in global humanitarian responses to mental health, the community's understanding of suffering placed primacy on their physical suffering. Thus, the study's approach that used the broader term 'suffering' allowed for findings to emerge that indicated that emphasis on war related suffering in the community was not on the psychological. Finally, the disjuncture between the community's approach to suffering (which was similar to approaches to many cultures in the global south), and that of global humanitarian responses to mental health, was highlighted on several levels, and will be discussed in more detail in the following sections. The important role of religion and the view that psychological responses were normal and did not need specialist or medical attention are key points that highlight the difference in approaches. Such findings further

highlighted the importance of the research design decision not to frame war related suffering in the existing conceptual framework and language of 'trauma' generally used by the global humanitarian system.

Unity of the body, the mind and the spirit

The literature review, chapter three, and the discussion on the community's understanding of suffering, chapter seven, highlighted the broader Non-Western cosmological approach to health, and mental health more specifically. In this literature, several key concepts of such approaches were highlighted. An important one was the unity of the mind, body and spirit in understanding and treatment of health and wellbeing. Authors such as Valdez (2014) Patwardhan (2005), Torres (2005), and Nagashayan et al (2000) explained such concepts in Chinese medicine, Ayurveda and Mexican folk healing practices.

Another concept was the understanding that some of this linkage is due to the role of energy in healing or the role of quantum physics and advances in neuroscience, including neurocardiology. Literature by scientists such as Chopra (2011), Goswami (2011), and Emoto (2010) challenge current conceptions of mainstream medical thinking using quantum physics laws, while giving value to 'indigenous¹⁷²' healing traditions. This study also explored literature around Chinese medicine, and also the Japanese energetic healing practice of Reiki (Moore, 2005; Chan et al, 2002). Studies from the field of neurocardiology also emphasised the role of the heart regarding spiritual and mental health (Heartmath Institute, 2019; Alliance for Peacebuilding, 2017). While there is growing acknowledgement in mainstream Western medicine of the linkages between the mind and body, this is not yet widespread, especially in global humanitarian responses in the global south. Further the acceptance is mostly for the links between body and mind. There is still little or no place for spirit and the unexplained, and this is also reflected in the use of manufactured drugs for healing and other treatment approaches.

The fieldwork findings presented and discussed in chapter six and seven, illustrated that community members in Bauya understood suffering to be linked to different physical areas; the body in general, the mind and the heart. Many community members mentioned the suffering of the mind through constant worry and over thinking. They also explained

¹⁷² I use the term indigenous with quotations because we have come to use this term commonly to refer to things that are indigenous to non-Western culture. The reality is that Western medicine is also indigenous to certain geographic and cultural spaces. Essentially calling some beliefs indigenous generally reduces their validity. I place the term in brackets to highlight my awareness of this.

suffering related to the body manifested as hunger, weight loss and physical injury. Much of their description of emotional suffering was linked to the heart. In chapter seven and eight exploring community approaches to their suffering, which was overwhelmingly spiritual, it is clear that their understanding of suffering also included the spirit. Critical to note is that in no instance was their mental suffering considered abnormal or an illness.

There was, however, a clear understanding that there are different types of suffering, and that these may be linked with different parts of the body. Despite this, their understanding was that all of these different types of suffering in their different locations were fundamentally linked and related to one another. Peace of mind, situated in the mind, and emotional wellbeing, situated in the heart, were intrinsically interlinked. Another clear example was the linkage to trouble with the mind and/or heart resulting in what was considered a problem with the body, which was weight loss.

In the case of physical suffering the links between body and mind were not considered as being psychosomatic in the more medical sense, as seen in literature by Patel and Sumathipala (2006). As with other authors addressing mental health in complex emergencies, they suggest that people speak of experiencing physical ailments as a way of avoiding admitting having mental health problems. Thus, from this perspective physical pain is considered as a manifestation of mental illness. The community view in Bauya did not mirror this argument. Their understanding of suffering closely reflected the broader descriptions of Non-Western health and wellbeing found in the literature. Beyond reflecting similarities with general Non-Western cosmology there were particular similarities with general African cosmologies as outlined by Eagle (2005) and reflected in the literature review, chapter three.

However, it is also critical to note another finding related to the understanding of the body, mind, and spirit linkages. It provides an illustration and reminder of the dangers of generalising. The literature addressing the links between spirituality and mental health, from an African or Non-Western cosmology, generally referred to spirit and ancestral healing. In these interpretations the suffering of the spirit was central. This referred both to the individual's spirit as well as addressing the spirits of another dimension to assist in the 'diagnosis' and 'curing' of the specific suffering. It is important to note that this was mostly in relation to groups in the community that were particularly affected by violence of the

war. This was the case for rape victims in Sierra Leone for Stark (2006) and former combatants in Angola and Mozambique for Honwana (1999).

Nonetheless, a key finding was that, at least for the majority of the civilian population experiencing suffering related to the conflict in Bauya, their understanding of suffering was not explained as having relationships to the ancestors. Nor did they consider their suffering a punishment of any sort, including from the gods. Most commonly the spiritual explanation was related to an understanding that suffering was part of the Divine order of things, as set in motion by the one and only Christian or Muslim God. This nuance and difference is a reminder for caution in transposing findings and understandings from one context to another, even where the similarities are strong. This was discussed in detail in chapter eight.

Individual and complex nature of suffering

In chapter three, the review of literature, a mainstream model of Western mental health approach provided a picture of an approach that considers human suffering, including psychological suffering, as something that is a biological and medical issue. It happens in the physical body, and for psychological trauma, in the brain. There are advances in approaches to health in many Western societies like the UK such as patient centred care¹⁷³ that is the result of failures and lessons learned. Though these changes allow illness and care to be approached based on an individual's needs, the basic bio-medical concept is still the foundation of this care. As Hankins (1985) explains the foundational concepts of mainstream Western science, leave little or no space for the aspect of spirituality. As explained in the literature review chapter, increases in use of health models from other parts of the world such as China or India, are still considered different, hence the terms integrative and complementary medicine (Chan et al, 2008).

More importantly for this study, the changes in medical care in the West, the nuances and the advances and the several key debates, do not seem to be reflected in the policy and practice of global humanitarian responses on mental health. This is particularly the case when one considers practice and implementation of policy. For example, despite important lessons as far back as the 2nd World War illustrated by plans in London for psychiatric care

¹⁷³ The National Health Service (NHS) defines patient/person centred care saying 'Being person-centred is about focusing care on the needs of individual. Ensuring that people's preferences, needs and values guide clinical decisions, and providing care that is respectful of and responsive to them (NHS, 2019).' It is based on principles that highlight the importance of the social and is a move to integrate health and social aspects of care. The policy moves and commitments began in 2013 (Health Foundation, 2017).

during The Blitz, the capacity for the human being to avoid negative psychological reactions from what appear to be considered in medicine as trauma inducing events (Wessely, 2006); is not reflected in the global humanitarian mental health responses. Jones et al. (2004) explain that, in this case the additional psychiatric hospitals opened, and other plans, were abandoned because there was no increase in psychiatric and mental health patients beyond those who already presented with psychological problems. Similarly, Wessely (2006) a Professor of psychiatry at the Institute of Psychiatry at King's College, explained that there was a move towards ending the popular practice of psychological debriefing, another activity rolled out during emergencies, including in many countries in the global north. This fits within the view that everyone must react negatively to stressor events, notably develop PTSD. Wessely (2006) explains how studies prove categorically that not only has psychological debriefing been proven not to work, but also it is now proven that it *increases* the chances of developing mental health problems such as PTSD. Rose's (2010) study also explains the lack of research demonstrating the efficacy of psychological debriefing.

In the humanitarian sector, even the psychosocial interventions which are supposed to take into consideration environmental, social, cultural and economic considerations, still operate based on basic ultimate assumptions about human suffering. Critiques in literature by authors such as Jayawickrama (2017, 2010), Summerfield (2000) and Bracken and Petty (1998) highlight this gap. They explain that suffering is addressed in humanitarian interventions as though it is universal, that there are universal psychological reactions to certain stressors even if the impact is reflected in different ways. These authors argue consistently that this is not the case in reality, and particularly in contexts in the global south.

One of the key findings from community members' responses in Bauya supports these criticisms, further highlighting the complex and individual nature of suffering. Community members were very clear about the individual nature of suffering. They often expressed that in order to detect or understand someone else's suffering one needed to know the person well. This would provide a base to understanding what it meant for that particular person to be well physically and emotionally, allowing for a comparison that would help determine if they were suffering or not. A good example was the loss of weight as a sign of suffering. This was considered as an indication of suffering relative to a baseline of the normal weight for that person when they were well, rather than a predetermined and

generalised healthy weight. Many community members also expressed the need to ask a person directly if really one needed to understand their suffering.

The complexity of suffering was another key finding reflected in community members' responses. An example related to responses about suffering regarding the loss of loved ones. At initial examination it appeared to be emotional suffering based on the death. Closer analysis indicated that the emotional suffering related to death was more related to concerns regarding how to retain sources of livelihood and standards of living in the absence of the deceased person who had such responsibilities. Also clear in terms of complexity was the nuances in particular groups. Again, a surface category of former combatants, on further analysis showed very different reactions to a situation when the combatants felt their fight was justified. Community members that all shared the experience where they took lives during the war, and participated in the hardships of a fighter's life, still suffered in different ways. These results further strengthen the importance for the need for humanitarian responses to be specifically tailored, not simply to the context, but also to individuals. Assuming similarities for certain society groups may work in some cases, but there are possibilities that it could go wrong.

Categories of suffering and their inter-relationships

Another important point that was raised was that community members did not categorize their suffering neatly in different sections and explain such categories to me. Much of this work had to occur through my own analysis. When expressing their suffering they shared different moments to illustrate the different types of suffering they experienced. Initially in early analysis of my data I noted 121 examples of suffering. The categories were something I as the researcher was able to develop on further analysis of the results, though a process of grouping. I was able to divide the experiences of suffering, though still not so neatly, in categories of social, economic, emotional/psychological and physical. These findings are presented in chapter six, and discussed in chapter seven.

Community members were also unquestionably clear that for various reasons they suffered emotionally due to their experiences during and immediately after the war. Despite this, it is an important finding that; the emphasis of their suffering was on their physical suffering. This was reflected in two main ways. Firstly, this was reflected in terms of the significantly more number of times physical or social suffering was mentioned. Secondly, it was reflected

in the clarity of the majority of community members who described the root of their emotional and psychological suffering being related to physical causes such as the inability to generate income, and cover costs for basics such as food, shelter, clothes or their children's education.

The literature reviewed, notably key humanitarian policy on emergency interventions such as from organisations such as IASC (2014), UNHCR (2012), and WHO (2011) highlighted that addressing basic needs of food, health, security and shelter are the primary and most urgent occupations of the humanitarian responses. It is acknowledged in policy that these are pressing needs and should be addressed as a matter of priority. The same policies also suggest that mental health needs, due to emphasis on basic needs, are neglected, and hence the increased emphasis in humanitarian policy of addressing mental health. The developments in humanitarian policy shifting from trauma focused interventions to psychosocial responses, also places importance on socio-economic elements of mental suffering. This is, however, not necessarily reflected in practice.

However, there is a critical difference between the humanitarian responses and community's understanding. The community considered that the majority of their psychological suffering needed 'remedies', from a medium-term perspective. Therefore, not simply providing food, but restoring livelihoods so that they could be self-sufficient and take care of their necessary needs. They considered that this was sufficient to address their emotional or mental suffering. This is similar to a concept on Ayurveda addressing mental health in emergencies (Nair, 2017) described in chapter three, the literature review. The physical is addressed as a way of solving the mental health problems.

In the global humanitarian mental health context, the physical and social are addressed as a way to ensure that the 'real' emotional and psychological problems are then given space to emerge, so that these can then be addressed adequately. The possibility that the emotional and psychological suffering as conceived do not necessarily exist is not considered, nor that the provision of relief may itself be sufficient to address mental health needs. There is the basic assumption that everyone suffers in the same way. The greater debate is explained in the literature review, chapter three, describing views from authors such as Jayawickrama (2017 and 2010), Summerfield (2000) and Bracken and Petty (1998) that argue against this position. Gryse and Laumont's (2007) study in Aceh also questions the need for the

psychosocial programming in favour of more development or strictly humanitarian programming. They consider the mental health focus distracting and inappropriate. The findings in Bauya are in line with this less mainstream approach, and the stronger critiques of the more popular approach to addressing humanitarian emergencies that we are seeing in both global humanitarian policy and practice on mental health.

12.2 Approach to suffering and effectiveness of the approach

In order to effectively address the issues around the nature, value and appropriateness of global humanitarian responses on mental health, it was also important to understand the community's existing approaches to addressing their suffering. What was striking was the importance placed on religious faith as an approach to addressing suffering. This element is given importance in the sections below as mainstream Western scientific thought that underpins global responses to mental health has some fundamental differences with broader Non-Western approaches with regards to the role of spirituality.

Critically, the vast majority of community members found their approach to their war related suffering effective. It should be noted that in the very few cases where, community members questioned the effectiveness of the approaches it was not in relation to psychological or emotional suffering. Rather, their approaches left them unable to address issues such as meeting their basic economic needs.

The sections below essentially respond to the question: *What are the community's approaches to addressing their war related suffering and do they find them effective and appropriate?*

12.2.1 The community's approaches to addressing their war related suffering and perception of effective and appropriate nature

The need to understand the community's own approaches has added relevance in a context where global mental health humanitarian responses are receiving growing criticism. The challenges often identified with such mental health responses seems to include a lack of understanding of affected community's approach to war related suffering and other existing nuances. They also include the lack of value given to the community's approaches in cases where these approaches are known. During fieldwork, questions were kept open without

any suggestions of particular or existing approaches, leaving community members to also interpret what they understood as an 'approach' to their suffering.

Religion is considered as the central most effective response to suffering

That religion plays a key and effective role in addressing psychological trauma is a growing concept in mainstream science. Although generally addressing religion as pathology, increasingly studies have focused on religion as a coping mechanism after traumatic events (Oman and Thorsen, 2005; Miller, 2004). As explained by Miller (2004) and Oman and Thorsen (2005), while these studies are limited, they are growing in number. Studies in the global south and on non-Abrahamic religions are even more limited, and often do not take into account cross-cultural differences (Jerryson et al., 2015). However, a study by Gryse and Laumont (2007) in Aceh after the Tsunami indicates that religious coping was very high. Pargament et al (2000) explain that other studies on religious coping more globally also find the use of religion as a coping mechanism not only to be key in addressing psychological trauma, but also to be effective. Hundreds of studies on the subject mostly demonstrate results for the positive role of religious coping (Peres et al., 2007).

One of many important discussions or approaches to the use of religion to address mental health in mainstream Western medical studies and practice attempts to try to categorize the different way religion is used to cope. There are categorizations into different religious functions as developed by Pargament et al (2000). Other categories address particular details of how religion improves psychological trauma. One of those concepts is referred to as posttraumatic growth. As Splevins et al (2010) explain, this centres on the fact that a traumatic experience may lead to a personal growth and transformation, hence ultimately having some kind of positive impact and meaning that allows the person suffering to heal emotionally.

There are also attempts to address the critical question of *how* religion actually works to address trauma. In essence there is a search for a 'scientific' reason, one that would not allow for the central foundation of religion to be the cause of its effectiveness- the presence of a divine being or some form of consciousness. The challenge and views from one school of thinking, is that an issue that is intrinsically non-material is being studied and attempts made to explain it through a science that is manifestly based on materialism. Authors such as Miler and Thorsen (2003) highlight that scientific studies and explanations of religion are

highly likely to differ from the people who are believers because the very nature of spirituality is about an experience that is generally difficult to describe in material terms.

However preliminary these findings from studies on the effectiveness and use of religion as a coping mechanism to address emotional suffering are, the community in Bauya reflected the essence of such findings. The use of religion as a coping mechanism by the vast majority of community members was overwhelming. It was particularly striking that their sense of religious faith and the use of this to approach their suffering could be seen across all aspects of the interviews even issues and questions not directly addressing their approach to suffering. The role of religion as an approach to address their suffering was also striking because its breadth, or its foundation and roots, were fairly deep and spread throughout other categories of approaches. For example, the role of religion in fostering the positive coping through attitudes such as optimism, gratitude and forgiveness is also very clear.

In keeping with the findings of the complexity of understanding suffering, presented and discussed in chapters six and seven, there were also some clear differences between the way the community in Bauya used religion to cope, and some of the key findings and concepts from much of the key literature reviewed for this study. Firstly, in the discussion on community's approaches to their suffering in chapter nine, it is highlighted that one of the key concepts in existing research and practice seems to be based on the understanding that the primary/key values of religion is its social function (Wood et al, 2010; Gryse and Laumont, 2007). The idea is that the act of communal worship or relationships and activities built around different religious communities, provides avenues of comfort and other methods of reducing mental suffering. What was clear with the responses from the community in Bauya was that this was not their primary benefit or coping method related to religion. In a few instances people did refer to the social function, but in the vast majority of responses the value of religion was largely individual. It related to the value of individual prayer and individual faith and belief in a Divine power that would ease their suffering while they experienced it, as well as provide solutions to the problems causing the suffering. A study comparing Buddhist and Islamic religious coping in Thailand highlights the value of individual prayer as an effective coping mechanism (Jerryson et al., 2015). Research by Taylor and Chatters (1991), on elderly Black people in the USA also found private prayer and faith and trust in God as an effective strategy in coping with trauma.

Secondly, in chapter seven, on the discussion on the community's approaches to suffering, one of the initial focuses on religion in mainstream Western medicine related to religion as pathology. This view therefore considers religion as having a negative impact on people's mental health. One of the few studies from a Non-Western emergency context that also provided findings on some aspects of religion having a negative impact on mental health, illustrated how affected communities considered the Tsunami in Aceh as a curse from God (Gryse and Laumont, 2007). In Hinduism for example different types of suffering are also closely linked to different forms of evil, including evil from the gods and other spiritual entities (Gachtar, 1998). With the community in Bauya, their responses did not indicate this perspective on the war as a curse. Indeed, their faith meant they had an understanding that this was an act ordained by God. Even if deeply negative, it was not considered a form of punishment.

Thirdly, also found in the discussion in chapter seven, another of the key concepts emerging from existing studies on the role of religion is related to posttraumatic growth. This is an understanding by those who have experienced mental suffering after a traumatic event that though the experience was negative, there has been personal or spiritual transformation that makes the experience of suffering a valuable one. Van der Kolk's (2015) work is an example that highlights the fact that one can find that many of the great visionaries in the world have experienced trauma or deep suffering, which resulted in deep insights and passion. While community members in Bauya displayed attitudes that reflected their acceptance of suffering and its normal nature, none of the community members explained their experience of suffering as something that was of personal benefit as implied by the concept of posttraumatic growth.

Finally, the presentation of results and discussion in chapter seven and eight regarding the attitude of the community in Bauya to the use of religion as an approach to addressing their suffering (all forms), illustrated that there was the unequivocal belief that their religious faith effectively addressed their suffering. This was a simple matter of fact for community members. Because this method worked, there were no questions about why or enquiries into the detail of how. This is in stark contrast to the various studies about religious coping in mainstream Western medicine theory and practice presented in chapter eight, which try to make sense of how this religious coping works. This may be due largely to the fact that the mainstream bio-medical approach does not have the space that advances in quantum

medicine and Non-Western approaches to health have, for the consideration of the role of spirit, consciousness or energy, in affecting the suffering.

The important role of attitudes to suffering and positive attitudes to life in general in addressing suffering

The relationship between positive attitudes to life in general; reflected in concepts such as gratitude, hope and optimism, and health and wellbeing, including mental health, is something that is widely acknowledged in mainstream medicine. Morgan et al (2016) refer to studies, which for example, have made linkages between gratitude and subjective wellbeing. Forgiveness, the ability to forgive, is also considered a positive attribute that studies by researchers such as Chung (2012), Worthington et al (2007), and Orcutt and Langman (2005) have described as having a positive impact on mental health. Similarly attitudes to suffering, notably those of acceptance, have been studied by researchers such as Pratti and Pietrantonio (2009), and have also been found to have a positive impact on wellbeing and mental health. Possessing these attitudes is also known to lessen negative psychological impact related to trauma. Such impacts are also closely tied with religious teachings that suggest that not only is suffering normal, but also accepting and overcoming this is a virtue. Eastern traditions such as Buddhism such as described by Rahula (1959) explain such concepts. Maclean's ACT framework (2006) also borrows from Eastern tradition and mindfulness practices to place importance on this element of acceptance as a way of transcending suffering. ACT framework co-founder Strosahl, explains the neuroscience impacts on the brain as well, and highlights the fact that pain may be inevitable, but suffering is a choice (Strosahl, 2016).

The findings of this study presented and discussed in chapters seven and eight, were patently clear regarding the fact that positive attitudes in life in general, and the ability to view suffering as normal and expected, were key in helping community members address their suffering. While describing terrible experiences that took them to depths of despair emotionally and physically, most community members at some point still expressed gratitude. There was general gratitude, with the understanding that things could be worse and most often gratitude and appreciation expressed to God. Also, in the midst of suffering, with few tangible signs of a safe and secure future, and terrible loss behind them, community members expressed hope and optimism that things would get better. As with gratitude these attitudes were deeply linked to their religious belief and faith. Similarly, the

community's sense of acceptance and normalcy of suffering, which also came through strongly from the study, was also often framed within a religious perspective. At the same time there was also possibilities that this also came from a broader cultural perspective on accepting suffering as normal. It was also due to accepting suffering as something that was transient; that however long the period of suffering in one's life might be, it would eventually end. These results essentially correlate closely with literature and studies that indicate that such attitudes have a positive impact on health and wellbeing.

Further important, in line with findings mentioned above related to the complexity of suffering discussed in chapter seven, there was one finding in the results on approaches to suffering discussed in chapter eight and nine that went very much against usual findings regarding the value of positive attitudes in addressing mental suffering. This was only applicable to a very small minority of community members. Several studies valued the attitude of forgiveness as positive and useful for coping with mental trauma (Langman and Chung, 2012; Worthington et al, 2007; Orcutt et al, 2005). Attitudes such as revenge are considered as almost opposite to forgiveness and therefore as a negative aspect for use in coping with mental trauma (Wade and Worthington, 2003, in Orcutt et al, 2005). It is these negative emotions that the attitude of forgiveness is precisely thought to overcome.

Chapter nine describes that what was different in Bauya were the few community members who used revenge as an approach to address their mental suffering, an approach that they felt was effective. Being able to play an active role in addressing those that committed atrocities against them and their loved ones, and were at the root of their suffering, was empowering and reduced suffering of community members who chose revenge as an approach to their suffering. This highlights once again the importance of deepening understanding, and putting aside assumptions and judgements to remain context specific.

The important impact of social approaches to suffering

The value of the social, notably social relationships, in positively impacting people suffering from mental health issues, is generally accepted in medical and global humanitarian policy and practice. From one Non- Western cosmological perspective, Korn (1997) makes an emphatic point about the value of social relations in addressing suffering, particular of indigenous peoples. She describes social relations as a form of medicine. In addition, even more mainstream Western scientific views, in studies by Silove (2015) and Woodward et al

(2013) discuss findings of the positive impact of social relations on suffering, notably trauma. Silove's (2015) work as well as that of Charuvastra and Cloitre (2008) examines this in the context of bonds and networks. Further ascribing to this view are global humanitarian policy guidelines from the IASC (2007) that emphasises the importance of addressing the social in MHPSS programming. Although there is also concern expressed by authors such as Robinaugh et al (2011) on the limited studies, findings and need for further research on this issue of the importance of the social, in essence, this value on the social is the foundation of a key evolution in humanitarian policy approaches. This is the move from trauma focused programming to psychosocial programming.

The findings from the responses from community members in Bauya overwhelmingly support the importance of social relationships as a key factor for addressing their suffering. For the community members, this was a way to address any type of suffering. Their material and socio-economic suffering could be addressed by relying on the relationships of family, friends and neighbours. They also qualified that one of the key ways they addressed their emotional suffering was due to these social relations. They described those directly and indirectly providing comfort for their war related suffering, whether these were direct words of comfort, assurances of support, or through encouragement and solidarity. Also important were descriptions of comfort being provided by just having these relationships, being in them and socializing. This did not necessarily entail speaking and directly being comforted on emotional suffering. Many described the processes of keeping each other company, talking and exchanging on other subjects beyond their suffering, playing and conducting daily activities, as being social elements of their lives that effectively addressed their suffering.

The appropriate, effective and valid nature of the community's approach to suffering, notably mental health related

The role of religion described in the section above describes how this was one of the main approaches used in Bauya as a coping mechanism. It also indicates that in times of crisis this is one of the most common responses globally to how people addressed their different types of suffering they experienced, notably mental suffering. While this may be a response to addressing suffering by a large majority of the globe, from the medical and more mainstream Western scientific approach, the place of religion, as an effective approach is less accepted. Even where it is understood and accepted as having an impact, there remains

a need to measure and understand (Koenig, 2004; Hathaway et al, 2004; Pargament et al., 2000), with the underlying assumption that this positive impact of religion is related to something more scientific- just something as yet undiscovered. It is not considered credible that the spiritual aspect plays a key role in psychological healing.

On the contrary, the approach from the Non-Western healing perspective, both in terms of understanding as well as 'treatment' and approach to suffering, including mental health suffering, gives the role of spirit and the role of a divine entity credence and acceptance. Studies on the impact of the humanitarian disasters related to the tsunami and earthquakes in Nepal and Sri Lanka indicate the effectiveness of local approaches to addressing mental health issues. Fernando and Weerackody (2009) and Gryse and Laumont's (2007) work explain the importance of tradition and spirituality as strengths for the affected community in addressing their suffering, especially mental suffering. Jayawickrama and Rose's (2017) research also demonstrates the acts of community support and use of traditional healers are also elements that indicate that community responses are more appropriate than many of the global humanitarian interventions attempting to address mental health. Further, advances in neuroscience, and quantum physics described by the Alliance for Peacebuilding (2017) study on neuroscience, spirituality and peacebuilding, and scientists such as Goswami (2011), Emoto (2010), Braden (2007) and Chopra (1989), all use Western scientific method to explain the validity of the spiritual elements of the Non-Western approaches to health in general.

Chapters eight and nine that present and discuss findings regarding the community's approach to suffering demonstrated the overwhelming conviction of the community in Bauya regarding the value of their approach of using religion to address their war related suffering. This was demonstrated clearly in direct responses to the question posed to them about the effectiveness of their approaches. It was also clear when they discussed their views of suffering presented and discussed in chapter six and seven, as well as their experiences with external humanitarian responses, presented and discussed in chapters ten and eleven. In particular, for getting through the emotional suffering related to the atrocities they witnessed, as well as the suffering related to the difficult social and physical experiences they had, they were unequivocal about the effectiveness and relevance of their religion and faith as approaches to addressing their suffering. They explained essentially that if nothing else their approach was effective because it worked. For this reason, their

possible interest in other approaches was sometimes well-meaning and showed openness, but consideration of using another approach was generally not acceptable.

12.2.2 The disconnect between the community's religious approaches and mainstream 'science' approach underpinning global humanitarian response to addressing war related suffering

An official definition of science is, 'The intellectual and practical activity encompassing the systematic study of the structure and behaviour of the physical and natural world through observation and experiment (Oxford Dictionary, 2019)'. It actually goes well beyond the more common understanding of science being related to the five senses of sight, sound, smell, taste and touch. The official definition does not imply disconnection between the spiritual, religious and the scientific. The fact alone that there is a branch of study called theology, which is an examination of the nature of God, (the ultimate spirit), and religious belief (replete with the concept of spirituality), already fills the requirements for religion and elements of spirituality to have scientific grounding. And while many Non-Western approaches to health are not as widely documented, there is a significant amount, notably from the Eastern traditions such as India and China, that would also unquestionably fulfil the requirements to be categorized as science. India has the Yogic Science and China has the Daoist Science, neither of which is limited to the five senses.

The question of disconnect with science arises though, quite simply because in practice, the common and global usage of the term has moved away from the simple definition above. It carries within it, deep power and political elements that have global impact on how knowledge is valued and placed in hierarchies. With regards to the field of mental health, review of literature provides an understanding of what has become mainstream definition of science that is given global value. Authors such as Somsen (2008) and Hankins (1985) explain the changes in Western science that altered science during the Enlightenment period. One of the key results was precisely a removal of anything related to spirit or religion in science and a focus on logic and 'science' that is a key foundation to the materialist working of science. This in turn has major impact of the dualism between mind and body that underpins mainstream Western scientific thought.

However, it is also clear that there are solid arguments that question the predominance of such thinking, which should be given attention. Firstly, relating to the dominance of one

scientific paradigm over others, authors like Zelinsky (1974) and Rodney (1973) help illustrate that the decisions of whose science matters is linked to, and closely reflects, a colonial and imperialist paradigm, and at best reflects political power dynamics. Rodney in particular argues that it is not possible to make judgements about which knowledge is superior as one cannot divorce such knowledge or science from its surrounding social, political and cultural context. He considered that value of knowledge was thus, by nature, therefore, purely subjective. Authors such as Jayawickrama (2017), Summerfield (2000) and Petty (1998) echo this thinking. They relate the similar concept specifically to the field of how mental health is addressed globally, and more specifically in humanitarian contexts.

Secondly, there are challenges to the validity of mainstream Western science's focus on the materialist and mechanistic paradigm. These critiques are coming from scientists trained in this same Western scientific method. Arguments from scientists such as Gribbin (2007) explain that in the 21st Century the materialist paradigm is mal-adapted to the developments in science that increasingly point to the importance of a non-materialistic paradigm. Specifically relating this to the field of health, scientists such as like Goswami (2011) and Emoto (2010) make critical analysis of the current mainstream Western scientific paradigm. They contend that the more Non-Western approach, which is a non-materialist paradigm that has existed for thousands of years (Moore, 2005) and gives a significant role to non-materialistic elements such as energy, consciousness and spirit, is more appropriate globally.

Even within Western scientific thought, this knowledge is not new per se, and renowned scientists such as Albert Einstein, Erwin Schrodinger, Wolfgang Pauli, and Werner Eisenberg shared many of these ideas (Chopra in Goswami, 2011). The literature reviewed and fieldwork for this research study demonstrates that such advances in science, and debates around the way mental health is treated is too significant to be left out of the considerations of addressing mental health challenges in emergency settings. This applies even more importantly to emergency settings where the local health paradigms do have a space for religion and spirituality both in understanding of illness as well as treating diseases and promoting wellbeing. Critically, the broad difference between Non-Western approaches to health, healing and wellbeing and the mainstream Western ones are that Non-Western approaches are more holistic and deeply embrace concepts of the unified nature and link

between body, mind and spirit. This is not generally the case in mainstream Western science.

There are of course pockets of Western science that are starting to make changes. Admittedly concepts such as patient centred care and what is termed complimentary or integrated medicine, are evidence of these developments (Barnes et al, 2008; Moore, 2005; Chan et al, 2002). However, the acceptance that other systems may work better in certain situations and have more impact has not come with a widespread transformation of mainstream Western science (Goswami, 2011; Gribbin, 2007; Chopra, 1989; Zukav, 1989). Similarly, the possible existence of consciousness, or spirit, or energy as part of treatments, medicine or approaches to healing, is not accepted. What this study emphasizes is that this need for transformation is not new; it has proponents both from Non-Western scientific traditions, but also critiques within the same Western scientific frameworks. This study concludes that any effective addressing of mental health issues at the level of the global humanitarian sector, especially in emergency settings in the global south, can no longer afford to ignore these nuances, developments and debates in science. Particularly, if indeed the main aim is to have an impact on the wellbeing of communities affected by disasters. If other areas of the international system can be permitted to ignore such scientific debates, it is particularly not permissible for the part of the humanitarian sector addressing global mental health in areas where the health paradigms more closely reflect the systems and criticisms being made of current mainstream scientific thought.

12.3 Implications for humanitarian policy and practice, notably for responses in the global south

One of the critical aspects of this research is related to the third research- sub question that addresses the implications of the overall findings of the community's understanding and approaches to their war related suffering for humanitarian policy and practice. Although this study in Bauya is just one case study, the linkages to broader studies and literature allows for the possibility of translating the conceptual framework and considering the implications for other similar contexts (Yin, 2012). The value of this methodological approach is discussed at length in chapter four, the first of the two methodology chapters. The implications on humanitarian policy were gleaned both through the analysis of community's direct responses and discussions regarding the humanitarian responses that they experienced or would have preferred to experience that were presented and discussed

in chapters ten and eleven. They were also gleaned from the implications that are articulated as community members expressed their understanding and approaches to suffering discussed in chapters seven and nine respectively.

The key element of this full chapter focuses on taking the key findings and understanding their implications on humanitarian policy and practice, as well as broader contributions to knowledge. This section will simply highlight some of the key points raised in a summary manner. The detail of the issues will be addressed in the following sections of the chapter.

The findings addressed in brief in this section respond to the question: *What are the implications of the findings from the study on current humanitarian policy and practice in complex emergency settings in the global south?*

12.3.1 The importance of sufficiently valuing existing knowledge on mental health approaches from the emergency settings in global south

The review of literature was able to place the findings from this study, from one single case in a village in Sierra Leone, within the wider historical context of how knowledge is perceived at a global level and how this in turn eventually impacts the way knowledge is valued, and ranked within the world in general, and as a result also within the global humanitarian system. Sarr (2016), Wechsleman (2003) and Rodney (1974) are authors that contributed to existing debates and growing evidence that suggests that the contributions of African thinkers and scholars, and moreover facts of African contributions to history in general, have been downplayed in global history to fit in to wider colonialist and imperialist agendas. Linking to the impact of humanitarian policy and practice, one of the key critiques of global humanitarian responses on mental health from authors such as Jayawickrama and Rose (2017), Summerfield (2000), and Bracken and Petty (1998) consider such responses to be of a colonial nature.

In summary in the same chapter, as well as in more detail in chapter eight, discussion on community approaches to suffering, literature reviewed also highlighted that the history of scientific thought, and notably how European and North American mainstream scientific paradigms came to be considered the global leaders, is also culturally biased and not necessarily factual. Issues of politics and other power dynamics are highly critical in the valuing and exportation of knowledge systems (Jayawickrama and Rose, 2017; Jayawickrama

and Strecker in Bush and Duggan, 2015; Bush and Duggan; 2015; Goswami, 2011; Somsen, 2008; Wechsleman, 2003; Chopra, 1989). Western science was also passed down through colonialism, and, as argued by some, the impact of this dynamic of superiority of Western scientific knowledge and culture, had a deep effect on the psyche of colonised people, such as Africans (Mbembe, 2013; Viriri and Mungwini, 2010; Said, 2003, Fanon, 1986). Further, a critical element of thought and understandings linked to mental health, a people's cosmivision, was also categorised in terms of superiority and inferiority of knowledge. The African cosmivision of health and wellbeing that allowed a place for spirituality and other 'unexplainable' phenomena was classed as non-scientific. This classification and limited value is considered as scientifically unfounded by scientists and authors such as Goswami (2011, Somsen (2008), Ogbonnaya (1994), Chopra (1989), and Rodney (1974) who explain that the debate within Western Science as to its own validity as a science, were not exported.

The findings of the study indicate that blind acceptance of the superiority of Western scientific knowledge, notably as it relates to the medical science influencing mental health interventions, is currently the default setting for the policy and practice of global humanitarian responses on mental health. This is not surprising, as even within the scientific field the challenges to the non-materialist paradigm are not easily accepted. This challenge is reflected in literature and studies by authors such as Bengston (2010) and Hodges and Scoefield (1995) who illustrate the difficulty of the acceptance of Non-Western healing traditions despite evidence of their viability. Viveiros (2017) also describes such unwillingness of those with 'traditional' understanding of mental illness or trauma to consider alternative propositions even from scientists in their field. Viveiros (2017) and Ray (2015) refer to the work of psychiatrist Van der Kolk, who proposes that trauma has a physical manifestation that makes treatments such as massage and yoga as possibly having more benefit than mainstream treatments, notably prescribed medication. In addition, it is also reflected by authors such as Bush and Duggan (2015) who describe and discuss the link between knowledge and power, emphasising through various studies that research and evaluation are not a neutral exercise, a fact being largely ignored by policy and practice of the humanitarian sector. The challenge can also be noted in the reflections of the community members from Bauya based on the inconsistency between their understanding of suffering discussed in chapter seven and approach to suffering discussed in chapter nine,

compared to the interventions that were implemented by the humanitarian sector to address this suffering that is discussed in chapter eleven.

12.3.2 The critical nature of different views on mental suffering to global mental health interventions

One of the key findings in this study reflected in chapters six to twelve, discussing and presenting results, is that it highlights the great limitations of over generalising. Some of the findings from Bauya, a quintessentially Non-Western setting, regarding understanding and approaches to healing did not fit within some of the stereotypical understandings of Non-Western healing. This was clear in chapter six and seven regarding community understandings of suffering that did not attribute their suffering to spiritual causes or spiritual punishment, as is often the case in the broader African cosmologies. Similarly, differences from the usual African cosmological approaches could be found in chapter eight and nine where approaches to healing did not include spiritual cleansing rituals, and where the social aspect of religion as a coping mechanism was not experienced in a significant way.

The study also illustrates that in many instances there are also nuances to what can be termed a Western approach to mental health because there are changes in some national health systems that are starting to take into consideration aspects such as mind-body unity, which was previously not the case (Maizes et al., 2009; Moore, 2005; Chan et al., 2002; Hodges and Scofield, 1995). Nonetheless, an understanding of these nuances, and sometimes, similarities in approach, should not minimise the importance of the fact that the differences in general between Non-Western and Western perspectives on health and wellbeing, notably mental health, are fairly significant. Moreover, an aspect that seems critical to the approach and understanding of mental health in Non-Western settings, and overwhelmingly so in the Bauya context; the place of spirit, does not have a similar place in mainstream Western medicine. Even though there are attempts to understand the role of religion this is not in a way that really allows for the possibility of a divine entity. As highlighted in the above section of this chapter addressing unity of body, mind and spirit, Western scientific advances in neuroscience and quantum physics, which allow for such understandings, remain on the margins, still calling for a revolution in Western science (Chopra, 2011, 2010; Goswami, 2011).

The literature and studies outlined above as well as others throughout the study provide clear illustrations that the developments, debates and nuances in knowledge around mental

health or health and wellbeing in general, is not being reflected in current global humanitarian policy and practice. What is also critical, and can be seen in the discussion chapters, seven, nine and eleven, is that the experience from community members themselves also reflects the debates in literature. The understandings of mental suffering related to war, particularly its acceptance and treatment as a normal part of life, combined with the primacy given to physical suffering such as loss of livelihoods by community members, is in stark contrast to the mental health responses; both trauma focused and psychosocial. The global humanitarian policy shift to psychosocial programming, by the sectors own standards, the IASC (2014), faces serious challenges in turning policy to practice. Further, policy and practice still have fairly large limitations in its interpretation of the socio-cultural aspects of the war related mental suffering of affected communities in the global south (Jayawickrama and Strecker in Bush and Duggan ed., 2015; IASC, 2014; Silove, 2013; Clancy and Hamber, 2008). The review of literature in chapter three, the literature review, and the results discussion in chapter nine on community approaches to suffering, illustrate that one area where spiritual practices are given attention in policy is related to rituals and practices often reserved for the minority of affected populations such as rape victims or combatants, as opposed to the majority who refer to religion in general as a central coping mechanism.

Similarly, evolutions in medicine, or critiques such as Kleinman's (1988), which emphasises the importance of culture in determining how illness is interpreted and defined, are still not being given the attention in global humanitarian mental health responses in emergency contexts in the global south. Further, the lack of separation between body, mind and spirit that underpins Non-Western approaches to health and wellbeing was described both in the literature review chapter and chapter seven and nine, the discussion chapters on community understanding and approaches to suffering respectively. These chapters illustrate that this Non-Western perspective was clearly reflected in experiences and responses from community members in Bauya, but not reflected in current humanitarian policy and practice. The findings of this study indicate that this level of omission in global humanitarian responses is significant, and the negative impact, those suffering as a result of this omission, are the affected communities. This exclusion is fairly fundamental, and must be explored in tandem with the deeper examination and questioning on, which and who's knowledge, is given most value globally.

12.3.3 The challenges of the nature of the global humanitarian system

The lack of value given to Non-Western knowledge systems, and the discrepancy between Non-Western approaches to healing and mainstream Western approaches reflected in global humanitarian policy and practice on mental health, point to the fundamental nature of the problem of such humanitarian responses. The link to the global system of valuing knowledge, and the link to the dominant power systems that determine the value of knowledge cannot be ignored if there is to be any significant improvement in these humanitarian responses (Jayawickrama and Rose, 2017; Summerfield, 2012; Watters, 2010; Summerfield, 2008; Marriage, 2007). If this change is attempted, it will need to involve a fairly monumental shift in ways of thinking and doing for the global humanitarian system that would result more in transformation than change. Transformation would mean, 'A complete change in appearance or character of something or someone, especially so that that thing or person is improved (Cambridge dictionary, 2020).

Existing challenges found within the humanitarian system were highlighted and discussed in the literature review, chapter three, as well as chapters ten and eleven, which examined humanitarian responses in Bauya and linked these to the global context. These chapters took into account the shared experiences of the community in Bauya. Such challenges included corruption within the systems, the difficulty in assessing real needs of affected communities, and the inability to overcome certain logistical challenges in complex emergency settings, also point to the need for change in practice. This also relates to methodological challenges as described by Bush and Duggan (2015) from how to conduct research and evaluation in an appropriate manner and determine needs to how to address misplaced donor priorities as described by Jayawickrama and Rose (2017) and Chêne (2010), or even evaluating the impact of work. There are also repeated calls for additional research, notably in the global south (White et al., 2017; Summerfield, 2000).

Further analysis from evaluations of the global humanitarian responses in mental health by the humanitarian community's guiding institution the IASC (2014) itself, as well as studies examined in the literature review chapter three, closely reflect experiences from the community in Bauya on humanitarian responses they experienced. They indicate a serious challenge on the question of the quality and qualifications of the staff of humanitarian

agencies tasked to do the work around mental health interventions. The reality of global humanitarian response practice involves a certain level of complexity, and more attention is needed for global questions of the value of knowledge and understanding the broader debates around advances in science and mental health. The global humanitarian system lacks reference to these complex debates around differences between Western and Non-Western approaches to healing, and does not sufficiently address the cultural sensitivities and understanding associated with working cross-culturally, and related nuances necessary to gain understanding of community approaches and understanding of suffering. This begs the serious question of whether the average humanitarian, working for an international organization (be they national or not), is sufficiently qualified and knowledgeable to undertake such critical work? The challenge of inappropriate and insufficiently qualified personnel is a key finding highlighted in the IASC's evaluation of global humanitarian interventions on mental health (IASC, 2014).

Literature reviewed in both the literature review chapter three, and the discussion on humanitarian responses in chapter eleven, highlighted changes in humanitarian policy that indicated an evolution. The general move from more trauma focused programming to psychosocial programming is one such example (Jayawickrama, 2017; MSF, 2011; Clancy and Hamber, 2008; IASC, 2007). However, there is much evidence that these changes have also been minimal, for example humanitarian interventions in complex emergencies were evaluated by the IASC (2014). In Central Africa, a more recent United Nations Office of Humanitarian Coordination (OCHA) inter-agency humanitarian evaluation Lawday et al, (2016) shed light on a humanitarian intervention system still experiencing the same challenges.

If there is a fundamental challenge of policy adequately reflecting the changes, debates and advances in medical science that should inform practice, there is an even larger challenge getting a transfer of existing humanitarian policy into practice. It goes back to the issues around the adequacy of staffing, but also around the greater issues around the global power structures on knowledge and the way the medical system works in general. If the mental health system is impacted by such powerful dynamics, including the primacy of Western concepts on mental health as described by Jayawickrama (2017), Summerfield (2012) and Watters (2010), as well as the role of big international pharmaceutical companies explained by Kasuja (2014) and Watters (2010), then the level of change needed within the system

cannot be cosmetic. The findings from this study discussed in chapter eleven, suggest that for any real and significant positive impact to occur in the realm of global humanitarian responses on mental health in the global south (at least) to be felt, there is a need for more radical transformation of the very system itself, including the knowledge foundations underpinning it. Key in this transformation will be the quality of relationships of the collaborations made between the 'local' and 'global', because if the relationships and partnerships occur based on respect and authentic collaboration, the needs of the community become central and they become genuine partners in addressing their suffering. Authors such as Jayawickrama (2018, 2008), Roesdahl and Varughese (2017), White et al., (2017), Bush and Duggan (2015), and Bush (1996) argue strongly that such change in relationships is critical.

With this level of transformation, global humanitarian responses in mental health would be appropriate and give adequate value to the expressed needs of the communities they purport to exist to help. They would be able to stay open to questions such as whether their initiatives and responses themselves should exist or not, or whether the humanitarian organisations are actually best placed to provide responses in contexts where people are relying on their individual religious faith to deal with mental suffering, or whether it is even necessary to have psychosocial programming if it is essentially the socio-economic part of this that is of benefit. In short, they would be able to be more effective and appropriate and respond to some of the challenges raised in chapter eleven discussing the community in Bauya and general critiques of global humanitarian responses to mental health in the global south.

The analysis from this study further indicates that if the global humanitarian system responding to mental health were transformed, they would also be able to react to a reality that may change from one location to the next even within the same country or same culture. I should clarify that this study is not a call that all global humanitarian mental health interventions should look a certain way. The point being made is that changing the foundations of understanding what mental health suffering means to a disaster affected community, and understanding the value in approaches (that the community's themselves value), will likely lead to the global humanitarian responses finding their right place and being more effective, appropriate and relevant.

12.4 The research study's contribution to academia and humanitarian policy and practice

The findings from this study could be valuable in other fields such as sociology and peacebuilding. This is due both to the subject matter itself, but also the many implications around the more methodological aspects of interacting with communities that arose. However, the central inquiry of this study was to develop an understanding of the possible implications of these findings both within academia and from a policy and practice perspective as it relates to the subject of global humanitarian responses on mental health, particularly in the global south. How does the way this particular war affected community in the global south understand and approach suffering and assess humanitarian responses, link to broader fields and trends in academia, policy and practice and what implications does this have more globally? This section of the chapter focuses on these implications by examining the contributions of this study to the gaps in academia as well as the contributions to new knowledge in the field.

12.4.1 Addressing gaps in academia

In commencing this research and developing my proposal, the initial review of literature already highlighted some key gaps in academia. Where different authors debated, agreed and disagreed on different aspects of mental health in the humanitarian setting, there was almost unanimous agreement at the need to address certain gaps of limited research in the field (White et al, 2017; Brown, 2014; Sritharan and Sritharan, 2014; Doucet and Rovers, 2010; Miller, 2009; Summerfield, 2008; Musisi, 2004; Bracken and Petty, 1998; Good, 1997; Bush 1996). Good (1997), for example, expresses the importance of the need for research to be 'intensely local', though appreciating the global and macro social elements. These gaps include the limited research in this field from Non-Western settings (Musisi, 2004) as well as the lack of understanding of alternative approaches to addressing mental suffering in post war settings. In particular the lack of understanding of the use of spiritual approaches to suffering was also highlighted. In conducting my more profound literature review as I started my research, not only was the lack of literature and studies in this general field, as described in the literature review chapter, already an indication of the gaps, but the gaps highlighted above were further reinforced. There were also some other gaps that arose that will be discussed in the following paragraphs.

Before addressing the question of the 'researched', one of the primary gaps that I noticed in this field related to the 'researcher'. The vast majority of literature and studies available for me to review, within the existing academic parameters of this PhD, and on this subject, were written and conducted by researchers from the global north. I will not make the mistake neither of assuming that all researchers from the West, researching Non-Western settings are not able to adequately represent the local research subjects, nor of considering that all African researchers will effectively represent African populations they are researching. One of the clear challenges of research is the depth and reach of the European or North American frameworks mean that Eurocentric research is not only conducted by Europeans, which would be understandable, but also Non-Westerners (Jayawickrama, 2008; Fanon, 1986). Nonetheless, in the same way that the gap mentioned above regarding the lack of research on Non-Western populations is given significance, the gap related to the lack of available research on the subject by Africans that I have noticed, should also be considered equally important. At its simplest this is an issue of increasing the diversity of perspectives, thought and opinions, one of the key foundations of academic study.

Thus, it is important to note that while the part of my identity that is African was not something I could change, alter or choose as regarding the research; in the field of academia it is rare. I may not be able to argue the difference it makes, but purely from the perspective of diversity, it should be noted that the studies by Africans on Africa, and on this particular subject are rare. Proponents of indigenous methodology also place importance on this factor (Owusu-Ansah and Mjie, 2013). This is even more so coming from a woman. I am an African researcher who has been working in Africa for the past 20 years, studying a community in an African setting, and further, one in which I am very familiar with. My levels of cultural understanding were therefore significant.

One of the key reasons why the gap in research in Non-Western settings regarding mental health, particularly in the humanitarian sector, is considered so important is that there is limited research that then actually presents the voices of the research participants (Bryman, 2016; Porsanger, 2004; Martin, 2003; Straus and Corbin, 1994). I have addressed this gap in several ways in my methodology, but this is even reflected in the structure of my thesis. Firstly, in chapters six to eleven, the presentation of results and discussion, I try as much as possible to provide direct representative and illustrative comments from the community members I spoke to. Secondly, the structure of the thesis and my research places a large

emphasis on the methodology. This is clear by the fact that there are two methodology chapters; chapter four and five. The methodology used gave importance to all the aspects around ensuring that my relationship with the community members I was interviewing, the respect of the community's views and knowledge and the lack of anticipation or planning of the results were all central to ensuring the research is genuinely based on what the community members were saying, experiencing and feeling.

Finally, working in such a manner was only possible using qualitative methodology (Bhattaterjee, 2012; Bricki and Green, 2012). The ethnographic method I chose to use described in chapter four, fostered an attention to both the role and place of the researcher and the voices of those taking part in the study (Bryman, 2016; Bhattaterjee, 2012; Porsanger, 2004; Martin, 2003; Willis and Trondman, 2000). The influences I also borrowed from indigenous methodology further placed the research in the global power dynamics that acknowledge the unjustified lack of value given to 'indigenous' knowledge, providing guidelines to ensure such imbalances are addressed (Hutchinson et al 2014; Owus-Ansah and Mjie, 2013; Porsanger, 2004; Martin, 2003).

It should also be noted that at the simplest level, qualitative methodology is also used much less in the field of health sciences, including mental health (Khankeh et al, 2015; Eakin and Mykhalovskiy, 2004). This gap is recognized within the medical field itself and was raised as a concern that was explored in seminars in 2019 within the Department of Health Sciences at the University of York where this research is situated. The lack of importance given to qualitative research seems misplaced when one considers, particularly for a subject such as mental health, that people do not live their lives and mental health challenges in the quantifiable terms of quantitative research (Nicolson, 1995). Their experiences are mostly subjective, not objective and 'scientific'. Their experiences are also not so predictable; one of the most predictable aspects of being human beings and living the human experience, being this lack of predictability. This study both addresses and contributes to reducing this knowledge gap.

Another significant gap in studies of mental health in complex emergencies are that the main focus is generally on the minority populations (Summerfield, 2012). For example there is much focus on trauma with ex-combatants or women who have experienced sexual violence (Stark, 2006; Honwana, 1997). Yet the majority of the population, more often the

main victims of the violence, displacement and other consequences of war, receive less attention. At the same time it is these type of studies on the minority that guide global humanitarian interventions for the majority of population, whom by the sector's own definition in policy such as the key humanitarian IASC guidelines (2007), explain are likely to recover naturally from any negative mental health impact from the crisis. This study is a response to this disparity and makes a contribution to addressing the needs of this majority section of the affected population. This further allows a focus on the critical questions of how and why it is that the majority of the affected population are actually able to address their mental health needs, and the implications that this has on related global humanitarian responses. This is in contrast to basing such interventions, at least in practice, on the less representative needs of a minority, who may need specialist care, but care that does not need to be applied to the wider group. The study allows for a focus on why the 95% of the affected populations have not developed PTSD or other mental health disorders, rather than why 5% have developed them¹⁷⁴.

Another gap highlighted by this study is that despite growing literature on the role of religion in coping with mental health suffering, there is minimal literature that explores how global humanitarian responses are applying or addressing this. If they do make attempts to address this, it is in a manner that is disproportionate to the significance of the issue locally. Humanitarian agencies often engage religious leaders to refer their followers to mental health interventions, which is not linking mental health and religion¹⁷⁵. The literature and humanitarian policy that make reference to religion in a disaster, or seems to understand its role in coping with mental health suffering in complex emergencies, often does so in reference to the promotion of religious or spiritual ceremonies that may be used for ritual cleansings (WHO and UNHCR, 2012; IASC, 2010). These generally relate to the minority number of the population that are victims of sexual violence or perpetrators of violence. They rarely address general religious faith or spirituality, particularly as an individual practice, in a comprehensive manner. It is also rare to see discussions on how the humanitarian approaches hinder reliance on religion as a method of addressing mental health. More specifically, they also do not engage with the question of what the effectiveness of such approaches means in relation to the more global humanitarian responses on mental health (UNHCR, 2013, WHO and UNHCR, 2012; IASC, 2010).

¹⁷⁴ These figures come from the IASC guidelines themselves (2007).

¹⁷⁵ Information shared directly by my PhD supervisor, Janaka Jayawickrama based on his experience and literature review (October, 2019)

Unlike the main gaps identified above, this gap regarding the linkages of spirituality with humanitarian intervention is not raised repeatedly in literature. However, based on my fieldwork results discussed in chapter nine, highlighting the importance of religion as an approach to suffering, and aspects of the subject discussed in the literature review, chapter three, this gap is one that is striking. There are two main points that this study highlights. The first, discussed in chapter nine, is that there is a gap in the field of exploring the positive impact of religion on coping with mental health challenges, from the perspective of the advances in science, notably quantum physics, where the possibility of the impacts of spirituality is considered both realistic and scientific.

The second, addressed in discussions in both chapter nine and eleven, is that the body of literature in the medical sciences, notably dealing with mental health and wellbeing, that essentially agrees on the value of religious coping, (even if there are debates on how and why this may be effective) is not linked with, or taken into account in a significant manner within the global guidelines on mental health responses. Even if there were no consensus, or lack of clarity as to how to address it; considering the value of spirituality in the cultural contexts where these humanitarian initiatives take place, and its centrality in Non-Western healing systems, it would seem important to address this in a more substantial manner. This study, in addressing this question, gives this particular issue, within the humanitarian context, additional emphasis.

12.4.2 Contributing to new knowledge

Beyond the gaps in research and academia highlighted above there are other areas where theory and practice, and general reflection and attention to certain issues are fledgling. It is hard to argue that knowledge is completely new, there are however moments in time that examining and critically reflecting on old problems in new ways, or from different angles and perspectives, due to the shifts it requires, can be constituted as new knowledge. Indeed, it is difficult to examine every type of literature in every language. This makes it challenging to take full attribution for new knowledge, for developing ideas further or making linkages between subject matter and themes that have rarely been linked. At the same time, and in as far as available in English thinking and academic practice on the subject of global humanitarian responses on mental health, there is a certainty with which it can be said that this study makes at the very least, an important contribution to new knowledge.

As described in the section above, this study demonstrates that it has addressed several of the major gaps in research and knowledge in this area of study. These gaps can be summarised as:

- a) Limited knowledge from the local level in the global south representing communities voices and approaches to war related suffering;
- b) Limited knowledge on the key concepts of linking spirituality, advances in science reflected in alternative and integrative medicine with community approaches to war related suffering and;
- c) Limited knowledge on perspectives of majority populations.

The key contributions to knowledge and research of this thesis will be explored in detail in the following paragraphs. They can be summarised as follows:

- Emphasising the methodology and approach to engaging with war affected communities in the global south as vital in this field of mental health in humanitarian contexts.
- Adding to the body of challenges and critiques to global humanitarian policy and practice on mental health in emergencies in global south i.e. the overestimation of the importance of physical over mental suffering, the cultural biases underpinning global approaches, and the significance of the disjuncture between community understandings and approaches to suffering of war and that of the global humanitarian community.
- Adding to the limited body of research that examines community perspectives on suffering in complex humanitarian emergencies.
- Demonstrating the importance of proper value and understanding of approaches to mental health of communities in the global south, and the existence of elements of scientific advances that support such Non-Western approaches.
- Illustrating that despite apparent advances in the approach of the global humanitarian responses to mental health, they have not sufficiently responded to key critiques that would ensure adequate and effective support to war affected communities in the global south, and that therefore, the levels of change necessary are greatly significant, needing transformation rather than simple change.

Reflecting the appreciation of the general and mental health value of addressing physical suffering in practice: The current global humanitarian approach to mental health reflected in policy and practice takes into consideration that addressing socio-economic and cultural aspects of affected communities is necessary for mental health recovery (WHO and UNHCR, 2012; IASC, 2007). There is less of a focus on programming that solely addresses mental health issues, notably considered as trauma (Clancy, 2008). The idea is that addressing the socio-economic needs, which are pressing, will then allow the mental health needs to emerge and allow people to then be able to address these needs.

This study contributes to the knowledge that challenges this approach on several levels. Firstly, research reviewed in the literature review, chapter three, and the discussions on community's approaches to suffering and experience of intervention in chapters nine and eleven respectively, indicates that humanitarian responses need to start questioning the default assumption that affected communities give less importance to addressing mental suffering simply because of a delayed reaction due to their prioritisation of physical needs or some sort of cultural stigma on mental health problems. This case study in Bauya, as well as other studies examined, suggests that at least in Non-Western emergency contexts, much of the reason for the mental suffering is mostly about the lack of ability to meet physical needs and responsibilities to address physical needs of dependents. It is not necessarily about exposure to death and violence. Even with the passing of time, reflection on main causes of mental health suffering was still related to these physical causes rather than the experience of violence and death itself.

Secondly, discussions of the community's understanding and approach to suffering in chapters seven and nine respectively, as well as in the literature review chapter three, illustrate that particularly in Non-Western settings, the concept of health and wellbeing itself is holistic. In this context, the linkages between mind, body and spirit are not a new finding being explored, but the way of being and understanding the functioning of the human being and its links with its natural and unnatural environment. Making this link to the global humanitarian sector is a new contribution. This study indicates that even the separation of mental and physical in many ways is not natural to the people living the consequences of natural and complex emergencies. Human lives cannot be dissected into the convenient sectors and sections that may be best suited to humanitarian responses.

This issue is discussed in detail in chapter three, the literature review and chapter seven and nine which discussed the community's understanding and approaches to suffering. The knowledge on Non-Western cosmology and healing traditions explored in the study such as more general African cosmology and healing systems, Hawaiian Huna, Ayurveda, Chinese medicine and Curandero from Latin and South America, reflected approaches to and understanding of suffering also found in the research setting of Bauya, that underscored the links between the physical and mental.

Another critical contribution to knowledge regarding the value of addressing economic suffering, is that when people receive support for their economic and more physical suffering, even with less strong socio-cultural fabric, they feel able to use their own and community resources to cope with the psychological problems. This is most strongly emphasised directly by community members as they express their thoughts on humanitarian responses presented in chapter ten. In the discussion on humanitarian responses in chapter eleven, as well as the discussion on community approaches to suffering in chapter nine this idea is linked with more global studies that illustrated similar findings. This study also illustrated that it is possible that this is not even primarily due to strengthened social relations that adequately addresses suffering, but spirituality and religion. Going even further, this study indicates that in many contexts in the global south it is not simply the social aspect of religion that is necessary for addressing mental suffering, but the individual faith.

Similarly, and often related to faith, but also having cultural linkages, the attitudes to suffering are critical in coping with psychological suffering. The key difference this study illustrates is that affected communities in Non-Western settings often see suffering as a normal part of life, further their attitudes of acceptance, attitudes of gratitude and their ability to look for hope and optimism, focusing on the positive, are approaches increasingly being proven to effectively address mental suffering. Many of the existing studies that explore the role of positive attitude on wellbeing are primarily with Western audiences. The study in Bauya contributes to this gap, by providing findings from a setting in the global south, the type of contexts that experience the majority of complex emergencies.

This new knowledge also indicates questions that it would be valuable to investigate for further research. This is just one study, and several more studies, particularly in contexts of

the global south, will be needed to give further credibility to some of the findings. The issues above identify the need for further research that can compare whether psychosocial programming and responses have more positive impact on affected communities' mental health compared to usual development or relief responses, the simple passing of time and community's own approaches.

Adequately valuing existing appropriate and effective approaches to mental wellbeing in Non-Western emergency settings: Certainly, all knowledge around mental health and wellbeing that is Non-Western is not valid, there will be questions, problems and issues like with any knowledge system (Eytan et al., 2014). The lack of value this is given globally, however, is not simply due to incongruous elements. It is indeed not necessarily new knowledge to make arguments about the disproportionate importance given to Western scientific thought as the basis guiding global humanitarian interventions on mental health. There are leading thinkers such as Jayawickrama (2018, 2017, 2014, 2010, 2008), Summerfield (2012, 2008, 2000) and Bracken and Petty (1998) and that have been making this argument for over a decade at least. Their challenges have continued to be seen as the view of a minority and this study is useful in that it contributes further to questioning the validity of allocating such challenges to global humanitarian responses on mental health to the margins, as well as adding to this new knowledge.

The contribution to new knowledge of this study is more clearly found in the deeper exploration of examples of Non-Western approaches to health and wellbeing, including mental health, and drawing out the contradictions with current global humanitarian responses. Current policy underpinning such responses implies that they have adapted to take local social and cultural contexts into account. This study questions whether these changes are translated into practice, and even questions the validity of the underlying concepts. In addition, the literature review of this study, chapter three, as well as the discussion of findings on approaches to humanitarian suffering and views on humanitarian responses found in chapter nine and eleven, explore the fact that challenges currently facing mainstream Western science are to a large extent greatly influenced by culture and politics. The discussions address the implications of the fact that Western science changes and has shifting paradigms, and links this with the advances in this same Western science that by its own definitions understand the 'scientific' value of Non-Western approaches to health and healing. Apart from addressing the simple mind body duality gap, which some parts of

Western medicine are starting to accept may not exist, this study makes a particular contribution to knowledge by emphasising the growing validity given within 'science' to the spiritual approaches and thus the mind, body, spirit holism that generally informs Non-Western understanding of illness and healing. While there is experimental development in this area in the field of peacebuilding, the humanitarian field is not attempting to make these linkages.

This study is not attempting to draw conclusive elements about all complex emergencies in Non-Western settings. What is being highlighted is that this significant aspect of how people understand their suffering, and how they approach this-through spirituality- which they considered both effective and relevant, needs much more attention in global humanitarian responses than it is currently being given. The study is illustrating that in interactions with affected communities there needs to be an openness in assessing their understanding of the problem and solution to their mental suffering, that would allow for a legitimacy of responses that involve elements of spirituality if this is indicated. As such, this study contributes to new knowledge that includes critiques of materialist scientific paradigm, which includes advances in neuroscience and quantum sciences and the understanding of the value of religious coping.

Also highlighted are questions that need further research. Notably, how much importance would mental suffering be given if communities in the global south were not directed or specifically asked to respond to such a question by international organisations developing global humanitarian responses on mental health. Understanding the place of mental suffering within its socio-cultural contexts still needs further exploration. It is important to note that this excludes the minority who unquestionably, even from local perspectives, may be dealing with extreme emotional and psychological suffering due to their war-related experiences. As well as further research on a community's own understanding and approaches to suffering from Non-Western contexts, further research, conducted in a respectful and sensitive manner, on the aspect of spiritual approaches used to address mental suffering in such contexts, would be very valuable. Also important is a deeper understanding of whether there is actually even a role for global humanitarian interventions in the context of mental health in settings where the understanding and approach to suffering is to some extent contradictory and non-compatible with even the 'evolved' humanitarian policy and practice.

Levels of change necessary in the global humanitarian interventions on mental health: That there have been multiple international and academic calls for changes in the global humanitarian system, and major general criticisms is not necessarily new knowledge. Neither is it new that global humanitarian responses on mental health in emergency settings, especially the trauma focused ones, have been subject to wide criticism. In the discussions of the community's understanding and approaches to suffering in chapters seven and nine, the disconnection between their perspective and certain policy and practice of global humanitarian responses is illustrated. This contributes to the more direct demonstration in the discussion on views of humanitarian responses in chapter eleven, of the implications of these different views. Equally illustrated was a failure to translate community perspectives into practice in instances where they corresponded with global humanitarian policy.

This study also contributes to this existing knowledge, but its contribution to new knowledge is more closely related to the more limited voices that are advocating for more radical change of the system. It adds to voices like those of Jayawickrama (2018), Roesdahl and Varughese (2017) and Illich (1975), which call for a total reinterpretation of what collaboration between the 'local' and the 'global' should look like. The advocacy is for a need for a change in relationships that involves respect and reciprocity, and an equal value of what can be learned and shared by both affected communities and humanitarian organisations and actors.

This study also contributes to new knowledge regarding the intrinsic value of respecting local knowledge systems as a precursor. Going beyond the work on indigenous methodology described in chapter four, this study applies questions of respecting local knowledge specifically to approaches of developing policy and implementing programs within the global humanitarian sector on mental health interventions. This respect does not mean blindly accepting everything local as right, but it does mean starting with the premise that adults in the global south have their own understanding of what approaches work for them in their particular socio-cultural setting, and that the approaches that are appropriate should be considered as the foundation for any discussion on how communities should be helped. This study makes links to the way global knowledge is understood, and the default

settings of what knowledge is valued, to illustrate the need for change in the humanitarian system.

Part of the contribution to new knowledge is the depth of change that this study demonstrates may be needed with global humanitarian responses on mental health, especially in the global south. The findings of the study in general, but particularly those regarding humanitarian responses discussed in chapter eleven, suggests that in order for real impact to be felt by communities, and for their mental health needs to be met, then these interventions at policy and practice level don't just need to change, but they need to transform. This transformation may require an acceptance of the fact that the communities may not have mental health needs per se. As such this transformation requires a more radical and profound shift. One way to illustrate this is with the commonly used saying in the field of international development that the more sustainable and better way to do development is to ensure the people affected are given the skills and capacities to do so. It is often reflected in the regular used saying in foreign aid and international development field that is often attributed to Chinese philosopher Confucius (551 – 479 BC) that, 'Give a man a fish and he will eat for a day. Teach a man how to fish and you feed him for a lifetime.' This is widely used and accepted saying within the global humanitarian and development fields in general.

What this study demonstrates in the presentation and discussion of community's perspectives on external humanitarian responses, however, is that, particularly in the case of global mental health interventions in emergency settings, humanitarian actors are teaching fishing skills to people who already know how to fish. The key issue here, in my opinion, is simply that the global humanitarian sector does not agree with the existing method of 'fishing'. This is regardless of whether the community's own methods address their needs or not. Moreover, even where the global humanitarian sector does understand that the affected community's own methods address the community's needs, they still continue to teach other methods. This is generally because the humanitarian sector does not understand why and how it is possible that the community's method of fishing works. This attitude speaks to the question of whose knowledge has value, to the question of power and to the lack of integration of the significant scientific advances that are being made in the field of health and healing.

Further, this approach of ignoring the value of existing capacities, certainly in practice, even if some policy elements speak to valuing local capacity, further insufficiently engages with a critical element of approaches to mental health. This is discussed extensively in chapter three in the review of literature as well as in the discussion chapters nine and eleven that discuss the community's approaches to suffering and perspective on external humanitarian responses. In this case as it relates particularly to contexts in the global south, spiritual elements are ignored. In chapters nine and eleven specifically, the study makes an additional contribution to new knowledge because it highlights that a system, that at its fundament is built on the kind of secularism that is unable to engage with highly religious and spiritual communities affected by war, is grossly inadequate to effectively deal with their mental health issues, not least because they are generally not viewed the same way from the start. Thus, this provides a further indicator that the level of change that is necessary is transformational, because it means the humanitarian system, the part that responds to mental health, will need to change the system itself.

The nature of gathering basic information to understand the context and problem, the basis of the relational aspects of interactions with affected communities-working with genuine humility and respect, the inclusion of questions that may render the interventions redundant, are all factors that would need changing. This adds up to a profound transformation. The findings of this study suggest that logically, unless this level of change is made, the system will remain fundamentally flawed, not so much a problem in itself, but a fairly large problem when affected communities have non psychological needs that they do feel can be met by the same system. Resources of all kinds could be better directed for stronger impact that actually makes a difference to the lives of the people affected by the uncertainty and violence that often accompanies war.

12.5 Conclusion

This chapter highlighted the key findings from this research study. In essence the chapter discussed the responses and key elements addressing the main research question, 'How do war affected communities deal with the suffering presented by war?' The chapter drew together the key findings and conclusions from the responses from community members and literature reviewed for this study to respond to the three sub-questions of the research that provided detailed responses to the main research question.

Considering one of the key aims of this study was to make contributions to academia, policy and practice regarding global humanitarian interventions on mental health, the chapter also examined the way in which the research findings could achieve this. The way this study contributes to existing gaps in research as well as how it contributes to new knowledge on the subject was also discussed. The following conclusion chapter will address some of the key areas of focus necessary in order to ensure that the findings from the study are able to add to debates and sharing of knowledge that would contribute to reflections on current global humanitarian responses and the need for their transformation. Possible avenues that can be taken to ensure this type of debate enters policy and is able to translate subsequently to changes in practice, in order to ultimately ensure that those affected by violence, war and disaster, will also be addressed.

Chapter Thirteen

Grasping Grace, Humility and Compassion (Conclusion)

'The foundation of the discussion should be acceptance of the fact that when external humanitarian agencies enter a community that is in crisis, they have much to learn from the affected populations. The agencies must accept with humility that the things they will learn may not be found in a standard textbook, article, research report, book, or PowerPoint presentation. Embracing this opportunity to learn will contribute to the elimination of the intellectual elitism found in many researchers and humanitarian workers who believe that their degrees or titles of "expert" allow them to discredit the knowledge of the very population they are meant to serve.'

Dr Janaka Jayawickrama, (2018, p.16). He is an Associate Professor on community wellbeing at the University of York in the UK and at the forefront of critics addressing the challenges within global humanitarian responses to mental health.

13.0 Introduction: Moving towards transformation

The purpose of this PhD thesis was to better comprehend a community's own understanding and approach to their war related suffering, and the implications this consequently has on global humanitarian responses on mental health in complex emergencies in the global south. The study used suffering as its framing concept to interrogate these community understandings and approaches as well as their broader implications. It employed a methodological and conceptual approach that used the broader term 'suffering' as a means of avoiding several of the pitfalls of using the more typically used term in this field of 'trauma'. The details of such pitfalls are described in chapter twelve, and highlight how these research decisions allowed for some of the key findings to emerge, notably the ones that are more innovative and serve as contributions to new knowledge.

Using ethnographic methodology and borrowing from indigenous methodology the Bauya community's understanding and approaches to their war-related suffering, as well as their perspectives on existing and ideal humanitarian responses were explored. This methodological approach as well as the conceptual one to frame the research in the context of 'suffering' rather than 'trauma', in the preceding paragraph, facilitated findings that were more valuable for academic, policy and practice knowledge in this field. In this context, the understanding and approaches to 'mental' suffering highlighted fundamental differences

with both policy and practice underpinning key global humanitarian responses on mental health. This raises fundamental questions about the adequacy of current global humanitarian responses in the global south for ensuring that the needs, notably regarding mental health, of communities affected by complex emergencies, are effectively met.

This PhD research process found that there is some evidence that the debates in academia, policy guidelines of leading international humanitarian organisations, and field practices have made attempts to adapt and address some of the critiques questioning their level of impact and appropriateness on affected community's mental health. However, findings from this study also demonstrate that such changes are not profound enough to address the key and fundamental disjuncture between communities from global south contexts own concepts and approaches to their mental health and wellbeing, and understandings of appropriate and effective external support and those of the global humanitarian sector. Further, this PhD process provides evidence that global humanitarian policy and practice on mental health, notably in the global south, is not sufficiently engaging with advances in science as well as studies on the role of religion in on health, that suggest that Non-Western concepts on healing and wellbeing, are 'scientifically' valid and effective. Finally, the study found that the level of change needed within the global humanitarian system with regards to its response on mental health is profound, thus needs to be a transformation.

13.1 New knowledge generated and how it relates to gaps in knowledge identified

As described in the section above, this study demonstrates that it has addressed several major gaps in research and knowledge in this area of study. These gaps can be summarised as; limited knowledge from the local level in the global south representing communities voices and approaches to war related suffering; limited knowledge on the key concepts of linking spirituality, advances in science reflected in alternative and integrative medicine with community approaches to war related suffering, and limited knowledge on perspectives of majority populations.

In addressing these gaps, and going beyond, this thesis contributed to new knowledge through a) practically emphasising the importance of methodology and approach to engaging with war affected communities in the global south in this field of mental health in humanitarian contexts, b) adding to the body of challenges and critiques to global humanitarian policy and practice on mental health in emergencies in global south, c) adding

to the limited body of research that examines community perspectives on suffering in complex humanitarian emergencies, d) demonstrating the importance of proper value and understanding of approaches to mental health of communities in the global south, and the existence of elements of scientific advances that support such Non-Western approaches, e) Illustrating that the global humanitarian responses to mental health have not responded to key critiques and therefore, the levels of change necessary are greatly significant, needing transformation rather than simple change.

13.2 Limitations of the study and suggested next research steps

13.2.1 Limitations of the study

There are several limitations to this study that I have highlighted below. For some of them, if I had the opportunity to do the research again I would do it differently, however, for some of the limitations I would not change the research. In the latter cases they often point to possibilities for new research, which are highlighted in the next section.

Some limitations of this research study are as follows:

Evaluation: Although I had internal evaluation through the academic structures in place at York University, I did not receive formal external evaluation from academics and practitioners due to the fact that I did not publish my work or present it in conferences.

Language: I made a methodological choice to work in the local lingua franca of Krio which I could speak and did not require an interpreter. However, it is possible that results of understandings of suffering would have been richer or more nuanced if other local languages were used.

Limited data: While one of the innovations of this research relates to addressing numerous gaps, those same gaps in a way act as a limitation to the research due to limited information. The limited studies reflecting perspectives of people from the global south on mental health in humanitarian settings, and limited documented information on African and Sierra Leonean approaches to mental health, particularly in the context of this research as well as the limited academic studies from the humanitarian sector was a limitation in terms of data to which I had access.

Comparability: The study offers possibilities for generalising within similar contexts, but not so much for comparability. Conducting multiple site case studies (including urban settings), within Sierra Leone, in West Africa or even beyond, would have helped strengthen the research findings.

Complexity: This is another element that simultaneously contributes to the innovation of this research as well as its limitations. Bringing together fields of mental health in the humanitarian sector, Non-Western healing, colonialism and advances in science as well as addressing policy, practice and academia; made the research 'messy' from an academic standpoint.

Insufficient resources (time and money): I made three separate visits to the field research site that spanned over the period of one year for various reasons explained in the methodology chapter. In an ideal situation these trips would have been combined as one extended stay in the field. My personal and professional commitments did not allow this. The limitations above regarding comparability were also strongly based on the availability of resources of time, but also finances.

13.2.2 Suggested next research steps

Examining suffering within specific groups: While the research findings suggested very few major differences between the way different groups in the community suffered, there were indications of interesting differences within one group. Research participants that had experiences with the key fighting forces in the war showed nuances that would be interesting to examine further. Those with experiences fighting with the 'legitimate' fighting forces and who made conscious choices to join illustrated different experiences with suffering compared to the civilian population.

Focus on faith and spirituality in the context of war related suffering: While the research inquiry highlighted the role that faith and spirituality had in war related suffering, the findings demonstrated that this role was fairly critical. There would be value in future research providing more focused attention on examining the role of faith and spirituality in addressing war related suffering. As important as deepening inquiry into the role of mainstream religions such as Islam and Christianity, the limited reference to African religious practices could also be interesting to further explore. This future research would be of value

both in the same community as well as other contexts in the country or other similar contexts in Sub-Saharan Africa.

Exploring war related suffering in local languages: The findings indicated the individual and subjective nature of suffering even when using the lingua franca of Krio. Exploring understandings and approaches to war related suffering in the most common local language of Mende in Bauya could provide some interesting insights to the community's understanding and approaches to suffering. Of further interest would be to see whether, particularly in the same community, these understandings were different in comparison to those who expressed their perspectives in Krio. A similar examination and comparison could be studied in different parts of the countries where other local languages are dominant.

Generalising to other similar contexts: While the research methodology and conceptual framework provide opportunities for generalising, this will always be more compelling when explored in actual contexts. There are opportunities for future research in similar contexts in multiple sites in Sierra Leone, but also in similar contexts in Sub-Saharan Africa. This would allow for further validation of the research methodology as well as opportunities for improvement. However strong possibilities of generalisability are, having more results from different case studies will always improve the validity of findings.

Comparing similar and different contexts and themes: From academic, policy and practice perspectives there would be a value in understanding mental health in complex humanitarian emergencies from a comparative perspective. There would be much opportunity for learning and improvement of policies and practice. The research indicated several possible avenues for comparative studies in the future. Apart from those related to language mentioned above, current research was set in rural areas. In such cases, for example there was lack of choice of food and lack of preferred food, but food was available. This, amongst other things indicates possible differences in findings, which could be instructive in developing humanitarian responses to support affected communities.

In order to gain as much knowledge as possible regarding understandings and approaches of communities to war related suffering and how this can guide global humanitarian responses there would also be value in further research that explored what this means in similar conflict contexts in Sub-Saharan Africa. At the same time, testing the research methodology

and conceptual framework in contexts where the type of conflict was different i.e. religious or ethnic based, could also provide interesting results. Comparisons between war related suffering in different countries of the global south could also prove interesting. Also, possible to consider comparing if data allowed, is to compare results between countries in the global south and the global north.

Possibilities for quantitative research: If resources were of no issue, repeating the research in multiple sites may be able to create sufficient data for quantitative studies. Although these may not provide the same information as the qualitative studies, they could provide other valuable insights for the field at policy, practice and academic levels.

The section below provides recommendations from this thesis and suggests future research avenues.

13.3 Some Practical Recommendations: Making the research impact policy and practice

As I explained in chapter two which is the background chapter, the drive and impetus behind conducting this research were deeply rooted in a long professional experience where I was exposed to communities in Sub-Saharan Africa affected by war. While I worked on various issues related to peacebuilding, I was often in humanitarian contexts and increasingly was directly involved with international organisations that had large humanitarian programs. Some of the challenges I observed, facing affected individuals and communities in complex emergency settings, especially with regards to mental health, and some of the challenges I noticed with humanitarian organisations trying to address these challenges, led me to explore how I could contribute to finding a response to these challenges. Ultimately, the aim of my undertaking this study is so that it can have some sort of impact on the lives of the people most greatly affected by conflict. It is to have an impact on the practice of global humanitarian responses on mental health. To have a sustainable and effective impact on this practice, I believe, needed to start with having an impact on academia and policy in this field.

All these useful and important findings from this study at the level of theory remain insignificant for me if I am unable to somehow translate this into making some contribution to the necessary changes in the way global humanitarian responses on mental health in the global south are both conceived of and implemented. This starts with contributing to a

dialogue and influencing thinking, as well as to the needed debate on the subject. This debate does not need to be within the midst of those who are already debating, it needs to cross the academic and practice divides. It also needs to be translated into a language that is inclusive enough to allow both academics and practitioners to engage. Similarly scientists and practitioners in the humanitarian sector need to be talking across that sectorial divide, and the encouragement of exchange and debate between sectors of humanitarian, peacebuilding and development field needs to continue. The central focus of all this debate and exchange needs to keep in mind the ultimate goal of having a positive impact on the lives of people affected by war, violence and disasters, and not just remain an exercise in academic and scientific intellectual gratification.

As such, the debates and exchanges need to be stretched beyond some of the existing boundaries, and can bring in some of the ideas described above, contributing to new knowledge and gaps in academia.

These gaps in research addressed focus primarily on limited knowledge from the local level in the global south representing communities voices and approaches to war related suffering from the majority civilian populations, as well as on the importance of key concepts such as spirituality and advances in science reflected in integrative and alternative medicine to such approaches. In addressing these gaps this study's contributions to new knowledge includes the emphasis on the methodology and approach to engaging with war affected communities in the global south, additions the body of critiques to global humanitarian policy and practice on mental health in emergencies in global, demonstration of the importance of proper value and understanding of local approaches, and the need for significant transformation of the global humanitarian response to mental health.

In this light, necessary expansion of debates and exchanges is an engagement that needs to occur on multiple levels; academics working in these contexts and on this theme in institutions in both the global north and south, affected communities, international NGO practitioners and policy makers, and emergency affected as well as donor governments. It is a deep conversation, and not a simple one. I believe that the findings in this study if put to use in this way, may not single handedly change things for the better, but could make an important contribution to this change. This is not simply a wish. I am already evidence of someone who crosses the divides I believe need bridging. Considering that I currently

engage at this level with some large international humanitarian organisations, and am already involved in some global reflections around transforming the international peacebuilding system, the links, networks and connections are there to be leveraged.

13.3.1 Practical recommendations based on thesis findings

The various findings from the thesis highlight the need for some action at the level of policy, practice and academia related broadly to the subject of global humanitarian responses to mental health in the global south. The following are recommendations that are discussed in more detail below:

1. Strengthen/build capacity of all actors engaged in the field to reflect and incorporate revised concepts of mental health in emergency settings in academia, policy and practice.
2. Engage policy makers, practitioners and academics in discussions and research around the role of spirituality in global humanitarian policy and responses on mental health.
3. Encourage reflection and debate on the need to revise methodology of engaging with affected communities on the question of mental health interventions they need.
4. Encourage deep reflection in the humanitarian sector focusing on mental health regarding the limits of such interventions.
5. Support the need for more research in the broader field on mental health and wellbeing in contexts in the global south and implications for humanitarian sector mental health responses in emergency settings.

1. Strengthen/build capacity of all actors engaged in the field to reflect and incorporate revised concepts of mental health in emergency settings in academia, policy and practice

There are too many studies; too much information, and too many evaluations that exist, which suggest that the current basis for global mental health responses in complex emergencies is not sound. At the very least these debates and questions need to be known and engaged with, and the element of lack of certainty in knowledge being put forward as fact, made clear. The different perspectives, challenges to the status quo, understanding of different concepts and understanding of healing and suffering, and their value, need to be integrated in global humanitarian frameworks on mental health. This may be more useful in helping those engaging with affected communities in understanding that their way, the global humanitarian way, is just one way that may or may not be relevant to the people they

are working with. This is as valid for the psychosocial approach as it is for the trauma-focused approach, despite one perhaps being considered as a positive evolution.

Simply acknowledging the challenge of capacity of staff implementing global mental health interventions in complex emergencies in various evaluations is not enough to make a difference to those negatively affected by the interventions. The seriousness of this weakness needs to be sufficiently acknowledged and properly addressed. What does it mean that the majority of people implementing programs on mental health in emergency settings, particularly in the global south, do not have the skills and knowledge to do so? It is highly significant when we consider the nature of the problem being addressed. Staff of humanitarian agencies may not even be knowledgeable about their organisation's policy on mental health let alone the academic and policy debates that may indicate that such policies are flawed. The solution to that is not only training, but also lies in changing a system that functions in a certain way and which burdens staff in a particular way.

The international community is always talking about capacity building for 'locals'. In this case a serious look needs to be taken at the capacity building of international organizations and staff so they can appropriately engage with this issue. These debates and questions are the types of issues that need to be part of training for humanitarian workers whether it is at level of academia, or through whichever staff training and induction processes staff go through at field or implementation level. They also need to be part of the training for those working in governments both in the affected countries as well as those making up the financing. Where it is less easy to build capacity, however, is the aspects of qualities such as respect and humility that are needed in some of the calls for change in the nature of collaboration between affected communities and those involved in global humanitarian responses on mental health. But while these cannot be taught, drawing attention to their importance and perhaps reframing the methodology of intervention with these issues as key, may eventually have an impact on the nature, usefulness and appropriateness of interventions.

2. Engage policy makers, practitioners and academics in discussions and research around the role of spirituality in global humanitarian policy and responses on mental health

Beyond the role of spiritual cleansing ceremonies and the social role of religion, there is still limited attention that goes to the role of spirituality in mental health and wellbeing in

complex emergencies, particularly in the global south. The role of spirituality for communities where this is central to their wellbeing and healing systems cannot be one left to the periphery and within the margins of the margins of academic discussions. To ignore something that is so central to the community being affected, because an organisation is secular or even religious but from a certain standpoint, is a gross omission of a critical part of the understanding of suffering and particularly suffering of a mental nature. It does not seem logical to ignore this aspect. Neither does it seem credible that global humanitarian interventions can ignore the advances in quantum sciences or neuroscience that discuss the impact of spirituality on health and wellbeing broadly, and more specifically mental health, nor the less disputed studies on the use of religious coping in times of trauma.

Indeed, this will not be the case in all humanitarian settings in the global south, and addressing the necessary changes in methodology to understand problems will help clarify where this conceptual framework is applicable and the contexts where it is not. This issue of methodology is addressed in the section below. It is however, clear that the level of spirituality and religious faith in the global south is significant, this is an intrinsic part of being human and also an intrinsic part of dealing with human suffering, and consequently, wellbeing. Engagement with this issue is not about having a missionary role or promoting a religious way of addressing mental health, but understanding if the affected communities choose to do so, and being able to give this approach its rightful value.

What is critical, however, is that, in engaging in such debate, there are fundamental questions that need to be included. Some of the questions that the global humanitarian community engaging in mental health interventions should be asking are difficult. They should question the very existence of some of their programming and whether or not these mental health responses should be made obsolete in certain contexts. Because, ultimately, it is likely beyond the capability of the humanitarian sector to help communities promote attitudes of hope and forgiveness, or gratitude, or even stronger social bonds. Further, even if it was possible for the humanitarian community to do so, is it their role? Not everything needs to be a project, and that is the reality of giving people agency and respect. However, there are things that these same affected communities want from global humanitarian responses, areas where they do ask for help, where they do want projects and where they feel these initiatives have a value. It is just that is rarely regarding mental health. The global

humanitarian system needs to really ask itself some of these profound questions that may lead to a transformation. A necessary one.

3. Encourage reflection and debate on the need to revise methodology of engaging with affected communities on the question of mental health interventions they need

The methodology used in this study was chosen very carefully. Not simply the use of qualitative methodology, but also the elements of indigenous methodology used were very important. It was a way of practically demonstrating, what was also one of the key findings of the research study, the critical need to revise the methodology of engaging with affected communities. This relates to communities in the global south in general, and very specifically to the field of mental health. When a research study gives value to existing local knowledge, when questions are sufficiently open that they do not guide potential results, when engagement with research participants entails necessary elements of respect and humility, it can have a major impact on the results of the study.

Starting from the premise of a need to understand a community's own understanding of suffering, and not infusing this with assumptions about what knowledge is right or wrong or superior or inferior, greatly widens the framework for the discussion around appropriate responses. This needs to be the starting point. Using this starting point we are also taught the valuable lesson that even within larger categories such as 'African Cosmology' you will have African communities that in some instances do not follow the 'rules'. These are all critical factors in being able to design appropriate and effective interventions.

The global humanitarian system, particularly responding in mental health in complex emergencies in the global south, needs to review the methodology it is using to determine the basis for its responses. The project development, the surveys and questionnaires and the evaluations need some radical change in order to start with the correct base and foundation for intervening on complex matters. The manner in which questions are asked, and the actual questions asked, have a critical role in determining responses, and need to be given the necessary importance. Asking about mental health needs, based on frameworks developed from mental health concepts that may not be applicable, limits the framework for responses that necessarily generally remain within certain predetermined parameters. This may be conscious or not. This is where the key issues about the nature of collaboration between humanitarian actors and those affected by violent conflict and natural disaster

need interrogating with a view towards exploring what a quality relationship would involve. This is not a simple matter of morality and doing the right thing, but also a critical element in properly delivering services and meeting the basic aims of the humanitarian system's responses and underlying principles.

In addition, as the other necessary changes, this level of change necessitates a readiness to hear the type of points raised from the study in Bauya, that mental health interventions may not be needed, it is the physical humanitarian aid and relief that had more value, both for physical and mental suffering of the majority of the affected communities. It means the global humanitarian system needs to ask which help is useful and which help is not. When people value help with family tracing, relief, and income generation to address their suffering, including mental suffering, and they question the value of targeted mental health responses, what makes their analysis of the situation less valid than the policies of the global humanitarian system on mental health? It may or may not be the case, but this global system does need to engage with whether they have the right or role to come and 'save' the communities from the apparent scourge of mental trauma.

4. Encourage deep reflection in the humanitarian sector focusing on mental health regarding the limits of such interventions

The critiques of global humanitarian interventions on mental health are by no means something new. This is the crux of the matter. Why is it then that there are limited changes in the policy and implementation of programs on the ground? Why do evaluations of recent complex emergencies still highlight the same issues and problems? It is perhaps, because, the reflection about reform needs to be greater, wider and more profound, and the resulting changes in the humanitarian system need to be transformational. This reflection is not about eradicating humanitarian interventions in general, but of questioning the value of the mental health responses, and finding a way to perhaps have a stronger impact on the communities affected by war and disaster. One of the findings that were clear from this study was that humanitarian responses related to relief and development was considered essential, useful and necessary. This came from communities who were no longer experiencing the emergency, and who had the benefit of seventeen years of hindsight. Even their critiques illustrated a value for humanitarian responses of a more development and relief nature. They were about corruption and failures in the system that limited their

access to humanitarian services that they wanted and needed. They were giving a value to these services. However, this was not the same for the responses on mental health.

The debate of the value of trauma focused versus psychosocial programming is still on going in practice and academia even if in global humanitarian policy the trend has moved towards psychosocial programming. There has been some advance. The advances, however, are not seen as the challenges to the wider idea that mental suffering after a natural disaster or war, for the majority of the population, may not actually even need specific addressing. The challenges as to the colonial and imperialist nature of the global humanitarian responses on mental health, the power and value given to Western scientific knowledge over 'indigenous' knowledge and healing systems, the lack of importance given to local capacities and systems for addressing mental health; are also not being given the importance that they deserve considering the majority of interventions in the global south.

The reflection needs to advance considerably. This study indicates that much more exploration is needed of local communities understanding and approaches to suffering. As such, the question of religious or spiritual coping cannot be avoided if humanitarian responses on mental health are to be appropriate and relevant to their contexts...and by default effective. This then puts on the table some other difficult questions for the humanitarian system. Is it necessary to intervene when you are not needed? Is there really anything that a humanitarian response can do to strengthen someone's personal faith, to strengthen their hope and belief in a Divine power that gives them comfort? If the answer is yes, then it is clear that whatever the response is, it is not the type of responses that are currently being used be they trauma focused or psychosocial programmes. If the answer is no, then the deep question about whether there is value of having responses that address mental health needs to be addressed. Finally, there is another difficult question that challenges the nature and quality of global interventions on mental health. If natural recovery of mental health is related to factors like security, a return to normalcy, elements often linked to social and highly political issues that humanitarian institutions often have little control over, how necessary or effective can their responses addressing mental health be?

5. Support the need for more research in the broader field on mental health and wellbeing in contexts in the global south and implications for humanitarian sector mental health responses in emergency settings

The existing gaps, and calls for more research that my PhD study contributed to still exist if there is to be a stronger evidence base for some of the reform being called for in the global humanitarian responses to mental health. There is still more research needed from communities affected by emergencies in the global south as well as on the parts of the population that represents the majority experiences. In conflict settings in particular this means moving beyond focused interest on ex-combatants or victims of sexual violence, to the population affected more generally by the violence, danger and uncertainty of the conflict. Finally, particularly in contexts where programming will be developed, more qualitative research is still needed.

This study has also identified the need for some additional areas for research. Considering the findings regarding the use of religion as an approach to addressing suffering, and the high level of religious practice in the global south, more research on this subject would provide valuable insights to the field. In order to better understand the value of current conceptualisations and implementation of global responses to mental health in emergencies, more research is also needed as to whether psychosocial programming, has a significant impact on a community's mental health and wellbeing. Linked to this, this study has questioned whether regular development and relief programming may not have the same impact. There are a few studies in Asia pointing to this and more research in the global south will be helpful. Finally, critical will be more research exploring integrative and complimentary medicine, it's links to community's in the global south perspectives on mental health and wellbeing, and possible implications for related global humanitarian responses.

Until Crushed

*The fruit is the reality, the blossom it's form-
blossoms are the good news, fruit is the joy that comes.
When the blossom falls, you can see the fruit-
when the one diminishes, the other increases.*

*How should bread give strength until it is broken?
How should uncrushed grapes yield wine?
Unless the sweet cherry is crushed,
how will it become medicine?*

Jalal ad-Din Muhammad Rumi (p.95 in 2012 compilation by Kabir and Camille Helminski). Rumi was a 13th Century poet, theologian and mystic from Persia.

APPENDIX 1: Mariama Conteh CV

PROFILE: Highly experienced and dedicated **Mediation and Conflict Resolution Professional** with specialism in West Africa as well as extensive experience in wider Sub-Saharan Africa, very strong working French, and over 18 years practical experience working with a wide range of stakeholders/actors both in Africa, Europe and USA. With extensive work and travel experience of Sub-Saharan Africa, excellent cultural understanding and communication skills combined with, advisory, mediation and conflict transformation skills, strategic programme and project development and management, training and capacity building, social, political and conflict analysis as well as sound problem solving, fundraising and financial management skills.

EXPERTISE

- Conflict transformation and mediation, conflict analysis, political and social analysis in sub-Saharan Africa- special focus on West Africa
- Advise and design of dialogue and mediation support processes
- Mediation and mediation support through partnerships
- Integration of peace, justice and governance issues into development and emergency programming
- Training and Capacity building- inc. course development on mediation and conflict analysis
- Documentary photography and film making (for dialogue and on conflict issues inc. training films)
- Programme, financial and personnel management
- Strategic programme development, fundraising and partnership management

ACHIEVEMENTS

- *Mediated numerous cases* for the World Bank Group, including ongoing mediation of a case for IFC's Compliance Advisory Ombudsman (CAO) in Togo.
- *Managed and developed a wide range of partnerships* with a variety of stakeholders largely supporting dialogue. (Sub-regional, national and international levels- including Mali, Guinea Bissau).
- *Conducted assessments, consultations and investigations with key stakeholders in conflict contexts.* This included actors that perpetrated violence or caused instability as well as victims at all levels of society from government and international actors to civil society and community members in countries such as Sierra Leone, Guinea Bissau, Mali, Madagascar and Burundi. Similar work on company community conflicts in Togo and Ghana also conducted.
- Provided technical expertise to *development of mediation strategy* for intra-part political conflict in Sierra Leone and input into development of Mediation SOP for ECOWAS Mediation Facilitation Division
- *Effectively led team of 17 staff* members in post-conflict Sierra Leone through a process of strategic thinking

CAREER HISTORY

July 2016-ongoing Senior Advisor: Peacebuilding and Conflict transformation (independent consultant), Multiple International organizations and assignments¹⁷⁶

- Provide advice and analysis on peace and security issues in Sub-Saharan Africa
- Mediation and mediation and dialogue support/strategy design
- Research and produce expert reports, publications and briefings
- Coaching, design, and facilitate training and capacity building on conflict transformation related thematic
- Support to project design, assessment and proposal development
- Managing multi-stakeholder partnerships and multi-stakeholder consultations

January 2015- ongoing Regional Mediator (independent consultant) The World Bank Group (CAO and MEF), USA

- Mediate cases between private companies and communities, including related training and party capacity building process (currently Togo)
- Conducted assessments for cases for CAO-stakeholder consultations, identification and support to report (Togo and Ghana)
- Mediate disputes in World Bank Internal Justice System (West and Central Africa, Madagascar and Lesotho -14 country portfolio)
- Lead and facilitate training for World Bank staff on mediation and the Bank Internal Justice System
- Outreach activities for the Mediation Facility (MEF)-training, presentations etc.

February 2015- July 2016 Africa Advisor- Peacebuilding and Justice, Catholic Relief Services (CRS), USA

- Contribution to advancing CRS strategic vision for justice and peacebuilding integration in humanitarian and development programming (including gender and governance) in emergency setting
- Support to strengthening partnership with Church of Africa and building capacity in peacebuilding and justice
- Stimulation of knowledge development, learning and sharing within CRS, notably Institute for Peacebuilding in Africa
- Contribution to business development

¹⁷⁶ Includes; Folek Bernadotte Academy, Centre for Humanitarian Dialogue (HD), Oxfam IBIS (Denmark), Peace Nexus, Berghof Foundation, Centre for International Peace Operations (ZIF), ETH Zurich, Crisis Management Initiative (CMI), ECOWAS

March 2011- Mediation Advisor
March 2015

Crisis Management Initiative, Finland
(base Dakar- frequent continental travel)

- Provision of advice on mediation support initiatives in West Africa and sub-Saharan Africa in general including post 2012 coups in Mali and Guinea Bissau, and initiatives in Burundi and Madagascar)
- Lead and develop partnership/projects on multi track peace processes and mediation- (including Guinea Bissau, Mali, Madagascar)
- Research development and coordination
- Political and conflict analysis, including country assessments notably related to AU mediation support project -inc Burundi and Madagascar
- Leading development of training package on mediation and conflict analysis for decision makers in West Africa
- Training and Capacity building (including for UNMSU with ECCAS, Libreville, UNDP, Togo, ECOWAS/LECIAD, Accra etc.)
- Represent and network internationally and regionally for the programme

*Attended Swisspeace and Swiss Ministry of Foreign Affairs mediation training March 2010

July 2009- Peacebuilding and Conflict
March 2011

Goree Institute, Senegal
Resolution Programme Coordinator (frequent regional travel)

- Fundraising and strategy development
- Develop and coordinate projects, including publication on mediation in West Africa Research concept and coordination, including two pieces of research on Guinea
- Programme and partnership management
- Training and capacity building
- Represent and network internationally for the programme, particularly in the sub region

August 2008- Research Fellow King's College, Department of War Studies
April 2009* **(ECOWAS project) London (frequent regional travel)**

- Managed ECOWAS action research project of the Humanitarian Futures Programme
- Conducted field and desk research on humanitarian crisis in West Africa (Mali, Sierra Leone, Nigeria)
- Represented and networked internationally for the programme, particularly with ECOWAS
- Liaised with and reported to donors

July 2001- Temporary Education Advisor Praxis, London
and Interviewer

February 2002

- Developed resource centre
- Provided educational and financial advise to refugees and asylum seekers
- Conducted interviews for refugees/asylum seekers as part of UNHCR funded research project

July 2000- Information Communications Officer Abantu for
July 2001 Development, London

- Fundraised and produced internal and donor reports
- Produced and published articles for the press and ABANTU's quarterly journal.
- Managed and developed information and communications programme

RELEVANT TRAINING

March 2010 Peace Mediation Course, Oberhofen, Switzerland

- Successfully selected and attended two week intensive training provided by a partnership between Swiss Peace Foundation (swisspeace), the Center for Security Studies (CSS) at the ETH Zurich and Swiss Federal Department of Foreign Affairs.

EDUCATION HISTORY

2016- ongoing Health Sciences Department, University of York York, UK

- PhD - Doctorate researching alternatives to current trauma healing approaches in post-war Sierra Leone

1995- 1999 School of Oriental and African Studies (SOAS) London, UK

- MSc Development Studies
(Dissertation on West African Youth and Identity)
- BA (HONS) Politics and Development Studies
(Independent Study Project on Female Circumcision)

1989- 1995 Wychwood School for Girls Oxford, UK

- 3 A Levels, English, Biology and Geography, 10 GCSE's

PUBLICATIONS

- Mediating Conflict in West Africa: An overview of regional experiences, Okai, Abdallah, Amedzrator, Brewoo and Okyre for KAIPTC, December 2014 (Mariama Conteh, commissioned, coordinated, reviewed and edited)
- One Who Kills an Ant Carefully May Discover its Intestines: Documenting the experience of West African Mediators, Goree Institute, 2010 (edited commissioned and coordinated by Mariama Conteh)
- Building Paths to Peace- Foreword by Mariama Conteh in Rosalind Hanson Alp, November 2007- (M Conteh commissioned and edited publication)

- Vulnerability of Border Communities-are we protecting them enough? - Mariama Conteh, HRD Watch Vol2, Issue 2, 2005
- A Path to Peace-Indigenous Peacebuilding in Southern Sierra Leone, Mariama Conteh, Commonwealth Foundation, April 2004

VOLUNTARY EXPERIENCE

1997-present: Involved in various voluntary initiatives in this period including work in Senegal with a West African Think Tank, Namibia, UNICEF in New York and board member of organisations working on youth cultural exchange and FGM.

APPENDIX 2: Participant Information Script

‘How for do? God dae.’(What to do? God will solve everything.): A case study of alternative approaches to managing and coping with the suffering and psychological impact of the uncertainty, violence and danger of Sierra Leone’s civil war

Participant Information Script¹⁷⁷

Alternative approaches to managing and coping with the suffering and psychological impact of Sierra Leone’s civil war

Personal and general introduction

My name is Mariama Conteh. I was born in Freetown, in Wilberforce. My family and I have lived the majority of my life out of Sierra Leone though. My parents are both from Moyamba District. My mothers’ parents, originally from Guinea, but lived here in Bauya in the house near the stream. I spent many summers here visiting them. I also spent many years working in Sierra Leone from Nov 2002, just after the war. I worked on many issues around peacebuilding and travelled around the whole country even lived here for a while between 2004-2007. It is these experiences that inspired me to study and I decided to go back to university in York in England to study further. This is why I am here.

My presence in the community relates to my studies. I plan to be here for x weeks from now until end of April. While I’m here I’ll be staying at Mrs. X’s house at the centre of the village. The chief suggested this was a good place to stay. During my stay I will be asking questions and having conversations with different people in the village.

I would like to invite you to participate. I was given your name by

Before you make this decision, I would first like to share information with you about the study. Please feel free to ask me any questions you have at any time.

Purpose of this study

As you know the war was a difficult time and people suffered a lot during this period. At the same time life continued. We find ourselves here today and most people managed to rebuild and continue their lives despite that suffering. The reason why I am doing this research is to try to get a better understanding of how this happened. How did people address their suffering? What did they do and what methods did they use to do this?

We are seeing violent conflict all around the world. It is also happening in many countries in Africa, like we saw in Sierra Leone. During this time many organisations come and try to help people who are suffering. I hope that the information from this study will be able to help some of those organisations understand better ways of providing support to people suffering psychologically after the war. I hope that the results from this research will help such organizations think more about whether the methods that they use are the best ones.

¹⁷⁷ This is a guide for presenting oral information that will be translated into Krio. This information is mainly for participants that will take part in in depth interviews. I will however, adapt the information for members of the community that are interested in knowing more about the studies, or those that might be engaged through a process of participant observation.

Who is doing the study?

I am the only one you will see in the village doing the research. No one else will be helping me. I have help at the university from two people who are guiding my work- Dr Janaka Jayawickrama from Sri Lanka and Dr Ian Watt from the United Kingdom. When I finish this study, I will write all the findings into a thesis, which is like a book. If I do everything properly, I will receive my doctorate. This is the qualification you get when people call you 'Doctor'. That should be in early 2019.¹⁷⁸

Study participants

Because my research is about how people suffered during the war, I will be only speaking to people who experience the war at an age where they can remember this. That means people who were at least 14 years old when the war started. As you can imagine the war also touched many peoples' lives and this will still leave a lot of people to talk to. The type of research I am doing is called ethnographic research, it means that my interviews need to be detailed and in depth. This adds restrictions to the number of people I can interview. In total I am looking to interview between 20 and 30 people. Of those people, I also need to make sure that I interview people from different categories-youth, elderly, ex-combatants, women, men etc. Participants will also need to speak Krio well.

I am working with the chief and other community leaders to find out which people in the village meet these criteria. They and other members of the community will then help me identify those I will spend time with to do the long interviews. I will also be talking to other members of the village to understand more about what life was like during that time and how they see changes in the village. These will into be in-depth interviews. Community leaders have also helped me in identifying people.

I am asking you to participate as you have been identified as someone who has the knowledge and experience to share with me and who can help inform this study. Indeed, there are other people who can do the same, but the reality is that I am not going to have time to speak to everybody.

Nature of participation in study

Please understand that if you agree to participate in this research it is because you would like to help me with my studies. This is not something you should feel any obligations to do. The community is not going to directly benefit from this and I cannot provide you individually with any material benefits. I am not working with any NGO's or planning to help bring any projects to the village.

Your name has been suggested and I would appreciate your participation greatly. However, you are free to decide if you want to take part or not. I will share more information on what this will involve, and you can decided if you want to take part or not. It is entirely your choice.

Details of taking part in this study, including confidentiality

After we finish our conversation today, I am going to give you some time to think about all that you have heard, and consider whether you want to participate. You do not need to make a decision today. I will come back the day after tomorrow and you can let me know what you decide. If you don't want to participate that is fine. If you do, I will just ask that you

¹⁷⁸ I will adapt language depending on participant. Concepts such as PhD will be foreign to many.

state that clearly your consent to participate and I will note it down. After that we will plan when best to arrange a time to talk in more depth.

Involvement in this study as a participant for interviews means that you need to be prepared to have detailed discussions with me. I have some questions that I would like to ask you about your definition of suffering, how you approached suffering during the war and how you think any outside party could have helped you during that time. It will basically be a long discussion and you will be able to ask any questions too. I will also be capturing our discussion by taking handwritten notes so that I don't forget anything you say.

Everything you say to me will be confidential and I won't discuss this with anyone else. I will keep the notepad locked when it's not with me and I won't put your name on interviews. I will be the only person with access to the interview notes, including when they are typed up. This way I can protect confidentiality of our discussion. Notes will be destroyed 5 years after the end of the study.

The length of the interviews will depend on how much you want to share and how our discussion goes. I imagine that over the 3 months I spend here that we could spend a total of 2-4 hours together. This time will be broken up according to your convenience. I don't want your participation in these discussions to have any negative impact on your life. If it is easier to do several short interviews, we can do that, or one long one, it will depend on your preference and we can organise this in a flexible manner each time we see.

The location of the interview will also be based on your choice. I will meet you wherever is convenient. It will depend on your need for confidentiality and also what sits you in terms of other commitments you have. I will be very flexible and come to you. If for any reason we need to meet somewhere, and you incur travel costs than I will reimburse these to you.

Advantages and disadvantages of taking part

I took some time to consider possible benefits and disadvantages of your taking part in this study that I will share with you. However, this is based on my knowledge and experience. Please feel free to add anything else you think to the list and use this to help you make the decision of whether or not you would like to participate.

Benefits: 1. You will be helping with my research, which in turn, may make a contribution (however small) to improving responses to suffering of people in different African countries. 2. You will have an opportunity to reflect and exchange on an important experience in your life and think of what this means for your future. 3. All of this will be voluntary and conducted in a flexible way as not to cost you anything financially or otherwise. 4. It will be a confidential process

Disadvantages: 1. Discussions about how you addressed suffering during the war may trigger negative emotions and memories that could upset you. Regarding this, I would appreciate your suggestions for the best way to deal with a participant who is affected by the research in such a way, be it yourself or someone else. 2. You will be giving large amounts of your time for something that may not have direct benefits. 3. Unforeseen disadvantages may occur that have not been identified.

Voluntary nature of study

Your participation in this study is voluntary.

You can withdraw at any time during the fieldwork process with no consequence to you. You can also withdraw in the middle of an interview.

You do not need to give me a reason for withdrawing. Note that I may use the data I gathered before your withdrawal for my research.

Results of the study

I will use the results of the study as the basis for my doctoral thesis. This is what will be needed to assess whether I can get the PhD or not. This is mainly for the university. I will make sure the chief of the village has a copy. It is also my intention to come back to Bauya and find a way of sharing my findings with everyone who took part in the study, and others that have an interest. Towards the end of the study I will be asking for your thoughts on how best you think I can do this.

I hope to also disseminate the findings in the report. I have already had conversations with one of the departments at Fourah Bay College and they told me I could share information with them through guest lectures. I hope to do the same at the University of York where I study. I can share findings internationally by speaking at conferences.

Review of this study

The Department of Health Sciences, through which I am doing my research, has a committee that has reviewed this research. They check it to ensure that I have followed university guidelines based on the correct way to conduct research especially with regards to how it will affect you as the participants. There are also reviews regarding how the research will impact me as the researchers.

The Committee reviewed my research plan and granted me approval to conduct the research.

At an informal level I also visited Moyamba District in September 2016. I spoke to the Paramount Chief and the village chief. I presented my research and asked for their inputs and approval. Both chiefs also gave me approval.

Contact in event of a complaint

I will provide you with the name of the community leader that you should go to if you are unhappy about any aspects of the research. Depending on how serious it is they may then take this to the village chief. He will try to resolve the issue. If he feels it is necessary, he can contact my supervisors.

Further information

Do you have any questions for me or anything you would like me to explain in more detail?

If you agree to take part, would like more information or have any questions or concerns about the study please contact me on this number * or you can come to the house between x and x hours and we can have a discussion at the community centre.***

Thank you for taking the time listen to the information about this study. I will come back in two days to see if you want to take part. Let me know what the most convenient time is.

APPENDIX 3: Draft interview guidelines

'How for do? God dae.'(What to do? God will solve everything.): A case study of alternative approaches to managing and coping with the suffering and psychological impact of the uncertainty, violence and danger of Sierra Leone's civil war

Length of interviews: The following questions and prompts form part of a semi-structured interview. It is expected that interviews will take between 2-4 hours in total. In this context answers do not get simple yes/no responses, including the background information. Story telling and extended sharing of ideas and experiences are the usual mode of interaction. This extended length of interviews will also be further facilitated by the fact that in this collective culture, the researcher and participants will be speaking in the same language.

1) Background information

- Full name
- Current age
- Age during when first affected by the war
- Where are you from?
- Length of time living in Bauya and relationship with village
- Members of family

2) Livelihood information

- What do you do to cover costs of looking after yourself/family?
- Has this always been the case?
- How did you do this during the war?

3) How would you define suffering? What does that word mean to you?

Prompts

- Any change in definition based on experiences during the war or otherwise.
- Extent to which they think others have the same definition.
- Elicit definitions for psychological suffering specifically.
- Check equivalent word and meaning in Mende or other languages.
- Is there a difference between suffering during the war and other times they have suffered in life?
 - Can you give me examples of what you consider suffering? (during, before and after the war)

4) How did you address your suffering during the war?

Prompts

- Is this how all suffering is always addressed?
- Check opinions success of methods used.
- Views on ways other people addressed suffering.
- Idea of people that may have supported them to address suffering.

5) Looking back, what do you think is the best way external people (gov. NGOs etc) could have helped you address suffering?

Prompts

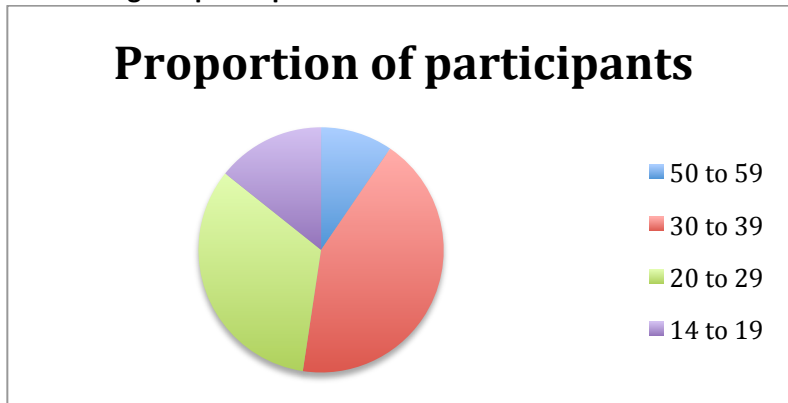
- *Ensure support for psychological suffering is addressed.*
- *If relevant get a sense of priorities of support.*

6) Is there anything else you think I need to know about your view and approaches to suffering? Is there something important I forgot or that you'd like to share with me?

END

APPENDIX 4: Interview results presented as graphs and charts

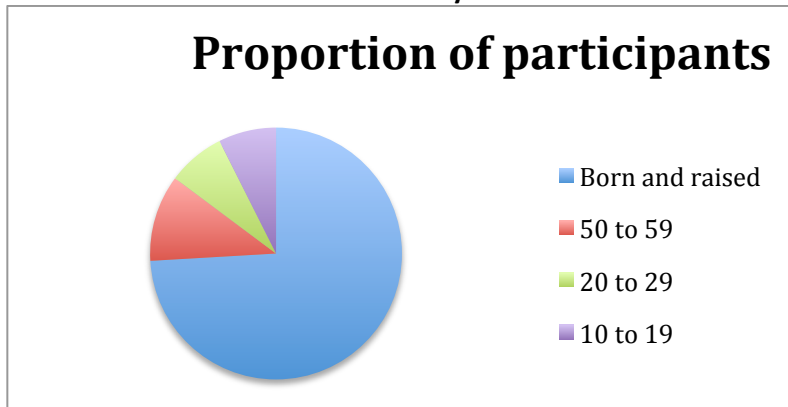
Chart 1: Age of participants at end of the war



Source: Author, 2019

Age range	Percentage
50-59	10
30-39	43
20-29	33
14-19	14

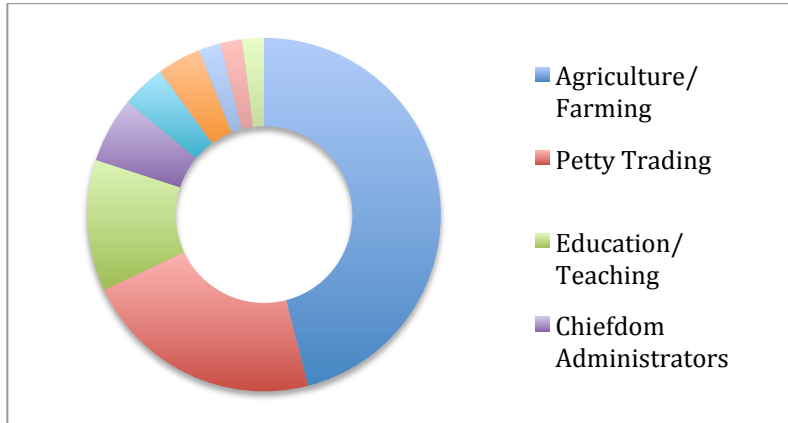
Chart 2: Amount of time lived in Bauya



Source: Author, 2019

Amount of time lived in Bauya	Percentage
50-59	11
30-39	7
20-29	7
14-19	7

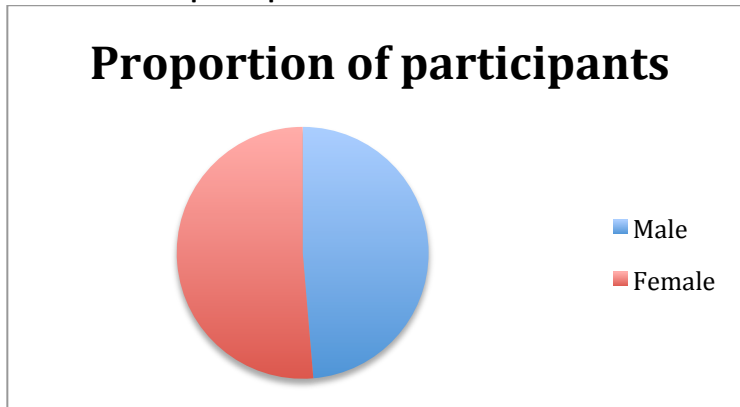
Chart 3: Source of income



Source: Author, 2019

Source of Income	Percentage
Agriculture/Farming	46
Petty Trading	22
Education/Teaching	12
Chiefdom Administrators	6
Employed (formal or informal)	4
Religious leader	4
Bread making	2
Mining	2
Cultural administration	2

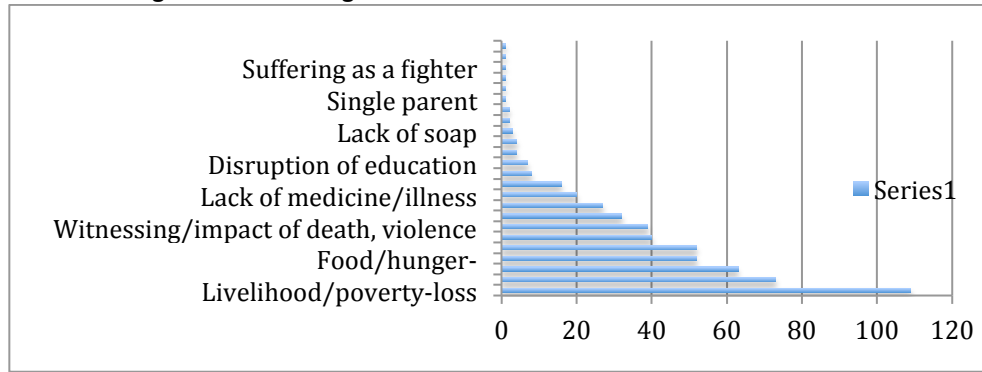
Chart 4: Sex of participants



Source: Author, 20

Sex of participants	Percentage
Male	49
Female	51

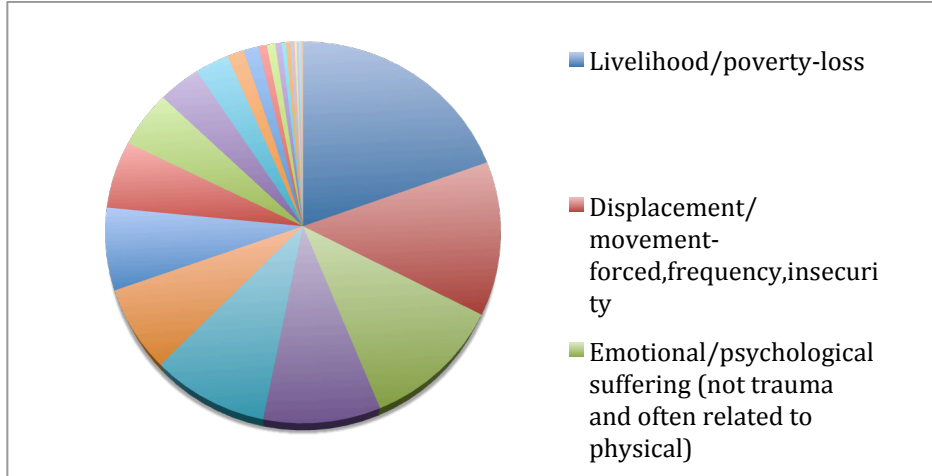
Chart 5: Categories of Suffering



Source: Author, 2019

Categories of Suffering	Percentage
Livelihood/poverty-loss	19.5
Displacement/movement-forced, frequency, insecurity	13
Emotional/psychological suffering (not trauma and often related to physical)	11
Food/hunger-limited, unavailability, lack of choice	9
Fear of death-violence-injury	9
Shelter-bush/loss	7
Witnessing/impact of death, violence	7
Loss of belongings-things	6
Separation from family/community scattered	5
Lack of medicine/illness	4
Various descriptions/abstract definitions of suffering	3
Physical pain/injury	1.5
Disruption of education	1
Inability to get back to prewar levels/recover	.5
Intensity and duration of suffering	.5
Lack of soap	.5
Surviving without parents	.45
Constant/ reminders of loss and how things will be without war	.45
Single parent	.25
Loss of faith	.25
Started bad habits-smoking-drinking	.25
Suffering as a fighter	.25
Lack of privacy	.25
Loss of normality-regular meals, playing with friends	.25

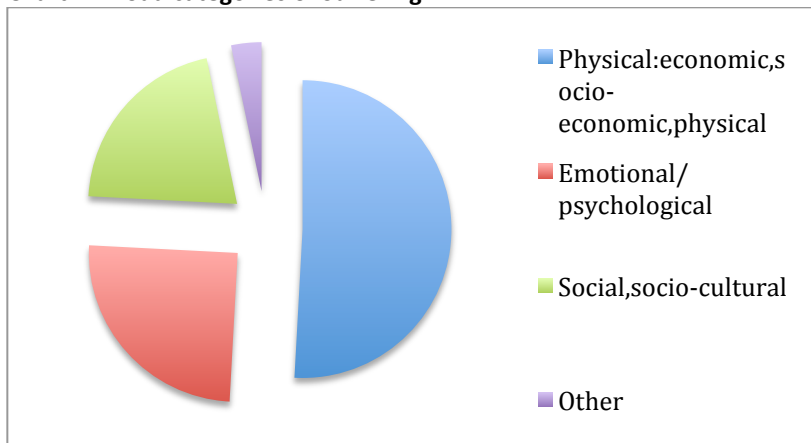
Chart 6: Categories of Suffering (different visual)



Source: Author, 2019

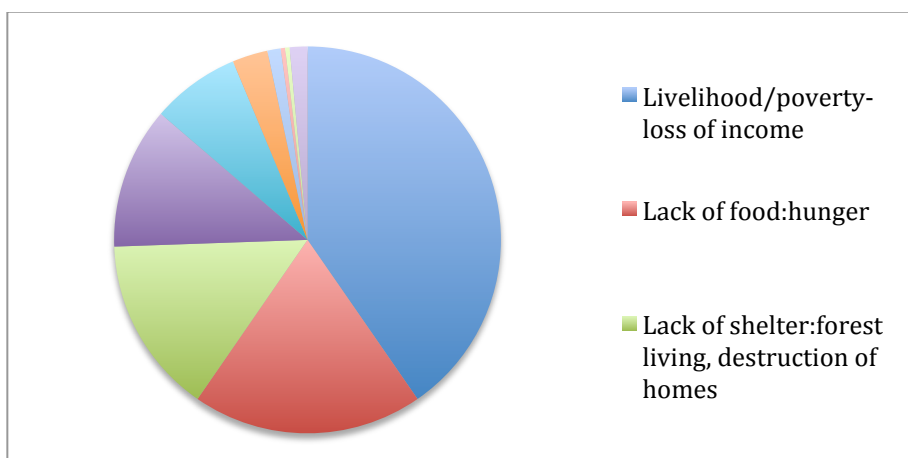
(Percentages as above)

Chart 7: Broad categories of Suffering



Source: Author, 2019

Chart 8: Physical (economic, socio-economic, physical) categories of suffering

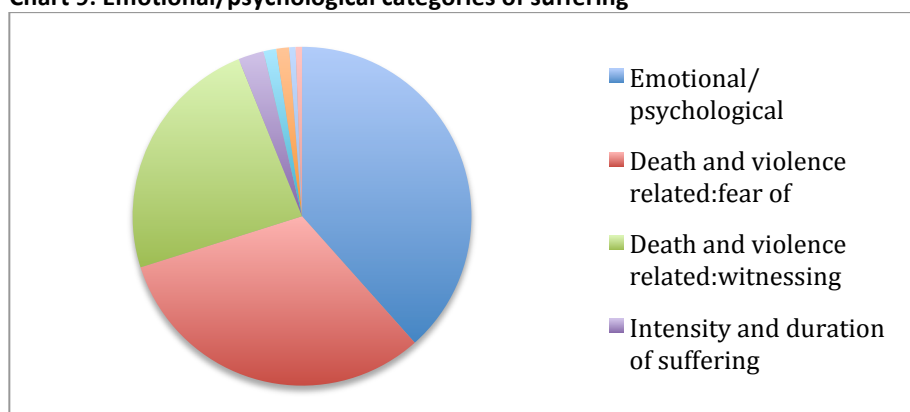


Source: Author, 2019

Physical (economic, socio-economic, physical)	Percentage
Livelihood/poverty-loss of income	40

Lack of food: hunger	19
Lack of shelter: forest living, destruction of homes	15
Loss of belongings/things	12
Lack of medicine, illness	7
Physical pain and injury	3
Lack of soap	1
Single parent	0.4
Suffering as fighter	0.4
Inability to get back to prewar levels	1

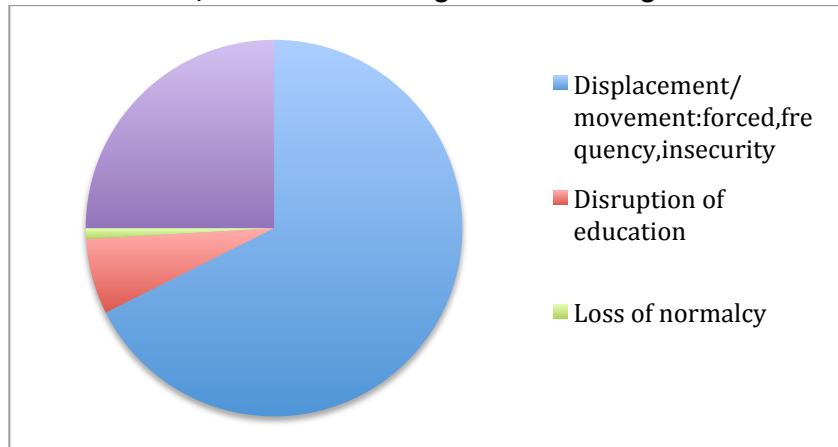
Chart 9: Emotional/psychological categories of suffering



Source: Author, 2019

Emotional/psychological categories of suffering	Percentage
Emotional/ psychological	38
Death and violence related: fear of	32
Death and violence related: witnessing	24
Intensity and duration of suffering	2
Surviving without parents	1
Constant reminder of loss	1
Lack of privacy	1
Bad habits as a fighter	1

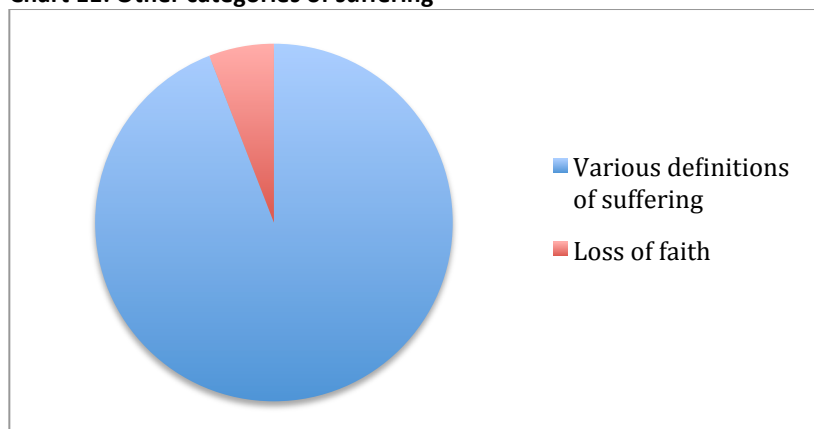
Chart 10: Social, socio-cultural categories of suffering



Source: Author, 2019

Social, socio-cultural categories of suffering	Percentage
Displacement/movement: forced, frequency, insecurity	68
Separation from family, community	25
Disruption of education	6
Loss of normalcy	1

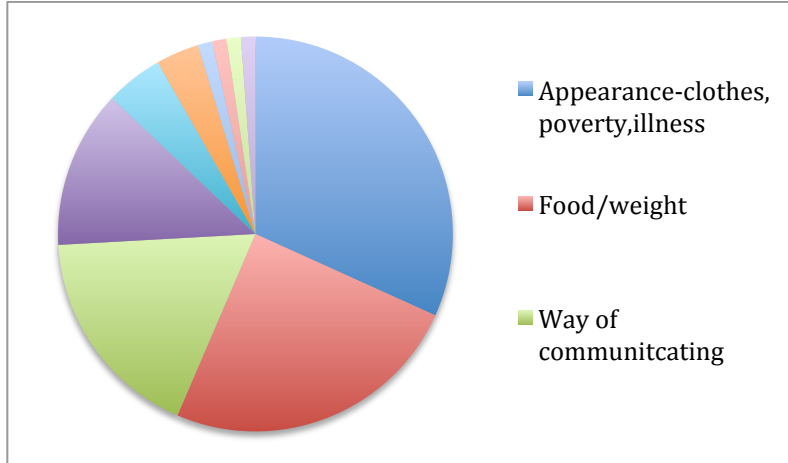
Chart 11: Other categories of suffering



Source: Author, 2019

Other categories of suffering	Percentage
Various definitions of suffering	94
Loss of faith	6

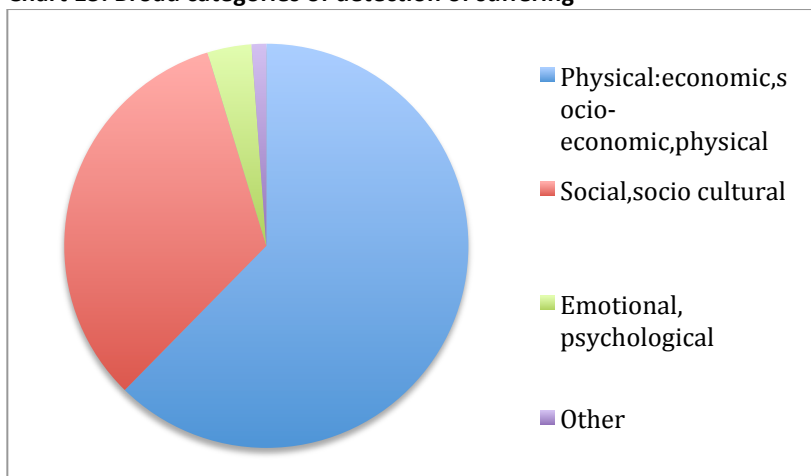
Chart 12: Categories of detection of suffering



Source: Author, 2019

Categories of detection of suffering	Percentage
Appearance-clothes, poverty, illness	32
Food/weight	25
Way of communicating	18
By knowing and living with person	13
Lack of money	5
Emotional state	4
Lack of strength	1
Not having anyone to rely on	1
Gossiped about due to suffering-notably economic	1
Inability to achieve what they want	1

Chart 13: Broad categories of detection of suffering

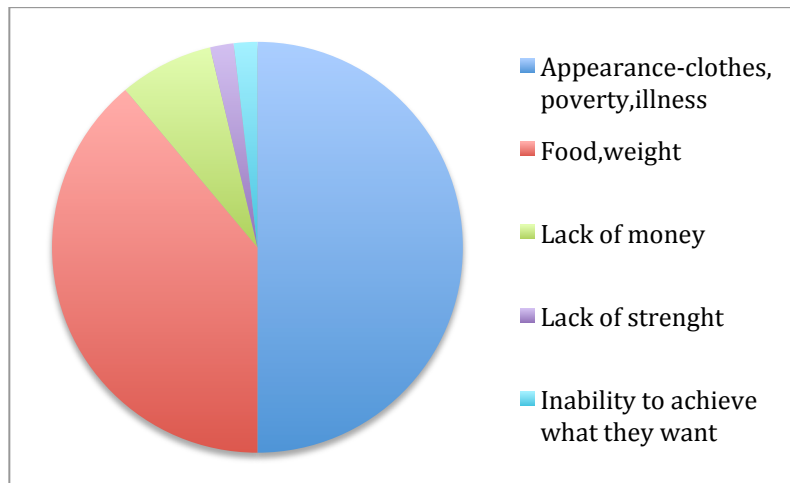


Source: Author, 2019

Broad categories of detection of suffering	Percentage
Physical: economic, socio-economic, physical	62

Social, socio cultural	33
Emotional, psychological	4
Other	1

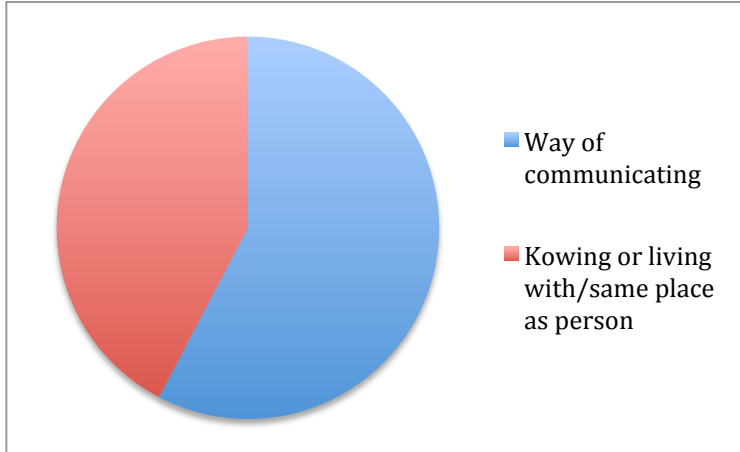
Chart 14: Physical (economic, socio-economic, physical) categories of detection of suffering



Source: Author, 2019

Physical (economic, socio-economic, physical) categories of detection of suffering	Percentage
Appearance-clothes, poverty, illness	50
Food, weight	39
Lack of money	7
Lack of strength	2
Inability to achieve what they want	2

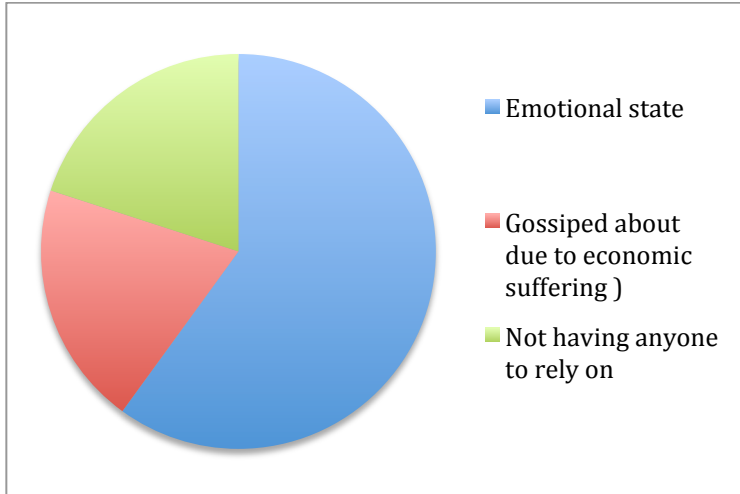
Chart 15: Social, socio-cultural categories of detection of suffering



Source: Author, 2019

Social, socio-cultural categories of detection of suffering	Percentage
Way of communicating	58
Knowing or living with/same place as person	42

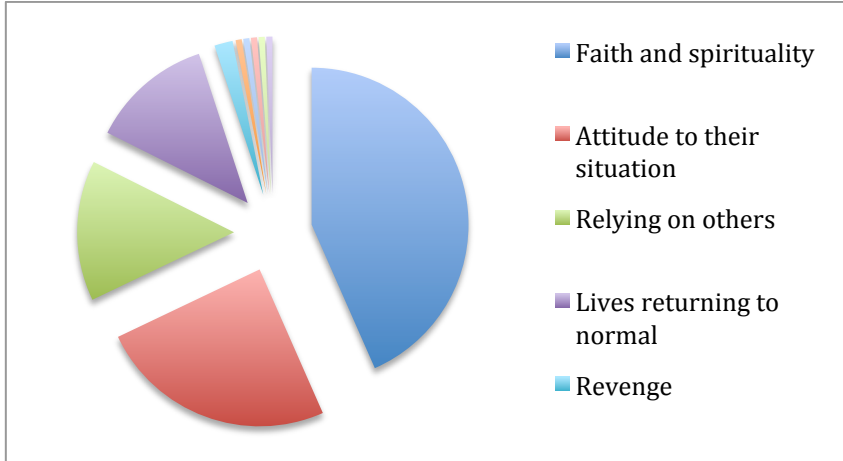
Chart 16: Emotional/psychological categories of detection of suffering



Source: Author, 2019

Emotional/psychological categories of detection of suffering	Percentage
Emotional state	60
Gossiped about due to economic suffering)	20
Not having anyone to rely on	20

Chart 17: Categories of Approaches to Suffering



Source: Author, 2019

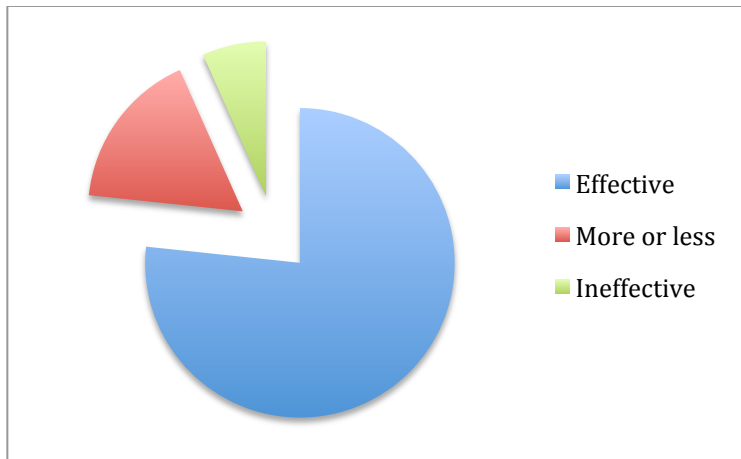
Categories of Approaches to Suffering	Percentage
Faith and spirituality	69
Attitude to their situation	39
Relying on others	23
Lives returning to normal	20
Revenge	3
Forest survival skills	1
Flexibility in leadership strategies	1
Listening to music	1
Campaigning for politicians	1
Joining peace initiatives	1

Chart 18: Number of community members that mentioned faith and spirituality



Source: Author, 2019

Chart 19: Effectiveness of community approaches to suffering



Source: Author, 2019

Effectiveness of community approaches to suffering	Percentage
Effective	77
More or less	17
Ineffective	7

APPENDIX 5: Examples of data analysis process- coding, categories, and concepts

Table 1: Examples of generating initial groups from respondent explanations

Current Occupation/income generating activity (NB. Some participants had multiple sources of income generation. This reflected the responses they gave)	Number of participants
Teacher supervisor	1
Spiritual healer	1
Baker	1
Teacher/principle	4
Farmer	19
Petty trader	9
Reverend/Imam	2
Palm wine tapper	1
Member of chiefdom administration	3
Small business owner	2
NGO related	

Source: Author, 2020

NB. Some participants had more than one sources of generating income.

Table 2: Examples of initial variety of explanations of understanding, detecting and approaching suffering and on external interventions that emerged (below)

Data group for Initial categories	Some examples of initial categories
Understandings/definition of suffering	<ul style="list-style-type: none"> • Lack of employment/livelihood/business/not own profession • Loss/destruction of property and belongings-school records • Loss of homes/shelter including and inability to rebuild • Emotional/psychological suffering- Remembering and crying/ (sparked by loneliness)/overthinking • Something that is relative • Undignified nature of death of loved one
Detection/diagnosis of suffering	<ul style="list-style-type: none"> • No clothes/poor quality/poorly dressed • Loss of weight • Suffering not diagnosable without knowing person/asking • By knowing/living with the person (same community) • By looking at them- physical appearance-care they give to appearance • Way person walks
Approaches to suffering	<ul style="list-style-type: none"> • Hope- that suffering will end/to God • Relying on family for help and comfort (inc children/spouse) • Resuming normal activities- i.e. farming/rebuilding life • Faith-gratitude to God • Faith- belief in God • Faith-prayer (group and individual)/belief in prayer/respecting this even in bush
External interventions	<ul style="list-style-type: none"> • Not ready to replace his approach by external interventions • Provided life saving/valuable support- (international solidarity), distribution of goods, medical etc • Method of intervention should not stop at capital city • Some NGO's provided food and seedlings to help farming- 2 years • Government programs did not help everyone • Government interventions did not help-misuse of funds/corruption, lack of delivery

Source: Author, 2020

Table 3: Examples of initial concepts that emerged

Data group for Initial concepts	Some examples of initial concepts
Understandings/definition of suffering	<ul style="list-style-type: none"> • Loss of livelihood/poverty • Displacement/forced movement • Fear of death, violence, injury • Witnessing death and violence • Separation from family • Lack of privacy
Detection/diagnosis of suffering	<ul style="list-style-type: none"> • Appearance • Weight • Knowing and living with the person • By knowing/living with the person (same community) • Way of communicating • Weight related
Approaches to suffering	<ul style="list-style-type: none"> • Faith and spirituality • Attitude to their situation • Relying on others • Lives returning to normal • Revenge • Forest survival skills
External interventions	<ul style="list-style-type: none"> • Desired support for physical needs • Value of psychosocial support only if in tandem with physical needs • Resettlement programs to Western countries missing • Health programs would have been useful • Interventions providing income would have been useful • Not role of NGOs to provide emotional support

Source: Author, 2020

Example of how coded response data led to the make up of initial groups and then subsequently concepts (anonymised)

Table 4: Anonymised examples of groups to concepts

Participant	Participant statement for age at the end of the war	Group created	Participant statement on income generating activity	Group created
A	I was 25 years old at the end of the war.	20-25	I was mining in Kenema. I found diamonds to live. I raised my family using this money.	Mining
	Thirty-one or thirty-two	30-35	Teacher supervisor	Teacher/principle
	Thirty-eight.	35-40	I make bread. I live with that.	Baker
	I was nineteen.	14-20	Farming. I farm groundnuts to live.	Farmer
	Twenty-two years old.	20-25	I am a farmer-groundnuts, rice, pepper. I eat some and sell some. That's how I'm able to survive.	Farmer
	Possibly thirty-nine.	35-40	I sell small things-matches, sugar, and milk.	Petty trader
			I sell small goods-fuel, cold water, ice, tamarind booster mix, and Cool Aid drink.	Petty trader

Participant	Participant statement for detection/understanding of suffering	Group created
A	I am afraid to die somewhere other than home.	Location of death- dying somewhere other than home
B	Everything we had we lost. They burnt our home. There was no business. We did just farmed...They cleared everything...So here we are. There's nothing...Before the war he had a big shop selling provisions but all spoiled. They burned it. They burned everything inside.	Loss - property, home. Loss- income generating source. Loss- of property and livelihood
C	They killed three of my aunties and my granny...It was really painful. No salt, no soap...I would sleep hungry. I chewed raw cassava. I chewed raw palm oil kernels. Fire to cook was hard to get. Rain fell on us as in bush. We really suffered...I suffered I felt hungry. No salt. No pepper. No rice. Sometimes at daybreak I went to look for cassava.	Death-loss of family members Hunger- inability to eat cooked food Hunger- Not enough food Hunger- no condiments (salt, pepper) Losing family-many. Inadequate shelter. Hunger- inability to eat cooked food- Not enough food- Not enough food/condiments. Inability to wash properly- no soap. Inadequate shelter.
D	4 March 1994 is when the rebels reached Bauya. I was right in this town that day. That day some people pulled out. Some of us pulled out. Mother in law, brother in law, son in law. We were all living together in the same place. We built makeshift shelter. There was no food. We suffered for clothes, shelter. We really suffered. We couldn't go and meet people.	Lack of privacy-forced to be with extended family. Shelter-poor quality. Hunger- lack of food. Lack of clothes. Lack of freedom to socialize.
	Participant statement for approach to suffering	Group created
A	I joined the Kamajors	Joining local armed defense group
B	I used to worry a lot. Only God could help you. I worried. I would sit and beg God to give me a chance. At night any time I pray. I prayed God to help me and to help everybody. Everything is due to God. God can help people. However hard it is for humans, believe that God made you, that God helped you. When I pray, I pray to God guard me and my family. I turned to God.	Fait-belief in God Faith-prayer
C	At night, some days I don't sleep when I remember. I	

	listen to music to forget. When my kids were near me they'd comfort me.	Listening to music Comfort family- children
D	Anything that happens you take it easy like nothing happened. Just have faith in God. Some of us born together are dead, some blind, some are in jail, some are crippled. I thank God. You should be satisfied with the little you have. The English man says- 'Be satisfied with what you have and you'll get what you want.' The little you have be satisfied with it.	Attitude- positive perspective. Attitude- appreciating what one has. Attitude- relativizing (things could be worse) Attitude- gratitude (to God) Faith in God
	Participant statement on external interventions suffering	Group created
A	Anything that happens, another persons experience can add to your own. He can add his experience to that of his own. If people come with his approach he'll test. The more we share the more we'll get more ideas. Not one head makes a book.	Value based on importance of including other people's experiences.
B	 When we suffered we thought they'd help us, as we had nothing to eat and nowhere to sleep. We thought they'd help but they didn't.	No help from external intervention
C	How many years? People come and talk. Then someone comes they write. I don't depend on anything other than God.	Surveys and consultations- lack of clarity Lack of delivery after consultations. Lack of faith in interventions.
D	After CARE, PLAN came in- they educated our kids, build schools, give learning material. All of that is a help that gave us comfort.	Interventions by international NGOs CARE and PLAN Interventions on education- building schools and provision of materials Physical interventions provided comfort

Source: Author, 2020

APPENDIX 6: Final decision letter University of York ethics committee

UNIVERSITY *of York*

DEPARTMENT OF
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12 December 2016

Dr Stephen Holland
Chair, Health Sciences Research
Governance Committee

www.york.ac.uk/healthsciences

Miss M Conteh
University of York
Department of Health Sciences
Heslington
York
YO10 5DD

Dear Mariama

Alternative approaches to managing and coping with the suffering and psychological impact of Sierra Leone's civil war

Thank you for your letter dated December 5 in which you responded to the HSRGC's decision on your project.

I am very grateful for the careful and thorough responses to the committee's concerns. On the basis of these, I am pleased to confirm by Chair's action that the project can now proceed.

As you explained in your letter, you will use this decision as a basis on which to apply for ethical clearance from the Sierra Leone Ethics and Scientific Review Committee. Please let me know when you have acquired in-country approval.

Finally, if you encounter any difficulties in acquiring approval from the Sierra Leone Ethics and Scientific Review Committee, or if you make any substantial amendments to the project, please contact me for further advice and support.

Yours sincerely



Stephen Holland
Chair: HSRGC

cc: *Dr Janaka Jayawickrama*

APPENDIX 7: Ethics approval from Sierra Leone government



GOVERNMENT OF SIERRA LEONE
Office of the Sierra Leone Ethics and Scientific Review Committee
Directorate of Policy Planning and Information
5th Floor, Youyi Building Brokfields, Freetown
Ministry of Health and Sanitation

23rd January, 2017

TO: Mariama Conteh (PHD Candidate) **Principal Investigator**
Rue des Gouvernement
Goree Island
Dakar, Senegal
mariam cont@yahoo.com

Study Title: Alternative approaches to managing and coping with the suffering and psychological impact of Sierra Leon's civil war

Version: December, 2016

Supervisor: Dr. Janaka Jayawickrama
University of York, UK
janaka.jayawickrama@york.ac.uk

Submission Type: First protocol version submitted for review

Committee Action: Expedited Review

Approval Date: 19 January, 2017

The Sierra Leone Ethics and Scientific Review Committee (SLESRC) having conducted an expedited review of the above study protocol and determined that it presents minimal risk to subjects, **hereby grants ethical and scientific approval for it to be conducted in Sierra Leone.** The approval is valid for the period, **19 January, 2017 –18 January, 2018.** It is your responsibility to obtain approval for any on-going research prior to its expiration date. The request for re-approval must be supported by a progress report.

For further enquiries please contact: efoday@health.gov.sl



GOVERNMENT OF SIERRA LEONE
Office of the Sierra Leone Ethics and Scientific Review Committee
Directorate of Policy Planning and Information
5th Floor, Youyi Building Brokfields, Freetown
Ministry of Health and Sanitation

Review Comments:

- **Amendments;** Intended changes to the approved protocol such as the informed consent documents, study design, recruitment of participants and key study personnel, must be submitted for approval by the SLESRC prior to implementation.
- **Termination of the study:** When study procedures and data analyses are fully complete, please inform the SLESRC that you are terminating the study and submit a brief report covering the protocol activities. Individual identifying information should be destroyed unless there is sufficient justification to retain, approved by the SLESRC. All findings should be based on de-identified aggregate data and all published results in aggregate or group form. A copy of any publication be submitted to the SLESRC for its archive.


Professor Hector G. Morgan
Chair



For further enquiries please contact: efoday@health.gov.sl

APPENDIX 8: Hand drawn map of Bauya (by a research participant)



APPENDIX 9: Oath of confidentiality witness of consent- individual participants

(Check the following that apply)

I understand that as:

() I, a witness for a study being conducted by Mariama Conteh of the International Humanitarian Affairs Unit, Department of Health Science, University of York, under the supervision of Dr. Janaka Jayawickrama and Professor Ian Watt, confidential information will be made known to me. This is likely to be whether individuals agree or disagree to participate in the study and some of the reasons they may have for doing this.

I agree to keep all sensitive information I come across in my role as witness during this study confidential and will not reveal by speaking, communicating or transmitting this information in written, electronic (disks, tapes, transcripts, email) or in any other way to anyone outside the research team.

Researcher Name: *MARIAMA
CONTEH*

Researcher Signature: *M. Conteh*

Witness Name,
Signature and Date:

Name

16/2/2017.

NB. Adapted by University of McMaster Guide Oath of Confidentiality adapted for assistants working for researchers

APPENDIX 10: Oath of confidentiality witness of consent of focus group participants

(Check the following that apply)

I understand that as:

I a witness for a study being conducted by Mariama Conteh of the International Humanitarian Affairs Unit, Department of Health Science, University of York, under the supervision of Dr. Janaka Jayawickrama and Professor Ian Watt, confidential information will be made known to me. This is likely to be whether individuals agree or disagree to participate in the study and some of the reasons they may have for doing this.

I agree to keep all sensitive information I come across in my role as witness during this study confidential and will not reveal by speaking, communicating or transmitting this information in written, electronic (disks, tapes, transcripts, email) or in any other way to anyone outside the research team.

Researcher Name:
(please print)

MARIAMA CONTEH

Researcher Signature:

M. Conteh

Witness Name:

Witness Signature:

[REDACTED]
15-02-2017

[REDACTED]
Barja Old Town.

NB. Adapted by University of McMaster Guide Oath of Confidentiality adapted for assistants working for researchers

Key Definitions/Glossary

Key words are defined within the main text of the thesis. Despite this, there are several words and terms used in the thesis that could be interpreted in different ways depending on which field of study or work one is in. However, generally in the field of humanitarian response, peacebuilding and development terms may have uses and meanings that are understood for those working in the sector, but have other interpretations out of the sector. In addition, there are sometimes debates and controversies regarding the usage of some of these terms. The definitions/explanations below represent the way I have chosen to use them in this thesis.

- **Complex emergency:** A more severe humanitarian crisis that has multiple exacerbating factors such as extremely high numbers of people affected as well as political instability and violence. Situations where war and famine are combined, or violence and poverty have major health impacts are some such examples.
- **Donors:** Mostly countries or agencies of major political and economic powers from Europe, and increasingly Japan and China that provide support to organisations or governments carrying out humanitarian, development or peacebuilding work. This support is largely in the form of financing, but technical and administrative support is also provided.
- **Global:** Reference to something that spans the whole world or globe, at least a large share of the world's countries. The caveat is that in the humanitarian sector anything 'global' is generally led by countries with major socio-economic power from Western Europe and North America.
- **Humanitarian (sector):** The field of work and action responding to alleviating suffering and saving lives of people in need around the world. This suffering is in the context of both natural and man-made disasters such as war, famine, earthquakes etc. This sector also often addresses working to prepare people to better deal with such disasters in the future.
- **Humanitarian aid:** The support and assistance provided to people in need during disasters, usually by humanitarian organisations, in terms of material and logistics. This aid is usually short term and addresses immediate needs such as shelter, food, education and protection. Longer- term aid addressing the more underlying social and economic factors of a disaster is generally considered as development aid.
- **Humanitarian crisis:** A particular event or series of events that leads to a situation where a community is threatened. This threat is usually to their lives, ability to feed themselves or their health. In order to be a crisis the impact has to be felt by a large group of people. The threat can be man-made such as conflict, or a natural such as a tsunami.
- **Humanitarian interventions:** The forceful intervention into a country without its consent, to bring an end to gross human rights violations. These are mostly conducted with the mandate from the United Nations Security Council, although this is not always the case. The United Nations forces known as blue helmets, often found in the world's major conflict zones are an example of this.
- **Humanitarian organisations:** The organisations that develop projects, programmes and activities that respond to the various humanitarian crisis. It is these organisations that generally employ the humanitarian workers. They are for

the large majority, from North American or Western, Northern and Southern European countries.

- **Humanitarian responses:** The culmination of various activities, actions, projects and programmes implemented to address any humanitarian crisis. This includes the aid provided and the manner in which this is provided including policies and frameworks guiding the responses. Humanitarian responses are largely coordinated and implemented by international organisations- Non-Governmental and Inter Governmental. The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) is the agency that often coordinates multiple organisations responding to a humanitarian crisis in a particular context.
- **Humanitarian workers:** The people who play the role of distributing humanitarian aid and implementing humanitarian programmes. For the large part this term is used to refer to those that do this work in the contexts where the disasters occur. However, those developing the policy and programs not based in field contexts are also technically humanitarian workers.
- **Indigenous:** People, things, and ideas that exist naturally in a place, or have always been associated with that place. Also mostly used, rightly or wrongly, in reference to the global south.
- **International:** Reference to something that spans across two nations borders at the minimum, but often covers several countries. Its reach is not as wide as 'global'.
- **Local:** In this context local refers to the context of the humanitarian crisis, and originating from people that are inhabitants or citizens of that context. More specifically it is reserved for ideas, thoughts, initiatives that are not 'overly' influenced by global perspectives. It also, rightly or wrongly, makes reference to communities from the global south.
- **Non-Western:** Reference to people, ideas and ways of life of people from Latin and South America, Africa, the Middle East and Asia. This relates to ways of life that are generally original to those places. In essence this refers to those not related to Western countries. There are pockets of Non-Western peoples in some of the Western nations.
- **Suffering:** A natural response to subjectively understood causes or stressors. It thus varies between individuals and cultures. It is considered negative and can be physical, social or psychological, but it does not necessarily need medical attention or specialised external intervention to improve.
- **The global north:** Countries that are leaders in terms of world trade and politics. They are generally wealthy, advanced technologically and have established democracies and political stability. They also mostly have low levels of population growth.
- **The global south:** Countries that can be found in South and Latin America, the Caribbean, Africa, Oceania and Asia, that the World Bank places in a category of low and middle income.
- **Traditional:** Ways of doing and being in a society that have existed or continued for a long period of time. These ways are often linked and attributed to these people or places. Reference is generally for dominant traditions, acknowledging that there may be several traditions related to the same thing. It is also used, rightly or wrongly, mostly relating to the global south.
- **Traditional medicine:** A combination of knowledge, skills, beliefs and experiences used to maintain physical health and well being developed over generations in many societies. This type of medicine was developed before the advent of modern, and more accepted, mainstream medicine.

- **Trauma:** A negative response to extremely stressful events that affect people emotionally and psychologically. It includes emotions such as heightened fear, sadness, denial, and generally a sense of inability to cope. It is a universal human response and one that often requires medical attention or specialised external intervention to improve.
- **Wellbeing:** A person's sense of feeling completely well in a manner that includes physical and mental health and general dispensation towards life. To have levels of wellbeing that are high is considered as something positive. The measurement and understanding of ones wellbeing is something subjective.
- **Western:** Reference to people, ideas and ways of life of people from North America as well as from Western, Northern and Southern Europe. The terms refers to these places in their current and more 'modern' times recognizing that at particular historical junctures, traditions and ways of thought from these Western countries would be similar to what is currently defined as Non-Western.

List of Abbreviations

ACF	Action Contre la Faim
ACT	Acceptance and Commitment Therapy
ADAPT	Adaptation and Development After Persecution and Trauma
AfP	The Alliance for Peacebuilding
AFRC	Armed Forces Revolutionary Council
APC	All People's Party
ARC	American Red Cross
ASA	American Association of Psychiatrists
BC	Before Christ
CAM	Complementary and Alternative Medicine
CCF	Christian Children's Fund
CDC	Centre for Disease Control
CDF	Civil Defence Forces
CN	Cultural Neuroscience
CPI	Corruption Perceptions Index
CS	Chiefdom Speaker
DDR	Demobilization, Disarmament and Reintegration
DFID	Department for International Development
DSM	The Diagnostic and Statistical Manual of Mental Disorders
ECOMOG	Economic Community of West African States Monitoring Group
ECOWAS	Economic Community of West African States
ESRC	European Social Research Council
FBC	Fourah Bay College
FGD	Focus Group Discussion
GoSL	Government of Sierra Leone
GMC	the General Medical Council
GP	General Practitioners
HDI	Human Development Index
HDR	Human Development Report
IASC	Inter Agency Standing Committee
ICD	WHO International Classification of Diseases
IDP	Internally Displaced People
ICRC	International Committee of the Red Cross and Red Crescent
IFRC	International Federation of the Red Cross
IRC	International Rescue Committee
MHGAP	Mental Health Gap Action Program
MHPSS	Mental Health and Psychosocial Support
MSF	Médecins sans Frontières
NaCSA	National Commission for Social Action
NARICOM	National Relief Committee of Sierra Leone
NCDDR	National Commission for Disarmament Demobilisation and Reintegration
NCRRR	National Commission for Reconstruction, Resettlement and Rehabilitation
NGO	Non Governmental Organisation
NHS	National Health Service (UK's)
NPRC	National Provisional Ruling Council

NRC	National Recovery Committee
OECD	Organisation of Economic Cooperation and Development
OCHA	UN Office for the Coordination of Humanitarian Affairs
PC	Paramount Chief
PHEIC	Public Health Emergency of International Concern
RUF	Revolutionary United Front
SC-UK	Save the Children UK
SCS	The Supreme Council of State
SLPP	Sierra Leone People's Party
SSD	Somatic Symptom Disorder
STAR	Strategies for Trauma Awareness and Resilience
TCM	Traditional Chinese Medicine
TI	Transparency International
TIME	Theory Informed Methodology for Ethnography
TRC	Truth and Reconciliation Commission
UK	United Kingdom
UN	United Nations
UNICEF	United Nations Children's Fund
UNDF	United Nations Development Fund
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
USA	United States of America
USD	United States Dollars
USIP	United States Institute for Peace
VDS	Violently Divided Societies
WASH	Water, Sanitation and Hygiene
WTF	The War Trauma Foundation
WHO	World Health Organisation

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