**English Summary**

“Healing in the aftermath of war: conceptualization and evaluation of mental health and psychosocial support for populations exposed to political violence in low-income settings”

**INTRODUCTION**

Recent calculations from the World Bank provide evidence for the important contribution of mental health problems to the global burden of disease. In 2001, 11.1% of the burden of disease in low- and middle income countries was caused by mental disorders, which was more than the combined contribution of tuberculosis, HIV/AIDS and malaria. Despite this contribution, there are generally few mental health resources in terms of infrastructure, human resources, and policy in these countries, resulting in a large gap between needs and availability of care. Political violence including war, which mostly takes place in low- and middle income countries, amplifies this gap through increased prevalence of mental disorders and psychosocial problems and the destruction of the few available resources. To bridge this gap there is a need for knowledge regarding feasible and effective treatment strategies for mental health and psychosocial problems in violence-affected areas. Knowledge from high-income settings has limited applicability in these settings due to differences in socio-cultural context, the different nature of the mental health and psychosocial problems resulting from political violence, and the different organization and availability of mental health care. Very little research, however, takes place in low- and middle-income countries. Currently, 4% of mental health research originates from countries which represent 80% of the global population.

A small body of research assessing interventions aimed at decreasing psychosocial and mental health suffering during emergencies is emerging. Within this field of research strong debates exist regarding the applicability of ‘Western’ psychiatric classification systems, the role of socio-cultural context, and the efficacy of treatments commonly implemented in high-income settings in other parts of the world. Two scientific paradigms have mostly separated studied psychosocial and mental health care for populations affected by political violence; (a) a psychiatric paradigm, which specifically focuses on psychopathology, mostly posttraumatic stress complaints, and (b) a paradigm which
focuses on the influence of contextual and cultural factors on psychological functioning. This latter paradigm prefers the term ‘psychosocial’ to mental health to emphasize the importance of socio-contextual factors. As in practice both terms show a lot of overlap I have tried to use both terms together throughout this dissertation, in accordance with current consensus.

To help bridge the above-mentioned gap, research in this dissertation focused on assessment of the efficacy of mental health and psychosocial support for populations exposed to political violence in low-income, non-Western settings. Research activities focused on three specific research questions: (a) how can the impact of political violence on psychosocial wellbeing and mental health best be described?; (b) what are appropriate psychosocial and mental health intervention strategies for populations affected by political violence?; and (c) how effective are current psychosocial and mental health intervention strategies? Research was conducted from an interdisciplinary perspective, building on insights from both psychiatric and psychosocial paradigms. We intended to move beyond entrenched assumptions within both paradigms and stimulate integration of knowledge through the combination of qualitative and quantitative methodology, critical reflection and empirical research focused on theoretical premises within both research traditions, and the application of relatively recent research techniques to examine relations between social context and individual wellbeing.

Research took place between 2002 and 2007 and focused on two Asian populations; (1) adult torture survivors in Nepal, a country affected by a Maoist insurgency, and (2) political violence-affected children, aged 8 to 12 years, on the island of Sulawesi in the Indonesian archipelago.

TORTURE SURVIVORS IN NEPAL

Chapter two describes research aimed at examining relations between psychiatric symptoms and functioning of Nepali torture survivors. The use of torture by both security forces and Maoist rebels intensified during a decade-long Maoist insurgency. In contrast to previous research findings in other countries with refugees, our research findings show the importance of Posttraumatic Stress Disorder (PTSD) Symptoms in explaining impaired functioning for torture survivors. These findings point to the danger of the often polarized character of the debate on the applicability of PTSD for populations affected by political violence, in which PTSD is either the single focus of study and intervention or is seen as categorically irrelevant. For generally war-affected refugees, PTSD might not be the most relevant group of symptoms as research findings show that symptomatology is not always associated with functioning. For Nepali torture survivors, however, who experienced personally directed violence in an intimate relationship with
a perpetrator, PTSD symptoms were relevant. These findings highlight the need to base intervention foci on more detailed empirical investigation, rather than a priori assumptions.

Chapter three concerns a conceptual analysis of cultural adaptations to a psychosocial intervention (counseling) as part of a multidisciplinary package for torture survivors in Nepal. These adaptations were required to take into account the different socio-cultural background of clients and the client’s views on treatment of psychosocial problems. Adaptations were made with regards to the therapeutic relationship, conceptualizations of the self, levels of introspection and abstraction, and local perspectives on illness and healing. Again, a standpoint in between the polarized positions of the debate is proposed, this time based on clinical experiences. The feasibility and efficacy of Western-style treatment approaches is not a priori regarded as unattainable, but the importance of adaptations based on socio-cultural context is emphasized.

Research findings regarding the effectiveness of a multidisciplinary treatment aimed at decreasing psychiatric symptoms and increasing functioning of torture survivors are discussed in chapter four. Treatment was short (2 to 4 sessions on average) and consisted of a psychosocial component (counseling, yoga, relaxation exercises), brief medical component and legal assistance. A comparison group received psycho-education. Effectiveness of the intervention was assessed through standardized rating scales pre- and post treatment, focusing on psychiatric symptoms, somatic symptoms, and functioning. Although multidisciplinary treatment showed moderate effectiveness in decreasing somatic symptoms and general functioning, no differences with the comparison group were found on specific psychiatric symptoms (PTSD symptoms, anxiety and depressive complaints). Considering a target group that often presents with psychiatric symptoms and the popularity of brief multidisciplinary treatment in specialized centers aimed at decreasing such symptoms, the chapter concludes that identification and assessment of other treatment opportunities that are able to target these symptoms is necessary.

The final chapter of this part of the dissertation proposes ways forward for research and interventions with political violence-affected populations in Nepal from a broader multidisciplinary perspective. The chapter concerns a systematic review of the literature regarding political violence and mental health and psychosocial wellbeing, by a group of academics and interventionists from a variety of disciplines (cultural anthropology, psychology, medicine). This systematic review resulted in a number of recommendations. First, the need for prevention interventions for the general population rather than specific target groups is recommended, as research findings for instance have shown that tortured refugees do not show more impairment in functioning than non-tortured refugees. In addition, the social science literature has emphasized a number of risk factors for the general population, including a worsened economic situation and changed communal relations. Second, based on findings in the literature, it is argued
that interventionists, policy makers, and researchers should broaden their focus to specific cultural idioms of distress in Nepal, rather than the traditional attention for PTSD symptoms. Finally, it is recommended that more research take place to evaluate locally much-used treatment strategies, including traditional and religious healing.

**CHILDREN AND POLITICAL VIOLENCE IN INDONESIA**

The second part of this dissertation describes research with children in Central Sulawesi. Since 1998, communal violence in this area has taken place between Christian and Muslim groups. In light of recommendations from the first part of the dissertation to more strongly consider the socio-cultural context in conceptualizing the impact of political violence on mental health and psychosocial wellbeing and treatment strategies to ameliorate this impact, qualitative research techniques were more systematically adopted. Findings from this qualitative research were used to (a) develop instrumentation to assess efficacy of treatment in a culturally valid way, (b) understand the context in which quantitative research findings must be interpreted, and (c) develop a theoretical intervention model which takes into account contextual variables. This theoretical conceptualization was empirically tested using experimental efficacy research (a so-called cluster randomized trial).

Chapter six concerns qualitative research regarding perspectives of children, parents/caregivers and teachers regarding the impact of violence on psychosocial wellbeing, and local resources to lessen this impact. Research findings provide evidence for the difficulty to isolate individual ‘trauma’ complaints from wider impacts of violence on the social context, including perceived changes in morality, increased economic inequality, and tension between religious groups. The chapter ends with the recommendation for psychosocial interventions to target these changes in the social context, while including parents, massage healers, and local health workers.

As in research with adults, child-focused research has raised doubts on the universal applicability of current psychiatric classification systems. Researchers aimed at evaluating the efficacy of psychosocial programs for children affected by war would thus benefit from standardized rating scales that can assess daily functioning of children in a culturally valid manner. Such rating scales, however, are not sufficiently available. Chapter seven focuses on the description of a method to locally construct rating scales to assess function impairment. This method entailed qualitative research techniques to develop a rating scale, after which quantitative evaluation of psychometrics took place. Developed rating scales were later used to evaluate the efficacy of a psychosocial intervention with regards to function impairment.
Findings from the qualitative research can be translated into the theoretical conceptualization of ‘ecological resilience’. Ecological resilience, as described in chapter eight, refers to those assets and processes existent on all social-ecological levels (individual, family, peer, school, community) that have shown to have a relationship with good developmental outcomes after exposure to situations of armed conflict. Subsequent to a review of the scant research findings regarding ecological resilience, a stepwise description on how to build on ecological resilience in psychosocial programming is offered.

There is a lack of an evidence-base for psychosocial and mental health interventions for populations exposed to political violence, as mentioned above. In chapter ten, efficacy research following stringent international guidelines on a school-based psychosocial intervention aimed at decreasing psychosocial problems in a psychiatric risk group is presented. This manualized school-based program consisted of structured group sessions containing both cognitive-behavioral techniques aimed at decreasing trauma complaints and creative-expressive techniques aimed at strengthening resilience. The 15-session program was implemented by trained paraprofessionals over a period of five weeks. Results show the efficacy of the intervention, also after six months, for girls. Girls participating in the intervention condition, in comparison with girls in a waitlist condition, demonstrated a stronger decrease of PTSD symptoms and function impairment. Also, girls in the waitlist condition evidenced a decrease in hope, conceptualized as children’s perspectives on their ability to generate and implement solutions to problems, whereas hope remained the same for children receiving the intervention. The latter result was found in both boys and girls. These findings can be considered positive, especially considering the ongoing political instability during implementation of the intervention and the fact that the intervention was implemented by paraprofessionals. This chapter concludes with the need to further embed the school-based psychosocial program in poverty reduction initiatives, as well as the need to further improve the program to effectively target the locally identified ‘trauma’-idiom.

In the final chapter of this second part of the dissertation we again offer a way forward, this time by applying multi-level statistical techniques to identify the working ingredients of the school-based intervention. Although a small number of studies have now addressed the efficacy of psychosocial programs for children affected by political violence, these studies do generally not provide suggestions on how treatment could be improved. In contrast to our hypotheses, positive changes caused by the intervention were not associated with changes in coping, social support, and family connectedness. Rather, improvements on PTSD symptoms and hope were related to an initial decrease of function impairment. As coping and material social support were associated with changes in symptoms – independent from treatment -, improvement of the treatment could take place by a stronger focus on addressing coping and the involvement of
parents/caregivers in the intervention. Research findings support the notion of ecological resilience, since empirical relations between variables at different socio-ecological levels (economic status of family, peer social support) and individual treatment changes (PTSD symptoms and hope) were confirmed. Important issues for future research are the development of culturally sensitive approaches to assess resilience constructs (e.g. family connectedness) and the examination of the role of specific cognitions in changes associated with treatment.

EPILOGUE

The final chapter of the dissertation discusses the biopsychosocial model of Engel. During the course of research collected in this dissertation, more emphasis was placed on the relation between individual symptoms and the socio-cultural context in which these are expressed and can be treated. At the same time, a trend towards more integrated consideration of individual (biological and psychological) and social variables can be observed in this field of research and practice. The biopsychosocial model is posited as a useful framework to integrate scientific findings related to the mental health and psychosocial impact of political violence, based on a discussion of recent research findings and methodological developments.