

Chapter 1

What are the current and potential uses of nature therapy/ecotherapy in the promotion of psychological wellbeing and emotional healing in psychosocial programmes for children affected by conflict within post-conflict peace-building scenarios?

Context of the Problem.

Conflict in the 21st century is increasingly affecting the lives of civilians. Conflicts are no longer fought on battlefields but in population centres. Modern weaponry permits widespread damage to both social and physical infrastructure, augmenting civilian casualties. Since the beginning of this century, civilian casualties have risen from 5% to 90%, and a third of these are children (Gow et al. 2000: 8; Scheper- Hughes 2000; Maçhel 2001).

Despite world-wide efforts to reduce armed conflict, there have been approximately 30 armed conflicts raging at any one time over the last decade. An armed conflict is defined as one in which 1000 or more individuals have died as a direct result of the conflict. The majority of armed conflicts have occurred developing countries, with Africa and Asia

hosting two-fifths of the world's total (Ploughshares 2006). Predominantly, these conflicts have occurred within States, between factions split along ethnic, religious or cultural lines (Maçhel 1996). While the overall number of armed conflicts has not diminished over the last decade, 32 armed conflicts have ended within this time (Ploughshares 2006). Leafman (2004) identifies 41 'hot spots' where longstanding ethnic and cultural hostilities regularly experience escalation rather than permanent resolution. Consequently, conflict is often perpetuated, amplified and passed down through generations. These realities emphasise the cyclical nature of conflict, and indicate that while there has been an increased focus on armed conflict reduction by international bodies in recent decades, this has resulted in little or no decrease in the frequency of armed conflicts world-wide.

The re-occurrence of violence in many parts of the world highlights the failure of the international community to both adequately address the underlying causes of conflict, and provide effective peace-building measures capable of establishing a culture of peace.

Children in Conflict Scenarios.

This thesis does not propose to address the root causes of conflict. Rather, the focus of this thesis is a particular approach to working with children affected by armed conflict. Several reports highlight the high proportion of children in countries where conflict has continued or emerged in the last few decades (Scheper- Hughes 2000; UNDP 2006). Almost three-quarters of the states at war in 2003 had populations with a high proportion of children (children under 15 made up more than one third of the population) (Ploughshares 2006). As such children represent the majority of civilians affected by armed conflict, and the number is growing (Gow et al. 2000).

Despite the high percentage of children as victims of violent and armed conflict, children were largely ignored by major international players in peace-building and reconstruction

efforts prior to the last decade. It was as recently as 1996 that the UN commissioned its first comprehensive assessment into the effects of armed conflict on children. *“The Impact of Armed Conflict on Children”* or the Maçhel Report, as it is commonly referred to after the author, Graça Maçhel, drew attention to the plight of children affected by conflict, and the need to address children as a specific issue in conflict.

Several UN reports, including Maçhel (1996; 2001), suggest that in the previous decade, around 2 million children have been killed in armed conflict, four to five million disabled, 12 million left homeless, more than one million orphaned or separated from their families, and some 10 million psychologically traumatized in armed conflicts. Countless children have been forced to witness or even to take part in horrifying acts of violence. A similar report presented by the current Special Representative of the Secretary-General for Children Affected by Armed Conflict, Ms. Radhika Coomaraswamy (2006), indicates little improvement in such statistics. While such statistics leave room for interpretation and are not quantifiable, it is undeniable that such statistics cannot begin to encapsulate the many millions of children who suffer emotionally and psychologically due to the impact of armed conflict (Gow 2002).

Whilst conflict adversely affects all members of a community, children and youth are particularly susceptible to the negative consequences of conflict. As a result there are a multitude of issues arising from a child’s interaction with conflict that require specific attention. UNICEF (2001:83) states that “war affects every aspect of children’s development”, such as personal, physical, emotional, and psychological development. Conflict has the potential to forever change a child’s aspirations and capabilities by subjecting him or her to horrific physical, psychological, sexual and societal violence. UNICEF (2000: 1) notes that:

while children have widely differing needs, experiences, and challenges during and post-conflict, no child emerges unscarred and unaffected from situations where killings, indiscriminate bombings, recruitment, torture, rape, sexual exploitation, forced labour, abductions, sickness and malnutrition are a constant threat.

The physical destruction of the surroundings has multiple direct impacts on a child's life. According to Psychologist Abraham Maslow's hierarchy of needs, shelter is a basic need, which provides us with a sense of security. Thus, destruction of the physical environment itself is likely to negatively impact on a child's sense of security and wellbeing (Maslow 1943). In a physical sense, structural destruction and subsequent safety issues mean children may no longer have access to social services such as schooling or medical care. Destroyed infrastructure may result in disruptions to food, heating, water, and other physical necessities. Additionally, the deliberate targeting of strategic infrastructure such as roads and bridges may inadvertently inhibit families from leaving a conflict zone, and from help and resources reaching those in need.

If families are able to leave the area, further risks to children are incurred. Statistically more than half of all refugees and displaced people are children, which numbered 32.9 million in 2006 (UNHCR 2007). The mere act of fleeing, coinciding with the insecurity and uncertainty of displacement has a profound physical, emotional and developmental impact on children and increases their vulnerability. Over and above the psychological impact of displacement itself, children are often orphaned or separated from family during the escape. Consequentially, these children are in greater threat of being physically abused, exploited and abducted into military groups, or perishing from hunger and disease (Boyden and Gibbs 1995; Maçhel 1996; Maçhel 2001).

Child development research tells us that the most significant factor in a child's life is his or her relationship to parents and/ or guardians in the primary environment (Ndogoni 2002). In times of conflict, however, these may be directly affected through separation or death of a family member. Maçhel (1996) notes that the loss of parents and other close family members leaves a life-long impression and can dramatically alter life pathways. In a survey of 3,030 children conducted by UNICEF in Rwanda in 1995, nearly 80 per cent of the children had lost immediate family members, and more than one third of these had actually witnessed their murders (Maçhel 1996).

Maçhel (1996) highlights a key issue in the case of children and conflict. She suggests that while the aforementioned atrocities indicate the extremes to which children have been exposed during conflicts, of primary concern is the way conflict breaks down trust among people, undermining the very foundations of children's lives. She states that the impact of being let down and betrayed by adults is measureless in that it shatters the child's world view.

Hence the physical destruction of a child's environment has flow-on effects in areas of health, education, socialisation, and psychological development. UNICEF (2001:83) highlights the way in which war affects every aspect of children's development, stating:

Malnutrition increases because of low food production and displacement; resources for social services are diverted into the war effort; as health services deteriorate, infant and child mortality rates rise; the destruction of schools reduces access to education; and displacement separates families and deprives children of a secure environment.

Relatively little is known about the psychosocial long-term effects of lengthy conflict. Slobig (2002:13) states that the impacts of horrific violence create feelings of fear and insecurity, distrust and irrational behaviour in those who survive. Scheper and Hughes (2000) note that younger children are particularly likely to be psychologically affected by conflict, as their level of cognitive development may not be able to comprehend why the conflict is taking place. Maçhel (1996) notes that many of today's conflicts last the length of a 'childhood', meaning that from birth to early adulthood, children will experience multiple and accumulative assaults. Disrupting the social networks and primary relationships that support children's physical, emotional, moral, cognitive and social development in this way, and for this duration, can have profound physical and psychological implications.

Maçhel (1996) states:

In countless cases, the impact of armed conflict on children's lives remains invisible. The origin of the problems of many children who have been affected by conflicts is obscured. ...For years, they may suffer in silence as

their self-esteem crumbles away. Their insecurity and fear cannot be measured

Statement of the Problem.

Since the early 1990s there has been a huge insurgence of the awareness of the plight of children worldwide. The Convention on the Rights of the Child (CRC), which was ratified in 1989 by 192 countries, more than any previous human rights instrument, was quickly followed by the first World Summit for Children in 1990. While the summit was the largest meeting of global leaders of its time, the recent occurrence of the summit further highlights the international community's previous failure to identify children as a case of special concern in world issues. Whilst many organisations were aware of the effect of armed conflict on children prior to the Maçhel report in 1996, the report comprehensively brought the plight of children affected by conflict to the fore of the international community.

In the ten years since the Maçhel report, there has been a steady growth in both programmes and research regarding the effects of conflict on children at local, federal and international levels. A vast number of measures have been taken to address the needs of children in conflict situations, particularly in respect to international treaties. The UN established the Office of The Special Representative of the Secretary General for Children and Armed Conflict in 1997, a post currently held by Radhika Coomaraswamy. The first International Conference on War-affected Children was held in Winnipeg, Canada, in September 2000. Also in 2000 the General Assembly adopted the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, which raised the age at which participation in armed conflicts is permitted from 15 years to 18 years. The International Criminal Court adopted the Rome Statute in 2002 which recognizes the conscription of child soldiers, rape, sexual slavery and enforced prostitution as war crimes. In 2005 war-affected children were

identified as an explicit priority at the World Summit. In addition, child specific considerations have been included in several peace treaties, including Burundi and Northern Ireland, whilst Child Protection Advisors have accompanied peacekeeping missions to the Democratic Republic of Congo and Sierra Leone. Regionally, several conventions and charters have been established, for example the Organization of African Unity adopted the African Charter on the Rights and Welfare of the Child, the first regional charter of its kind, entering into force in 1999 (OSRSG/CAAC 2001; UNICEF 2001; Coomaraswamy 2006).

Kofi Annan (in 2001:85) however, in his 2001 address concerning the decade since the first convention on the rights of the child, stated that “while the last decade saw tremendous political progress in the development of an agenda and standards to protect war-affected children, children continue to suffer in enormous numbers.” This view was echoed by Coomaraswamy (2006: 3) who reiterated:

In stark opposition to the commitments of the international community and the significant progress that has been made on the children and armed conflict agenda, grave violations against children in situations of concern continue to be perpetrated on an alarming scale.

Advancements at an international policy level, whilst a necessary and valuable step, appear to have had little effectiveness in alleviating the situation of many children affected by armed conflict. In addition, many of the advances at all levels (local, national, international, and NGO) have occurred as a result of the increased awareness of the rights of the child, and only small sections of these advancements pertain specifically to the issues of children affected by conflict.

The Need to Address Psychosocial Wellbeing.

Conflict, armed or otherwise, invariably affects individual's psychological and emotional states. An armed conflict situation compounds the need to address psychological and emotional wellbeing, as it is not merely individuals that are affected, but whole communities and often countries. Consequentially, it is optimistic to expect post-conflict societies to be able to fully embrace a culture of peace, and move towards the reconstruction of a positive, productive, sustainable society without some form of improvement to psychological and emotional wellbeing.

The psychological and emotional wellbeing of children is increasingly recognised as a factor which must be taken into consideration within post-conflict scenarios. The perception of children within post-conflict scenarios, as either innocent victims, resilient individuals, potential agents of peace, or possible future threats, greatly impacts on the manner with which their psychosocial wellbeing is addressed. Despite a subtle shift from previous notions of children as mere victims requiring assistance, towards children as resilient potential role as agents of peace (Botero and Zacipa 2002; Lykes et al. 2003; Donaldson), children continue to be discussed as potential threats. Several theorists argue that a failure to address psychological and spiritual needs within the peace-building framework ignores latent individual and collective trauma, consequentially inhibiting a movement towards true peace, and left festering and submerged, may erupt as a return to violence. As such, many view targeting the future generation as a vital part in ensuring true and lasting peace and an investment in human security (Lederach 1998; Gow et al. 2000; Gow 2002; Ndogoni 2002; Velicaria and Laguardia 2002; Coomaraswamy 2006; OSRSG/CAAC 2006).

Irrespective of the adopted perception of children, the psychosocial and emotional impacts of armed conflict on children are universally accepted. Maçhel (2001:80), for example, argues that even “[c]hildren spared the direct experience of violence in armed conflict still suffer deep emotional distress.” All children, she adds, “who have lived

through conflict need psychosocial support.” Children in conflict scenarios face unique challenges and experiences, and consequently present complex and distinct cases requiring new paradigms and frameworks atypical of Western psychotherapeutic knowledge and experience.

The Representation of Psychological and Emotional Wellbeing in Documents.

The psychological wellbeing of children in conflict situations is inconsistently represented in the relevant documents. Some documents fail to mention psychological wellbeing, whilst others place considerable emphasis on the need to address psychological and emotional wellbeing. The 2000 statistical review document “*State of the World’s Children*” produced by UNICEF (2001), for example, fails to even mention psychological intervention, while “*We the Children*” (UNICEF 2001) dedicates little more than a paragraph to the issue and even fails to mention the psycho-social state of children among its list of “Priority Actions for the Future on Children Affected by Armed Conflict”.

Surprisingly, the omissions of the aforementioned documents occur despite the psychological effects of conflict on children being addressed in many other key documents. For example, Maçhel (1996: 39) clearly states that:

Armed conflict affects all aspects of child development - physical, mental and emotional - and to be effective, assistance must take each into account. Historically, those concerned with the situation of children during armed conflict have focused primarily on their physical vulnerability. The loss, grief and fear a child has experienced must also be considered.

Similarly, Point 9 in the Agenda on War Affected Youth developed at the Conference on War-affected Children in 2000 (UNICEF 2000: 3) states:

Promote Health and Wellbeing: Initiatives designed to help war-affected children must be developed to address all the needs of the child - mind, body and spirit. The international community must work ... to improve access to basic health and psycho-social rehabilitative services for girls and boys during and post-conflict.

Programming for Children in Post-Conflict Scenarios.

Since the Maçhel report highlighted the plight of children in conflict situations, various measures have been taken to address the issues identified. One of the primary methods used by the international community to directly address these issues at their source is the application of programmes. During the last decade, the number of programmes directly targeted at children in post-conflict situations has increased dramatically. Programmes are conducted by various bodies, including local and international NGOs, local communities, and government bodies. They vary dramatically in their aims, methods, size, funding, duration and target populations, and are conducted in various settings, including refugee camps, urban and rural areas.

Issues surrounding programme implementation abound, and a comprehension of the theoretical, practical, and academic debates and implications of such issues is primary to this thesis. General programming concerns include issues of class and gender of participants, and programme location. The use of Western paradigms and techniques is also a topical debate within the literature, together with issues surrounding effectiveness and imperativeness of programmes. Of specific concern to this thesis is the issue of addressing psychosocial wellbeing. While programmes aimed at improving psychosocial wellbeing constitute a mere portion of implemented programmes, addressing psychosocial wellbeing is a relatively contentious and complex issue.

Overall, there appears to be a dominant trend which favours interventions associated with skills acquisition over those addressing psychological, social and emotional wellbeing. Despite the clear acknowledgement by the international community of the

need to address psychological and emotional wellbeing, programmes with this as their primary focus are limited. Those that do exist, appear to be predominantly conducted by smaller organisations and bodies, and are often unable to secure funding. These issues shall be analysed throughout the thesis.

Thus, while there has been greater attention directed towards children affected by conflict and their psychosocial wellbeing, a large gap between calls for advocacy and meaningful action appears to exist. UNDP (2006: 73) notes that “[f]or the most part, ...[programming] efforts have been small-scale, time-limited and under-resourced.” Essentially, programmes are still thin on the ground, requiring greater diversity, ease of access, and implementation (Chase 2000).

Research into Psychosocial Programmes.

As international and academic attention into the situation of children and conflict is still a relatively fledgling field, limited concrete data regarding children in conflict is available. Coomaraswamy (2006: 6) states that:

It is important to recognize, however, that there is an acute lack of definitive and reliable information and data on many aspects of the problem of children and armed conflict, and the statistics that we do have are more often than not best-guess estimates and extrapolations. The lack of reliable data represents a critical gap in knowledge that severely hampers our collective protection and programme responses.

Boydon and Gibbs (1995) note that this is especially true of the impact conflict has on both the psychological and social realms, where little systematic information is available with regard to children. Subsequently, the identification of the need to address psychological and emotional wellbeing has resulted in several initiatives to improve programmes for children in situations of armed conflict. Conferences, research bodies, and independent research have been conducted and created, however these remain in their relative infancy.

There are two poignant facts which affect the field of youth in conflict and post-conflict programming: there are huge numbers of youth directly affected by war, and relatively few programmatic responses that are widely known, evaluated, and available. With this in mind, it is hardly surprising to discover that generality is the predominant characteristic of the literature on this issue. As an evolving field, the literature remains short on demonstrable, how-to specifics (Sommers 2006). Additionally, much (though not all) of the literature on children and armed conflict is produced by practitioners and field staff who are not always trained researchers (OSRSG/CAAC 2001). As a result there has been little academic work conducted on the effectiveness of alternative therapy based psychosocial programmes.

Several key documents highlight the need for more extensive research in this field, and call for improvements in the quality of research, particularly in the areas of information-gathering, data collection and analysis, as well as the monitoring and evaluation of programmes (Gow et al. 2000; UNICEF 2000; OSRSG/CAAC 2001; UNICEF 2001; Coomaraswamy 2006; Sommers 2006). OSRSG/CAAC (2001: 3) clearly stated the problem:

while there is growing political will, and there are some resources, to tackle this issue, international response is hobbled in part by significant gaps in our knowledge. ... A significant gap in our knowledge relates to the effectiveness of the various types of intervention that are being undertaken on behalf of children affected by armed conflict. ... Yet so complex and sizeable is the problem, that those developing these program interventions have had few opportunities to systematically and scientifically assess their impact, and thus pave the way for more effective interventions in the future. Clearly, there is a need for sustained, independent, and scientific assessment of what has worked or not, and why.

Concern regarding the lack of knowledge about children and conflict is still highly prevalent. In her 2006 report to the General Assembly of the United Nations, Radhinka Coomaraswamy, the current Special Representative of the Secretary General for Children and Armed Conflict, continues to express concern “that in certain areas there is

a lack of a knowledge base to take effective action with regard to children affected by armed conflict” (Coomaraswamy 2006:13).

The Application of Western Psychotherapeutic Techniques.

While the need for psychological assistance to children has been identified and accepted by many in the field, several factors contribute to render Western psychotherapeutic responses impractical. Traditionally, Western psychotherapeutic techniques rely on individual or small group consultations. Such an approach however, lacks an understanding of the extent to which armed conflict and responses to it are not only individual, but also collective, phenomena (Lykes et al. 2003; Armstrong et al. 2004). Western psychotherapeutic techniques also tend to emphasize individual emotional expression, which may not be feasible in all contexts. Aside from specific techniques and methods, contention also exists regarding the use of Post Traumatic Stress Syndrome, on which most interventions are based, with children in post-conflict scenarios. There is growing recognition that trauma as conceived in the West may strongly contrast with understandings of distress surfacing in non-Western cultures (OSRSG/CAAC 2001; Sommers 2006).

Supplementary to these concerns is the logistical reality of sourcing qualified psychologists to work in post-conflict settings. Armstrong and Boyden et al, (Armstrong et al. 2004) point out for example, that at the time of their research, the entire population of eastern Sri Lanka was served by one psychiatrist and one clinical psychologist. Consequently, the lack of Western-trained mental health professionals makes Western psychotherapeutic interventions largely untenable.

The Application of Alternative Techniques.

Due to the combination of the logistic difficulty and contested relevance of Western psychotherapeutic techniques, alternative therapies are steadily increasing within the field. Some of the attributes of such therapies include ease of application with minimal training or equipment, and effectiveness with large groups or communities rather than individuals.

Various forms of alternative therapy are currently being implemented by NGOs and community organisations. Classification and categorisation of psychosocial programming is problematic given the scope of intervention methods, approaches and expected outcomes. Alternative therapies implemented with relative frequency include Art Therapy, Drama therapy, Play therapy, Dance therapy, Poetry therapy and Music therapy (Moreno 2000; Putri 2002; Furman and Collins 2003; Lykes et al. 2003; Leafman 2004; Ng 2005). Each of the aforementioned mediums is somewhat recognised within Western contexts, and are generally implemented as programmes of a set duration.

Other alternative interventions such as the holding of concerts, events and sporting competitions, are aimed at providing a sense of normality to the lives of participants, and improving their overall mental wellbeing through participation in fun activities. The diversity of alternative interventions compound issues associated with programme classification, validation and effectiveness. Despite the growing implementation of alternative therapies in post-conflict scenarios, minimal academic research has been conducted to unequivocally confirm their effectiveness. Consequently, alternative therapies continue to exist as relatively contentious interventions.

Nature Based Interventions as Alternative Therapy.

Despite growing prevalence and acceptance of alternative therapies within the field, Ecotherapy (or nature-based therapy), a commonly used form of alternative therapy within Western societies, is virtually non-existent within the post-conflict peace-building field. Ecotherapy is essentially the use of nature to improve psychosocial wellbeing. The phenomenon of nature's positive impact on individual's wellbeing was explored by Edward O. Wilson, who devised the theory of Biophilia. Biophilia argues that humans have an innate bond with nature, and furthermore, that a disconnection from nature may affect one's emotional health (Segal 1997; Frumkin 2001; Gorrell 2001; Milton 2002; Neill 2004). The impact of nature on wellbeing is studied within ecopsychology, a term created in the early 1970's (Gorrell 2001). Nature-based therapy takes this phenomenon further by applying nature to positively affect wellbeing.

Research that supports the effectiveness of nature-based therapy is continuously growing. Multiple studies have shown how access to, and interaction with, nature improves one's overall sense of wellbeing. All levels of interaction with nature have been studied, from a view of nature through a window in offices, prisons and hospitals, to the impact time spent in wilderness locations has on diverse groups, including those suffering from trauma. Frumkin (2001) identifies four aspects of the natural world where there is evidence that contact with nature enhances health and wellbeing - animals, plants, landscapes, and wilderness experience. Most studies have shown clear affects on wellbeing, both psychologically and physically. For example, findings show a window view of nature results in less frustration and more enthusiasm for jobs and shorter hospital stays, fewer complications and required less pain medication for those in hospital (Gorrell 2001).

The use of nature as therapy can be seen in multiple forms within Western contexts. Gardens, for example, are being created in hospitals, communities and inner-city areas (Smith 1998; Gray 1999; Arlington and Johnson 2002; Grant 2002; Matthews 2002;

Norfolk 2002; Pedersen 2002). The aforementioned research highlights the fact that the psychological benefits of nature are attainable without living in the wild. There is, however, a multitude of research on nature-based programmes that require participants to spend time in natural settings, which has proven positive benefits to wellbeing. Outdoor/wilderness programmes, ranging from day walks, adventure programmes, wilderness programmes, and relaxation retreats are used with groups as diverse as schools, corporate groups, troubled youth, disabled youth, and trauma victims (Berman and Anton 1988; Griffin 1995; Hyer et al. 1996; McCready 1997; Gordon and Dodunski 1999; Palka 1999; Boyes 2000; Borrie and Birzell 2001; Newes 2001; Sugerman 2001; Neill 2003; Davis -Berman and Berman 2005).

This research attempts to address the gap in knowledge and practice surrounding the use of nature-based therapy within post-conflict peace-building and reconstruction settings.

Statement of Hypothesis and Research Questions.

This research seeks to identify current applications of nature-based therapies and their appropriateness within conflict scenarios. This research is based on the theory that contact with the natural environment can contribute to the physical, mental, and social wellbeing of any individual, consequentially promoting healing. Thus, it is hypothesised that if nature-based therapies can positively affect the wellbeing of children in non-conflict environment, such therapies can have similar effects in conflict scenarios. This hypothesis is derived from the correlation of the use of nature-based therapies in Western contexts to issues found within post-conflict scenarios. It is subsequently theorised that contact with nature is a viable form of alternative therapy within post-conflict scenarios.

Questions to be Addressed in the Research.

This research primarily will address the question:

What are the current and potential uses of nature in the promotion of psychological wellbeing and emotional healing in psychosocial programmes for children affected by conflict within post-conflict peace-building scenarios?

Additionally, the research will identify:

What current measures are being taken to improve the psycho-social wellbeing of children in post-conflict situations?

What research has been conducted into the effectiveness of nature as a form of alternative therapy within the Western World?

What factors should be taken into consideration when attempting to address the psycho-social wellbeing of children in post-conflict settings?

How well can ecotherapy/nature-based therapy meet the aforementioned considerations?

What research has been done into the implementation of ecotherapy/nature-based therapy in post-conflict settings?

To what extent is ecotherapy/nature-based therapy already being applied in post-conflict settings?

What appears to be the most appropriate application of ecotherapy/nature-based therapy within post-conflict settings?

Significance of the Problem and Hypothesis and Research Questions.

This research aims to address the gap in knowledge regarding the potential use of nature contact as an alternative therapy, and its application to promote healing and wellbeing amongst those affected by conflict.

As has been previously noted, many theorists have argued that without the treatment of the spirit and mind, any assistance given to children of conflict in the way of external measurable factors such as health, education and housing, will not fully address or remedy the psychological scars of past experience. The failure to focus equally on the psychological and physical realms leaves a considerable gap of healing.

Nature therapy/ecotherapy in its various forms is increasingly accepted within western societies as an alternative therapy, with multiple benefits including the increase of psychological, emotional and spiritual wellness. This study will examine whether the benefits of ecotherapy could also be applied in wellness programmes in post-conflict and reconstruction settings. The apparent lack of such an approach within psychosocial programmes leads to the investigation of the possibility of cross-referencing the applicability of ecotherapy programmes as they are known and carried out within Western contexts to a post conflict setting.

If the use of nature to promote wellbeing among children who have been affected by conflict is shown as a viable form of the promotion of psychological and spiritual wellbeing, it will provide a potential theory which addresses several of the recommended requirements for suitable forms of alternative therapy within a post-conflict/reconstruction setting. These include: the ability to positively affect individual's psychological states without the specific requirement of a psychological background; the ability to adapt programmes easily to incorporate nature contact and thus potentially improve the effectiveness of other forms of programmes; the ability to provide wellbeing promotion with minimal financial input if necessary; and the ability to provide wellbeing promotion to groups and potentially communities concurrently with individual wellbeing

promotion. The diversity of options for the application of nature therapy is a primary reason for undertaking the research, as it is hoped a positive outcome from the research will mean this form of therapy could be applied in various forms in any number of contextual settings.

Assumptions and Limitations.

It is assumed that contact with nature is universally beneficial to all individuals. This is based on the theories of biophilia and extensive documented evidence. The application of nature based therapy to a multitude of social groups and needs within Western societies leads to the assumption that the apparent universal benefits of contact with nature will also apply, and be beneficial to, children affected by conflict and children of non-Western societies. The research is limited in scope, however, in that it seeks merely to ascertain the plausibility of such a hypothesis. The depth of the research at a Masters level does not allow for an exhaustive study of the multitude of variables in terms of potential nature contact and contextual situations. This could be the subject of further research.

The research also assumes that the psychological wellbeing of those affected by conflict is a vital part of the reconstruction and peace-building process. It assumes that without addressing the psychological, emotional, social and spiritual needs of children affected by conflict, a culture of peace cannot be achieved. Additionally, it is assumed that the process of positively affecting psychological and emotional wellbeing in children has multi-tiered benefits, as they can act as positive agents for future peace.

Research Design and Methods.

This research is investigative and exploratory. Little to no previous research has been conducted which attempts to draw the various fields of knowledge together, assess their interrelatedness, and analyse the ability of the ecotherapy field to address issues raised in previous research regarding programme applications for children in post-conflict settings.

Due to the probing nature of the research, it is designed to sequentially evaluate current knowledge and applications within the various fields, and subsequently present the findings of a correlative analysis of these fields. The research will commence by identifying the current global situation of conflict and its impact on children. It will then present theories supporting the need to address psychological wellbeing and investigate what is currently being done to tackle these issues. Previous research conducted regarding the use of nature as therapy will then be investigated and current applications within post-conflict scenarios will be identified. Finally, a correlative assessment shall determine the suitability of nature based therapy in post-conflict scenarios.

As knowledge is gained regarding the various fields, ideas and theories shall be developed concerning the applicability, suitability, effectiveness and efficiency of various methods of ecotherapy within the post-conflict framework. This research draws together several fields of knowledge including: ecotherapy; ecopsychology; behavioural geography; child psychology; developmental psychology, and peace-building, reconstruction, and development theories.

Content analysis of literature including reports, articles, books, websites, and reviews by academics, non-government organisations, governments and international bodies shall form the data gathering method. Most of the data shall be sourced on-line through both academic databases and general websites. The internet is the primary location for information regarding the situation of children in conflict, and programming in particular. As has been previously mentioned, the majority of data regarding programme

implementation is compiled by NGOs and other bodies, and as such reports and reviews concerning programmes being applied within the field are located on relevant websites. Research projects conducted into ecopsychology and ecotherapy shall also be primarily sourced on-line, while books on the theoretical background of ecopsychology/ecotherapy field, as well as chaptered books on research findings, shall also be used. A correlative method of analysis shall be used to draw conclusions from the data presented.

Definitions of Terms.

'Children affect by conflict' are those under the age of 18 who have been directly or indirectly in contact with, or affected by, armed conflict. The terms 'children' and 'youth' shall be used interchangeably, with the term 'adolescents' used when specific reference is directed to teenagers.

A 'programme' refers to an intervention in which local citizens are 'participants'. They are generally interventions that occur over a set period of time, and are conducted primarily to directly affect 'participants'.

A 'project' refers an intervention where there isn't a concept of 'participants', though local citizens may be involved in the project. Typically, a 'project' results in a quantifiable outcome and is an individual occurrence.

'Psychosocial programmes' are wellbeing programmes whose principle objective is to positively address the psychological and emotional states of participants. These programmes may seek to achieve this through skill or knowledge acquisition, or merely through therapeutic activity.

'Alternative' therapies are predominantly non-clinically-based Western psychotherapeutic techniques which generally employ fun, creativity, or other means of

addressing psychosocial wellbeing. Alternative therapies include art therapy, dance therapy, music therapy, play therapy, and the like.

A broad notion of 'psychosocial wellbeing' is used within this research in accordance to previous research carried out by Armstrong, Boyden et al (2004) and in accordance with the definition used by the Office of the Special Representative of the Secretary General for Children Affected by Armed Conflict (OSRSG/CAAC 2001). This definition is applied so as to be used by non-psychology trained professionals, whilst addressing issues of concern within the field. The term 'psychosocial' identifies wider social influences on wellbeing, thereby incorporating a broader recognition of the issues affecting children in post-conflict environments and the impact these issues have on wellbeing.

'Therapy' does not refer to predominantly accepted clinical form of psycho-therapy, but rather to the definition applied within eco-psychology and ecotherapy, asserting to an increased awareness of psychological wellbeing and inner peace.

'Nature therapy' and 'ecotherapy' are interchangeable and are the application of methods and theories raised in ecopsychology.

'Wilderness therapy', 'adventure therapy', 'horticultural therapy', 'nature-based therapy' etc. are specific methods of interaction with nature designed to have positive benefits on participants using the principle theories of ecotherapy and ecopsychology.

'Post-conflict' is used within this thesis not as a specific time frame, but rather as a state within which the types of programmes discussed can be viably implemented. The type of conflict to which this thesis pertains is not exclusively, but predominantly, referring to violent armed conflict.

Thesis Outline.

This thesis is split into three main parts. Chapters Two, Three, Four and Five deal specifically with the situational context of children in conflict scenarios and the interventions aimed at relieving these situations. Chapter Six introduces the field of nature-based theories and research with Western contexts. Chapters Seven and Eight investigate the implementation of nature-based therapies within post-conflict scenarios.

Chapter Two introduces the thesis content by providing a general overview of the issues affecting children within post-conflict context. Understanding and acknowledging these issues is imperative to comprehending the interrelatedness of post-conflict factors and how these factors affect the wellbeing of children. Secondly, the chapter introduces notions surrounding the effect of conflict on psychosocial wellbeing. The argument that psychosocial wellbeing should be considered a priority within peace-building frameworks is presented. Sequentially, contention regarding the superlative manner with which psychosocial wellbeing should be addressed is reviewed, along with diverse psychosocial responses to conflict.

Chapter Three continues to hone the thesis by identifying issues associated with youth programming. Factors including the types of youth targeting by programming, and the impact perceptions of youth have on programming implementation are presented. Overarching issues including youth involvement in programme planning and implementation, and the incorporation of local knowledge in programme design are used to highlight the range of concerns currently prevalent within the field.

Chapter Four extends the thesis focus by pioneering an analysis into the issues associated with programme classification. Commencing with an overview of various programme types, the chapter leads towards a unique analysis of psychosocial programming classification. The identification of current problems surrounding categorisation, and the impact these issues have on subsequent programme implementation, results in the construction of new paradigms and frameworks. The

presentation of these frameworks sets out the foundations upon which the subsequent chapters and arguments are based.

Chapter Five adopts the aforementioned frameworks and applies it to currently implemented programmes. Controversy regarding the implementation of 'alternative' therapies introduces chapter, threading the thesis to subsequent chapters regarding the implementation of nature-based therapies. Specific case studies of various alternative therapies highlight the diversity of psychosocial interventions, and the issues that surround them. Art, sport and play, and music interventions are selected and reviewed. The lack of prominence of nature-based interventions is crucial to the primary argument of the thesis, and lays the foundations for the following chapter.

Chapter Six introduces the nature / wellbeing paradigm within Western contexts. Children's interaction with, and perceptions of nature initiates the chapter. Current academic frameworks regarding humanity's connection with nature provide the scaffold upon which the primary argument of the thesis is based. The notions of Biophilia, ecopsychology and ecotherapy are central to the thesis' argument. The theories presented are exemplified through research associated with the nature components of animals, plants, landscape and wilderness. The potential application of each of these components is discussed in relation to conflict contexts.

Chapter Seven returns the thesis to conflict contexts and reviews the current implementation of the nature-based therapies identified in chapter Six. The role of nature within conflict contexts commences the chapter, highlighting the growing, but currently limited, recognition of nature's potential benefits within such contexts. This general consideration is subsequently honed to identify current uses within child psychosocial programming. Three main areas are identified, including the construction of green spaces, hands on applications, and programmes involving immersion in natural settings. Secondly, the chapter presents an in-depth case study of the Butterfly Peace Garden in Sri Lanka. The approach adopted in the Butterfly Garden, its success and difficulties, are

critically analysed. Issues raised throughout the thesis are considered in relation to this case study, merging the thesis from a general analysis of the situational context of children in conflict scenarios and their psychosocial wellbeing, to a specific nature-based intervention aimed at addressing these issues.

Chapter Eight concludes the thesis by binding together the primary themes identified in the research. It commences by providing an analysis of the overall lack of nature-based interventions, prior to contesting current paradigms associated with programme implementation that are seen to impede nature-based interventions. It proceeds to provide a comprehensive argument for the use of nature-based therapies within post-conflict scenarios, prior to presenting a case for the inclusion of nature-based therapies as a component of a holistic approach to peace-building centred on the construction of communal green-spaces. This is proposed as an area of future research.

This thesis presents an innovative critical analysis of the realm of psychosocial programming for children in conflict scenarios. The thesis fluidly moves through the situational context of children in conflict scenarios, issues surrounding their psychosocial wellbeing and how to address it, programming paradigm trends, and current alternative psychosocial applications, prior to introducing theories surrounding nature/ humanity interactions, nature-based therapies, and their current and potential implementation within post-conflict contexts. The argument that nature-based interventions are suitable methods of intervention for children in post-conflict scenarios is clearly articulated and supported.

Chapter 2

The situational context of children in conflict and post-conflict scenarios.

Introduction.

This chapter investigates the situation of children in conflict and post-conflict scenarios and the range of issues necessary to address their psychosocial wellbeing within a programme intervention framework. It shall commence with an overview of some of the general key issues pertaining to children in conflict as identified in the Maçhel report (1996) and subsequent key documents. The psychosocial state of children in conflict situations will constitute the focus of the chapter and shall be introduced subsequently. Within this, issues such as the allocation of Western notions of trauma and wellbeing on diverse cultures shall be considered, along with an analysis of arguments pertaining to the need to address wellbeing.

The Situational Context of Conflict Scenarios.

Conflict in the last century has seen a significant increase in civilian casualties. This is partly due to the increased targeting of civilian populations, particularly those living in

urban areas. This transition may be due to a shift in moral consciousness in regards to safeguarding individuals not directly involved in the conflict. The term 'collateral damage' is widely used to justify the use of force against civilian populations. In addition, the improvements in weaponry technology and the escalating access to such weapons by diverse groups, has resulted in an unprecedented ability to target populations and areas which were previously accessible only to major parties who could afford hi-tech weaponry (Maçhel 1996; Gow et al. 2000; Scheper- Hughes 2000; Maçhel 2001; Ploughshares 2006).

The cumulative result of the aforementioned factors has seen the often total destruction of both structural and social systems. Aside from unspecific attacks on urban areas, 'strategic' attacks against urban structures are increasingly common. Designed to affect supply of material or intelligence to the opposition through the targeting of principle roads, bridges and offices, such methods also affect local civilian populations. Whilst the destruction of infrastructure may prevent weapons from entering an area, it also prevents food, medical services and other aid from reaching civilians trapped in the vicinity, as well as inhibiting their potential to leave (Maçhel 1996; Coomaraswamy 2006; UNICEF 2006). The impact conflict has on available resources and services greatly affects child development and wellbeing (UNICEF 2006).

Whilst the international community has been involved in attempts to prevent, reduce, or end conflicts since the cessation of the Second World War, the previous decade has seen no reduction in the overall number of armed conflicts occurring worldwide. The majority of conflicts occur within developing countries which contain a high proportion of youth. As result, children and youth constitute perhaps the largest group of individuals affected both directly and indirectly by modern conflicts (Ploughshares 2006).

Maçhel (1996: 9) states that:

The struggles that claim more civilians than soldiers have been marked by horrific levels of violence and brutality. Any and all tactics are employed, from systematic rape, to scorched-earth tactics that destroy crops and poison wells, to ethnic cleansing and genocide. With all standards abandoned, human rights violations against children and women occur in unprecedented numbers. Increasingly, children have become the targets and even the perpetrators of violence and atrocities.

Children and Conflict: The issues.

Over the last two decades substantial advancements have been made in the awareness and knowledge of child –specific circumstances in conflict situations. In order to clearly understand the psychological and emotional situation of children in conflict settings, it is necessary to comprehend the overall situation of children in conflict, and the primary issues faced by them.

The Maçhel report (1996), the UN's first official inquiry into children and conflict, as well as her later book (Maçhel 2001) remain some of the most comprehensive assessments of the situation of children and conflict to date. The report was compiled over several years of research through the combined effort of the United Nations Centre for Human Rights, and the United Nations Children's Fund (UNICEF). One of the five objectives of the original report was to identify the actions needed to promote the physical and psychological recovery and social reintegration of children affected by armed conflict.

Both the Maçhel report and book assess the impact of conflict on children in several areas. These include child soldiers, refugee and internally displaced children, sexual exploitation and gender based violence, landmines and unexploded ordinance, sanctions, health and nutrition, psychological recovery and reintegration, and education. The identification of these core areas forged the primary issues addressed in the majority of subsequent investigations, often with little deviation from the original findings.

In order to gain an understanding of the impact of these factors on children in conflict, several of these issues shall now be summarised.

The use of child soldiers in modern conflicts is of primary concern to the international community. The UN estimates that 250,000 children are being used as combatants in 33 recent and ongoing conflicts worldwide. While most child soldiers are teenagers, many are under ten years of age, and include both boys and girls. Child soldiers are used for variety of roles, initially often in supporting roles, including messengers, cooks, porters or spies, however most end up as combatants. As combatants children are more likely to suffer injury or death due to a lack of training and equipment. Additionally, children are used a disposable resource, thus placing them in vulnerable situations (Maçhel 1996; Maçhel 2001; Coomaraswamy 2006). Children become combatants for numerous reasons. Most child combatants originate from marginalized or impoverished backgrounds, or are unaccompanied. The prospect of joining an armed group is therefore potentially seen as a guarantee of food, clothing, medicine and security. In some situations, children become combatants as a means of securing the protection of other family members. Aside from intrinsic motivation to join armed forces, children are often actively recruited, kidnapped, or conscripted (Maçhel 1996; Maçhel 2001; Coalition to Stop the Use of Child Soldiers n.a.). Maçhel (1996:11) quotes an armed leader who stated child soldiers are more desirable as they are “more obedient, do not question orders and are easier to manipulate than adult soldiers.”

The circumstances of refugee children and internally displaced children are of special concern within conflict scenarios. The number of ‘people of concern’ to the UNHCR, which includes refugees and internally displaced people, was estimated at 32.9 million in 2006. Approximately half of all internally displaced people and refugees are children, and in some regions such Central Africa, they constitute the majority (UNHCR 2007). Maçhel (1996:16, 17) states that “wherever it occurs, displacement has a profound physical, emotional and developmental impact on children and increases their vulnerability”. She continues “[i]n the course of displacement, millions of children have

been separated from their families, physically abused, exploited and abducted into military groups, or they have perished from hunger and disease". In addition, conditions in the camps create a high mortality rate due to a lack of food, sanitation, shelter, clean water and over-crowding. Those in internally displaced camps have a 60% greater chance of mortality than those who are not displaced (Maçhel 1996; Maçhel 2001; UNHCR 2004; UNHCR 2007).

Historically, sexual violence in armed conflict has been considered an unfortunate side effect of war. Increasingly rape is part of an orchestrated policy, with impregnation often used as a form of ethnic cleansing, such as witnessed in the Balkans. Whilst all individuals, including boys and men, may be subject to sexual violence within an armed conflict context, adolescent girls are the most vulnerable due to their size. Sexual abuse not only has immediate physical and emotional repercussions, but may also affect long term considerations such as fertility or the contraction of HIV. Additionally, unmarried girls in many cultures face being ostracized and consequentially lose family and social support (Maçhel 1996; Baden 1997; Maçhel 2001; Coomaraswamy 2006).

Light weapons, such as landmines, pose a grave threat to children in conflict settings. Children in approximately 80 countries are living amid uncleared landmines, not to mention unexploded ordinance (UXO), grenades, bombs and shells. Unexploded ordinance is a threat for years to come. In 1999, 8 years after the end of the Cambodian civil war, there were 1000 casualties due to unexploded ordinance (Maçhel 2001). Whilst landmines have been used in almost all conflicts this century, Cambodia, Afghanistan and Angola account for 85% of the world's landmine casualties. Angola itself has 70,000 amputees, of whom 8,000 are children. Limited medical facilities in conflict and developing areas increases the likelihood of fatality from an injury sustained by an explosion. In addition, survival almost certainly results in a life without adequate support of a social or medical nature. Prosthetics for children need to be replaced regularly as they grow, are expensive, and often in short supply. In several countries such as

Nicaragua, Angola, El Salvador and Mozambique, less than 20% of children requiring prosthetics had access to them (Maçhel 1996).

Conflict also has immense impacts on peripheral factors that also affect the wellbeing of children. The Maçhel report highlights that while many children die as a direct result of injuries sustained in the conflict, the overwhelming majority of fatalities occur as a result of secondary consequences such as disease and malnutrition. As many armed conflict occur in exceedingly poor countries where children are already vulnerable to malnutrition and disease, the child mortality rate may rise up to 24 times. Those at greatest risk are children under 5 who are already malnourished. The majority of deaths in camps are the result of diarrhoea, respiratory infection, measles and other infectious diseases (Maçhel 1996; Maçhel 2001). During a conflict, access to medical assistance is hampered not only by the conflict itself, but due to insufficient resources to cope with the number of patients received. This is compounded by the fact that in many conflicts health facilities are directly targeted. In Mozambique 70% of health facilities were looted or forced to close down. In addition, medical practitioners often flee the conflict. Cambodia, for example, was left with only 30 doctors after the Khmer Rouge period. Conflict also disrupts distribution of vaccinations and other drugs, particularly in rural areas, and consequentially the number of treatable diseases greatly increases during conflict. In Bangladesh's struggle for independence between 1971 and 1972, smallpox, which had been all but eradicated previously, claimed 18,000 lives (Maçhel 1996).

Food supplies are almost irrevocably interrupted during armed conflict, however in some cases, they are directly targeted. In Ethiopia during the early 1980's hundreds of thousands of acres of food producing land was destroyed as part of the government's "Scorched Earth" policy. The nature of food production also means that food is not easily sourced immediately following a conflict, and in some cases may take several years to fully recover. This obviously has ongoing implications for the health of children and adults in a post conflict environment (Maçhel 1996).

Comprehension of the issues initially raised by the Maçhel report, and their imminent impact on the psychological, emotional and physical wellbeing of entire communities, are imperative to be able to effectively assist communities and individuals move towards a culture of peace. Recognising this, the majority of documents pertaining to children and conflict produced since the Maçhel report by major key players within the field reiterate the issues raised by Maçhel (see UNICEF 2000; Coomaraswamy 2006). Notably, the documents produced by smaller NGO's tend to provide more specific measures that can be conducted by their organisation in order to address the issues raised in Maçhel report, while those produced by the UN tend to stipulate broad, often unspecific recommendations, reflecting the international realm within which it functions. Few documents exist, however, which move beyond descriptive accounts or recommendations, and provide clear evaluative reports on current practices. Despite this failing, the identification of these issues has allowed the international community to take steps to address them. On the larger scale, this has been done by the establishment of international treaties; advances in international protocols, humanitarian law, and human rights law; the founding of conventions relating to the status of refugees and child rights; the implementation of standards and the monitoring of violations pertaining to children in conflict settings. On the ground, practical steps have been taken to attempt to directly alter the wellbeing of children in conflict scenarios.

Child Psychosocial Wellbeing in Conflict Scenarios:

Recognition and response.

The aforementioned issues, identified as central to the experience of children in conflict situations, have undisputed impacts on psychological and emotional wellbeing. Recognising the importance of one's psychological state on health, The World Health Organization holistically defined health fifty years ago as (W.H.O. 1948:100) "a state of

complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.” Similar views are increasingly echoed by others, including Kofi Annan (UNICEF 2001:64) in *We the Children*, who concurred that “[a]ll dimensions of a young child’s development – health and nutritional status, hygiene, and cognitive, social and emotional development – are interrelated and essential for healthy and productive lives.”

This acknowledgement of the importance of psychosocial wellbeing as integral to overall wellbeing is slowly being applied to conflict and post-conflict scenarios. The Maçhel report (1996:39) clearly prioritised the psychological and emotional impacts armed conflict has on children. The report states:

Armed conflict affects all aspects of child development - physical, mental and emotional - and to be effective, assistance must take each into account. Historically, those concerned with the situation of children during armed conflict have focused primarily on their physical vulnerability. The loss, grief and fear a child has experienced must also be considered.

In her later book, Maçhel (2001:80) expanded the recognised affects to include intellectual, social and spiritual. She also clearly states that “children who have lived through conflict need psychosocial support.” This shift is indicative of the growing acknowledgement of the interrelatedness of factors within conflict scenarios and the need to holistically approach wellbeing. Subsequently, recognition of the need to address psychological recovery of children in conflict situations has been reiterated by numerous other documents since the Maçhel report (1996) (Boyden and Gibbs 1995; McMahon 1995; Chase 2000; UNICEF 2000; Schell-Faucon 2001; UNICEF 2001; Armstrong et al. 2004; Coomaraswamy 2006; UNICEF 2006). However, in spite of this recognition, several key documents fail to mention psychological wellbeing, or address it with minimal emphasis (see UNICEF 2001), indicating further paradigm shifts may be needed.

The term psychosocial is commonly adopted due to the recognition of the need for a holistic approach to wellbeing in order to respond to the interrelated factors affecting wellbeing within conflict scenarios. Maçhel (2001:80-81) explains:

The term “psychosocial” underlines the dynamic relationship between psychological and social effects, each of which continually influences the other. Psychological effects are those that affect emotion, behaviour, thoughts, memory, learning ability, perception and understanding. Social effects refer to relationships altered by death, separation, estrangement and other losses, family and community breakdown, damage to social values and customary practices, and the destruction of social facilities and services.

Practical Response.

The primary method of intervention when considering psychosocial wellbeing among children of conflict is the implementation of programmes which engage youth participation. Consequentially, psychosocial considerations have been made a priority of programme planning implementation by numerous bodies and individuals. Maçhel (1996:39) for example, argues:

This concern [for psychosocial wellbeing] is reflected in article 39 of the Convention of the Rights of the Child, which requires States Parties to take all appropriate measures to promote children's physical and psychological recovery and social reintegration. This is best achieved by ensuring, from the outset of all assistance programmes that the psychosocial concerns intrinsic to child growth and development are addressed.

Such views were reiterated in the 2000 Agenda for War Affected Children (UNICEF 2000:n.a.), stating:

Initiatives designed to help war-affected children must be developed to address all the needs of the child - mind, body and spirit. These initiatives must take into account the widely differing needs, experiences and challenges faced by girls and boys, adolescents and younger children,

refugee and internally displaced children, child soldiers and orphans, children from different religious and ethnic backgrounds and children with disabilities.

The rhetoric in the aforementioned documents has had some impact on the prevalence of programmes directly addressing psychosocial wellbeing, and on the consideration of psychosocial factors in other programmes. Annan (2001:85) indicates measures that have been taken to address the psychosocial wellbeing of children in conflict, stating:

More emphasis is also being placed on access to education, psychosocial rehabilitation and reintegration in crisis situations. In East Timor, the UN Transition Administration and NGOs developed child-friendly spaces in the midst of conflict, allowing time and space for learning, recreation and psychosocial support. In Albania, Lebanon and Turkey, this approach has proven to be an effective means of ensuring protection of children and their caregivers, as well as promoting peace and reconciliation initiatives among children.

This is a far cry from the situation Sommers (2006) encountered in a Rwandan refugee camp in Tanzania in August 1994. Prior to his visit, no programmes or material of any kind – not even a football or volleyball – had been provided for youth, and sexual and other forms of violence were rising. While a response surfaced soon after a meeting to address the issues, (in the form of sports competitions), the episode underscores the distance that youth conflict and post-conflict programming has traversed in the past decade.

Paradoxically, despite these improvements, few organisations exist which solely target psychosocial wellbeing, and evidence exists of attempts to establish psychosocial programmes that have been unsuccessful due to a lack of funding and support. Evidence of the continued general lack of support for psychosocial programmes can be seen in the case of Médecines Sans Frontières (MSF 2005), whose Canadian branch, having identified the urgent need to include psychological and emotional wellbeing within

its definition of health, proposed the “*More than Bandages*” programme initiative. The programme overview clearly identifies the importance of psycho-social wellbeing in promoting physical wellbeing, yet the programme failed to get underway. The fact that a major international NGO concerned specifically with health issues can not initiate such a programme highlights the lack of international support for such issues. Similarly, McMahon (1995) cites an example of The Gaza Community Mental Health Program. The only locally run institution of its kind in Gaza, its staff has treated some 7,000 patients, mostly traumatized children or victims of torture, since its founding in 1990. Despite the obvious need for such a programme, it has struggled to maintain international funding. Chase (1999; 2000; 2002) notes several cases which also failed to gain financial backing, despite their modelling on a highly successful programme, and their intended implementation and evaluation by Canadian Health Reach academics.

Thus, despite the general acknowledgement of the need to address the psycho-social aspects of children in conflict settings, analysis of documents and web-sites suggests that the psychological issues faced by children affected by conflict continue to be significantly underrepresented in comparison to health and education concerns. It appears that the majority of current programmes tend to primarily focus on education or skills acquisition. Education is recognised as assisting psychological and emotional wellbeing through improved self esteem, and these perceived dual benefits may account for the large number of programmes conducted in this context. While a potentially valid argument, the need to directly address psychological and emotional wellbeing should not be discredited. Supporting such an argument reinforces the perception that psychological and emotional wellbeing are of secondary concern. Consequentially, the limited number of programmes with this primary objective is of substantial concern.

A potential reason for the juxtaposed positions evident both within the associated literature, and between rhetoric and implementation, may be accounted for by the complex issues associated with the field. These shall now be addressed in greater depth.

Why Address the Psychosocial State of Children?

The need to address the psychological wellbeing of children in post conflict settings is paramount. At an individual level, it has been clearly noted by virtually all concerned that experiencing conflict will have some effect on a child's psychological and emotional wellbeing. Without assistance in some form, individuals may not be able to move past their experiences. Consequentially, assisting individuals with the psychological implications of conflict should be seen as equally important as physical, medical, educational and situational implications of conflict. Such a view is expressed in various documents. Maçhel's report (1996:55) directly states: "[t]he task of rebuilding war-torn societies is a huge one that must take place not only at the physical, economic, cultural and political, but also at the psychosocial level." Drawing on pure psychology, Slobig (2002:14) supports this view with particular reference to children by stating:

Thus it is important to address the trauma of violence in order for a person to re-establish a healthy *weltanschauung* (interpretational worldview). Research has indicated that traumatic events 'rupture' the development of children and adolescents, and that traumatic experiences can damage and distort the development of children unless interventions are provided at an early stage.

The potential attitude that psychosocial needs are not a priority in emergency situations, and that interventions should focus on survival needs, is denounced by Maçhel. Maçhel (1996) validly supports her argument by pointing out that emergency aid should secure both the physical and emotional survival of children at the earliest possible time, as both factors are inseparable when considering their long-term development. This view is supported by Ndogoni (2002), who provides a powerful argument in support of the primary focus on the psychological recovery of children within conflict settings. He draws on examples from Africa, often attributing many of the issues associated with children,

from crime and prostitution to child soldiers and drug abuse, on the inadequate provision of psychological healing. Ndogoni (2002: 6) argues:

To break this cycle of violence on children and bring about healing, conflict transformation and sustainable peace and reconciliation, we need community-based interventions that can address the identified problems at both primary and secondary levels. ...To achieve this, intervention must include legal, psychological, economic, political and spiritual aspects. Trauma processing and counselling needs to be a first and significant step for children – one that we believe also has positive impacts on adults.

Ndogoni's statement exemplifies the view presented by several theorists such as Lederach (1998), who argue that a failure to address psychological and spiritual needs within the peace-building framework, ultimately sabotages any peace-building and reconciliation efforts. Such theorists note that the majority of current conflicts are cyclical, often occurring and re-occurring over generations. It has been observed that often, children who grow up living in violence turn to violence as a form of problem solving. Correspondingly, research has shown that early intervention with children at risk of delinquency is more effective than later intervention (Ashman and Elkins 2005). While children of conflict are not delinquents, the theory behind working with children of conflict is similar. Therefore it may be subsequently hypothesised that early intervention will assist the child to cope with the conflict, and potentially dispel tendencies to continue the cycle of violence and/or hate. As such, targeting the future generation is a vital component of establishing a culture of peace and an investment in human security for everyone (Lumsden 1997; Gow et al. 2000; Gow 2002; Ndogoni 2002; Slobig 2002; Velicaria and Laguardia 2002; OSRSG/CAAC 2006; UNICEF 2006). This opinion is supported by Radhika Coomaraswamy (2006: 3), who states "[t]he resulting mental and physical trauma of these children represents a grave threat to durable peace and sustainable development, as cultures and cycles of violence are perpetuated".

While such a view may be perceived as a fatalistic view of conflict, many theorists such as Lumsden (1997:279), argue that while different individuals adopt different survival strategies, consequentially debunking the imagery associated with trans-generational transmission of trauma, “the small minority that adopts a militaristic strategy of revenge may become a major factor in precipitating a new round of violence”. Thus, Lumsden states “[t]he challenge facing the international community is how to rehabilitate the survivors of war and other trauma, and in particular how to reach the fraction who are potentially violent.”

In addition to the above arguments, which suggest psychological needs must be met to ensure lasting peace, several theorists move beyond this to argue that such efforts should guarantee they are inclusive of children. The view is adopted by theorists who see children and youth less as threats but more as potential active agents in the peace-building process. In this way, many theorists see youth’s potential involvement in a peace process as not only necessary, but also as a valid method of ensuring future peace. Several practitioners working in the field have noted the positive way in which children and youth embrace peace, often leading the way for adults who find it difficult to move past their negative experiences (de Berry and Boyden 2000; Botero and Zacipa 2002; Gow 2002; Donaldson). This perspective is adopted by Maçhel (1996:56) who states:

The recovery and reintegration of children will affect the success of the whole society in returning to a more peaceful path. To some extent, returning to non-violent daily activities can start the process of healing and national reconciliation, but communities must also take positive steps that signal to children the break with the violence of the past.

Despite the pretence of the importance of the psychosocial state of children within peace-building and reconstruction efforts as evident in the aforementioned statements, children are often omitted in document sections referring to these processes. Thus, out of the context of children affected by conflict, virtually no mention is made of the use of

children, or the need to address the psychosocial state of children, as part of these practices.

Symptoms and Post Traumatic Stress Disorder Classification.

There is little contention among the available literature that exposure to conflict will impact on the psychological wellbeing of children. Slobig (2002) notes that research has indicated that 50% of IDP/refugee populations, half of which are children, suffer from diagnosable traumatic stress reactions, such as depression, anxiety, and panic disorder. Commonly, children who suffer from war trauma display a wide range of symptoms, including increased separation anxiety and developmental delays, sleep disturbances and nightmares, lack of appetite, withdrawn behaviour, lack of interest in play, excessive clinging, bed-wetting, difficulty in expression, morbid aggression and, in younger children, learning difficulties. In older children and adolescents, responses to stress can include anxious or aggressive behaviour, depression, substance abuse, mistrust in social institutions, flashbacks, suicidal thoughts, antisocial behaviour, problems with peers, fatigue, and sometimes loss of specific sensory or motor functions. Depression is one of the most obvious and common effects of conflict. Ultimately anxiety, fear, lack of hope, self-respect or self-esteem and a sense of guilt or shame affect both adults and children in conflict (Boyden and Gibbs 1995; Maçhel 1996; Lumsden 1997; Bisbey and Bisbey 1998; Slobig 2002; Armstrong et al. 2004).

Post Traumatic Stress Disorder (PTSD) was created as a psychiatric diagnosis of American veterans of the Vietnam War. Its validation as a legitimate psychological state has since been applied to any form of trauma. It is understandable, therefore, that PTSD was, and continues to be, applied as a legitimate diagnosis for children and adults in conflict situations. The emergence and validation of post-traumatic stress disorder (PTSD) as a primary psychological measure of contemporary warfare on children and adults has informed much of the work developed by psychologists in response to

contemporary warfare (Maçhel 1996; Ng 2005; Sommers 2006). Armstrong, Boyden, et al, (2004:58) note that:

there are many people working with war-affected children who have confidence that PTSD is a diagnostic category with universal validity and relevance, and that it offers a useful way of conceptualising an important dimension of human suffering across cultures.

In recent years, however, there has been growing contention regarding the appropriateness of such a Western based notion of trauma, and additionally, the resulting use of Western based methods of treatment and healing, on individuals from non-Western countries. The contentiousness of the PTSD within post conflict settings has arisen in response to several fields of thought such as anthropology and cultural psychology, which highlight cultural variations in regards to the classification of stress and trauma, illness and psychological processes, and how to relieve them. Slobig (2002:13) notes that “the symptoms of war trauma are manifested in somewhat different ways in different populations, which may fall outside of the Euro-American classificatory system.” Additionally, the existence of symptoms such as ‘survivor guilt’, lie outside the traditional PTSD symptoms classification (Lumsden 1997).

In some cases, trauma as conceived in the West may strongly contrast with understandings of distress surfacing in non-Western cultures (OSRSG/CAAC 2001). Highlighting this view, Armstrong, Boyden, et al, (2004:58) note “a diagnosis of PTSD in a culture where the construct is not culturally recognised is at risk of perpetrating a “category fallacy”... and mis-recognising the experience (suffering) of the client/patient.” Of specific concern, is that Western notions may be in stark contrast to those conceived in other cultures. Armstrong, Boyden et al, continue by commenting that “the concept of PTSD is in direct opposition to holistic cosmological systems that pertain in many non-western contexts where, for example, aggrieved ancestors, malevolent spirits and other

forces play a part in both cause and cure.” (Maçhel 1996; Maçhel 2001; OSRSG/CAAC 2001; Armstrong et al. 2004; Sommers 2006).

The issue pertaining to the relevance of a PTSD diagnosis for youth within a post-conflict setting is further advanced by those who argue that the definition allocated by Western practitioners fails to acknowledge certain situational considerations relevant to children in conflict settings. The Maçhel report (1996) notes that all cultures recognise youth as a period when individuals learn their future roles and incorporate the values and norms of their societies. On-going and often extreme conflict therefore inhibits youth from forming an identity envisaging a positive future for themselves. In addition, many youth themselves become responsible for younger siblings due to the death or separation from the primary care giver, forcing them to take on adult responsibilities at an early age. Such situational contexts are not necessarily identified within the standard definition of PTSD, yet invariably affect the psychological wellbeing of youth in conflict situations. Regrettably, the Maçhel (1996:40) report notes that “adolescents, during or after wars, seldom receive any special attention or assistance.” These perceptions were echoed 5 years later, (see Maçhel 2001) indicating little change.

Additionally, the Maçhel (1996) report highlights the fact that conflict also affects one’s psychosocial wellbeing through secondary impacts, such as the breakdown of social networks, a general sense of insecurity, and a loss of trust in others. These secondary considerations may be of equal consequence to ensuring a post-conflict society can move towards true sustainable peace. The report notes that aside from the personal experiences of children, witnessing the vulnerability of adult care givers undermines a child’s self confidence and adds to their sense of fear. Such contextual factors need to be understood in any attempts to address psychosocial wellbeing, and may not be adequately covered through the application of a PTSD diagnosis.

Furthermore, it is important to note, that not only is PTSD commonly used to measure and categorise trauma in conflict scenarios, but also that that many programmes employ

assessment tools which are based on Western psychological paradigms associated with a diagnosis of PTSD (Armstrong et al. 2004). This shall be discussed in greater depth in the next chapter.

The debate of the use of PTSD is of primary importance to the field of psychosocial recovery and rehabilitation. It goes without saying that the tools used to determine the psychosocial wellbeing of individuals irrevocably affects the type of programmes that are implemented, and whether the programmes are accepted or acknowledged by the international community as being effective. Sommers (2006), however, is of the opinion that while a recognition of Western notions and practices may not be appropriate in all cultural settings, ultimately the issue of concern is what is being done to alleviate the stress induced by conflict, rather than what the stress is labelled.

Diverse Effects of Conflict on Children and Youth: Culture and resilience.

Irrespective of the individual symptoms and their classification, a child's response to conflict varies according to characteristics of the child such as age, sex and personality type, as well as the type and length of the traumatic experience (Maçhel 1996; de Berry and Boyden 2000; Maçhel 2001; Slobig 2002). In addition, Ndogoni (2002: 6) notes that the "factors that determine the extent to which children are traumatised include a child's resilience, family support, the types and duration of traumatising event(s) and the nature of the abuser or oppressor." These individual differences are further amplified by cultural variations (de Berry and Boyden 2000). Maçhel (1996:40) notes that:

The ways in which individuals and communities cope with, react to and understand stressful events can differ markedly from one culture to another. Although many symptoms of distress have universal characteristics, the ways in which people express, embody and give meaning to their distress are largely dependent on social, cultural, political and economic contexts.

Likewise, the manner in which different cultures deal with manifestations of emotional distress is based on different belief systems.

Evidence also suggests that a child who has resided in an armed conflict environment, but did not personally witness violence against others, may be as equally affected as a child who has personally encountered violence. Maçhel (2001:80) argues “[c]hildren spared the direct experience of violence in armed conflict still suffer deep emotional distress.” Such factors highlight the need for whole community healing.

It has been noted that very little is known about the long term impacts of conflict on one’s psychosocial wellbeing. Research has shown that those who lost loved ones during the Second World War still feel that loss affects them, indicating that conflict may have life-long impacts on one’s psychosocial wellbeing and life paths (Maçhel 2001). The acknowledgement of the long-term implications of conflict on individuals and communities as a whole is of primary relevance to the hypothesis of this thesis, as it accentuates the need to address the issue of psycho-social wellbeing at a community level in order to ensure overall healing and a shift towards true peace.

Conclusion.

Conflict is a complex scenario which affects wellbeing on a multitude of levels. Irrespective of the debates regarding classification of symptoms and the relevance of psychosocial wellbeing within peace-building and reconstruction frameworks, it is undeniable that the situational context of a conflict environment greatly impacts on children. Therefore, a comprehension of the issues associated with children in conflict scenarios is imperative to ensuring appropriate and effective interventions aimed at addressing wellbeing. Aside from direct affects, such as immediate danger and loss of loved ones, conflict impacts on peripheral factors imperative for healthy child

development. Thus, a holistic view of wellbeing which includes physical, psychological, emotional, social, cultural, intellectual and spiritual factors needs to be incorporated into any paradigms and practices associated with children in conflict scenarios.

Chapter 3

Issues in dealing with psychosocial wellbeing within a programme intervention framework.

Introduction.

Intervention programmes are the primary method adopted as a result of the increased awareness of the plight of children in conflict situations. Programmes are interventions within which children and youth participate in some form. The objective, size, targeted participants, funding, duration, approaches and techniques adopted, vary according to each programme. While there has been an increase in the number of programmes regarding children and conflict, there still appears to be a bias towards quantifiable programmes that address physical and educational needs, despite the psychological effects of conflict on children being addressed in many key papers. Several key issues pertaining to programme interventions are addressed in the literature.

The state of current intervention programmes shall be identified from research and a literature analysis perspective. Gaps in the current knowledge, issues pertaining to monitoring and evaluation, and the direction of future research and programme implementation shall be identified. Specific issues pertaining to the implementation of psychosocial programming for children in conflict situations shall then be discussed.

These include debates regarding which youth should be the recipients of intervention programmes and how programmes should be implemented.

Dealing with Distress: Programmatic responses.

A common theme in much of the literature regarding programming for children and youth in post-conflict settings is the lack of both quantity of programmes and adequate knowledge regarding the effectiveness of programmes. UNDP (2006:73) states: “[f]or the most part, ...[programming] efforts have been small-scale, time-limited and under-resourced.” Virtually all key documents call for greater research, monitoring and evaluation of programmes, while simultaneously providing few concrete actions to achieve the stipulated goals.

The overall gaps in knowledge pertaining to programme implementation are further extenuated in relation to programmes that specifically aim at addressing psychosocial wellbeing, either directly or as a secondary outcome. Very little research into psychosocial programmes exists, and calls to increase the scope of such research is common (see UNICEF 2000; Maçhel 2001; OSRSG/CAAC 2001; Coomaraswamy 2006; Sommers 2006). A multitude of groups from international agencies, government bodies and NGOs have endeavoured to assist the psychosocial wellbeing of children affected by conflict. However the need for such assistance is so great and the diversity of situational contexts, implementing bodies, potential techniques, and a multitude of other variables so expansive, little systematic and scientific analysis of such interventions has taken place. Compounding the issue is the fact that not all programmes aimed at healing the psychosocial wounds of war are conducted by international NGOs or government bodies. Many local programmes exist where communities, families and churches have taken healing into their own hands, and thus, very little concrete information is known about such interventions or their effectiveness.

Without research, successful programmes cannot be replicated, and the effectiveness of psychosocial interventions cannot be improved in the future. OSRSG/CAAC (2001:18) states “[c]learly, there is a need for sustained, independent, and scientific assessment of what has worked or not, and why.” While many documents champion further research, the primary objective of such research appears to be focused on programme outcomes as a means of justifying programmes through their effectiveness. This is problematic, as the intended affects of psychosocial programmes are relatively intangible. Moreover, if research is to fulfil the goals of uniforming intervention programmes, global standard measurement techniques will be required in order to conduct valid comparative analysis of programme effectiveness. Given the ongoing debate regarding the use of Post Traumatic Stress Disorder within the field, the establishment of an accepted singular evaluation mechanism is challenging. Additionally, calls for greater evaluation, while conducted with the best of intentions, run the risk of undermining support for programmes upon which research has not been conducted. This may result in limited access to funding for such programmes, hinder psychosocial programme implementation, and ultimately impact on the child. Hence, such calls fail to acknowledge logistical limitations which, currently, are incapable of providing trained individuals, resources, or knowledge capable of conducting such research in a timely and affordable manner to the plethora of programmes in existence. Thus, while evaluation is unquestionably valuable, caution and understanding should be executed, particularly when interventions are criticised for a lack of valid research.

A noteworthy point made by OSRSG/CAAC (2001), is that the documentation of programme information should not only be applied to academic evaluation, but should also be used to contribute to the knowledge of ‘best practice’. To highlight this point, the report comments that while the reunification and reintegration programmes of war-affected children in Mozambique is reported to be one of the most successful reunification programs undertaken in post conflict settings for children, very little is documented on why this these programmes were so successful.

Ultimately, little can be added to Maçhel's (1996:40) original assessment of programme interventions, where she states:

All programmes for children should take into account the rights of children and their developmental needs. They should also incorporate best practices that emphasize knowledge and respect for local culture and traditions and ensure ongoing consultation and participation with local authorities and communities. Programmes must have a long-term perspective and be flexible enough to adapt to the changing circumstances of armed conflict. They must also be sustainable and continue well after the conflict.

Issues in Addressing Distress: Considerations for programme implementation.

Several key issues have been identified in the literature regarding programming involving children in post-conflict situations. Of primary concern to this thesis is the difficulties organisations face regarding how to allocate often limited resources. Organisations are faced with the decision whether to allocate funding and resources to dealing with trauma, providing vocational training or basic education, mobilising children on healthcare or nutrition, or protecting children's rights. Consequentially, organisations and donors are challenged with prioritising psychosocial wellbeing when faced with a multitude of needs.

There appears to be a dominant trend evident in the literature which favours interventions associated with skills acquisition. This occurs either in the form of traditional education, thematically based education, such as sexual education or life skills, or vocational training. This may be due to various reasons, such as a general view within the international community that such interventions are valuable and useful. It is an unfortunate consequence of conflict that many children are forced to take on adult roles, including providing for themselves and others, and as a result skills acquisition is seen as an appropriate and potentially beneficial intervention. In addition, vocational

training programmes are supported by many agencies, as they are seen as a means of concurrently improving one's self esteem and personal empowerment. Whilst this may be a valid argument, Sommers (2006) notes that many work-directed youth programmes focus on formal training, despite the fact formal sectors typically constitute a fraction of all economic activity in war affected countries. Sommers consequently calls for holistic approaches to programming. Of contention amongst the literature, however, is precisely which components a holistic programme should incorporate. Types of intervention programmes shall be discussed in greater depth within the next chapter.

An analysis of both academic literature and web-searches revealed that most psychosocial programmes, whose primary focus is on improving wellbeing rather than educational or vocational skills acquisition, are fewer in number than those associated with skills acquisition. Additionally, psychosocial programmes appear to be run by smaller NGOs and not larger ones. This may be due to the increased sense of accountability in larger organisations, which consequently may make them more reluctant to fund programmes that do not have adequate research regarding implementation and effectiveness. It has also been suggested that many agencies and organisations continue to direct funds to initiatives with a high public profile, consequentially ignoring potentially effective programmes and populations in need (Gow et al. 2000). Specific psychosocial programmes shall be investigated in chapter Five.

In addition to the type of programming that should be undertaken with youth within post-conflict settings, several generic issues have been identified which affect virtually all intervention programmes. Among these issues, the selection of youth participants in relation to social parameters such as class, location and gender, have been identified as potential concerns. Another recurrent issue is how youth are viewed by programme organisers. Children and youth tend to be viewed as either passive victims or threats, and this ultimately affects programme design and implementation. A further issue is that of youth participation in the design and implementation of programmes. These issues shall now be examined in greater depth.

Which Youth?

Sommers (2006) states that class, location and gender are factors which, often unintentionally, limit which youth participate in intervention programmes. Frequently, programmes are directed towards those of higher class- (the mere use of the school system to conduct programmes leads to exclusivity), those in rural areas - (despite large numbers of unaccompanied youth moving to the cities in conflict areas due to perceived greater opportunities for work etc.), and towards males - (specifically if the school system is dominated by boys, or if vocational skills taught are culturally those conducted by males). The gender bias in programming is noted by several key documents including Miller and Affolter (2002:35) who state the “status of girls in armed conflict is rarely discussed, making them invisible to intervention planners” and Coomaraswamy (2006: 5) who states “[i]n intervention initiatives for war-affected children,... it is girls that are most often being bypassed, even though they are in greatest need of care and services.” The dates of these documents indicate little progress in the inclusion of girls since the issue was raised by Maçhel in 1996. Additionally, while all children within conflict scenarios may benefit from psychosocial interventions, specific subgroups of vulnerable children have been identified. These include girls, child soldiers, children separated from family, refugees and internally displaced children, children with disabilities, children suffering from HIV and other ailments, and others (UNHCR 2004; Coomaraswamy 2006; Sabates - Wheeler and Pelham 2006). Sabates-Wheeler and Pelham (2006) note that National Plans of Action for Orphans and Vulnerable Children often ‘lump together’ different categories of children with little consideration to the specific social or psychological needs of individual groups.

Contention over “which youth” ought to participate in programmes exists beyond the practical to include definition. Highlighting this, the UNDP (2006:12) states “[w]hat is meant by youth, and who comprises this category, is often unclear.” Additionally, the

report notes that the term “youth crisis” is often undefined and may refer to (i) a crisis of society impacting on youth; or (ii) a crisis originating from youth and impacting on society at large. The definition of youth, Sommers (2006) discusses, is often determined purely by age ranges, resulting in the use of diverse definitions by various key actors within the field. UNICEF, for example, classifies youth as 15-24 year olds, whilst others such as the Lutheran World Federation include 7- 40 year olds. A World Health Organization (in Sommers 2006: 4) official described the overlapping complications with the following description: “Adolescents are 10-19 years old; youth are 15-24; and young people are 10-24 years old”. In addition, the definition of youth often straddles Western notions of child and adult, where one morphs from child to adult at 18 years of age. Such classifications fail to acknowledge cultural perceptions of childhood and adulthood. In some cultures there is no understanding of Western notions of adolescence. Transitions may occur as a result of rites of passage, due to biological markers, or upon marriage, irrespective of the age of the individual when such transitions occur (de Berry and Boyden 2000; Schell-Faucon 2001).

Youth : Victims, threats, and resilience.

The perception of children and youth within conflict situations varies considerably through-out the relevant literature. Predominantly children and youth are identified as being either passive victims who require assistance, potential threats that need intervention, or resilient individuals. How youth are perceived irrevocably influences the mode and medium of intervention supplied, and is subsequently of primary importance to the field.

The view that children are traumatised victims of war is evident in a multitude of literature, and subsequently affects programming implementation. Most key documents acknowledge the psychological impact of conflict on children. Sommers (2006: 5) argues

that the perception that children are innocent victims, incapable of overcoming the trauma of war without assistance, is “a dominant trend” that emphasizes child and youth “vulnerability rather than resilience.” However, while there is a clear trend among such literature to acknowledge youth vulnerability, Sommers’ perception seems somewhat excessive. Certainly a number of authors argue that children are ‘incapable’ of overcoming trauma without assistance. The majority, though, propose that irrespective of the circumstances, children would ‘benefit’ from some form of therapeutic assistance, and that therapeutic intervention should be a priority. By failing to acknowledge that certain children will ‘need’ therapeutic intervention and that all children would ‘benefit’ from therapeutic intervention, one runs the risk of suggesting that psychosocial support is not a primary concern in conflict scenarios, and subsequently that programmes which solely address psychosocial issues are of minimal importance within a conflict and reconstruction scenario. Additionally, UNDP (2006) argues that focusing on youth as victims runs the risk of make them appear detached from economic, social and political considerations and realities.

Conversely, several documents regard children as security threats, some to the extent of arguing that youth are potentially significant instigators of conflict. Evidence of this view is strongly evident in The UNDP report ‘*Youth and Violent Conflict – Society and Development in Crisis*’ (UNDP 2006: 5), which states “[f]or boys and girls growing up in conflict situations, ...violent conflict impacts negatively on all dimensions of their lives. ... feelings of exclusion can contribute to the emergence or continuation of violence.” Alarmingly, the document states that the UN High-level Panel on Threats, Challenges and Change refers to youth as a potential threat to security and asserts that a “surging youth population ...can lead to violence.” It continues that conditions such as armed conflict “may encourage their [youths’] participation in perpetuating violence and preventing the consolidation of peace and development.”

The UNDP report (2006:11) also asserts that most analyses of conflict in different parts of the world are beginning to identify a ‘youth factor’ as a key element in the generation

or perpetuation of violence. However the document points out that “this tendency often leads to overlooking the positive contribution of young people to society, including their potential role in sustaining the social fabric and promoting peace.” It states “[t]oo often, young people are seen as a source of problems, yet their multiple roles in society and their potential to act as agents of change towards peace and development are vitally important.”

Attitudes which identify youth as threats greatly affect programmes carried out to assist youth, often promoting the idea that people must protect themselves from children. Sommers (2006) contests that during peace and war, children and youth are not inherently dangerous, rather they may be easily lead by peers. Consequentially, Sommers (2006: 6) asserts that “ignoring, isolating or denigrating young people is unlikely to yield positive results”. The UNDP review (2006:73) concurs, noting “[w]hat clearly emerges is that the ‘problem’ of youth and violent conflict is a serious concern to many international actors, and this has led to a myriad of different responses.” The review found:

there is an absence of a working framework for youth and violent conflict, reflecting a lack of consensus on how to understand the issue. The assumptions that are found in existing policy frameworks and programmes are often deterministic (particularly the idea that conflict is driven by a small number of factors such as youth unemployment and a demographic ‘youth bulge’). The dynamics that generate violent conflict are more complex and less automatic.

Such oversimplified views of youth as innocent victims or dangerous threats is being refuted by research which suggests the impact of conflict on youth is complex. The negative view of child soldiers, for example, fails to recognise the lack of choice of some youth to join armed groups, and their ability to adequately reintegrate into society within a post-conflict setting. Additionally, the increasingly high prevalence of girl soldiers is one area that highlights a need to re-examine over-simplistic stereotypes (Maçhel 2001;

Miller and Affolter 2002; Sommers 2006; UNDP 2006). Sommers (2006: 7) goes as far as to say that “to some degree, some youth appear to have profited from the experience of soldiering.” This viewpoint, Sommers acknowledges however, runs the “risk of underplaying the prodigious damages of warfare on children and youth, as highlighted in an array of literature.”

While it is evident that some documents directly associate youth with the threat of future violence in a negative accusatory manner, criticism of all documents linking youth and conflict should be applied with caution. In many cases, documents appear to merely acknowledge the established psychological evidence that individuals who have suffered from violence are more prone to enact violence later in life, and therefore these documents acknowledge the need to assist individuals and communities to move past such experiences through therapeutic interventions. This perspective does not blame or accuse children and youth for their future potential behaviour, but rather attempts to address psychosocial wellbeing while concurrently addressing a probable root cause of future violence.

Nonetheless, Sommers (2006: 8) states that “youth are increasingly viewed less as damaged victims than as fairly adept actors in difficult war and post-war realities”. This is particularly evident in the growing body of research on child and youth resilience. Boyden and de Berry (2004: xvi, xix, xvii), for example, note that “age is not necessarily the critical determinant of vulnerability.” “Even when confronted by appalling adversities,” they explain, many youth “are able to influence positively their own fate and that of others who depend on them”. Part of the authors’ critique is that “[t]oo often programmes for war-affected children are dictated by adults’ perceptions of the impact of war on young people.” This paradigm shift is a critical departure point for youth programming as it casts young people as core formulators of their own assistance.

Several authors support the notion of youth resilience (de Berry and Boyden 2000; Miller and Affolter 2002). Gow (2002) provides clear evidence of the resilience of children and

their ability to act as agents of peace. Visiting a centre in Uganda, she notes that child soldiers are integrated amongst non-combatant children, and that this is not only accepted by the non-combatant children, but also encouraged. Throughout the research, Gow discovered that while many children reported the continuance of nightmares and fear of the rebel forces, many were also positive about a peaceful future. Gow noted, however, that the acceptance and forgiveness of child soldiers by other children was not mirrored in the adult members of the community. The resilience of children in this particular case is further highlighted in the fact that many of the females within the centre had been raped by child soldiers, and one girl's attacker was even within the centre. Despite this, Gow found that all of the girls, while finding it difficult, had an attitude of forgiveness towards their assailants, stating they recognised they themselves had done things they were ashamed of. Overall youth at the centre indicated an understanding that maintaining hatred would not produce peace.

While recognising youth resilience, and thus their potential role as agents of peace, care should be taken by those advocating for such approaches. Such a view may result in inadequate recognition of the psychological and emotional state of children and the need to address their psychosocial wellbeing, as well as a failure to acknowledge the complex interrelatedness of conflict scenarios. As Pine, Costello et al. (2005:1787) state:

Children typically exhibit good recovery unless major protective systems for human development are damaged or destroyed... On the other hand, there is considerable evidence that traumatic experiences and disasters can have profound and lasting effects on some children.

Youth Involvement.

Youth involvement in the design and implementation of intervention programmes is a common theme throughout the relevant literature. Most key documents concur that

youth involvement is essential for effective implementation and advocate greater consultation with youth (see de Berry and Boyden 2000; UNICEF 2000; Maçhel 2001; Schell-Faucon 2001; Hart 2004; UNDP 2006; Heimur and Iadarola 2007). Maçhel (1996) places a substantial emphasis on the need to involve children in peace-building, recovery and reconstruction programmes, suggesting that involving youth in the development and implementation of programmes for younger children gives them a sense of worth, purpose and meaning. De Berry and Boyden (2000:35) also argue that children should be an integral part of the peace-building framework, as they often have insights into their own needs of which adults are unaware. Additionally, they note that children “often have sound ideas about possible solutions to their problems.” Maçhel (1996:55) noted, however, that “children are rarely mentioned in reconstruction plans or peace agreements, yet children must be at the centre of rebuilding.” Sommers (2006:12) protests that a decade later “calls for encouraging the direct and explicit participation in youth program design and management are widespread. In practice, however, it remains a novel approach.”

The concept of youth resilience, as previously discussed, is interrelated with the growing view that youth should play an active role in the design and implementation of programmes that affect them. Sommers (2006: 2) concludes that “while war’s effects on youth are complex, resilience is their most prominent shared characteristic. The implication of this analysis on programming is significant because it casts youth as central formulators of youth programming”. Additionally, Sommers (2006: 8) notes that the “findings about connections between youth resilience and programming is supported by growing calls to view young people in war and post-war situations as primary economic and social resources.” The heavy involvement of youth in conflict in both positive and negative forms means that “almost by default, those involved in youth programming are increasingly recognizing that youth must be engaged as primary building blocks for peaceful futures.” A failure to involve youth may result in their involvement in gangs, prostitution or militia. Consequentially, “engaging youth... appears

to have surfaced as a humanitarian and post-war necessity because there really is no alternative.” Conversely, whilst clearly advocating for youth involvement in programme implementation, Hart (2004) cautions that participation may exacerbate threats to youth in some hostile environments where their actions may be seen as a challenge to existing power relations.

Donaldson (n.a.) moves beyond the notion of incorporating youth into programme planning and implementation, to suggest that:

Children are a neglected and undeveloped resource for peace. I'm not talking about teaching them conflict resolution and new games. However beneficial such projects are they continue the process of adults teaching children our approach to the world. I'm not talking about teaching children what we know. I'm suggesting something radically different. I'm suggesting learning from children. I'm suggesting that children are a *real* resource for peace... This way of peace is inherent in children's original play. To most adults such an idea is merely an idealized return to some supposed state of innocence. I am not the first one; however, to suggest that something special exists within children. Jesus, Gandhi, Thomas Merton, Ramakrishna, Lao-tzu, among others, have admonished us to go to the children. But we've never done it.

Local Knowledge.

In accordance with the view that Post Traumatic Stress Disorder may be inappropriate in post-conflict settings, there is an acknowledgement by many in the field that local knowledge should also be incorporated into programmes. This view stipulates that those working with youth in a post conflict setting should have an understanding of both the societies in which they are working, in conjunction with knowledge of child development and the way it is understood locally. The recognition of cultural variations in the definition of healing and wellbeing, as well as perceptions of reintegration and reconciliation, are imperative to ensuring positive outcomes to programme implementation. In this way,

practitioners should understand the local rites and ceremonies related to growing up and being recognised as an adult, as well as those associated with death and burial. In certain cultures, for example, traditional cleansing practices could be conducted with rape victims or children who have killed. Consequently a lack of local knowledge may render Western techniques ineffective, and in some cases may even prove to be counter-productive (Maçhel 1996; Maçhel 2001; OSRSG/CAAC 2001; Miller and Affolter 2002).

Examples of variations on Western notions of healing and wellbeing include Eastern spiritual traditions, where the mind and the body are intrinsically linked with nature, or ethno-medical systems, where the mind and body are directly affected by others including ancestors. In these latter mentioned cultures, conflict creates extra psychological trauma when a child is forced to flee without conducting the proper burial rites, as it is believed the parent's spirit will return to harm them. Consequently Western therapeutic techniques are ineffective in such situations, and individuals are more likely to turn to family, or local healers for help (Maçhel 2001; Miller and Affolter 2002).

Additionally, aside from the ineffectiveness of Western techniques in certain cultures, some techniques may be inappropriate. Western therapeutic approaches that require individuals to recall traumatic memories, or those that remove individuals from the wider community to specialised institutions, are identified as models that may be unsuitable in a post conflict setting. It is noted that in some cultures, it is believed that not discussing past trauma is the effective method of therapy, and consequentially techniques that require individuals to recount or share their experiences may cause further trauma. Techniques that see individuals removed from their social network, irrespective of the time frame, may induce further exclusion and stigmatisation, especially in cases where the individuals are already distinguished due to their experience during the conflict (for example rape victims or child soldiers). Thus, regrettably, while many programmes may seek to assist in the reduction of trauma, even those with the best intentions may cause harm (1996; Maçhel 2001; Miller and Affolter 2002; Sommers 2006).

Ultimately, the integration of modern child development knowledge and traditional perspectives may take time, however their combination will result in a more effective method of assisting children in need.

Programmes with a Community Focus.

Despite the debate over resilience and victims, there is a general acceptance that any form of conflict will affect a child's beliefs and attitudes, and may fundamentally affect their sense of trust in others. This is particularly true of children who have suffered at the hands of people they previously knew as neighbours or friends, such as in Rwanda and Yugoslavia. As a result, rebuilding trust is a universal challenge in the wake of conflicts. One way of achieving this is with the assistance of families and communities. However, these groups must first feel secure and confident about the future themselves to be effective. As such, programmes should also aim to support communities rebuild their social networks, and should be done so in such a way as to assist people to help themselves. Given the role of women in both the lives of children and the community, it is imperative that women be included in all stages of the programme planning, implementation and evaluation (Maçhel 1996; OSRSG/CAAC 2001; Armstrong et al. 2004).

One approach suggested by Maçhel (1996; 2001) is to focus on the existing social care system. The report suggests for example, that with assistance, communities may be able to care for children without the need for removal or expensive facilities. This would also reduce the chance of stigmatisation due to removal or special circumstances, such as unaccompanied children, which may lead to further withdrawal and marginalisation. Using established social systems assists with full community dissemination of information and assistance, assists with overall community building and consequentially community healing.

Conclusion.

The situation of children in conflict scenarios is complex. A variety of factors affect their experience of the conflict, their involvement in the conflict, and the extent that encountering the conflict creates psychosocial trauma. The international community is increasingly aware of the need to directly assist children, and more specifically, there is growing acknowledgement of the need to address psychosocial wellbeing issues. Despite this recognition, however, there continues to be a lack of concrete data regarding psychosocial programme implementation, as well as an evident inclination to apply quantifiable programme interventions, rather than those directed at psychosocial wellbeing.

The diversity of implementation options, breadth of cultural settings, and various other factors make it difficult to discuss programme implementation holistically. Several factors have been identified, however, which appear to be of universal concern and consideration to all programmes, such as the use of Western notions of Post Traumatic Stress Disorder and psychotherapeutic techniques, the selection and perception of participants, and the need to consider local social and cultural realities.

The overarching issues concerning children in conflict situations discussed within this chapter will be consolidated into an analysis of specific types of programme intervention in the following chapter.

Chapter 4

Types of Programme Applications for Children within Conflict Scenarios.

Introduction.

Acknowledgement of the need to provide child specific interventions has resulted in a growing number of youth focused organisations, research bodies, and programmes. The most prevalent form of intervention is that of child focused programmes. This chapter examines the application of alternative therapy programmes within conflict scenarios. It commences with a brief overview of various application approaches, prior to focusing on those with a psychosocial agenda. The theoretical debate surrounding psychosocial programme classification is then overviewed. This is followed by a discussion of current opinions regarding psychosocial interventions, with specific reference to alternative therapy techniques. Finally, a selection of alternative intervention methods is reviewed, with a focus on current programme implementation. Research and advocacy for individual alternative techniques is also addressed.

Problems and Trends in Programme Classification.

The increased awareness of the plight of children in conflict situations has resulted in a multitude of programmatic responses. As seen in the previous chapter, there exist various overarching issues associated with programme interventions. These include issues of class, gender, participation, work and holism. In addition to the aforementioned issues, several issues exist regarding implementation approaches, outcomes and methods. While these issues exist within specialised programmes focusing on disarmament, rehabilitation and reintegration of soldiers, formal education, and children with disabilities, this chapter will concentrate on programs relating to general female and male war-affected youth, with particular emphasis on psychosocial wellbeing.

Summarizing the available literature on programmatic responses to children and conflict, Sommers (2006: 9) states:

Two poignant facts inform the field of youth in the conflict and post-conflict programming field: there are huge numbers of youth directly affected by war and relatively few programmatic responses that are widely known, evaluated, and available. With this in mind, it is hardly surprising to discover that generality is the predominant characteristic of the literature on this issue. As a field still evolving and finding its footing, the literature remains short on demonstrable, how-to specifics. Evaluative materials and information is another striking shortcoming. In short, there is much more information about what should be done than on how to do it.

The classification and categorisation of programme types is challenging and problematic. Much of this confusion is created due to the use of varying points of reference, for example implementation methods or targeted outcomes, to establish categories. However, in order to adequately identify and classify the types of programmes this thesis will focus on, a comparative distinction must first be made. Analysis of programmes is a complex and confusing process, as writers appear to apply varying typologies to establish categorisation, and often jump between typologies within their own

classifications. Some individuals appear to use outcomes based typologies, others method based typologies, content based typologies, or approaches based typologies. Sommers (2006), for example, identifies six main program areas: vocational training, reproductive health, basic skills, peace education, empowerment, and psycho-social programming. Some of these classifications are established on content material (vocational training, reproductive health, peace education), one appears method orientated (basic skills), while other others appear to combine typologies (the distinction between empowerment and psychosocial programmes appears to be established on methodological and outcome based factors).

The problem of programme classification is further impeded by the reality that targeted programme outcomes overlap categories, and programmes often combine various approaches and methods. This prompts the questioning of the usefulness of categorisation, particularly if applied to some form of evaluation.

As a result of the fluidity of programmes, and the aforementioned competitive categorisation methods, the notion of 'meta-categories' is proposed. Content based meta-categories lend themselves to identification into 'learning' based programmes or 'non-learning' based programmes categories. Outcome based meta-categories may be divided into 'tangible' and 'non-tangible' outcomes. For the purposes of this thesis, the meta-categories of 'primary psychosocial wellbeing focus' and 'non-primary psychosocial wellbeing focus' shall be referred to. 'Primary psychosocial wellbeing focused' programmes are those whose primary objective is to improve the psychosocial wellbeing of participants. 'Non-primary psychosocial wellbeing focused' programmes are those which treat improved psychosocial wellbeing as an additional outcome, rather than as a primary objective. This terminology has been proposed as it identifies the key interest of the thesis, namely psychosocial wellbeing, and allows for acknowledgement of various approaches, methods, content and targeted outcomes to contribute either directly or indirectly to psycho-social wellbeing.

Non-primary psychosocial wellbeing focused programmes shall now be discussed in brief, followed by primary psychosocial wellbeing focused programmes. To ease confusion, Sommers' (2006) content based categories shall be used to highlight differences between programming objectives. Subsequently, reproductive health education, vocational training, skills education and peace education shall be discussed within the non-primary psychosocial wellbeing focused programmes, while empowerment and psychosocial programmes shall be discussed under primary psychosocial focused programmes.

Non-Primary Psychosocial Wellbeing Focused Programmes.

Until recently, the vast majority of programme interventions were non-primary psychological wellbeing focused programmes. The growing acceptance of the need to address psychosocial wellbeing within peace-building, reconstruction and development paradigms has seen both an emergence of psychosocial wellbeing focused programmes, as well as a shift towards greater emphasis on positive wellbeing outcomes through the implementation of non-primary psychosocial focused programmes. This later shift, while improving awareness and consideration of psychosocial wellbeing, is sometimes used as a justification for the implementation of tangible outcome based programmes over psychosocial wellbeing focused programmes. The main psychosocial wellbeing outcome identified by non-psychosocial wellbeing focused programmes is increased self-esteem. While indeed valuable, improved self-esteem is not synonymous with a 'healthy' and peaceful personal, cultural and spiritual state.

Reproductive Health Programmes.

'*Reproductive Health programming*', appears to be a comparatively small but growing area of programme intervention. The lack of overall programming focusing on girls is of considerable concern (Maçhel 1996; Miller and Affolter 2002; UNICEF 2003; Coomaraswamy 2006) and prompts Sommers (2006) to note reproductive health programmes, "may be the only approach that specifically targets female youth." Programming, however, is not only female reproductive health specific, but also includes cultural and social issues associated with rape and other gender based violence, as well as the spread of HIV/AIDS. Although health focused, many programmes are creatively and holistically applied, often concurrently improving psychosocial wellbeing. For example, programmes may involve peer-counselling, which improves the self-esteem and self-worth of counsellors and those receiving counselling (Maçhel 2001; UNICEF 2003; UNICEF 2006). Additionally, creative means such as art, drama, and media are increasingly being used as the vessels of communication, providing enjoyment and creative outlet to participating youths (UNICEF 2003). In this way, current trends in health programming indicate a closing of the physical and psychological health divide. Care should be taken, however, to ensure that reproductive health education is not the primary intervention addressing the needs of female youth, and that females are adequately included in all other programme categories.

Vocational Training Programmes.

'*Vocational Training programmes*' attempt to address what Sommers (2006:14) classifies as "arguably the core need of most war-affected youth: survival." Notwithstanding that access to secondary education (formal or vocational) is a child's right (UNHCR 2004), vocational training is the predominant form of intervention with adolescents, who are often neglected in favour of programmes focusing on the needs of smaller children

(Maçhel 2001; UNICEF 2003; Refugee Studies Centre 2005; UNDP 2006). There are various reasons for the frequency and endorsement of vocational programmes. As a consequence of war many children are forced to take on adult roles, including providing for themselves and others (Maçhel 1996). As a result, vocational training is often requested by adolescents (UNICEF 2003). A general lack of support for secondary education programmes (Maçhel 2001; Refugee Studies Centre 2005), and the perception that without educational or vocational opportunities adolescents are highly susceptible to coercion to return to violence (Maçhel 2001; UNICEF 2003; Heimur and Iadarola 2007), results in endorsement from programme providers. This view re-emphasises the perception of youth as 'threats' as discussed in the previous chapter. Thus, programme providers consider vocational skills acquisition an investment not only in individuals, but also in a secure future. Additionally, skills acquisition is generally acknowledged for its contribution to psychosocial wellbeing through increased self-esteem, and vocational training programmes provide tangible outcomes. Both of these establish programme justification and thus may assist with requests for further funding.

Disturbingly, despite the prevalence of vocational programmes, there are several issues within the field. Vocational programming often focuses on predominantly male orientated skills, consequentially signifying that this prevalent programme approach is gender biased, and thus that a large contingent of programme interventions fail to address the needs of female youth (Sommers 2006; UNDP 2006). It has also been noted that some programmes are too short term, and do not adequately provide participants with the skill level to effectively enter the labour market (UNDP 2006). Additionally, the skills taught often only pertain to formal training, despite the fact that formal sectors typically constitute a fraction of all economic activity in war affected countries (UNICEF 2001; Sommers 2006). Thus, further emphasis be placed on vocational training, with cognitive shift towards a more holistic and positive interpretation of adolescents and their potential role in peace-building.

Basic Skills Programmes.

Sommers (2006) '*Basic Skills programmes*' classification deviates from the content based typology adopted in his other categories, and appears to be methodologically based. This is evident in the stress on information delivery method (stand alone subjects in a classroom format to youth who are not enrolled in school), and the combination of tangible (survival) and non-tangible (life) skills included within the content. Such a categorisation fails to acknowledge the overlap between skills, vocational, and formal knowledge acquisition, and the creation of this third category seems somewhat incongruous. Additionally, the inclusion of non-tangible outcomes places it in contention with his other categories of peace education, empowerment and psychosocial programmes. Key documents such as UNICEF's "*State of the World's Children 2006*" (UNICEF 2006) for example, place great emphasis on increasing 'life skills' of children, yet a definition of 'life skills' is elusive. Consequently, the intangible content within Sommers' 'basic skills' programmes is often merged within psychosocial programming. Irrespective of the categorisations, both the tangible and non-tangible skills contained within Sommers' definition are essential components of the holistic approach to education that should be adopted in post-conflict scenarios.

Peace Education Programmes.

'*Peace Education programmes*' appear to be growing in popularity despite their intangible outcome objectives. This may be due to the steadily increasing recognition that conflicts are predominantly cyclical. This fact enables donors and programme providers to justify programmes which seek to repair divided societies, potentially alleviating demands on the international community for financial, military or other forms of support during future conflicts. Additionally, peace education is often implemented as an appendage to other forms of interventions such as formal education, making it easy

to implement, justify and support. One such example is a UNICEF programme carried out in Montenegro, where teachers were trained in the inclusion of creative problem solving in the classroom (Slobig 2002). Sommers (2006) raises concerns that peace education programmes seem to be directed at populations that are already at peace, particularly as programmes are predominantly conducted in conjunction with established education programmes. Rather, Sommers' suggests, programmes should be directed at youth who are not attending school, and thus may be vulnerable to being victimized by, and involved in, violence.

As peace studies as a field expands, understanding what constitutes 'real' peace, and how to establish it, grows increasingly more complex. This is exemplified in UNICEF's broad definition of peace education, which includes "the process of promoting the knowledge, skills, attitudes and values needed to bring about behaviour changes... to resolve conflict peacefully and to create the conditions conducive to peace" (in Gow 2002: 7). Evidently, categorising peace education is problematic. Gow (2002: 7), for example, classifies peace education as "an essential part of [children's] learning", placing it firmly within an educational framework. However, peace education programmes also directly aid psychosocial wellbeing when implemented through a fun and interactive approach, and undoubtedly aid psychosocial wellbeing if they are effective in establishing even localised peace. Consequently, peace education falls within the meta-categorisation of non-tangible programmes, and though its outward objectives suggest classification as a non-primary psychosocial wellbeing focused programme intervention, certain application methods may shift the outcomes to mirror psychosocial wellbeing focused programmes.

Despite the potential long-term benefits derived from the healing of psychosocial trauma, both to individuals and to communities as a whole, psychosocial wellbeing focused programmes appear to receive less support and are subsequently less implemented than peace education programmes. This fact does not appear to be addressed in any of the prominent literature. The tendency to lean towards peace education programmes

may result from a comparison between such programmes and international mediation, which is a commonly implemented technique accepted as a possible deterrent to eminent conflict. While it may appear that psychosocial programmes are avoided due to the intangibility of the projected outcomes, the frequency of peace education programmes, which also produce intangible outcomes, suggests other motivational factors in the avoidance of psychosocial programmes. Thus, the aversion to programmes aimed at directly addressing psychosocial wellbeing may not occur in response to the anticipated outcomes, but in response to the increasing prevalent 'alternative' methods of intervention.

As it has been previously mentioned, the application of traditional Western therapeutic techniques is increasingly considered inappropriate within conflict scenarios. Aside from the debate regarding Western notions of trauma and healing, such as Post Traumatic Stress Disorder, Western psychotherapeutic methods are incongruous within conflict scenarios. The unattainability of Western-trained mental health professionals, as well as the scope of those afflicted with a diminished sense of wellbeing, makes program development featuring clinical treatment largely untenable. Consequently, programme implementers within the field who are attempting to address psychosocial wellbeing, are increasingly turning to 'alternative' methods. Categorisation of these methods and approaches shall now be discussed in depth.

Programmes Primarily Aimed at Improving Psychosocial Wellbeing.

As it has been seen, there are numerous programme types with differing content, aims, methods and approaches. It has been shown that virtually all interventions provide the opportunity to positively affect psychosocial wellbeing. Increasingly, programme interventions primarily aimed at improving psychosocial wellbeing are being

implemented with children in conflict and post conflict scenarios. Contention regarding psychosocial wellbeing focused programmes continues, however. Such concerns are often based on the intangibility of programme outcomes, a lack of conviction in application methods, and confusion established by the diverse approaches implemented. Unfortunately, despite the increasing acknowledgement of the need to address psychosocial wellbeing as part of a holistic and effective shift towards real peace, a subtle under-tow continues to exist which questions the validity of such claims within a complex emergency framework. An in-depth review of the implementation of psychosocial wellbeing programmes relevant to this thesis shall be conducted in the following section. Within this section a theoretical discussion of psychosocial programme classification shall be conducted.

Identifying and Measuring Wellbeing.

The term 'wellbeing' is abundant within peace studies literature. Definitions of wellbeing, however, are scarce, potentially due to the notion that a sense of wellbeing is highly subjective, and therefore difficult to quantify. The intangibility of wellbeing may be a deterring factor in the implementation of programmes primarily aimed at improving wellbeing, particularly given the growing focus on programme effectiveness.

Armstrong, Boyden, et al. (2004) provide a comprehensive academic evaluation of a pilot programme conducted in Sri Lanka to evaluate the effectiveness of psychosocial programmes on wellbeing. In accordance with issues raised previously regarding the unavailability of trained psychological professionals within post-conflict settings, the research did not involve assessments of the mental health of individual children. Rather, the research sought to evaluate activities within psychosocial programme paradigms designed to enhance wellbeing.

Armstrong, Boyden, et al, (2004:15) argue that “psychosocial initiatives should aim at the very least to positively influence children’s wellbeing, coping and resilience.” Initial research to determine local children’s perceptions of what constituted wellbeing, consisted of correlating children’s responses to questions concerning their views of wellbeing. Intervention exercises established by the Psychosocial Working Group were then conducted. The exercises were based on alternative therapies, and included acting, drawing, and game playing. To ensure the data collected regarding improved wellbeing was valid and a direct result of the programme intervention, and not external factors such as improved security and economy, the children were asked to respond to questions pertaining to the intervention itself (Armstrong et al. 2004).

Of significance in this research was the identification by the children that the conflict was only one of their concerns – (snake bite was identified as a primary threat). The research highlighted that in certain cultural settings an individual’s wellbeing is determined by the wellbeing of other members of a group, such as a family or clan, and that even within conflict scenarios, wellbeing constitutes more than the mere absence of violence (Armstrong et al. 2004).

Classifying Psychosocial Focused Programmes.

Classification of psychosocial wellbeing focused programmes is confusing and disjointed. Paardekooper (2002 in Kalksma-van Lith et al. 2007) established the categorisation of ‘psychodynamic’ programmes, which focus on problems related to war and subsequent flight, and ‘contextual’ programmes which focus on problems in daily life. Richman (1996 in Kalksma-van Lith et al. 2007) classifies programmes as ‘specialist approach’, which are trauma-orientated programmes aimed at treatment of at-risk children, and ‘primary care approach’ referring to programmes that include all children regardless of trauma levels. Sommers (2006) creates two categories of ‘Youth

Empowerment programmes', which incorporate public activities and individual events and 'Psycho-social programmes', which conform to more accepted approaches of psychosocial intervention. Sommers' choice of terminology is somewhat problematic, as his allocation of the term 'psychosocial' is predominantly applied with a broader definition within the field. Additionally, his categorisation seems somewhat ad-hoc, created with a poor conceptual framework. Sommers' categories shall now be reviewed to highlight the problems associated with programme classification.

Problems with Programme Classification: Sommers – A case study.

While the classification of programme types is beneficial for discussion and analysis, over-analysis can become problematic, and is of particular concern when categorisations are applied to establish legitimacy, effectiveness, or worth. Sommers' (2006) categorisation of programmes highlights this, for example, often presenting contradictory frameworks.

Separately categorised, Sommers (2006:20) defines 'Youth Empowerment programmes' as essentially those which concern:

activities aimed at energizing and engaging youth through largely sporadic, high-profile public activities (such as sports competitions, concerts, or conferences), or, alternatively, through the engagement of existing youth groups. Sometimes programs incorporate both possibilities.

Conversely, Sommers (2006) identifies four sub-approaches within his classification of 'psychosocial' programmes. These are: programmes that directly target psychological wellbeing; programmes that apply a combination of Western-led and non-Western techniques; programmes that implement only non-Western interventions; and programmes that attempt to establish a sense of normalcy.

Interestingly, given his separation of 'empowerment' programmes from 'psychosocial' programmes, Sommers includes art therapy within his sub-category of programmes that directly target wellbeing. This is justified by the argument that art therapy is "therapeutically valid and socially acceptable" and can be put into operation "even at times of acute military operations" (Barath in Sommers 2006:22).

Additionally, it is interesting to note Sommers' Western/non-Western method divide, as such recognition appears to be omitted from the all of the aforementioned typologies. The establishment of such a categorisation highlights the anthropologically focused recognition of the field. Acceptance and acknowledgement of the role of non-Western intervention methods is highly recognised, however 'alternative Western' methods, such as art or sport, often results in controversy and contention. It is disturbing to recognise that the labelling an intervention as 'non-Western' or as 'alternative Western' greatly impacts on its face-value acceptance.

Sommers' (2006) aversion to allocating empowerment programmes as a fifth sub-category within his psychosocial category, for example, is illustrative of the persistent under-tow restricting alternative forms of psychosocial intervention. Sommers' categorisation seems to coincide with the perception that such programmes may not effectively affect the psychosocial state of participants. In fact, the mere naming of such programmes as 'empowerment', identifies Sommers' belief that such programmes are merely 'feel good' programmes with little psychosocial impact. Kalksma-van Lith, de Graaff et al. (2007:13), argue that cultural and social activities, which seem to constitute Sommers 'empowerment' categorisation, "provide good opportunities to celebrate life and create hope for the future." Thus, it appears that assumed outcomes are a determining factor in Sommers' and others interpretations of programme effectiveness and subsequent classification. This view may be justified by the lack of data regarding 'empowerment' programme outcomes, however Sommers also notes a lack of data regarding other forms of psychosocial intervention, thus effectively annulling the divisive argument. Additionally, the intangibility of psychosocial programme outcomes should be

recognised, and thus particular methods should not be discredited due to a current lack of quantifiable academic research.

Rather, such categorisation assumes the *durability* of positive wellbeing outcomes. Given the widespread acknowledgement of a lack of research in the field, such assumptions should be carefully observed. Rather, programmes that improve self esteem, create a sense of purpose, establish a sense of normalcy, or foster a sense of happiness and enjoyment in the immediate aftermath of participation, should be acknowledged for their contribution to improving psychosocial wellbeing.

Sommers' inclusion of the sub-category focusing on normalisation and development further highlights the aforementioned bias. While such interventions undoubtedly result in improvements to psychosocial wellbeing, this is not a sought after outcome. Thus, it could be argued that this fourth subcategory is in fact no more intended to alleviate psychosocial trauma than education or skills based programmes, which also assist in improving self esteem and therefore wellbeing.

Ultimately, inclusion of the aforementioned sub-category is based on the perception that creating a sense of normalcy improves wellbeing to a greater extent than 'empowerment' programmes. However, the assertion of such a view is unlikely to be based on a scientifically sound comparative study of the effectiveness of 'normalcy' programmes and 'empowerment' programmes. Rather, the evidence supporting both methods seems equally presented in the general literature, with similar flaws (a lack of specific research data) and strengths (advocacy that improvements were observed by implementing staff, based on participant responses).

The persistence of such a perception within the field may occur due to a correlation between the implementation trends of various bodies. Larger organisations, while increasingly implementing primary psychosocial wellbeing focused programmes, hone their attention on non-primary psychosocial wellbeing programmes. Much of the documentation produced by larger NGOs favour normalcy, education, or other forms of

programme intervention, often mentioning that as a ‘secondary’ agenda such programmes also positively affect psychosocial wellbeing. It is these larger organisations that carry out the majority of research in the field, and are more likely to be involved in establishing benchmarks and standards within the field. Thus, issues such as accountability and justification for spending, which are based on notions of necessity and effectiveness of programmes, may be the motivation for larger NGOs and government donors to implement programmes that appear to contain a duality in functioning. Consequentially, as psychosocial wellbeing focused programmes are harder to justify, and do not meet any development or survival needs, they are somewhat neglected by such bodies.

Kalksma-van Lith, de Graaff et al. – A continuum approach.

In order to ease confusion regarding classification differentiations Kalksma-van Lith, de Graaff et al. (2007: 7) recognize a continuum of approaches, with more ‘curative’ approaches at one end, and ‘preventative’ or ‘promotional’ approaches at the other. While other definitions distinguish between preventative and promotional approaches, Kalksma-van Lith, de Graaff et al. feel that “in practice, a combination of these intervention approaches emerges – aimed both at preventing pathology and at restoring the social fabric for a healthy psychosocial future.” They therefore combine ‘prevention’ and ‘promotion’ under the umbrella title ‘developmental’. The merging of these two areas aids comprehension within the classification mine-field, however the diverse desired outcomes may impact on method and approach, and therefore should not be completely discarded.

Curative interventions	Developmental interventions
Trauma / psychopathology	Coping / resilience

Focus on past	Focus on present and future
Reliving experiences	Moving beyond experiences
Treatment / therapy	Strengthening of psychosocial skills / protective factors
Child individually affected	Child affected as part of community
Programme focus on individual / small group with specific (shared) problems	Programme focus on integrated group with range of psychosocial needs
Specialist approach	Holistic contextual approach
Based on problems – reduction of negative symptoms	Based on solutions – strengthening of positive factors

(Kalksma-van Lith et al. 2007)

‘Curative’ psychosocial approaches, according to Kalksma-van Lith, de Graaff et al.’s (2007) definition, aim at psychosocial and psychological treatment. These approaches are strongly trauma-orientated, aimed at helping children cope with their experiences. They are established on Western psychotherapeutic approaches and concepts, and tend to focus on individuals in need, rather than larger groups.

At the other end of the spectrum, ‘developmental’ psychosocial approaches address the consequences of war and its present challenges rather than focusing on past experiences. ‘Developmental’ programmes are somewhat more holistic and “future-oriented, geared towards the structural strengthening of children’s psychosocial wellbeing” (Kalksma-van Lith et al. 2007:8). The ‘developmental’ approaches category is further divided into three methodological sub-categories: programmes directed at establishing normalcy; programmes directed at helping children deal with specific situations through ‘alternative’ methods; and programmes directed at helping children by supporting their care-givers.

Within the sub-group of alternative therapy implementation, Kalksma-van Lith, de Graaff et al. (2007:11) identify two primary methods. Typically, alternative techniques are 'child-centred group interventions', which may promote either psychosocial development or relaxation. To promote psychosocial development, 'creative group methods' are applied. These have development-oriented objectives based on "general psychosocial needs and concepts of healthy psychosocial development of children." Alternatively, 'recreational group methods' promote relaxation. They are less structured than creative methods and do not have specific developmental goals, even though they may contribute to psychosocial development. Recreational group methods focus on fun and play within a protected environment, allowing children the opportunity to express their emotions (Kalksma-van Lith et al. 2007).

Debate concerning alternative therapies and their classification is ongoing. Some critics continue to view all alternative therapy as purely recreational, though the emergence of particular interventions such as art as an accepted psychotherapeutic technique within a Western context is opening the door for other methods to be regarded in the same light. Particular forms of intervention such as sport, however, are still tussled between the creative, developmental classification and the recreational classification. Such considerations find fault in the 'curative'/ 'developmental' categories put forward by Kalksma-van Lith, de Graaff et al. (2007), further highlighting the problems with programme classification.

Conclusion.

As it has been shown, categorising programmes, particularly those with a psychosocial focus, has resulted in a series of theoretical frameworks that often overlap, and sometimes contradict, one another. Attempts at specificity within such a malleable field fail to acknowledge the interplay of variables. Much of the classification indicates a

subjective interpretation of programme outcomes, methods, and approaches. UNHCR (2004) for example, perceives sport, dance, music and art as 'educational activities', while ACDI/VOCA (Heimur and Iadarola 2007) classify photography among their vocational programmes. Sommers (2006) includes art therapy among his 'psychosocial' category, but places sport competitions within his 'empowerment' category. There clearly exists a fluid interpretation of what constitutes vocational education, skills acquisition and 'alternative' methods. Surprisingly, there seems to be little comprehension that much of the confusion is created as a result of differing points of reference (outcomes, methods, approaches) and cognitive paradigms. Accordingly, the notion of Meta-categories was presented in this thesis.

Ultimately, while classification is evidently needed within the field, the lack of uniformity with regards to terminology may cause more harm than benefit. Critical analysis of the need for classification produces two motivating factors - funding and research. To gain funding, programmes need to be justified, and justification of programmes derives from academic confirmation of desired outcomes. Acknowledging the complex spectrum of approaches, and the innumerable variables involved in successful programme intervention, almost establishes a mute point in regards to classification. Therefore, while classification and research should obviously continue, such terminology debate should be somewhat peripheral when considering effectiveness and subsequent funding allocations.

As a result of the aforementioned issues regarding classification, this thesis shall establish its own terminology. Psychosocial programmes are herein identified as those whose primary goal is to positively affect psychosocial wellbeing. Within this category, a sub-category of programmes implementing 'alternative' methods and approaches is identified. This thesis shall focus on the 'alternative' methods and approaches category.

'Alternative' methods and approaches are herein defined as specific techniques identified and implemented in the Western world to improve psycho-social wellbeing.

These techniques are also often found in non-Western cultures, however the qualifying indicator is that it is recognised and implemented as an activity that positively affects wellbeing within the Western world. Alternative techniques may be implemented and carried out individually or in groups. They may promote psychosocial recovery or relaxation. They may be highly structured or freely structured. They may have a curative focus, a developmental focus, or both. They may be guided by psychology trained practitioners, but are easily implemented by trained lay-people, and often allow for self-guidance. They may adopt either creative or recreational methods or approaches. Some involve the acquisition of a new skill, others do not. Some are creative, others are expressive. Some may be recognised Western psychotherapeutic methods, while others may not yet be accepted under this title. The outcome for all alternative approaches is increased wellbeing, though the area of improved wellbeing and the duration of the improvement may vary. While they are not typically isolated events, they do vary in programme length. Typically, each individual method (eg. music, drama etc) can be implemented along any of the continuums mentioned.

Chapter 5

Alternative Psychosocial Interventions with Children Affected by Conflict.

Introduction.

Programmatic responses directed at youth in conflict situations that seek to either directly or indirectly positively impact on the psychological, spiritual, emotional, and social wellbeing of youth, have increased dramatically since the publication of the Maçhel report. Addressing psychological needs has in many respects become the 'catch phrase' of the field, with omission of such a consideration potentially criticised. This thesis is primarily concerned with programmes that directly attempt to address the psychosocial wellbeing of participants.

This chapter reviews several 'alternative' style programmatic responses. 'Alternative programmes' and 'alternative therapy programmes' are used interchangeably, identifying the overall objective of positively affecting wellbeing. Alternative is here-in applied according to the definition given in the previous chapter, which primarily pertains to an activity or group of activities undertaken by participants with the primary purpose of improving psychological, emotional, spiritual or social wellbeing through the use of techniques currently deemed alternative within Western contexts.

The chapter commences with a review of the debate concerning the effectiveness and applicability of the use of alternative programmes within a post-conflict context. This is

followed by a review of a selection of currently implemented alternative methods. These categorical reviews focus on current implementation practices, supported through case studies and an overview of relevant research, where available. Finally, additional techniques, with general reference to their applicability in post conflict situations despite the lack of current implementation of such techniques, are discussed.

The Alternative Therapy Debate.

The general aversion to psychosocial interventions, in particular those implementing alternative therapies, has been discussed at length throughout this thesis. Nylund, Legrand et al.(1999:19) counter critics of psychosocial programmes, who feel that spending money on abstract notions such wellbeing is an unjustifiable luxury, pointing out that “[t]he cost of psychosocial rehabilitation for children, however, is extremely small when compared to that of other expenditures, and the benefits can be enormous for the child.” They recognise that “[i]t is difficult to show tangible results of psychosocial programmes and therefore difficult to evaluate them”, and acknowledge that the use of alternative methods within psychosocial interventions “will not always be successful and that it will not be the best method for all children. However, this argument should be weighed against the child’s right and need to play and interact with other children.”

The Curative/ Non-Curative Debate.

The evolution of Western psychology over the last century has dualistically resulted in extensive understanding of the psychological realm, and increasing scepticism towards non-psychotherapeutic techniques and paradigms. This scepticism is slowly being eroded within certain alternative techniques, such as art and music, which have been the focus of extensive research. This justification process is ongoing, and within a post-

conflict context primarily enters the debate along the curative versus developmental paradigms highlighted by Kalksma-van Lith, de Graaff et al.(2007). Essentially, it is the effectiveness of alternative methods to adequately address the psychosocial needs of children suffering from Western notions of trauma that is questioned. Kalksma-van Lith, de Graaff et al. (2007: 9) note, however, that “there is a recent but significant shift towards the recognition of the need to focus on developmental interventions.” Additionally, Akhundov (1999: 1) notes that in any group of children affected by conflict, “there will be children who require psychotherapeutic interventions and children who need only social and educational rehabilitation.” As dividing them is not advisable, and setting up only social interventions leaves those who require psychosocial assistance without due attention, a balanced approach is best. This view is also supported by UNHCR (2004), and Kalksma-van Lith, de Graaff et al. (2007: 9) who argue that “there is a need to end the debate between the two models and to accept a two-fold approach”.

The Benefits of Alternative Therapy Implementation with Children within a Post-Conflict Context.

Alternative therapy interventions are increasingly implemented within post-conflict contexts. This phenomenon may be due to a growing recognition of their ability to circumvent many of the concerns raised in the previous chapters pertaining to specific issues associated with youth in conflict situations, as well as issues regarding programme implementation. Alternative therapies, for example, can be implemented without the need for trained medical staff. They can be applied to large groups rather than individuals, providing a greater opportunity to address widespread wellbeing issues. Akhundov (1999) argues that alternative therapy methods are ideal for providing the balanced intervention presented in the previous section. Also, many of the techniques remove the emphasis off the individual, making them more suitable for children and cultures where social factors directly correlate to positive wellbeing. Lumsden (1997:380)

highlights this by stating: “play, drawing, and other creative works offer the child opportunities to take conflictual material from the inner world and reconstruct it outside themselves, not so much in the 'real world' as in a metaphorical or transitional space.” Many alternative therapies require minimal equipment and subsequent funds to maintain, highlighting their sustainability and ability to be applied to all sectors of society. Additionally, resilience can be emphasised and Western-style pathology concepts ignored according to the methodological approach implemented (Kalksma-van Lith et al. 2007).

The cultural appropriateness of alternative methods is evident on several levels. While there is certainly the possibility of approaching the intervention from a more clinical Western psychotherapeutic perspective, alternative therapies allow for a spectrum of approaches. Thus, essentially no Western paradigms may be implemented. The universality of most alternative techniques provides a sound basis for culturally appropriate intervention. Nylund, Legrand, et al. (1999:18) advocate the cultural appropriateness of alternative psychosocial interventions, stating:

artistic expressions such as dance, songs, music and body painting are essential vehicles for the healing means developed by [the host] culture. Every culture has its own form of art with which to articulate and express feelings. This facilitates the use of art as a way of reaching children, since the mechanisms are already in place.

Admittedly, although many alternative intervention techniques may be recognised as therapeutic by the recipient communities, this may not always be the case. While such a statement provokes challenges from those concerned with the Westernisation of diverse cultures, a lack of prior recognition of beneficial outcomes should not discredit alternative interventions. The benefits derived from alternative interventions are generally assumed to be sub-conscious, and are subsequently assumed to be universal. It is this universality, the innate response to creative processes and joyous experiences, which permits the application of alternative therapies in such a diverse range of contexts.

Nonetheless, individual and cultural factors must be considered with all interventions, and cultural appropriateness is of paramount importance.

The expanding academic movement investigating alternative therapy techniques within Western contexts is slowly extending its scope to ascertain correlative benefits within conflict contexts. The acceptance and appropriateness of use of alternative therapies within psychosocial programmes for use with children in conflict scenarios is evidenced by the allocation of alternative therapies in the framework created by the Psychosocial Working Group, a leading body in the field. Research conducted by Armstrong, Boyden, et al (2004) used play, drawing and acting, among others, as exercises designed by the group to universally improve wellbeing. The research yielded positive results, indicating that alternative therapies were successful in improving wellbeing among the sample group of children in a conflict context.

While there is an increasing acceptance of alternative techniques that have been 'proven' to elicit responses mirroring those achieved through standard Western psychotherapeutic techniques, scepticism regarding approaches which seek to induce joy or fun continues. Laiho (2005:1188) argues that engaging in joyous activities should not be discredited, stating "The importance of positive feelings and enjoyment may be essential for health, because these revitalizing experiences provide individuals with a sense of wellbeing and coherence, and make them feel good about themselves." Other advocates of enjoyment include Lumsden (1997) and Kalksma-van Lith, de Graaff et al. (2007:12) who state "[p]lay and creative expression aid healthy child development", and "[r]ecreation provides children with moments of relaxation and may therefore have a healing effect."

Using the desired outcome of improving one's sense of wellbeing, (and recognising joyousness as a sign of positive wellbeing), as the underlying defining factor of an alternative therapy opens the door to an innumerable number of intervention methods. Anything from sports to flower arranging, meditation to drama, can theoretically be used

to improve wellbeing. Given the breadth of potential alternative style interventions, this thesis shall examine a selection of the most common intervention forms. These are play and sport, music, and art.

Art as Therapy.

Drawing/art therapy is becoming widely accepted as an alternative therapy that can be applied to children suffering trauma as a result of armed conflict. Support for such intervention is clear when institutions such as the European Centre for Conflict Prevention (1999) notes that stresses are released when a person engages in art as 'therapy'. The commonality of artistic interventions may be due to the close correlation between art therapy, where one expresses one's feelings and memories visually, and traditional Western psychotherapy, where one expresses one's feelings and memories verbally. Art, however, allows the participant to take greater control over their therapeutic experience, rather than being guided by a trained professional to the same extent as in the verbal technique. Additionally, art is often advocated for the role it can play in not only the healing process, but also in the memorialisation of conflict, and as an active agent in the peace-building process.

Bates (2006) documents the already significant use of art within Sierra Leone both as a form of therapy and a form of peace-building. The prevalence of art as an agent of peace in Sierra Leone is highlighted by the holding of the National Artists' Conference: Artists for Peace in Freetown in 2005. Despite this positive view, Bates notes that many of the artists who participated in the conference stated they were unable to implement programmes using art as therapy due to a lack of funding. Bates (2006: 8) advocates further implementation of art as a peace-building tool, stating "[a]rtists of Sierra Leone hold answers to relieving some of the stresses society suffers from" and further stating

“[a]rt activities for the youth will provide the opportunity for cultural communication which is needed if society is to heal.”

Nylund, Legrand, et al. (1999:17) highlight key reasons for the popularity of art based interventions, such as:

It provides a way for sensitive issues to be addressed in a way which is affirmative and easily accessible by children.

Through the use of art it is possible to reach children on their level, since art can be whatever the spectator/performer wants it to be.

It allows children to express themselves and to articulate their feelings - feelings that would otherwise be internalised for reasons such as fear and confusion concerning their situation. It is a way to end isolation of traumatised and displaced children.

Examples of art therapy interventions include art therapy conducted in 6 mental health hospitals in the West Bank and Gaza (Byers 1996), and in schools in Croatia both with children who had experienced the war and those that were displaced by it (Nylund et al. 1999). Akhundov (1999) describes the technique adopted with Internally Displaced children in Azerbaijan. Children are asked to alternatively draw on a ‘free topic’ and a positive theme, such as ‘my best day’. Initially, free topic drawings illustrate the child’s traumatic experience, but with time, the number of children who reflect their traumatic experiences in their free drawing decreases considerably. Similar results were encountered in projects carried out in Lebanon by International Medical Corps (Harbin 2007).

Moreno (2000) provides descriptive information regarding a Trauma Recovery Project in Macedonia and Kosovo with Albanian refugees aged 4 – 14. Drawing, story-telling and game-playing were used in treating the children, as the traumatic experiences were considered too fresh to use more invasive therapies. The use of art as a vessel for non-

verbal expression can be seen in drawings in which houses were pictured on fire or drawn and then scratched out (Moreno 2000).

Photography is a form of artistic expression that is increasing popular as an intervention, though it is not a formally recognised form of alternative therapy the way pure art therapy is. Examples of the use of photography for peace-building include the *Secrets Youth Photography Project* (you CAN), an exhibition created by youth on both sides of the conflict in Northern Ireland, and a world-wide exhibition of photos taken by youth in conflict situations around the world at the *2006 World Media Development Forum (Plan-International 2006)*. Additionally, photography is classified among the vocational training programmes offered to Iraqi youth by ACDI/VOCA (Heimur and Iadarola 2007).

The ability of photography as a medium to not only provide individual therapy and community documentation, but also a vocational skill is highlighted by Lykes, Blanche et al (2003), who provide a detailed academic description of the use of photography as a form of therapy in Guatemala. The programme sought to prevent future violence by speaking out through pictures and storytelling, while concurrently providing new skills and resources to develop economic and psychosocial resources.

Music as Therapy.

Music is universal. Kalksma-van Lith, de Graaff et al. (2007:12) state that "[i]n most cultures music and dance are ways of bonding and articulating identity; they help people deal with positive and negative experiences in life." [w]hether using purely voice or instruments, music is synonymous with joyousness in particular contexts. The positive effect of music therapy on cases of phobias, psychoses and in relieving pain led to the establishment of the academic field of music therapy. Research within the field is steadily growing, including investigation into the use of music therapy within post-conflict contexts.

Music therapy is versatile. It can be passive, with participants merely listening; active, with participation; soothing or stimulating; applied to individuals or to groups; conducted with or without instruments in any location. Music therapy also allows for a more curative or developmental approach. Formally applied methods of music therapy entail therapists guiding participants through experiences much in the same way as traditional psychotherapists. Alternatively, music can also be applied solely to induce emotive responses such as joyfulness or peacefulness. Thus music therapy may be non-interventionist, and depending on the method of implementation, individuals may control their participation in and the effect of the therapy. Alanne (2005:691) consequentially suggests that “active music playing may have potential for trauma victims and torture survivors because it enables people to control emotions by themselves.” This makes it a highly suitable intervention form in view of the ethical considerations associated with children in conflict scenarios.

Music therapists have worked with war trauma survivors and/or actively promoted peace since music therapy was applied to alleviate the effects of trauma experienced by WWII Veterans in America as part of the Army's Reconditioning Program (Alanne 2005; Ng 2005). Research has shown that patients with Post Traumatic Stress Disorder respond positively to music therapy, instilling hope and empowerment. Generally, recipients reported feeling more relaxed, having greater self-understanding and “were able to express their emotions and memories relating to their traumas more easily” subsequently providing them with general sense of wellbeing (Alanne 2005:683). Ng (2005:n.a.) suggests the success of music therapy with individuals who have suffered trauma may result from the fact that “music-making, being a creative and expressive act, represents the polar opposite of trauma, which is synonymous with destruction and violence... Thus, music therapy can be seen as an adjunctive treatment modality that complements verbal therapies”.

The increasing involvement of music therapists in war-torn and developing countries, as well as the acknowledgement of the growing need for such intervention, was highlighted

at the last World Congress of Music Therapy in Oxford (Ng 2005). The establishment of organisations such as Music Therapists for Peace, which runs Drumming Circles for Peace, is one example of this movement (Boxill and Roberts 2003). Ng (2005:n.a.) cites several examples in which music therapy has been applied within post-conflict settings:

the humanitarian organization, "Sunce," and the Sunflower Project have been providing music therapy services for clients with trauma issues and special needs (Lang & Mcinerney, 2002; Watts, 2004). Music therapists have also worked in the Gaza Strip (Yawney, 1993), in South Africa (Pavlicevic, 1994, 2002), in Sierra Leone (McKay, Burman, Gonsalves, & Worthen, 2004), as well as treatment centers for torture victims in London (Dixon, 2002) and in Berlin (Zharinova-Sanderson, 2004).

An example of music therapy within a post-conflict scenario is the Pavarotti Music in Bosnia-Herzegovina. Initiated by the charity War Child the centre was opened in 1997 to "promote reconciliation through music". Activities at the centre include the creation of music by children and adults, and holding of concerts. Everything Music-orientated, from African drumming, national folk dancing, instrumental lessons, ballet classes and a rock school, are provided to participants free of charge. Additionally, a formal music therapy department was established in 1998. The department provides therapy sessions to trauma victims, as well as those with disabilities and other special needs. Outreach programmes are also conducted by the department, with music therapy sessions performed in schools, hospitals and internally displaced camps on a one-on-one or small group basis (Lang and Mcinerney 2002).

The project exemplifies the use of an alternative therapy that can be made accessible to all. The fact that the activities in the centre are free dispels concerns regarding which youth are the recipients of the programme. Similarly, the fact that the outreach programme targeted diverse populations made the intervention more accessible to individuals not in close proximity to the centre. Despite these efforts of providing an inclusive intervention, the therapeutic department consists of only three international

staff and three local assistants, resulting in a small number of recipients directly benefiting from the therapy.

Ng's analysis of the implementation of music therapy within post-conflict contexts identified two main categories of music therapists; therapists who only focus on working with clients who had experienced war trauma, and therapists who simultaneously promote peace. Ng (2005) notes that the latter group holistically applied music interventions within contexts that may be categorised as developmental, often involving participants aside from those identified as suffering from war trauma. Amir (2002) supports the role music therapy can play in the peace-building process. He argues that music can play an active role in the peace-building process through the creation of models of peace, tolerance, and mutual respect via community music-making. Amir also suggests that these peace-building tools may be equally applicable as a conflict prevention method.

Play and Sport as Therapy.

Play is acknowledged as an important part of child development. Lumsden (1997: 5) states "[i]n the life of children, play has immense significance". Play is universal and a dominant behaviour in childhood in which children show excitement in being actively involved and in control. Kalksma-van Lith, de Graaff et al. (2007:12) state that "play is regarded as natural behaviour for children; they even play in very difficult circumstances." Play is seen by educators as an experiential dialogue with the environment which creates feelings and expressions of joy and mastery. In this way, 'childhood' and the ability to play are vital to the child's intellectual progress and self awareness (Ashman and Elkins 2005). It has been well documented by child psychologists that the opportunity to play is a significant factor in children's recovery of mental well being. Miller and Affolter (2002:54) state that "[c]reative play is one of the

most important avenues for children to overcome trauma.” Free play also promotes good health and allows children to exert energies through physical experience and stimulation of their imagination (USAID 2006).

‘Play’, loosely defined, is adopted by a multitude of organisations as a form of addressing psychosocial needs. Some of these organisations are large and international, while others are grass roots and local. Particular approaches to the implementation of ‘play therapy’ vary from free play, where children are encouraged to play of their own accord, to organised play, where games and activities are conducted by group leaders which the children participate in. The inclusion of organised games leads to potential inclusion of ‘sports’ as play. Using this broad grouping, play may be defined as physical activity undertaken individually or jointly, in a structured or unstructured format, with the primary objective of enjoyment, and secondary objectives of physical, cognitive and social development. The subsequently diverse implementation methods of play therapy, along with the universally recognised connection between play, joyousness and childhood, may account for the frequency with which play therapy is implemented.

Examples of organisations conducting some form of play or sport as therapy in conflict environments abound. Some only provide play intervention, while others offer more holistic intervention. Types of physical activities undertaken for psychosocial improvement include a gymnastics competition in Lebanon (MercyCorps 2007), sports competitions in Iraq (Heimur and Iadarola 2007), and with internally displaced children in Azerbaijan (Akhundov 1999). The ‘*Playscheme*’ programmes run by the organisation Children on the Edge (Ruddock) are conducted in East Timor, Banda Aceh, and Romania, among others. Interventions are coupled with the ongoing initiatives of other organisations (such as permanently established orphanages), and occur at intervals throughout the year, when staff visit to implement the ‘*Playscheme*’.

While it may not be immediately identified as a conflict zone, the favelas and streets of Brazil constitute a conflict environment, particularly for its displaced and marginalised

youth. Tio Loiro provides a unique intervention model in Brazil. In addition to operating a bus full of game equipment which travels around providing the opportunity for children to play, Tio Loiro teaches youth how to surf, with participants subsequently using their skills to instruct tourists. In this way, the programme successfully uses sport jointly as a means of improving individual psychosocial wellbeing and providing the opportunity for gainful employment (Raadsen 2002).

As highlighted by Tio Loiro, the sport/play classification is often hard to distinguish, however there does appear to be slightly differing perceptions of the two interventions. Sports competitions appear to be more accepted and justified than play interventions. Regrettably, reference is occasionally made to the physical exertion aspect of sport as a release of pent-up energy, and therefore the use of sport as a deterrent to potential youth violence. This notion re-exemplifies the perception of youth as a threat, and may account for the level of support sports interventions receive. Such a view is evident in Akhundov's (1999: 1) statement:

Sport yields less possibility for directed intervention into children's psychogenic problems but has more impact on behavioural problems. In general, the results are improved emotional health, rehabilitation and interpersonal relationships. The games also create favourable conditions for addressing personal characteristics such as withdrawal, egocentrism, depression and frustration.

Conversely, the ability for sports competitions to be an active agent in the peace-building process has not escaped practitioners. World Vision International in Ambon, Indonesia, for example, implemented an intervention programme within an Internally Displaced Persons camp, which is home to 6000 individuals from both sides of the Muslim/Christian religious conflict of the region. Despite residing within the same camp area, Muslims and Christians lived and played separately. The approach adopted by World Vision "was based on the premise that children can play a very important role to 're-connect' communities through shared values that have been broken by conflict, and

that the children would be more responsive than the adults” (Putri 2002:36). A multi-tiered approach was adopted, including the establishment a co-religious school, and the training of volunteers from both religions in trauma counselling. To extend the positive outcomes identified within the school throughout the camp, a games day was organised for all children at the camp. The day was co-ordinated by the trained counsellors of both backgrounds, and yielded encouraging results evident in the positive interaction of all attending youth (Putri 2002).

Pure play interventions appear to be extremely popular, particularly with younger children. Despite this reality, there appears to be a defensive vein to much of the literature regarding play interventions. This appears to be derived from a feeling of the need to justify the importance of joyous activities which have intangible outcomes. This need for justification may exist as a result of the construction of importance of play within Western paradigms, based on perceived universal notions of childhood development and wellbeing, rather than on extensive research into ascertaining correlative outcomes within post-conflict contexts. Consequently, there is growing body of research into the use of play within post-conflict scenarios.

Leafman (2004:74) provides an in-depth academic report for the programme ‘*Play for Peace*’. The *Play for Peace* mission is "to bring together children, youth and organizations from communities in conflict, using cooperative play to create laughter, compassion and peace". Ongoing evaluation and assessment of the *Play for Peace* methodology seeks to comparatively evaluate each region’s fulfilment of the overall mission of enhancing peace through play, and to identify and recommend possible areas for improvement in the quality of program processes and outcomes. The programme is run by various community organisations around the world including Guatemala, Northern Ireland, South Caucasus, Middle East, South Africa and India. By 2004 30,000 children worldwide had participated in Play for Peace initiatives and five hundred and fifty teenagers had been trained as youth facilitators.

Holistic /Interdisciplinary Approaches.

While many of the aforementioned programmes specialise in the implementation of particular techniques, several larger organisations incorporate alternative psychosocial interventions within their holistic approach in addressing the issues of children within conflict scenarios. War Child Holland (War Child n.a.), however, claims to be one of the only organisations specialising in alternative therapy interventions. War Child Holland runs programmes in 13 countries, applying various alternative methods with children. Nonetheless, UNICEF, World Vision, Save the Children and other major organisations increasingly include alternative psychosocial interventions into their programme repertoires around the world. UNICEF in Algeria, for example, incorporated various alternative methods such as play, sports, art, drawing, theatre and the establishment of recreational parks into its national programmes (Nylund et al. 1999). Similarly, ADCI/VOCA has supported sports competitions and art festivals, provided musical instruments for an orchestra, and constructed parks and sports fields in Iraq (Heimur and Iadarola 2007). Sometimes the alternative therapy methods are included as an adjunct to other programme content. For example, a peer counselling programme conducted in a Serbian refugee camp in 1993 holistically also involved the trainee counsellors in activities such as sports, games and sing-a-longs (Shapiro 2000).

An exemplary holistic programme is 'The Movement of Children for Peace' in Colombia. The programme is conducted by a coalition of organisations, led by a steering committee that consists of both children and adults. The programme consists of workshops where children are taught painting, music, drama and dance, as well as activities of practical benefit to their communities (such as clean-up and tree-planting campaigns, and information gathering about community needs) which are planned, led and enacted by children. Botero and Zacipa (2002) note that child involvement in such projects has had

a positive impact on adults with the community, indicating a follow on effect, and consequently supporting the notion of using children as agents of peace.

The potential role of children in peace-building is central to Search for Common Ground's projects. Search for Common Ground (SFCG) conducts programmes in 10 countries and specialises in programmes with intangible outcomes. SFCG identifies three operational methods, however many of the programmes overlap categories. Their programmes aim at formal and non-formal education, giving youth a voice in society, and assisting them to take positive action in their communities. Examples of their programmes include: a peace education project in Islamic boarding schools in Indonesia; a television show in Macedonia; in-school peer mediation programs in Ukraine; five ongoing youth-run radio shows in Angola, Burundi, Democratic Republic of Congo, Liberia, and Sierra Leone; the publication of comic books in Burundi and Indonesia; forming youth election monitoring teams in Sierra Leone; running soccer tournaments in Burundi; and facilitating leadership development for youth organizations in Angola (Smarkham).

Alternative Therapies Not Being Implemented.

While there is a magnitude of alternative methods implemented within post-conflict contexts, interestingly, some forms of alternative therapy used in the West are not prominent within the field. Poetry therapy is one such example. Furman and Collins (2003:n.a.) state that "[p]oetry therapy can be defined as the systematic use of reading, writing, and performing of poetry for the purpose of human growth, change, healing, and transformation." They ascertain that "using poetry as a means of communicating human truth and healing human pains can be a powerful ally in the struggle against violence... [thus] poetry might be an ideal means of helping individuals and communities heal."

Such observations make it ideal for use within post-conflict and reconstruction scenarios, yet this medium is not widely applied.

Despite growing academic interest in play as therapy, 'play therapy' is rarely identified as an official therapy. One form of 'play therapy' that is clinically identified and implemented within the Western world is Sand Play therapy. Sand Play therapy emphasizes spontaneous creative expression in a non-verbal and symbolic manner. It allows for the expression of the fears and angers of children, but also encourages and provides for the process of transcendence. The process of making scenes and then changing scenes, seems to elicit the twin urges of healing and transformation which are goals of therapy (Cunningham 1977; Bradway 1999). The need for minimal resources, coupled with the potential for implementation by non-psychotherapists suggests Sand Play therapy is a suitable form of intervention for children in post conflict settings, however there is no evidence of its utilization within such contexts.

Nature therapy is another form of alternative therapy not being implemented within post-conflict scenarios. Nature therapy is widespread throughout the Western world, and can be implemented in a variety of formats. The various forms of nature therapy shall be examined in detail in the subsequent chapter.

Conclusion.

The 'clinicalisation' of wellbeing improvement mechanisms within the West has seen a loss of acceptance of alternative methods over the last century. A lack of established research into the effectiveness of alternative therapies within a Western context persists. Certain fields however, are steadily re-asserting their validity through research conducted within recognised scientific paradigms. These fields, predominantly art, music and horticulture, are slowly being acknowledged as precisely what they are: *alternative* methods. The social construction associated with the term 'alternative' as something

non-conformist, based on nebulous ideals, and with little connection to the real world, has marred the application of alternative techniques in recent decades. The re-emergence of alternative techniques in the West has opened the way for the application of alternative techniques within post-conflict contexts. However, while there is still a level of scepticism regarding alternative therapies in the West, such scepticism shall continue with even greater prevalence within the post-conflict peace-building field. This can only be overcome by either a relaxation of regulatory paradigms, or an increase in post-conflict specific research.

The acceptance of non-Western psychosocial interventions, however, highlights an interesting inclination towards the methods of other cultures. The approval of the use of non-Western techniques based on minimal research, but trust in local healing knowledge, begs one to query the emphasis placed on alternative programme outcomes evident in the literature.

Valid evaluation of alternative techniques is hampered by the interdisciplinary approach often implemented, such as the playing of soothing music while creating art (Harbin 2007). Despite this complexity, however, alternative techniques are increasingly accepted as viable methods of positively affecting wellbeing. Overall, there continues to be minimal academic accounts of alternative interventions and their outcomes within post-conflict contexts.

The use of alternative therapies, however, is steadily being advocated as not only a suitable form of intervention, but also as a valuable tool in the peace-making and peace-building process. Lumsden (1997:380) stresses the cathartic nature of alternative therapies in both pre-war and post-war conflict scenarios, stating “[t]he creative artists need to be encouraged in the creation of a culture of peace”. Similar views have been presented by Amir (2002) in relation to music and Bates (2006) in relation to art. The growing acknowledgement of the multiple uses of alternative interventions to affect more than individual psychosocial wellbeing but also contribute more holistically to peace-

building, should encourage greater acceptance and implementation of alternative techniques within post-conflict scenarios.

Chapter 6

The human-nature connection: theories and practices.

Introduction.

The need to address the psychological, emotional, and spiritual wellbeing of children in post conflict settings is increasingly being recognised as a priority in reconstruction and rehabilitation programmes. Despite the growing rhetoric to include psychological healing by most major agencies in the field, little concrete action, and even less evaluation of programmes focusing on psychological wellbeing, has been carried out to date.

The unattainability of Western psychotherapeutic techniques in post conflict settings - due to a lack of trained professionals, the scope of those requiring treatment, and contested relevance of Western psychotherapeutic techniques, has resulted in the steady increase of organisations working in the field implementing alternative forms of therapy (Sommers 2006).

Some of the objectives of such therapies include being easily applied with very minimal training or equipment, and effective with large groups or communities rather than individuals. Sommers (2006) identifies two primary groups of programmes conducted with the intention of positively impacting the wellbeing of participants. 'Empowerment' programmes include activities such as co-ordinating sporting events, starting a

community youth radio, or having concerts. These programmes are essentially designed to provide a sense of normality to the lives of participants, and improve their overall mental wellbeing through participation in 'fun' activities. Sommers (2006) notes that these types of programmes have the least amount of academic research on their effectiveness.

Another classification identified by Sommers (2006) are 'psycho-social' programmes. Whilst there is considerable overlap between the empowerment and psycho-social categories, psycho-social programmes generally incorporate accepted alternative therapies. Alternative therapies currently being applied include art therapy, drama therapy, play therapy, music therapy, dance therapy, photography, and others. Some programmes attempt to combine various forms of alternative therapies, whilst others focus on one technique. Despite the use and acceptance of alternative therapies within the field, Ecotherapy, which is a commonly used form of alternative therapy within Western societies, is virtually non-existent within the post-conflict peace-building field.

Within academic fields such as political ecology, nature and the environment have predominantly been researched as a source of conflict. Little previous emphasis has been placed on the use of nature as a tool of peace-building and reconstruction. Understanding human/nature relationships is highly relevant to the peace-building and reconstruction field, and incorporates aspects of environmental psychology (or ecopsychology), architectural psychology, socio-architecture, behavioural geography, environmental sociology, and social ecology, among others. Ecotherapy, essentially access to and interaction with nature with the aim of improving psychosocial wellbeing, is now well recognised and implemented in Western countries in various spheres. However, despite its commonality in Western societies, little transition has been made to the peace-building and reconstruction field (Chase 2000; Frumkin 2001; Sommers 2006). Ecotherapy has proven psycho-social benefits, and can be applied to address the often neglected psycho-social trauma of conflict (Wilson 1984:1, Kellert 1993:42 in Milton

2002). This chapter attempts to address the gap in knowledge and practice surrounding the use of ecotherapy within post-conflict peace-building and reconstruction settings.

Nature and Children.

The enjoyment children gain from particular types of contact with the environment seems universal. In addition to the global observational evidence, much of the data used to establish these assumptions relates to children's play and their innate curiosity in their pre-pubescent years. As was highlighted in the previous chapter, children continue to play despite their adverse situations. If acknowledgement is given to the importance of play to children, recognition must also be made of the fact that until relatively recently within Western scenarios, childhood play was synonymous with being 'outdoors', and having contact with nature. Comparative British/U.S. studies in the 1970's have starkly shown children's affection and preference for the natural world. 8-12 year olds from both countries were asked about their favourite places to spend 'free' time through both interviews and drawings. Only 3 drawings out of 361 were devoted entirely to indoor settings, while in the interviews outdoor areas were mentioned as preferred to indoor areas twice as much for U.S youths and three times as much for British youths (Moore and Young 1978).

The universal appeal of nature with children as both a tool and a venue for play is evident in the similar activities children choose to undertake around the world. Tuan (1978) states that sand, water, clay and mud, are natural elements that are used in play by children around the world. The moulding, construction, and destruction of these materials are universally evident, and it is believed to be partially based on the sense of power they give children. Another universal childhood act is that of climbing trees. Tuan(1978:20) notes that "the popularity of trees among children is commonly noted in the ethnographic literature on children". This is in part explained due to the tree offering

excitement, a vastly expanded horizon, and the status of height. In addition, children of all parts of the world enjoy rolling or sliding down a slope, and are inventive in the material used to slide on, often locally sourced. Also, children like to play in or make small places. This is believed to be due to a sense of control over their surroundings. As such, tree houses are doubly exciting as the shelter is cosy and it is located up in the air and therefore only accessible to the intrepid who dares to climb.

Basing his argument on previous research, Tuan (1978) states that it appears children between the ages of 5 or 6 and 11 or 12 pass through a period of displaying an innate kinship with nature. Tuan (1978) points out that at the age of five or six children begin to show interest in young animals like puppies and in growing things. They become passionately fond of flowers and picking them. They also display a sensitiveness to the beauties of nature such as sunsets, clouds and rainbows. Prior to this, younger children tend to focus on the man-made rather than on the natural, seeing the dam wall rather than the lake, and often assume natural phenomenon, such as clouds, are actually smoke from man-made fires. It is believed this is due to the assumption at that age that the world is created by adults, and therefore not to be feared. An appreciation of landscapes occurs in older children, leading many theorists to suggest the notion of landscapes containing moods (fields of flowers are perceived as happy, for example), are the result of social construction.

To partly answer whether children have an innate connection with nature, Tuan (1978:10-12) examines the best known case of a 'wild child', devoid of social and cultural influence. Jean-Marc-Gaspard Itard wrote of his observations of a wild boy, dubbed Victor, found in France in 1799, at the age of ten to twelve. Itard noted that Victor appeared wholly insensitive to wind, rain, heat and cold. After capture he often chose to go out when others were driven indoors, and Itard gave several descriptions of "the boy's longing for sun, wind and freedom". Tuan states that Victor's delight in open spaces, sun and moon seem to confirm the belief that a sympathetic bond exists between children and nature.

However, Tuan (1978:11-13) notes that “if human beings have an innate capacity to appreciate nature, it can nonetheless be rendered ineffectual.” Tuan argues that social conditioning is inescapable, and subsequently children brought up in urban slums may not yearn for the fresh air of summer camps. Highlighting this theory, Tuan recounts a case where Brooklyn teenage gang members were taken to a park in New Jersey less than 25 miles from Times Square and were frightened of being attacked by wild animals. The gang members were fearful of the dark, and of being in the woods. Of particular note is that these same youths who were petrified of nature, would easily enter into armed gang warfare on their own ‘turf’. Tuan summarizes, therefore, that the capacity of inner-city children to enjoy and benefit from nature has been warped into indifference and fear. Ultimately however, Tuan (1978: 9) concludes that “it remains possible that prepubertal children everywhere feel, in varying degree, a love of nature”. He cautions, though, researchers investigating child- nature relations should be careful of their subconsciously held values, which may have their roots in European Romantic tradition.

Louv (2006: 7) conversely, clearly advocates the use of nature as a tool for improving wellbeing. He states that “[n]ature offers healing for a child...Given the chance, a child will bring the confusion of the world into the woods, wash it in the creek, turn it over to see what lives on the unseen side of the confusion.” Studies suggest that exposure to nature may reduce the symptoms of Attention Deficit Hyperactivity Disorder, improve cognitive abilities and reduce stress and depression in children (Louv 2006).

Louv (2006:47) poetically summarises the guiding hypothesis of this thesis, stating “[n]ature is often overlooked as a healing balm for the emotional hardships in a child’s life.” He argues that nature can aptly be applied as an alternative, additional or preventative therapy against the commonality of mental illness and attention disorders among children. He bases this argument on studies conducted by Cornell University that showed that a room with a window to a view of nature can assist in the prevention of child stress, and that “nature in or around the home appears to be a significant factor in protecting the psychological distress of children in rural areas” (Louv 2006:49). Of

significance to this thesis are the results mentioned by Assistant Professor Wells (in Louv 2006:49) which showed “the protective impact of nearby nature is strongest for the most vulnerable children – those experiencing the highest levels of stressful life events.”

The growing consciousness of the international community regarding the importance of psychological and emotional wellbeing in children of conflict situations has seen a multitude of organisations attempt to give children back their childhood through the use of games and fun activities. As mentioned in the previous chapter, however, little previous focus has been given to the use of nature as therapy within post-conflict settings.

Nature as therapy: A theoretical background: Biophilia

Humanity’s connection with nature has long been identified in various fields. In more recent decades, various interdisciplinary fields of credible academic theory have developed to investigate the interaction between humans and nature. Included amongst these fields are political ecology, architectural psychology, socio-architecture, behavioural geography, environmental sociology, environmental social sciences, ecological psychology, environment-behavior studies, person-environment studies, social ecology and ecopsychology. This area of thought draws on work in a number of disciplines including anthropology, geography, ekistics, sociology, psychology, history, political science, planning, architecture and urban design.

The phenomenon of nature’s impact on individuals’ wellbeing was originally explored in modern times through the theory of ‘Biophilia’. Biophilia argues that humans have an innate bond with nature, and furthermore, that a disconnection from nature may affect one’s emotional health. Biophilia proposes that humans evolved as creatures deeply enmeshed with the intricacies of nature and that we still have this affinity with nature ingrained in our genotype. (Segal 1997; Gorrell 2001; Milton 2002; Neill 2004)

Biophilia, however, was not the first to identification a human/ nature connection. “[t]he human relationship with nature, and the idea that this might be a component of good health, have a long history in philosophy, art, and popular culture, from ancient Greece to the New England transcendentalists” (2001:235). Chinese Taoists created gardens believed to benefit health two thousand years ago, and nature in the form of landscape was used to treat psychiatric patients as early as 1870 (Louv 2006).

There are several arguments put forward to support the theory of biophilia. Milton (2001) suggests that aesthetic appreciation of landscapes is linked to the ability of that landscape to provide what our ancestors needed to survive. This evolutionary argument is supported by Frumkin (2002:235) , who goes further, to state “[t]hose who could smell the water, find the plants, follow the animals, and recognize the safe havens, must have enjoyed survival advantages.” Such notions are based on the evolutionary view that it is unlikely that all connections to the natural world have been erased in a few thousand years, even in those who have existed for several generations in wholly urban environments.

Aside from evolutionary survival motives, humans’ emotional connectedness with nature is often presented in support of the biophilia theory. Biophilia can be defined as a love of life and of living things and can be extended to include an interest, need, focus on or affiliation with this phenomenon (2002; Neill 2004). Milton (2002) states that the biophilia hypothesis suggests that our emotional response to life and nature have a genetic basis. Milton points out that it is commonly accepted amongst psychological scholars that there are at least ‘some’ innate emotions. While these are not always agreed upon, ‘interest’ is often regarded as an innate emotion. This seems to support the biophilia hypothesis, and its claims on our genetic disposition towards life and nature.

Opponents of such arguments claim that biophilia fails to account for cultural and individual variations. What may provoke intense emotions in one culture or individual may provoke opposite or mild responses in another. For example, some people feel at

home in forests, while others feel intimidated, mountain landscapes please some, but make others feel claustrophobic (Milton 2002). Consequentially, Milton (2002) argues that Biophilia can apply to an individual's positive response to nature, as well as their negative responses. Thus, rather than causing us to have a particular emotional response, biophilia predisposes us to learn or resist such a response. In this way, it is our personal experience with nature, combined with our innate love of life and nature, which creates the emotions each of us has towards nature. Milton (2002:105) explains:

the ways in which nature and natural things are valued depend on their emotional impacts, on what they make people feel. And these impacts arise out of a complex developmental process which is unique to every individual and which is constituted partly through social experiences, but also through diverse other experiences of perceptual engagement with nature and natural things.

Opponents of Biophilia continue to argue that if an innate bond with nature existed, why is it that certain individuals seem to have a greater affiliation with nature than others? Milton (2002:149) proposes that "it is the things we encounter and engage with that induce emotions in us, so our emotional attachments, like our understanding of the world, are products of experience." Consequently, contact with nature influences the strength of one's bond with nature. As such, diverse emotional experiences generate diverse emotional attachments – some people learn to enjoy wild rugged landscapes, while others learn to love woodlands, deserts or cities. What entices us the most emotionally – most exciting, most memorable, most enjoyable, becomes what matters most and what we hold sacred.

Ecopsychology and Ecotherapy.

If one is to assume that humans have an innate connection to nature, as proposed in the biophilia theory, the logical conclusion is that nature affects both our physical and psychological states. This train of thought led to the study of “ecopsychology” in the early 1970’s (Segal 1997). Other names for ecopsychology include psychoecology and environmental psychology. Out of the concept of ecopsychology grew ecotherapy, which is essentially the use of nature to improve psycho-social wellbeing. Ecotherapy is also known as nature therapy, global therapy, green therapy, earth-centered therapy, and nature-based psychotherapy. In this thesis, ecopsychology will be used to define nature’s effect on our physical and mental wellbeing, whilst ecotherapy will be referred to as the application of ecopsychology to achieve therapeutic outcomes.

Advocates of ecopsychology firmly believe in an unconscious connection between interaction with nature and physical and psychological health. Subsequently, Segal (1997) argues that the presence of other living things is important for our emotional health, and that the destruction of nature deprives us of countless opportunities for emotional fulfilment. Gorrell (2001:62) concurs stating “as humankind becomes... less in tune with the natural environment, this disconnection from our roots instils feelings of restlessness and alienation and may undermine emotional health.” Segal (1997:n.a.) states:

The essence of ecopsychology as a holistic clinical practice lies in acknowledging the importance of meaningful personal relationship with the natural world, both for the healthy functioning of the human psyche and for physical life support.

Acknowledging these deeper philosophies that associate nature contact and wellbeing, Frumkin (2001:237) subsequently suggests that the universal appeal of nature may be “...more than aesthetic preferences. Perhaps we as a species find tranquillity in certain natural environments—a soothing, restorative, and even a healing sense. If so, contact

with nature might be an important component of wellbeing.” Such thoughts contributed to the concept of Ecotherapy.

The use of nature as therapy is prevalent, though often under-recognised, in multiple settings and forms. Gardens, for example, are being created in hospitals, communities and inner-city areas. Outdoor education programmes, ranging from day walks, adventure programmes, wilderness programmes, and relaxation retreats are used with groups as diverse as schools, corporate groups, troubled youth, disabled youth, and trauma victims. All aspects of nature from pets to plants are being recognised and prescribed for their therapeutic benefits, and will be reviewed later.

Segal (1997) points out, however, that ecotherapy does not only pertain to the direct use of nature to achieve therapeutic outcomes, but that ‘an ecopsychological perspective’ also can be brought into various other psychotherapy techniques. In this way, the integration of principles of ecopsychology into psychotherapy, such as conducting traditional therapeutic sessions within a natural setting, may enhance the effectiveness of the primary technique. Supporting this notion, Newes (2001) mentions that adventure therapy, a form of ecotherapy, can be used as an individual therapeutic modality or as an adjunct to other forms of psychotherapy.

Expanding the concept of Ecotherapy, Rivlin and Wolfe (1979) note that the term ‘therapeutic environment’ is widely interpreted. They argue that the term ‘therapeutic’ does not need to apply solely to those socially deemed as requiring ‘therapy’. They point out that a multitude of studies on crowding, noise, transportation and housing indicate many urban environments are not created as humane environments. Consequentially, they argue that there are gross inadequacies in our ordinary living environments which are a source of stress rather than support. From this perspective, ecopsychology and ecotherapy are perceived as relevant to all individuals, not solely those deemed in need of therapy.

Research on Ecopsychology and Ecotherapy.

The validity of the argument concerning the use of nature as a form of therapy is based on the primary belief that contact with nature affects our unconscious psychological state, and therefore consequentially, nature can also be used to affect one's mental state.

Essentially there are two general bodies of literature regarding nature/ human interactions. One group of research specifically examines the effect of nature on one's mental state, or ecopsychology. The second group of research draws on the first and seeks to quantify the ability and use of nature to affect one's psychological state, or ecotherapy. Much of the literature overlaps both fields.

Frumkin (2001) argues that evidence to support the theory that contact with nature can function to enhance health is available from four aspects of the natural world—animals, plants, landscapes, and wilderness experience.

Animals.

Frumkin (2001:235) states that "a wide body of evidence links animals with human health." Citing several pieces of research, Frumkin notes that pet ownership has been attributed to improved recovery rates after illness; statistically significant lower systolic blood pressure, cholesterol, and minor health problems; and reduced visits to physicians during periods of stress. This last factor is of significance to the relevance of nature therapy within post-conflict settings. Frumkin (2001:235) states that "[t]he role of animals in helping people handle stress has been tested specifically." In one study, patients about to undergo oral surgery were randomly asked to spend half an hour looking at an aquarium, looking at a picture of a waterfall, or sitting quietly, with some participants hypnotised first. The most relaxed patients were those who looked at the aquarium,

irrespective of whether they had been hypnotized. The patients who looked at the waterfall picture were almost as relaxed, but only if they had been hypnotized first. Frumkin (2001:236) asserts that “[a]nimal facilitated therapy in the treatment of psychiatric conditions is now well established.”

While the use of pets as therapy within conflict settings is a valid approach, the situational context would suggest other forms of ecotherapy would be more appropriate. Firstly, the concept of ‘pets’ is one which may be predominantly Western, as many developing and conflict prone areas would be more likely to view animals as a survival tool, food source, or financial investment. Secondly, disruption to food supplies, fresh water, and other necessities due to the conflict, ensure the prioritisation of such supplies to human survival. Such an environment makes the introduction of pets an inappropriate method of therapy, which may induce further trauma should a pet owner feel they are unable to adequately care for their pet. In more stable situations, where animals could become part of a community, and potentially provide some further benefit to that community, the psychological benefit of pet ownership, particularly for children, is indisputable.

Plants.

Multiple studies have shown how access to and interaction with nature improves one’s overall sense of wellbeing. Whilst many of these studies pertain to natural areas, research has shown quantifiable evidence to support the biophilia hypothesis that the mere presence of plant-life affects wellbeing. Kaplan and Kaplan (in Frumkin 2001; Gorrell 2001) surveyed more than 1,200 employees at various corporations and state agencies. The findings showed that office workers with a window view of nature - trees, bushes or even a large lawn-experienced significantly less frustration and more enthusiasm for their jobs than those workers without windows. In another example the

University of Illinois Human-Environment Research Laboratory investigated residents' quality of life based on the extent of their contact with trees. The researchers learned that residents living near trees felt happier with where they lived and better adjusted to their environment than those with no trees growing nearby (Gorrell 2001).

In a further study conducted in 1989 by the National Gardening Survey of more than 2000 randomly selected households, 50.1% of respondents agreed with the statement, "The flowers and plants at theme parks, historic sites, golf courses, and restaurants are important to my enjoyment of visiting there," and 40.0% agreed with the statement, "Being around plants makes me feel calmer and more relaxed." Among residents of retirement communities, 99% indicate that "living within pleasant landscaped grounds" is either essential or important, and 95% indicate that windows facing green, landscaped grounds are either essential or important (Frumkin 2001:236). Rae and Stieber (1976) discuss the use of plants in hospitals as a form of therapy for children. The programme begins when children receive their name bracelet. They are given a pot to write their name on at the same time, select a plant of their choosing, and plant it in the pot. Children are encouraged to take care of the plant while in hospital, often imitating a child's experience, including the administration of 'injections' of fertiliser or IV. Rae and Stieber (1976:20) conclude that through the plant play programme, "the child's psychological trauma of hospitalisation is reduced".

Of all forms of Ecotherapy, the concept that plants have a role in mental health is well established. Horticultural therapy evolved as a form of mental health treatment, based on the therapeutic effects of gardening. It is applied today in community-based programs, geriatric programs, prisons, developmental disabilities programs, and special education. Consequently, Frumkin (2001:236) argues "[p]erhaps this time-honored practice reflects an ancient recognition that proximity to plants, like proximity to animals, may in some circumstances enhance health. "

Gardening/Horticultural therapy – Ecotherapy using plants.

While there is a substantial body of literature regarding the use of gardening as therapy, or horticultural therapy, a literature review revealed that the majority of articles were in relation to adults – specifically people with life threatening illness, disabilities, eating disorders, and the aged. However, the use of gardening with children is certainly growing, and may have been slower to establish itself due to social constructions associated with the ageism of the activity.

Doyle (1996) notes that gardening as therapy has ancient roots. Historians say that Egyptian physicians advised mentally troubled patients to take long walks in a garden. But for most of the 20th century, the conviction that gardens could heal was buried under the concept of modern medicine. Now, horticultural therapy, like other forms of alternative medicine, is starting to flourish. Dozens of institutions from hospitals, seniors' homes and even prisons, have installed green spaces specifically designed to enhance the health and wellbeing of residents.

Smith (1998) defines horticultural therapy as a process of working with plants and gardening resources to achieve a therapeutic end. It assists individuals to recover social and personal skills lost, helps individuals with self-esteem issues and teaches the enjoyment of pleasurable leisure activities and hobbies. Myers (1998) states that unlike other alternative therapies such as musical, artistic, recreational or occupational therapy, gardening (horticultural therapy) has a double value. The process of gardening has not only significant therapeutic value unto itself, but allows participants the opportunity to interact with nature, therefore additionally meeting an innate need addressed within ecopsychology and biophilia. Norfolk (2002) concurs, suggesting humans retain an innate need to cultivate and nurture the earth. As a retired English osteopath, Norfolk observed that his happiest and healthiest patients were green thumbs. Consequentially, Myers (1998) states that tending plants has a calming effect and truly provides a 'healing therapy'.

Draper (in Smith 1998) states that the use of plants for therapeutic ends has become a firmly established adjunct to traditional therapies at many psychiatric facilities. Many articles, such as Perdersen (2002) and Vrkljan (2001) report on specific professionals who use gardening as a therapy for their patients. Increasingly, gardens are becoming prevalent in hospitals around the world, as health professionals acknowledge the physical and psychological therapeutic benefits of gardening. Numerous articles and pieces of research advocate positive improvements to wellbeing for patients, including children, within hospital settings. Throughout such literature, doctors noticed that caring for a plant became a tool of self-expression while enhancing self-esteem and patients felt a sense of achievement and pride over watching this new life grow. Soderback, Soderstrom et al. (2004) discuss the use of horticulture therapy in a hospital in Sweden. The programme included imagining nature, viewing nature, visiting a hospital healing garden and, most important, actual gardening. The study found that "Horticulture therapy mediates emotional, cognitive and/or sensory motor functional improvement, increased social participation, health, wellbeing and life satisfaction." Similar findings were made in the study of a hospital garden on middle childhood paediatric patients at the children's ward of Batu Pahat Hospital in Malaysia. Said (2006:130) found:

there is a positive shift in functioning when the children experienced the garden. Cognitively, the children shifted their functioning from being boredom, fearful, anxiety and restlessness in the ward to being relaxed, comfort and calm, cheerful and forgetting worries in the garden. Physically, the shift is from being passive and sedentary in the ward to being active; participating in the garden activities. And, socially, the shift is noticeable from being alone or recluse in the ward to being playing with peers and cooperative with the caregivers in medical protocols...The study concludes that the properties and attributes of the garden afforded the children to function progressively leading to their wellbeing.[sic]"

Horticultural therapy has not only been used on individuals with physical or psychological issues. Grant (2002) discussed a community project in which young people and elder

people grew flowers and vegetables. As the garden grew, so too did young and old develop stronger bonds with each other, their community and the natural world.

Of the common methods with which nature is used as therapy, gardening is probably the most appropriate for use within post-conflict and peace-building settings. This is due to several primary factors. Firstly, in post-conflict settings, access to food is often limited. Food producing gardens therefore provide individuals with the therapeutic benefits of gardening as well as an increased potential food security. The implementation of food gardens, however, needs to ensure that working the garden is not seen as a “chore”, as this may undermine therapeutic benefits. Allocation is another issue, as well as available land space and water accessibility. Consequently, food gardens are possibly best implemented in established institutions such as schools, orphanages, churches and the like. In addition to food garden, the construction of parks and gardens as part of the reconstruction process in urban areas presents itself as the ideal opportunity for engaging individuals, such as children, in the construction and gardening process, therefore receiving the aforementioned therapeutic benefits, as well as creating a location for peace for other community members. Potentially the largest obstacle in such a proposal is the availability or allocation of land for such constructions. This shall be explored in greater depth later in the thesis.

Landscapes.

Frumkin (2001) stipulates that landscapes have a similar effect on one’s wellbeing as plants. Wilson, in creating the Biophilia theory, observed that irrespective of where they live, humans, when given the choice, tend to gravitate towards natural landscapes reminiscent of those in Africa, from whence we evolved. Consequentially, parks, golf courses, prime real-estate developments and the like, often mirror African savannah, with scattered trees and grasslands overlooking water. Wilson argued that habitat

selection is key to all living organisms, as it makes life easier. Humans require open land to be able to find prey and avoid predators, whilst having clumps of trees offers protection. This theory appears to be supported by cross-cultural studies conducted in Asia, Africa, Europe and America, where when offered a variety of landscapes, people react most positively to savanna-like settings, with moderate to high depth or openness, relatively smooth or uniform-length grassy vegetation or ground surfaces, scattered trees or small groupings of trees, and water (Frumkin 2001).

This effect may extend beyond aesthetics, to restoration or stress recovery. Research on recreational activities has shown that savanna-like settings are associated with self-reported feelings of peacefulness, tranquility, or relaxation. In addition, viewing such settings leads to decreased fear and anger, and is associated with enhanced mental alertness, attention, and cognitive performance, as measured by tasks such as proofreading and by formal psychological testing (Frumkin 2001). Not surprisingly, several studies concerning the effect of landscape views through windows show positive effects. A study conducted in 1981 of the State Prison of Michigan found prisoners whose cell window faced the court yard had a 24% higher frequency of sick call visits than those whose cell windows faced rolling farmland and trees. Another study carried out by Texas A&M Center for Health Systems and Design, examined patients recovering from surgery and the effects of having a window view of trees in full foliage versus one of a brick wall. The researchers found that patients with a nature view had shorter hospital stays, fewer complications and required less pain medication than those who stared at a wall (Frumkin 2001; Gorrell 2001).

Frumkin (2001) cites further experiments which have shown that the view of nature does not even need to be genuine to have positive effects. In a study of dental patients, researchers placed a large mural of an open natural scene on the wall of a dental waiting room during some days, and removed it on others. On the days when the mural was visible, dental patients had lower blood pressure and less self-reported anxiety than on the days when it was taken down. Moreover, in 15 years of records on patient attacks on

the wall art at a psychiatric hospital, every attack was on abstract art, none on a nature scene. Consequentially, Frumkin (2001:237) argues that “[v]iewing landscapes and related nature scenes, whether genuine or in pictures, seems to have a salutary effect.”

Palka (1999:33-49) notes that traditionally ‘therapeutic landscapes’ refers to places such as spas, hospitals and the like, neglecting the general notion of ‘landscape’. Palka argues that “[a] therapeutic landscape ... is a place of health which promotes wellness by facilitating relaxation and restoration and enhancing some combination of physical, mental, and spiritual healing.” Accordingly, Palka (1999) believes that “the notion of therapeutic landscapes, as settings for therapeutic experiences, can be extended beyond the previous focus on carefully designed built environments, ... to include pristine natural landscapes which are void of *any* human imprint.”

As has been previously mentioned, the use of the word ‘landscape’, particularly in the context of ‘therapeutic landscape’, is slightly ambiguous. Advocates of ecotherapy would argue that any landscape, human made or otherwise, may possess therapeutic qualities. However, they also argue that natural settings, or imitations of natural settings, such as parks and gardens, are likely to provide greater therapeutic benefits than human-made or non-natural imitation landscapes. Evidence suggests that even human-made parks and gardens provide greater therapeutic benefits when they replicate nature, rather than demonstrate humanity’s control over nature. Consequentially, the concept of landscape is not irrelevant to the post-conflict realm, particularly when both urban and natural landscapes have been destroyed in the conflict. In fact a research body, ‘Conflict in Cities’ (Pullan n.a.), is investigating the impact urban landscapes have on the psychological state of individuals in post conflict cities.

Wilderness.

Gorrell (2001:64) notes that as the aforementioned findings suggest, “reaping nature's psychological benefits doesn't require living in the wild.” However despite these findings, scepticism, particularly regarding ecotherapy – or the use of nature to affect one's mental state, continues. Much of the aforementioned research highlights the fact that the psychological benefits of nature are attainable without living in the wild. There is, however, a multitude of research on ecotherapy programmes that require participants to spend time in natural settings.

Defining ‘wilderness’ is a predominant theme in much of the literature regarding experiential education. There appears to be two general definitions. One pertains to the concept of vast, often pristine and devoid of human intervention, ‘wild’ landscapes. The other, suggests a focus on ‘natural’ environments, and may refer to smaller nature areas which contain human presence. Frumkin (2001:237) supports this second classification, defining ‘wilderness experience’ as “entering the landscape rather than viewing it”.

In support of the ‘wild’ wilderness definition, Milton (2002:97) discusses that ‘wilderness’ in many ways affects humans differently than other forms of nature contact. Essentially, Milton suggests that it is the ‘wildness’ of nature that is its most important feature. “Wildness is the one thing that can never be ours. It is self-willed, independent, and indifferent to our dictates and judgements”. Consequently, Milton suggests that in our modern world, humans need to believe in wild, separate nature, to know that there are “pristine places...substantially *unaltered* by man”.

Palka (1999) supports the view that ‘wildness’ is as therapeutically valuable as nature itself. He supports his arguments by citing research undertaken at Denali National Park, which focused on visitor perceptions of the wilderness park as a therapeutic landscape. Park visitors nearly unanimously believed that there are therapeutic or healing aspects associated with Denali. Respondents claimed to have felt better mentally, physically and spiritually. Palka (1999:29) states that:

the perception of Denali as a therapeutic landscape suggests that restorative power that pristine wilderness areas seem to possess. Such places of health, particularly if they are accessible..., have the capacity to facilitate relaxation and restoration, and enhance healing outside of traditional health care facilities.

The concept of 'wilderness' as therapeutic unto itself, is supported by Borrie (1995:n.a.) who suggests:

Within wilderness we most clearly feel attached to, responsible with, and a part of other things and beings. There is a tendency to suspend our usual dualistic notion of being separate from nature. Most people seem to simply allow other things to be. Within wilderness we tend to most easily dwell within, and care for, other natural objects and beings.

Borrie (1995) notes that this notion is evident in the relationship most wilderness visitors have with the land, as highlighted by Palka (1999). Consequentially, Borrie (1995:n.a.) suggests that "[m]any visitors seeks escape from the impacts of society, and a closer relationship with nature. Perhaps visitors are seeking a more authentic way of being, ...with a wilderness experience a metaphoric opportunity to achieve this."

'Outdoor Education' – Ecotherapy using wilderness.

Time spent in natural settings, be it solely during the day, over multiple days, as a form of relaxation, or whilst participating in outdoor activities, has been used with a multitude of individuals from psychiatric patients, troubled youth, people with disabilities, school and community groups, gifted students, patients with medical ailments, individuals with Post Traumatic Stress Disorder, addiction disorders, corporate groups, and abuse victims, to name a few.

Within the field, debate and discussion over the classification of types of therapy conducted in natural settings is ongoing. The literature revealed a potential hierarchy of classifications. 'Experiential education' may be identified as an umbrella classification which contains the sub-field 'outdoor education'. Outdoor education may be identified by a variety of names including 'outdoor recreation education', 'earth education', 'outdoor behavioural healthcare', 'therapeutic recreation', among others (Boyes 2000; Newes 2001). 'Outdoor education' may be further divided into particular applications and approaches such as 'adventure therapy', 'wilderness therapy', 'nature therapy' and others. The literature pertaining to these fields expresses the overlapping of such classifications, however it is clear that 'adventure therapy' generally entails participants engaging in highly challenging activities, while 'wilderness therapy' occurs in 'wild' natural landscapes. Below these approaches exist a variety of activities, methods, and expected outcomes. The programme may be designed to challenge the participants emotionally, psychologically, or physically, or it may be designed to bring about peace and acceptance. The proposed outcomes may be individual or group. Despite the multitude of outdoor education options, all programmes have two things in common: they involve participation in or experience of a natural setting; and they are undertaken with the aim of having a positive benefit to, or effect on, the participant.

Williams (2002:88) states that outdoor education is:

a diverse field that encompasses many strands, including outdoor pursuits, adventure therapy, environmental education, leadership training, deep ecology, experiential education, and life-skills type programmes. Involved within these strands may be aspects such as communication, teamwork, inter-personal and intra-personal development, holistic relationships with the self, others and the environment, solitude, spirituality, creativity, aesthetic and kinaesthetic appreciation of movement through nature, adventure, challenge, recreation, group facilitation, conflict resolution, decision-making, leadership, judgement, problem solving, critical thinking and action, technical skills, rescue skills, teaching skills, and peak adventure. This list is by no means exhaustive, however it highlights the diverse array of qualities, processes, and foci encompassed within the field of outdoor education. It should be noted that each strand, and indeed every individual programme, will

emphasise certain qualities over others, and may not include all of those listed.

Despite the fact that research that supports the effectiveness of ecotherapy is continuously growing, scepticism continues. This may be due to the fact that Ecotherapy is generally correlated with outdoor education programmes, to the exclusion of the aforementioned forms of therapy. Such scepticism is understandable given the nature of the literature available in the field. One of the primary problems with the literature is the diversity of programme types and activities. With such a multitude of variables Neill (2003:317) states “[g]etting a clear picture of the adventure therapy outcomes can be confusing because of the limited amount, variable quality, and difficult availability of adventure therapy research literature.” He continues that the adventure/wilderness therapy field “is notably undermined by a lack of well-organized, definitive, and widespread knowledge about the effectiveness of different types of adventure therapy programs.” This is highly reminiscent of the comments made by Sommers (2006) regarding programming with children in post-conflict situations.

Consequently, while this literature is more extensive than the literature on plants and animals, several limitations make it difficult to interpret. Firstly, much of the published research appears to be conducted by individuals with a personal or commercial interest in wilderness experiences, resulting in questionable validity (Gordon and Dodunski 1999). Secondly, it is difficult to determine which of the variables, such as activities, location, group dynamics and the like, are responsible for notable positive outcomes. Consequently, positive outcomes “may be due to the vacation quality of the experience, to the psychological value of setting and achieving difficult goals, and/or to the group bonding that occurs on some such trips, rather than (or in addition to) a direct effect of wilderness contact” (Hyer et al. 1996:263).

Neill (2003) cautions that while there have been four key meta-analyses of outdoor education programs, the positive results should not be used as blanket claims about the

effectiveness of all outdoor education programs. Instead, he suggests the results show promising potential and encourages closer analysis of particular types of programming. In addition, Neill notes that positive outcomes from adventure and wilderness programmes were stronger than standard outdoor education programmes, however they were not as strong as for individual psychotherapy.

Despite these limitations, many published accounts confirm benefits from wilderness/adventure experiences. Several authors (Berman and Anton 1988; Segal 1997; Frumkin 2001) note that that most documented examples of the outcomes of wilderness experiences relate to mental health endpoints. According to a study mentioned by Berman and Anton (1988:41) conducted with psychiatric youth “WTP [wilderness therapy programming] appears to be a promising alternative to traditional programs”. Hyer, Boyd et al (1996) comment that a substantial amount of research has been conducted with trauma victims. One study, which evaluated the efficacy of adventure/wilderness programmes as an adjunct to specialized inpatient PTSD (Post Traumatic Stress Disorder) treatment, found that a five day programme elicited similar results on several measures of PTSD to standard PTSD treatment. Such results are highly relevant to the post-conflict field.

The number of available research examples on wilderness/adventure experiences are vast, and often indicate participants experience greater self-awareness, increased appreciation of others, feelings of renewal, a sense of comfort in and connection with nature, greater self confidence, improved coping abilities, increased cooperativeness, improved mental functioning in mental health patients, and a greater sense of wellbeing (Gibson 1979; Gordon and Dodunski 1999; Neill and Dias 2002).

Gibson (1979 in Segal 1997:n.a.) states that:

while many of the empirical studies are of questionable validity due to methodological shortcomings, it is clear that wilderness programs can and do result in positive changes in the self-concepts, personalities, individual behaviors and social functioning of the program participants.

McKenzie (2003) describes a study which supports many of the notions presented by ecopsychologists in relation to wilderness. Citing several examples, McKenzie notes that an unfamiliar environment can help participants develop their self-awareness and self-concept, and that wilderness settings in particular provide additional advantages such as self-responsibility, feelings of peacefulness and invigoration, and facilitating 'personal restoration'. In accordance with Milton (2002), Palka (1999), Borrie (1995) and Meier (2003) the study suggests that wilderness is important to the outdoor education experience due to its neutrality and the absence of buffers usually provided by contemporary society. Additionally, the study also indicates that a wilderness setting can increase participants' concern for others and the environment.

While there are multiple pieces of research that indicate the positive effects of participation in a wilderness or adventure programme, several researchers (Gordon and Dodunski 1999; McKenzie 2003) note that activity based programmes may not work for all participants, primarily due to the perception of failure that may arise if a participant is unable to complete a set challenge. Consequentially, the programme may have the reverse to the desired effects on the participant.

The applicability of 'outdoor education' style therapy within the context of post conflict situations, while possible, appears to be difficult to implement. Outdoor education programmes require trained staff; safe locations to conduct the programmes; may require expensive equipment that needs to be regularly replaced such as harnesses, ropes or canoes; as well as high initial costs if programmes include base camps or fixed activities such as ropes courses; or large tracks of 'pristine' wilderness. Despite these drawbacks, many of the activities undertaken under the auspices of outdoor education, such as team building activities or solos (time spent alone in reflection in a natural setting) are transferable to post-conflict settings.

Conclusion.

Humanity's connection with nature is intrinsically entwined with our very being. Our contact with, experiences in, and perceptions of the natural world are inseparable from our personal and social development, our perception of ourselves and others, our understanding of personal, social and natural realities, and ultimately, our wellbeing. Thus, nature is of immense importance to children in particular, due their continuing development. Nature provides a medium through which children can explore themselves, others, and the world around them, and has been shown to be a priority within their world views.

While scepticism may persist with regards to the clinical style use of nature as therapy, there is virtually no contestation regarding the impact nature has on our physical, psychological and emotional states. Thus, individuals that devalue the use of nature as therapy, do so due to a limited understanding of the scope of the field and a lack of knowledge regarding evidence supporting its implementation. It is undeniable that contact with nature, be it through animals, plants, landscapes, or wilderness, has the potential to positively affect wellbeing. Therefore, it is proposed that nature-based interventions, as a broad definition, are suitable interventions for children in post-conflict scenarios.

Chapter 7

The Use of Nature to Address Trauma in Children Affected by Conflict.

Introduction.

The use of nature as a technique for addressing psychosocial wellbeing is ever increasingly accepted and implemented within the West. This chapter will identify the extent to which nature is being implemented to address wellbeing within post-conflict childrens' programming. It shall commence with a brief overview of the correlative use of nature as a tool for peace-building. Specific case studies will be mentioned that apply nature to this purpose. The use of nature within children's programmes shall then be reviewed categorically, including those that establish green/play spaces; those that take youth out into the natural environment; and those that involve hands-on nature contact such as gardening. The second part of the chapter is a detailed case study of the primary example of a successful nature-based programme intervention. Established in Sri Lanka, The Butterfly Garden implements various forms of nature techniques, and has also been a case-study for previous academic research.

Nature and Peace-building- A natural choice.

Nature/green spaces provide an ideal forum for the implementation of Lumseden's approach to peace-building. Lumseden (1997) identifies three 'zones' which must all be addressed for successful post-war rehabilitation: the outer social world; the inner psychological world; and a transitional 'zone' between the two - the zone of play in childhood and 'culture' in adulthood. *Green spaces provide a place for all three of these zones to be addressed simultaneously.*

The interrelatedness between increased inner-peace and wellbeing when in contact with nature, and the potential to use nature as a source of individual and community peace-building, is slowly being acknowledged. Gough (2000) claims this is evident in recent decades with the shift from the construction of parks as places of remembrance to parks as places of peace. Potentially initiated by the Peace Park in Hiroshima, a world-wide movement now exists to support the aims of world peace through the design of physical space to convey the message of peace. Additionally, Gough (2003:18) notes that "[a]s a communal and collective act gardening became the favoured rhetoric of peace, resulting in the 1970s in a network of local, national and international peace gardens and peace parks."

The recognition of the symbolic and practical aspects of using nature as a tool of peace-building is not only evident among peace-loving Westerners, but also, albeit minimally, within conflict zones. Such a view is evident in the request for tenders for the Deh Mazang park in Afghanistan (Kabul Municipality 2006). Clearly identifying nature as an issue of immediate and paramount concern within the reconstruction effort of Kabul, the goal of the project "is to improve the local environment of Kabul city with increased Green area and to contribute in beautification of the area [sic]." The document argues for the urgency of establishing the park by stating that women and children, who have suffered tirelessly from war, have the need and right to acquire:

spiritual rest in the environment that should be healthy, green, and beautiful and they need that their children could freely play and have fun and the families too. Man and woman [sic] among themselves enjoy from [sic] the green environment. The recreation sites will be possible, in that case when we should have many extensive parks in the city. (Kabul Municipality 2006:10)

Nature and Peace-building- an emerging field – (The Green Belt Movement, Peace Parks, and The Natural Growth Project)

The growing recognition nature can play in the peace-building process is evident in projects such as the Belt Movement, the establishment of trans-boundary Peace Parks, and the Natural Growth Project. These three examples highlight the diverse ways nature is being applied to affect/effect peace and wellbeing.

The Green Belt Movement was established in Kenya in the late 1970s, and is designed to promote peace through the planting of trees. Essentially, recognising that issues such as environmental degradation as well as a lack of equality, sustainable development, nutritional health, and income were all precursors to conflict, the programme set about encouraging women to plant trees and other edible crops (Maathai 2004). One of the key instigators of the movement, Wangari Maathai, received the Nobel Peace Prize in 2004 for the programme's contribution to creating and maintaining peace and wellbeing. Even in this recent time, the award surprised most people, who failed to see the connection between planting trees and building peace. Even the editor of the *Journal of Peace Research*, Nils Petter Gleditsch questioned the rationale for the prize (Ali 2007). Gleditsch's (and Urdal 2004:n.a.) scathing article was entitled *Roots of Conflict: Don't blame environmental decay for the next war*, clearly identifying his position regarding the announcement. The revered and learned academic proceeded to proclaim the only link the environment had to conflict, was the scarcity of renewable resources, and that even then, such views were "apocalyptic scenarios lack[ing] solid foundation." Emphasising

his limited comprehension of the interrelatedness and complexity of conflict scenarios, Gleditsch (2004:n.a) concluded:

Wangari Maathai and the Green Belt Movement have done pioneering work for environmental conservation in Kenya. But her work for democracy and human rights may well be seen as a more substantial contribution to peace than her tree-planting.

While peace parks can be constructed anywhere with minimal practical peace-building applications, trans-boundary peace parks are a growing phenomenon that is identified as being both a preventative and a curative peace-building measure. In 2007 there were 188 registered Transboundary Protected Areas, which, while varying in type, establish a zone of shared responsibility and co-operation between adjoining countries. These peace-parks exist in both tumultuous locations and peaceful locations, and address peace-building from a conservation approach (Ali 2007).

The Natural Growth Project is a technique adopted by the Medical Foundation for the Care of Victims of Torture in the U.K. The organisation assists refugee victims of torture, however it discovered that standard Western psychotherapy within a clinical setting was inappropriate and ineffectual with many clients. The Natural Growth Project is a unique approach which combines horticultural therapy and Western psychotherapy, with participants receiving their counselling session by a trained psychotherapist whilst working alongside them in either an allotment or at the organisation's Remembrance Garden. The programme is deemed a resounding success and has been expanded to include the children of the torture victims (Linden and Grut 2002). The use of nature to address psychosocial wellbeing with such individuals has been so successful, similar techniques are being planned for the newly founded Helen Bamber Foundation, which has a more general application to those affected by conflict (Bamber 2008).

The use of Nature in Psychosocial Programmes within Conflict Scenarios.

The benefits of nature contact on physical, emotional and psychological health are slowly being acknowledged in relation to post-conflict scenarios. However, despite this, nature is gravely overlooked in child-orientated psychosocial programme implementation within post-conflict scenarios. Given the prevalence of the use of nature to positively affect wellbeing in Western contexts, the virtual non-existence of programmes implementing this method is somewhat surprising. Nonetheless, a number of projects mention some form of nature interaction, though few focus on this medium.

The Construction of Green Spaces

The most commonly mentioned use of nature to affect psychosocial wellbeing appears to be the construction of green spaces within the context of a location for the implementation of play and sport based interventions. Most of these implementations, however, appear to be projects, implemented on a once off basis with little to no involvement by youth in the design or construction process, rather than programmes, where the youth are seen as participants directly affected by their involvement in the intervention. Additionally, while undoubtedly assisting in the wellbeing of youth through the creation of a green space, the focus of such constructions is generally not the nature content of such areas, but the play area. Thus, while tree planting may occur as part of the project, this is peripheral to the primary objectives of the construction. This may result in a superficial use of nature, where there is limited conceptual planning, recognition of environmental factors, or acknowledgement of the potential to positively affect wellbeing through nature. Subsequently actual 'nature contact' is limited within such spaces, leading to the conclusion that positive effects on wellbeing derived from such locations is primarily due to the activities undertaken within the space, rather than the space itself.

The recognition of the limited nature content within such spaces challenges the use of the term 'park', which is evident in several accounts of sports ground project documentation. Such projects are mentioned by: ACDI/VOCA (Heimur and Iadarola 2007), who indicate they have built parks in Iraq; MercyCorps (2007), who have constructed playgrounds and parks in Lebanon; and International Medical Corps (Harbin 2007) who have established 'Child Friendly Spaces' in Lebanon. Despite these accounts, the amount of nature contact in these spaces is questionable.

The establishment of 'Child Friendly Spaces' is an initiative by UNICEF designed to provide a location that is allocated to child use. These areas are currently being designated in numerous conflict zones, and can offer health care, nutrition, play, education, after-school and youth activities, plus psychological and health advice for parents and carers (Ruddock). Consequently, an array of alternative techniques are often implemented within these spaces. Such areas are invaluable to children, however there is no indication that these areas are being constructed with any consideration for the dual potential of such areas as healing green spaces.

CHF International with funding from USAID has constructed sixteen parks throughout the Palestinian territories of Gaza and the West Bank. The Palestinian American Recreation and Conservation Services Project (PARCS) recognised the benefits of community participation both in design and construction, involving university architecture and art students, local artists and several thousand local children in these processes (CHF International 2005; CHF International 2008). Many of these parks, however, seem to be artistically orientated rather than nature orientated (see below), although concession must be granted for the climatic conditions of the area.



CHF park in Palestine (CHF International 2008)

A major project that had the opportunity to directly implement nature therapy was the playgrounds project in Sri Lanka by USAID. Eighty-five playgrounds were established to promote the “physical and emotional recovery and developmental growth” of local children (USAID 2006). While the project was initiated in a post-tsunami context, the majority of parks are planned for the East of the country, which USAID (2006:n.a.) recognises as “conflict-affected before the tsunami and ... further damaged afterwards.” While inarguably a step in the right direction, the playgrounds were constructed with a focus on play rather than on green space. Subsequently, little attention was paid to the opportunity for nature implementation. In fact, some playgrounds seem void of any natural components (See below). The difficulty the programme’s initiator had in gaining support for the project highlights the continued scepticism regarding the priority of child psychosocial needs in crisis scenarios (Kauffeld 2007 personal communication).



Children enjoying a new playground in Tangalle, Sri Lanka (USAID 2006)

As it can be seen, references to parks, green spaces, and play areas are fluid in their definitions, questioning the specificity of the terminology. Thus, the identification of many such projects as nature orientated is sceptical, and care should be taken when classifying programmes without investigation of the extent of nature use. Clearly, based on the notions of eco-psychology and eco-therapy presented in the previous chapter, greater benefits could be derived from the aforementioned examples of spaces allocated for use specifically by children through an increased focus on the nature content of the projects.

Getting Out There.

The use of wilderness, or 'wild' spaces, while not prominent among post-conflict programming, is being implemented to positively affect the wellbeing of youth in some conflict environments. Outward Bound, the primary implementer of wilderness and adventure based programmes world-wide, recognises the role nature can play in peace-building. As a result, programmes are being initiated in Rwanda (commencing 2008), Israel (currently provisional), and Croatia. Recognising the need to invest in social capital, Outward Bound in Rwanda (Outward Bound Rwanda n.a.) seeks "to catalyse: the process building relationships of trust, courage, compassion, tolerance, cooperation and determination, and leadership and character through adventure and challenge in the Outdoors." The international organisation has also established an Outward Bound Centre for Peace-Building. The centre seeks to foster "an environment where individuals living in regions of conflict may, together, envision and create a sustainable peace" (Outward Bound Centre for Peacebuilding n.a.). The centre has conducted programmes with youth gangs in Indonesia, worked with youth from conflicting factions in the East Rand Township of Johannesburg, and taken Jewish and Arab youth from Israel to the Appalachian Mountains (U.S.A.) in 2005 and 2006. The latter program is now based in the new Outward Bound school in Israel.

While not conducted within a conflict zone, Seeds of Peace is an exemplary programme that removes 13-17 year old youths from conflict zones to participate in summer camp programmes in Maine, U.S.A.. Several programmes are run, combining Arab and Israeli; Indian and Pakistani; Greek and Turkish Cypriot; and Balkan teenagers (Seeds of Peace). The programme is one of the few programmes dealing with conflict affected youth that has had academic research undertaken related to assessing improvements in wellbeing. The research, undertaken by Morray (2005), specifically focused on the peace-building co-existence sessions conducted during the camp. The research showed positive results from participation, however several factors appear be overlooked in Morray's theories of success. One of these factors is that youth are selected for the

programme based on applications, suggesting that those attending the camp are already pre-disposed to work towards peace and understanding. This is an issue previously raised by Sommers (2006) in regards to programming. Another factor is that the students also participate in an array of alternative therapies such as art, music and drama, which may also impact on wellbeing. Surprisingly, the fact the programme is undertaken in a natural landscape, and that outdoor education style activities are a primary part of the programme, have been completely overlooked by Morray as potential factors in improving wellbeing. Further research should be undertaken to ascertain the extent of the impact contact with nature has on the wellbeing of participants and their willingness to engage in positive peace-building.

South Africa represents an interesting case study for the use of wilderness therapy with conflict affected youth. Several programmes, each with a wilderness component of varying methods and outcomes, are implemented in South Africa. These include the Wilderness Therapy Project of Kathoras (Robertson and De Kiewit 1998) , the Bonani Youth Development Programme (Equator Initiative), the Eco-Therapy Trail Guide Programme (SSACI), Umzi Wethu (The Wild Foundation 2006) and the Child and Youth Development Projects of Educo (Educo ; Educo Africa), among others. The comparative frequency of such programmes in South Africa to other conflict zones may result from the relative development of the country, its Western cultural orientation, and easy access to safe wilderness areas (i.e. ones that do not continue to harbour ordinance or militarised groups, as may be the case in other conflict zones). Robertson and De Kiewit (Robertson and De Kiewit 1998) indicate that attempts in the early 1990's to implement traditional therapeutic techniques with conflict-prone youth in South Africa were often unsuccessful and subsequently abandoned. Since the mid 1990s however, wilderness interventions appear to have been successful in both individual healing and as a form of peace-building between factions. This may be associated with a sense of having participated in a 'rite of passage', which is identified as an important transitional

process by Bell (2003), as well as the holistic approach of programmes that also provide future employment opportunities for participants.

The use of wilderness and adventure therapy within post-conflict contexts presents itself as problematic and contentious. Evidently greater research of programme implementation within such contexts needs to be undertaken. Pre-conceptions of further inducing trauma, as a result of the fearful nature of activities undertaken and separation from support systems, may be negated. Research by the Oxford Refugees Studies Centre (Refugee Studies Centre 2005) into the “*Vacaciones en Paz*” programme, (which takes Sahrawi children from a refugee camp on an exchange to Spain, where they spend time with a Spanish host family before returning to the refugee camp), revealed that concerns regarding the appropriateness of the programme were misconstrued. The findings of the research open the possibility for similar positive findings in research concerning wilderness and adventure programmes in post-conflict scenarios.

A Hands-on Approach

Given the academic research and prolific use of horticultural therapy, or gardening, in the West, there are surprisingly few documented programmes which implement this technique. Most references to gardening occur within the context of establishing self-sufficiency, wholly omitting the psychosocial benefits (for example see War Child UK 2001). This is a shift from earlier wars such as WWI and WWII, during which gardening was promoted for as an activity for children in England (City Farmer: Canada's Office of Urban Agriculture). This is not to say gardening as therapy within conflict is not longer recognised as beneficial. UNHCR (2004) and UNICEF both recommend the implementation of gardening activities within refugee camps and other conflict contexts as a means of establishing normalcy. Despite this, virtually no references to gardening programmes are evident, and references that do exist are predominantly lacking

specifics. Additionally, it appears that the use of horticultural therapy is implemented alongside other alternative techniques, rather than a stand-alone intervention method. Programmes that mention the use of gardening are virtually non-existent, and include the Project for Conflict Resolution and Development in South Africa (Farr et al. 2003), and a school gardening programme in Lebanon (Mercycorps 2007).

Within the guise of horticultural therapy, tree planting is more frequently mentioned as an adjunct activity within programme implementation. While not extensively implemented, tree planting was conducted as a form of intervention in school yards in Nabatiye in Lebanon by MercyCorps (2007), and part as part of the larger tree planting campaign carried out by The Green Belt Movement throughout Kenya (Maathai 2004). Tree planting was also selected and undertaken as a community based activity by Colombian children as part of the “The Movement of Children for Peace” programme (Botero and Zacipa 2002). Peace Trees Vietnam holistically combines mine clearing and assistance to mine victims, the establishment of parks and play areas, and the planting of trees in Quang Tri province (Peace Trees Vietnam).

Although little is being done with gardening and children within conflict zones, there is evidence of it being implemented with children affected by conflict in non-conflict zones. Natural Growth Project incorporates child centred activities into their programme for refugee victims of torture through a children’s gardening group. The group was established in recognition of the fact that many of the children of the adult participants in the primary programme suffer psychosocial trauma from their own, or through their parent’s, experience. The children have been given a section of the remembrance garden that is created and maintained by the children themselves, as well as a vegetable garden. Additionally, the programme supports the children through a range of activities, such as artistic expression through the creation of decorated pots which can be sold, and a mural for the summer house in the garden (Linden and Grut 2002). Another programme is Acorn Gardens, which is a fledgling programme establishing a creative arts program for trauma and war-affected refugee children and youth in Winnipeg

(Acorn Gardens). The programme is based on “The Butterfly Garden”, a psychosocial programme intervention carried out in Sri Lanka. The Butterfly Garden appears to be the only project world-wide that approaches psychosocial wellbeing through the medium of gardening and nature contact within a conflict context. The Butterfly Garden will now be examined as a critical case study.

The Butterfly Garden. A critical case study.

The Butterfly Garden project is an innovative program of healing for war-affected children and reconciliation at a community level, which is being conducted in Sri Lanka. The Butterfly Garden “offers creative play activities and ethnic reconciliation, integrated with opportunities for trauma healing through art-based processes” (Chase and Bush 2002). The Butterfly Garden is cited in numerous articles and websites as an exemplary model of addressing psychosocial wellbeing in children affected by conflict (see Hart 2001; Miller and Affolter 2002; Bunde-Birouste et al. 2004; De Alwis 2004; Hart 2004; Santa Barbara 2004; Bloorview MacMillan Children's Centre and Spiral Garden 2005; Kalksma-van Lith et al. 2007).

Situational Context of the Butterfly Garden.

The Butterfly Garden is built in Batticaloa, an area on the east coast of Sri Lanka located amidst the violent conflict between Tamil Tiger Rebels and government forces that has been raging for over two decades. The region is ethnically diverse with about one-third of the population Muslim, and about two-thirds Tamil who are mainly Hindu. The conflict has had immense direct and indirect impacts on the children of the region. Chase and Bush (2002) note that “[i]n Batticaloa, a child's family life frequently involves household displacement, separation and loss from death, refugee migration, and extreme poverty.”

Physical destruction in Batticaloa has been extremely high, with government records from 1999 indicating 25,955 houses were completely destroyed, and 29,087 houses were partially destroyed (Chase and Bush 2002). The conflict has often been brutal, including village massacres, abductions, and rapes (Santa Barbara 2004). The nature of the conflict has led to massive displacement, with research carried out by UNICEF and Save the Children in the last decade revealing several hundred thousand children displaced (in Chase and Bush 2002). Child mortality is high, partly due to the prevalent use of child soldiers by the Tamil Tigers. Additionally, Chase and Bush (Chase and Bush 2002: 2) note that “an entire generation of children is growing up without fathers, brothers, and uncles”, and increasingly also women, due to the conflict. The conflict has subsequently impacted on the psycho-social wellbeing of local children.

McMaster University Health Reach Program carried out research in the early 1990's into the impact of the conflict on local Sinhalese, Tamil and Muslim children, found there was an almost universal exposure to severely adverse experiences (95%) and a high proportion suffered from symptoms indicative of Post Traumatic Stress Disorder and loss of wellbeing (Chase 2000; Chase 2005). In a country with the highest suicide rate in the world, there are merely a handful of qualified psychiatric staff (Chase and Bush 2002; Armstrong et al. 2004). Clearly, an alternative means of addressing the psychosocial needs of children was needed. The Spiral Garden program at the Bloorview MacMillan Rehabilitation Centre, Toronto, an outdoor summer creative play program for children-both able-bodied and those with disabilities, provided the model upon which the Butterfly Garden was created.

Description of the Butterfly Garden.

In 1995, the Butterfly Peace Garden (Vannathi Poochi Poonga in Tamil) opened its gates as a peace garden for the creative healing of conflict affected children. The garden was

established in a donated missionary garden, and provides after-school and weekend creative play programming to children of various ethnic backgrounds from local communities. Children experiencing home or school difficulties are recommended to the programme and attend weekly for a nine-month program. Equal numbers of girls and boys, Tamils and Muslims, up to 50 children attending each day, are collected in the brightly painted Butterfly Bus to attend the garden (Chase and Bush 2002; Santa Barbara 2004).

Miller and Affolter (2002:39) describe the Butterfly Garden by stating:

Physically, the Butterfly Garden is a relatively small place, a 1–2 acre walled compound. Inside the compound, amid large shade trees, there are open-air buildings for gatherings and arts activities, a tree fort, a sandpit, and a 30-foot boat mounted on posts for use as a stage and play area. The compound is also home to a small menagerie of animals, including donkeys, rabbits, a pelican, and ducks. Other wounded animals have been given to the garden for rehabilitation, providing inspiration to the children for their own recovery.



The Butterfly Peace Garden (Chase 2005)

In the Butterfly Garden, children can participate in a range of play and art activities including claywork, drama, storytelling, music, arts and crafts (Chase 2000). Essentially participants are helped by a combination of “earthwork, artwork, heartwork, and healing” (Santa Barbara 2004n.a.). Predominantly the children participate in mixed group activities, however there is also the possibility for individual sessions with animators (staff) to work through personal stories. These individual sessions are conducted in ‘The Cuckoo’s Nest’, and are facilitated through various healing meditations and rituals which are earth-centred, universal and cross-denominational (Chase et al. 1999).

Activities at the garden are facilitated by staff called ‘animators’. Animators are multi-skilled male and female local artists from the different ethnic groups. This helps establish a sense of community ownership, despite the presence of foreigners and foreign funding. Animators’ training is by apprenticeship and mentorship, thus positively affecting the wellbeing of animators themselves (Bunde-Birouste et al. 2004).

Miller and Affolter (2002:39) note that “[a]t the garden, the children can shape their own learning and play activities, enabling them to become active agents in the healing of imagination and the recovery of hope.” Within the garden walls, children plant seeds, tend plants and harvest fruit. Medicinal plants are encouraged, as they are often scarce in the war damaged environment. The children care for the resident animals, some of which are brought to the garden due to illness or neglect (Santa Barbara 2004). Based on the evidence presented in the previous chapter concerning eco-therapy, this contact with various mediums of nature, and the opportunity to undertake a curative and protective role with them, is immensely beneficial to the participants.

A ‘Mud Mountain’ in the garden provides the participants with an artistic and therapeutic outlet using a natural material. The benefits of constructive and destructive natural play have been highlighted in chapters Five and Six. Some of the fanciful creatures sculpted adorn the garden as imaginary inhabitants. Santa Barbara (2004) notes the organic nature with which stories grow around the characters, and songs around the stories.

Within the garden various artistic outlets are available. Painting is a much-loved art form and dramas are often produced with brilliant masks and costumes. Additionally, laughter and joyousness are encouraged through the use of clowns, who appear unexpectedly to tease and act outrageously (Santa Barbara 2004). In this way the healing power of mere fun is intricately interwoven into the Butterfly Garden approach.

Not only does the Butterfly Garden offer a menagerie of earth centred and alternative activities designed to improve participants' psychosocial wellbeing, Chase (2000:n.a.) highlights the fact that:

Everything in the Garden is shaped for and by children -- the physical layout; the play structures; the program; the food; the art work. The result is a sense of ownership, comfort, and security, an oasis from the war-littered space beyond the walls of the Garden. The structure and process are derived from the children, not dictated by adults 'outside' or by what adults think children need or want. It is within this physical and psychic space that the opportunity for healing arises

The Approach.

Chase, Doney et al (1999:387) state that the concept of the Butterfly Garden was to establish a site "as a 'peace zone', to provide children affected by armed conflict with a sanctuary where they can heal through engaging their creativity in play, artwork and earthwork." The concept was based on the notion that "(b)y making and mending in the Butterfly Garden they [the children] can become healers in their communities and in the world at large." In this way the Butterfly Garden, "has the dual objectives of trauma-healing at the child level and peace-building within the community".

The choice of nature as the primary medium for positively addressing the wellbeing of the participants was not haphazard. The Butterfly Garden gives children more than:

the opportunity to engage with and learn from plants, animals and other humans in a physical environment which is safe, rich and varied compared to the devastated (sometimes mined) landscapes, impoverished homes, orphanages and resettlement camps from which they come. As they explore the Garden's diverse spaces and learn to care for, respect and understand its creatures, children discover new aspects and energies within themselves and their world which are transformative and healing (in Hart 2004:25).

Chase and Bush (2002: 6) acknowledge that:

The war ethos of violence and destruction is replaced with the gentleness and creation in the Butterfly Garden. Both those aspects of the child which are wounded and those which remain resilient are addressed. By tending to the garden within the human heart as well as the outer garden of earthly experience with equal imagination and compassion, children can heal and become healers within their communities.

In this way, the use of nature as a source of therapy and healing is integrated into the Butterfly Garden in such a manner as to ensure a holistic earth-based model, effective in inducing personal and communal change. The inner peace that comes from immersion in the natural world is exuded to create a peaceful atmosphere within the space that constitutes the garden. Thus, Chase and Bush (2002: 6) note that this allows the children to open up to new experiences such as “befriending children from other villages, exploring the garden and its resident creatures, and discovering the energetic and imaginative world of childhood.” The programme’s focus on creativeness and inherent goodness help establish a sanctuary based on a ‘culture of caring’, which counterbalances the eroded social and cultural supports of the region.

Overall, the approach adopted at the Butterfly Garden is not one where the child is treated as a patient:

but as a creative agent in authentic, sustained relationships with peers and mentors. The garden becomes a generative ground that nurtures the child's own process of trauma recovery...the garden assumes a capacity for healing within the child. What the garden offers is a protective space in which children's innermost creative expressions can unfold and liberate them from being victims of trauma (Miller and Affolter 2002:49).

A Success Story.

Chase and Bush (2002:11) state that "the programme has been shown to have positive effects on the participating children. More tentative indicators of success as a peace building and reconciliation measure, are apparent at the aggregate level of individuals who have been touched directly by the Garden." They stress that while long-term evaluations are not available, "the beneficial effects of their [the children's] participation is evident by any metric."

Santa Barbara (2004:n.a.) concurs with Chase and Bush's statements. She highlights the fact that "[i]t is impossible to appraise with accuracy the short- and long-term effects of this remarkable experience on its participants." This is in part due the fact that, perhaps out of ethical considerations, no research, in the formal sense, is permitted on children in the Garden. Rather, follow up inquiries are made of caregivers and teachers of participants, with generally positive feedback. Santa Barbara (2004n.a.) rebuffs academic evaluation of such a programme, stating "no one who has seen the children laughing and creating in the Garden, and who has permitted themselves to be open to its magic, could doubt the health and peace – in the deepest senses of those terms – that flow from its beauty."

Singling out specific components of the programme that have honed its success is challenging given the holistic nature of the programme. Something as small as the concert performed by participants at the end of their nine months, may provide participants with the sense of a rite of passage that contributes to the success of the programme. Chase (2000:n.a.), however, identifies several key aspects and principals of the Butterfly Garden program that he perceives have been important in its relative success and which may differentiate it from other programming for war affected children.

These include:

- the accompaniment of children within their communities over the years of adolescence (versus foster care / residential, or single / brief encounters)
- [aiming] to give the childhood back to the children by providing them with the opportunities to play and have fun, a sanctuary and a positive counterbalance to their stressful and impoverished lives.
- [offering] an alternative 'culture of caring', given the eroded social and cultural supports available to children
- [providing] healing and creative opportunities emergent with local culture that are neither stigmatizing or 'medicalized'.
- [the fact that] the program is staffed by young adults from the local community with creative talents and skills with war affected children.
- as a local organization, it maintains a close and responsive relationship to its community and is a resource for schools and local orphanages;
- [promoting] dialogue about ongoing local communal tensions and offers an approach to reconciliation.

The success of the Butterfly Garden is also hailed by numerous other academics and organisations, with each selecting specific components of the programme that they feel are pivotal to the effectiveness of the programme. De Alwis (2004:107), for example, states that “[w]hat makes the Butterfly Garden both so extraordinary and unique seems to be its constant interweaving of a variety of methodologies and rituals of healing.” The

approaches include Taoist philosophy, Tamil folk drama, medicine circles from the First Nation's peoples of Canada, Buddhist walking meditation, Jungian psychoanalysis and others.

Bunde-Birouste et al. (2004:12) suggest the success of the programme as a community peace-building tool is due to the use of a "child-centred, non-violent and creative approach to health, [which] ensured the program was perceived to be politically neutral and has thus been an entry point to wider peace-building". Similarly, Miller and Affolter (2002:50) suggest that it is the community based approach of the project that affords the project security and stability to continue operations within a conflict context. They state that "[o]n multiple levels, the Butterfly Garden has cultivated trust, as evidenced by agreements with local militias to allow free movement of the Butterfly Bus. Trust is a precious quality of relationship that promotes children's healing as well as community support of the project."

The World Health Organisation (2002:22) champions the use of alternative creative therapy within the garden. It recognises the importance of creativity in the transformation of conflict, but also recognises that "these qualities are, of course, the very opposite of those often encouraged by large bureaucracies. They note for example, that artists were often side-lined in Sri Lankan peace efforts, yet their contributions are necessary to the rebuilding of a wholesome society, and vital to the success of the Butterfly Garden.

Hart (2004) proposes part of the effectiveness of the programme is due to its child centred approach, which is participatory and socially orientated rather than individual, medicalised and adult led. Hart (2004:23) notes that "[r]ather than direct ... activities adult animators work to create an environment in which participants feel able, at their own pace and in their own way, to explore and express difficult aspects of their lives in the company of their peers." Despite this acknowledgement, Hart identifies an alternative key element of success.

Hart (2004:25) argues that: “[t]he apparent success of the Butterfly Peace Garden in strengthening children's psychosocial wellbeing demonstrates the value of supporting children in their own development of new or deeper relationships with peers, animals and the natural environment.” Surprisingly, as has been seen in the aforementioned examples, the nature component of the Butterfly Garden programme is predominantly overlooked as a precursor for the success of the programme. This is unusual, particularly given the praise of the earth-centred approach in many of these documents. It appears, therefore, that while acknowledging the benefits of the nature-focused techniques, a lack of awareness exists regarding the extent of the impacts of such techniques. This is evident throughout the documents in the lack of analysis of the nature components of the programme in promoting wellbeing. Therefore, while supporting the use of nature, it appears there is a general assumption whereby the earth-centred focus of the programme is only effective when implemented in conjunction with other alternative techniques.

Influence of the Butterfly Garden.

According to Chase (2000:n.a.), the Butterfly Garden has received numerous requests for collaboration and consultation, particularly from within Sri Lanka. Chase states that the positive results of the project “illustrate the potential for cross-fertilization with other initiatives for children affected by war and difficult circumstances.” However, despite the fact that the Butterfly Garden is hailed as a benchmark in psychosocial programming, few other programmes have been established which adopt nature as the primary medium of therapy. While assistance has been given to a few other projects, such as a boys orphanage in the North-East, ideas to establish other ‘seedling’ gardens in local villages at enmity with each other appear to have been unsuccessful (Miller and Affolter 2002; Santa Barbara 2004). While the reasons for this are unclear, there is some

evidence to suggest that a continued lack of acknowledgement of the benefits of nature-based techniques may be responsible for a difficulty in obtaining funding.

Chase (2000:n.a.) stated Health Reach's attempts to initiate projects which integrate nature therapy with local needs in other regions, were unable to secure funding. This included a proposal for Afghanistan which "merged the themes of income generation and community based rehabilitation of physically disabled with the tradition of women's gardens in Afghanistan". The MSF Canada "More than Bandages programme", which consulted extensively with the Butterfly Garden and the Spiral Garden, is another example of a planned programme that was never implemented. The proposal for the programme stated "[t]he therapeutic process is the reconnection of the children to themselves, their communities and nature through the practice of Art, Garden, Play, Story and Presence" (MSF 2005:n.a.).

Chase (2000:n.a.) states that the failure to secure funding for such projects is disappointing as "such health initiatives might be most influential as a peace-building / post-conflict restoration initiative". This view is shared by Miller and Affolter (2002:50) who point out that the success of the programme could easily be replicated and adapted for use in other contexts. They state that:

Other than a secure physical space and a small group of committed facilitators, relatively few resources are needed to create an environment for creative expression—some colorful cloth, perhaps, or musical instruments improvised from everyday objects. Even amid the severe circumstances found in emergency situations, with imagination, and the goodwill of neighbors, communities can begin to grow their own gardens of peace and hope.

Critical Analysis.

As has been seen, the Butterfly Garden is acclaimed as a model for alternative programme interventions. While unquestionably a leader in establishing effective holistic

programming centred around alternative techniques, and an innovator in the use of nature-centred alternative techniques, the Butterfly Garden has its shortcomings.

Miller and Affolter (2002:49) note that while The Butterfly Garden provides a location which allows children to feel safe, the physical boundaries of the site limit it as a vehicle for social reconstruction. "As a single, central site, the project is not able to provide broad access." This perspective is also identified by Hart (2001). The plan to establish 'seedling' gardens in local villages shows this was obviously recognised by the garden organisers. Given the circumstances and available resources, however, the garden is to be commended for the use of local youths as 'animators', as such an approach maximises the potential community benefits attainable from such an initiative.

The lack of funding, which appears to be the nemesis of the aforementioned attempts at increasing accessibility to such a programme, highlights the gap between advocacy and action of international donors identified by Chase (2000) and others. Additionally, the fact that many of these donors are religiously affiliated increases the difficulty in creating an image of neutrality in conflicts along religious and ethnic lines, ultimately affecting community acceptance and support of a programme and thus hampering prospects of success. The style and structure of the programme, whilst perhaps inseparable from its success, is also unfortunately one of its major shortfalls. To maintain such a programme requires continuous funds, and the availability, suitability and dedication of long term local staff. These facts, ultimately, may account for the lack of replica projects.

Additionally, Chase (2000:n.a.) reiterates the prominent trend identified throughout this thesis: a general avoidance of primary psychosocial focused programmes. Chase suggests "it might be surmised that the subtle and intricate nature of psychological healing does not lend itself easily to the calculus of development and humanitarian aid projects." Chase bases his argument on the personal experience of the Butterfly Garden which, in the first 7 years of the project, had 6 different donors, numerous failed attempts to secure funding, and frequent funding restrictions such as time frames or allocations.

Despite these shortcomings, the Butterfly garden presents a unique nature-centred approach, happily marrying alternative art-based techniques, alternative/ 'non-Western' psychotherapeutic techniques and eco-therapy. The prominence of eco-therapy as a technique in the Butterfly Garden seems to have been sorely overlooked. The Butterfly Garden incorporates various eco-therapy techniques, each providing varying therapeutic outcomes. The care of animals, for example, provides the opportunity for the nurturing of another life; companionship; a sense of responsibility and achievement; an opportunity to learn basic skills and knowledge which may be carried on within the human survival realm; the experience of love and trust; and physical contact with other living creatures. Research conducted by McNichols and Collis (2001) has also shown that children often rank animals (pets) above humans as providers of comfort when upset, self-esteem, and confidants with which they feel more comfortable sharing sensitive thoughts and feelings.

The use of the word 'earthworks' by Chase and Bush (2002) perhaps epitomises the use and potential function of such a space. The term 'earthworks' allows for the recognition that such a space provides more than the possibility for horticultural/gardening therapy. Horticultural therapy provides the opportunity to create and maintain life; create self-esteem through achievement; benefit from one's efforts when produce is obtained; and allows for a physical outlet that is constructive and productive. The opportunity to create a garden (as opposed to a vegetable garden) provides similar therapeutic benefits, as well as providing an opportunity to be involved in the creative design process, and a sense of calm and peace that is obtained when experiencing the completed garden. The existence of the 'Mud Mountain' and other natural components of the area such as water, stones and sticks, can also be used and manipulated in a manner conducive to those presented by Bradway (1999) and Cunningham (1977) when referring to Sand Play therapy, as seen in previous chapters. The freedom to use these natural components provides the opportunity for participants to construct, and destroy if they

wish, three dimensional representations of their experiences, emotions and future dreams. In this way natural environment to also be manipulated in such a manner as to constitute art. The use of natural material in the creation of art is not unique, and has been championed by artists such as famed UK sculptor Andy Goldsworthy.

Conclusion.

Nature is increasingly acknowledged in the West as a vital part of our human existence, and as such, a potential tool to affect change in both individuals and communities. Despite the growing body of evidence supporting the positive benefits of eco-therapy, very few programmes of any sort have chosen to use nature as a medium of improving psychosocial and emotional wellbeing. Predominantly, where it is used, it is peripherally implemented and its positive benefits often overlooked.

The relatively recent focus on the psychosocial wellbeing of children in conflict scenarios, coupled with the apparently continuing gap between rhetoric and action with regard to the support of primary psychosocial wellbeing focused programmes, has resulted in relatively little academic research into the use of alternative therapies within conflict contexts. It is therefore of reasonable consequence to the argument of this thesis that one of the few academic research projects regarding post-conflict programmes, which has been investigated and implemented over an extended period, is also one of very few programmes identified that focuses on nature as a form of therapy.

The Butterfly Garden is an outstanding model of a psychosocial intervention that challenges numerous notions regarding appropriateness and effectiveness. It manages to tackle head-on an array of issues identified in previous chapters concerning programme implementation. It is a holistic unorthodox approach that has discarded many of the inhibiting paradigms presented in much of the formal literature regarding programme implementation. Rather, it has set about creating a unique space of peace

for children, that while having shortcomings, is generally regarded as an effective, alternative approach to improving psychosocial wellbeing and inducing healing.

The success of the programme counters scepticism and arguments against alternative approaches. Specifically, it highlights the possibility for eco-therapy within conflict contexts. The Butterfly Garden shows that eco-therapy can be as conducive to healing within conflict contexts, just as the Natural Growth Project and the Helen Bamble Foundation have shown it to be successful with individuals affected by trauma once they have been removed from a conflict situation. De Alwis (2004:107) notes that the eclectic use of methodologies within the Butterfly Garden defies the arguments that ‘traditional’ culturally recognisable systems of healing are the most effective. De Alwis argues that “we should not underestimate the resilience and resolve of wounded individuals and societies to seek solace in whatever rituals or systems of healing they may encounter – be they familiar or unfamiliar- and transform them in the process.” This is undoubtedly true for the use of nature as therapy, especially given the principles of Biophilia and humans’ connectedness with nature.

Chapter 8

Analysis and Conclusion.

Introduction.

The situation of children in conflict and post-conflict scenarios is belatedly coming to the attention of major organisations, donors and related bodies. The psychosocial wellbeing of all citizens, particularly children, is gradually being acknowledged as a factor which needs to be addressed not only from a humanitarian perspective, but also as an integral part of ensuring future peace, stability and community healing. The recognition of the fact that traditional Western paradigms and techniques used to address trauma and wellbeing are not always appropriate or possible within post-conflict contexts has seen a gradual shift towards the use of alternative programme interventions.

Despite the prevalence of alternative interventions, particularly among smaller organisations and increasingly implemented by larger bodies, there appears to continue to be a significant gap between rhetoric and action in relation to funding and support for such programmes. Much of this appears to evolve out of a persistent focus on evaluation and effectiveness, which while valuable and relevant, impedes the acceptance of programmes aimed at affecting relatively intangible outcomes.

Given the aforementioned focus on evaluation and effectiveness, it is surprising to discover that nature-based alternative methods, which are highly implemented in the West, and which have had extensive research affirming their effectiveness, are virtually non-existent within post-conflict contexts. Admittedly, there may be numerous nature-based interventions that are not evident in the literature, and these are obviously under-researched.

Potential Explanations for the Limited use of Nature-Based Interventions.

The reasons for the lack of nature-based interventions are nebulous to say the least. One consideration may be the recognition of the romanticism of nature within Western thinking, and subsequently, concerns may be raised regarding the effectiveness of such notions in non-Western post-conflict scenarios. Such a view, however, fails to acknowledge the even greater cultural emphasis in many non-Western cultures, particularly indigenous cultures. Additionally, despite perception and culturally constructed values, it is undeniable that the human body evolved biologically in close association with nature, and as a result “a sense of kinship with nature is universal” (Tuan 1978:29).

Certainly, in an almost catch-22 situation, the lack of programmes implementing nature-based techniques results in limited examples of programme effectiveness within post-conflict contexts. This consequently inhibits confidence in the use of such techniques within such scenarios, resulting in funding difficulties and cyclically impeding the establishment of a greater number of programmes capable of diminishing justification fears.

Interestingly, the Butterfly Garden, while being deemed a success, appears to have failed to alleviate such concerns adequately enough to secure funding to establish even a limited number of similar programmes. Poignantly, given its role as a model intervention, the shortcomings of the Butterfly Garden such as the need for permanent staffing and funding, may exacerbate potential reasons for the general lack of support for nature-based interventions. The Butterfly Garden model implements nature-based techniques concurrently with other alternative methods, resulting in a relatively complex, time-absorbing and financially dependent framework. These factors may deter donor

bodies from investing in similar programmes, and restrict their perception of other potential implementation methods.

Consequently, the implementation of hands-on nature-based techniques independent of the aforementioned model is virtually non-existent within post-conflict scenarios. Additionally, the only other noteworthy implementation of diverse nature-based methods is wilderness programmes in South Africa. This may be accounted for due to several possible reasons.

At first glance, an initial draw-back to nature-based interventions is that they require a location for the programme to occur – either a safe natural landscape for participants to visit, or a plot of agriculturally viable land upon which gardening or the care of animals and so forth can take place. Either of these options may be relatively hard to come by, particularly if the purchase of land is required. A lack of safety in natural areas from the threat of unexploded ordinance and other factors make experiencing natural environments untenable in some scenarios. Similarly, not all environments are conducive to the easy construction of natural areas like gardens. Drought, aridness, or a lack of access to water may make such endeavours overly arduous, less therapeutic and consequently more reminiscent of work.

Similarly, establishment costs may appear excessive. In hands-on programmes gardening equipment and plants or seeds need to be purchased, while experientially based (as in outdoor education style) programmes require substantial staff training, in addition to the purchase of safety and general outdoor equipment. Donors may also harbour concerns regarding the maintenance and longevity of the programme, particularly given the models they have. Retaining staff, the potential for environmental factors to affect the programme, and so forth, may make it less appealing than a programme that has a concrete time-frame. Conversely, however, much of the literature

highlights the need for longer-term, more permanently based interactions, making nature based programmes ideal candidates for programme funding.

Aside from the potential logistical impediments to nature-based interventions, a subconscious rejection of nature based interventions in conflict scenarios may also exist. While purely theoretical, underlying notions of old-school development paradigms may be coming into play. Historically, development and post-conflict reconstruction was based on the general notion of industrialisation. Agriculturally based economies, particularly those that existed through communal or individual self-sufficiency rather than large scale commercial production, were, and in many cases still are, considered inferior to industrialised, commercially-based nations. Much of the development principle was to convert individual agricultural production into market economy skills. Consequently, the vestiges of such thought may pervade current thinking, resulting in a rejection of nature based skills due to either a perception that such cultures should be encouraged to move beyond them, or, as they are perceived as demeaning and work based rather than as fruitful, therapeutic and beneficial.

Problems with Current Methods and Applications.

To counteract the current trends in thought and practice which ultimately inhibit the implementation of nature-based programmes, several paradigm shifts need to occur. For example, the literature revealed a bias towards programmes conducted through an academic lens over those that were not. Needless to say, this results in different forms of documentation and evaluation, however this does not necessarily mean that non-academically based and assessed interventions are inferior or less effective than academically assessed ones. Given the scope of variables associated with post-conflict

programming, and the relative youth of the academic field, open-mindedness should be adopted when considering programme validity.

Chase and Bush (2002:13) highlight the need to consider the broad social, cultural political or economic context of conflict. Generally, they state, “[c]hildren are regarded as universalised victims and studied in isolation from the social relations that surround them and are integral to their lives, or the wider environmental or structural conditions affecting them.” Considering these wider aspects of conflict and how they impact on psychosocial wellbeing allows for greater consideration of the current paradigms which govern the acceptance, funding support, and subsequent implementation of particular techniques. Currently there is a need for potential programmes to be justified in terms of expected outcomes. Chase and Bush (2002:14) expand on this by stating:

The logic and rules of conventional humanitarian and development may undercut peace-building and, sometimes, developmental impacts/outcomes. The logic of efficiency, product-over-process, linearity, “results-based management,” donor-country control (in the name of monitoring and accountability) may be at odds with what may be required for sustainable, effective, humanitarian-development-peace-building initiatives e.g., approaches which are organic, process-oriented, community-controlled, responsive, and non-linear.

Ultimately, if programme outcomes are the primary condition by which support and funding is given, and the goal of psychosocial interventions is to positively affect wellbeing, then the only question that needs to be asked is ‘Did the participants enjoy it?’ If the response is ‘Yes’, then a project has had a positive impact on wellbeing, albeit temporarily. While it may be argued that outcomes are seeking long-term impacts, insignificant research has been undertaken to prove the long-term results of many techniques, and are subsequently unable to discredit those found to provide immediate positive benefits. Providing an opportunity for joy, satisfaction, achievement, fun, or any

other positive emotion is an essential part of the healing process, establishing wellbeing, and providing the foundation stones for further advancement, be they personal, social or economic. Happiness and joy are synonymous with wellbeing, as from happiness comes positivity, from positivity comes healing, ambition, self-esteem and whatever one's ultimate goal is. The evidence both from Western and post-conflict scenarios suggests that nature-based programmes are enjoyed by participants.

While enjoyment is obviously paramount, implementation considerations must also be acknowledged. These have already been discussed in relation to nature-based programmes, however a critique of other forms of alternative interventions indicates that there is no one perfect technique. Art therapy for example requires funds and supplies, but it also provides a potential source of income. Art therapy can be performed with no skill, but it is primarily an individual process. In this way, art therapy may be best for addressing individual wellbeing, but not as effective at community peace-building and healing. Music therapy can be funding free if instruments are made from local material or mere use of voice. However, to acquire 'real' instruments might be expensive. Music therapy is also a more communal process than an individual one, and consequentially less subjective and self-managed. It is also more easily open to Western influence in terms of type of music and instruments. This shows that while some alternative methods are more widely supported and implemented, this may not correlate with them being superior in terms of implementation or effectiveness. Subsequently, open-mindedness should also be adopted when considering potential programming methods.

The current trends within the development and peace-building sphere raise several troubling questions. In an age when the world is becoming increasingly concerned with accountability, risk management, and appropriateness of actions, are we losing the ability to trust? Are we restricting the freedom of the world for self actualisation? Are we creating an international bureaucratic red-tape that fails to protect and promote 'the good Samaritan' (well-meaning individuals and organisations doing what they can to positively

affect the lives of children in conflict scenarios)? And if so, is this direction the best way to ensure that the goals of the red-tape, executed under the guise of protecting and promoting the rights and well-being of children, really the direction to lead us to such outcomes?

Applicability of Nature-based Programmes in Post-Conflict

Settings

The use of nature to positively affect all spectrums of Western society emphasises its applicability within post-conflict contexts. Specifically, correlations may be drawn between nature's use with trauma victims, potential leaders and 'troubled' youth in Western contexts, and youth in conflict scenarios. Its use with these diverse groups identifies nature as an intervention medium that meets the requirements for those who perceive youth as a threat, those who highlight the resilience of children and youth, and those who advocate the role of children and youth as agents of change and peace-building.

The spectrum of nature-based therapies, as described in chapter Six may create confusion when contemplating the use of such therapies within post-conflict contexts. Issues associated with cost, safety, staffing and access to resources make some of the options appear untenable in some circumstances. However, the findings of this thesis would suggest any of the methods may hypothetically be beneficial if implemented within post-conflict contexts. This conclusion is based on several factors. Firstly, the research and experience of the use of nature within Western contexts has shown nature's ability to affect the wellbeing of diverse individuals with a multitude of variables. The correlation between wellbeing factors positively affected by nature in Western contexts and the wellbeing needs of individuals identified within post-conflict scenarios has been

clearly shown. Experiences within post-conflict contexts also support this argument. Additionally, the spectrum of potential techniques for nature-based therapy, coupled with the spectrum of approaches available, provide a myriad of options for use within post-conflict contexts. While some of these options require resources, money, and other factors, some require little to none. The ability of nature to positively affect wellbeing merely through its presence makes it a medium of intervention that can easily be universally applied. In some circumstances all that is required is the sharing of the knowledge that nature contact can be beneficial to wellbeing. Additionally, the therapeutic benefits of nature can be obtained by merely adding a nature component to any other form of intervention. This has been shown to improve effectiveness of various alternative techniques, and could be implemented with minimal additional resources.

While not dismissing the role of other forms of nature-based therapy, two overarching forms of nature-based therapy appear to be the most viable: nature therapy - contact with natural environments; and hands-on therapy, such as gardening. Where access to land and other resources are available, hands-on approaches, such as private gardening or the creation of communal parks and gardens, are highly encouraged. While requiring extensive initial start up costs, minimal financial costs persist once established, rather the focus will be on participatory maintenance of the area. Hands-on approaches allow for healing on various levels, and therefore may result in a greater efficiency in affecting wellbeing. Hands on approaches can be implemented both individually and communally, thus addressing individual healing or/and community peace-building. They allow for creative expression, provide the unique opportunity to nurture and care for another living thing, and allow for physical symbolism of destruction and creation. Hands-on approaches allow for a greater sense of connectedness with the natural world, and provide adjunct benefits, such as greater food security and self-sufficiency in the case of agricultural production. In this way horticultural therapy can be synonymous with vocational training, which was noted in chapter Three as a key priority for programme

implementation with adolescents. UNHCR (2004) specifically highlights the benefits of agricultural based vocational training for youth in refugee scenarios and those assuming the roles of adults as this aids self-sufficiency. Additionally, the construction of garden and parks creates a communal space conducive to peace and the healing of others. Where such options are not viable, nature therapy, or mere contact with the natural world, is recommended.

Nature therapy in the form of mere contact with nature does not involve undue anxiety being applied to the participant that may result in negative effects such as stress and anxiety. Nature therapy, while possibly carried out in wilderness areas, does not rely on vast tracks of pristine nature to be effective. However, experiencing a new environment enhances nature therapy, and is therefore strongly encouraged where possible. Nature therapy does not necessarily require any resources other than the natural world itself, though obviously some resources may enhance the impact of the experience. As such nature therapy is economically viable and therefore easily implemented as part of the peace building process in post conflict societies. Additionally, nature therapy does not require extensive training of staff, and once established, organisations should be able to train their own staff, thus again reducing costs, and also making nature therapy a more accessible and practical option with real implementation potential. Finally, nature therapy allows participants to interact with nature in the most meaningful way for themselves. In this way participants can choose to: either merely be present in nature; recreate nature through art; describe nature through writing; play with nature; explore nature; or capture nature through photography. In this way nature can be used as the medium for virtually any form of alternative therapy, potentially resulting in added benefits to participants.

Child Nature-Based Programming as a Component of Holistic Peace-Building: The Use of Green Spaces.

Post-crisis reconstruction scenarios are unique and complex situations. Various actors including local communities, governments, NGOs and international bodies find themselves attempting to simultaneously restore physical infrastructure and community services; address immediate humanitarian issues as well as long term development goals; recreate a sense of wellbeing amongst individuals and trust between communities or factions when conflict has occurred. Many of these issues are addressed separately, despite the continued rhetoric calling for effective assistance. Child programming is predominantly implemented independently of other peace-building and reconstruction initiatives. The concept of hands-on nature-based programming can be easily incorporated into larger holistic approaches to peace-building and reconstruction.

The establishment of green spaces provides an opportunity to simultaneously address a multitude of issues raised within various academic fields, many of which are often perceived as being non-complimentary. Standard reconstruction efforts focus on physical infrastructure, with little emphasis on environmental or cultural reconstruction. The loss of communal green space, and importance of their priority within reconstruction efforts is slowly being recognised, as seen in the Kabul Deh Mazang Public Park case (Kabul Municipality 2006). Some major donors such as USAID (USAID 2006) also recognise the damage to community infrastructure, coupled with the loss of protected and safe areas to play, impacts on children significantly and impedes their emotional and physical recovery. The construction of green spaces as part of the post-conflict reconstruction process provides the opportunity to address these concerns and also provides a unique opportunity to merge reconstruction efforts with current shifts towards greater environmental inclusion in urban design by Western countries.

Thus the establishment of green spaces should be a priority in reconstruction scenarios, and can play a vital role in successful reconstruction planning. Hypothetically, the construction of a green space such as the garden-park has multi-tiered benefits. Community involvement in the park design ensures suitability to local needs, allows for creative expression, and provides communities with a sense of ownership over the area. Community participation in the construction of the park provides physical activity, the therapeutic benefits of gardening, a symbolic renewal, a sense of participation and achievement, and the opportunity to bring together individuals and groups which may have previously been in conflict. Once constructed, garden-parks provide a safe area for community gatherings and children to play, 'zones of peace for children', a location to conduct various forms of interventions from education to psychosocial interventions, a location for memorialisation, and the psychological benefits of contact with nature. Additionally, garden-parks may help to improve health through physical activity and nutrition (if consumables are planted), be used for physical rehabilitation of children with disabilities, and provide a location and forum for non-formal education. Community involvement in the park may establish an understanding of and pride in nature that may be reflected in greater conservation and less pollution, as well as provide a positive effect on community cohesion, and psychosocial wellbeing.

The role garden parks can play in community peace-building should catalyse them as a reconstruction priority. The concept of establishing community cohesion through the use of green spaces is not new, and "good practice examples show that creating opportunities for common use, participating in the environments' design and care-taking may not only create accepted spaces for neighbourly interaction, but also directly stimulate neighbourly relationships" (Felbinger and Jonuschat 2006). Not only can the construction of the park involve various parties, thus aiding peace-building, but networking "Sister' projects in different cultures and contexts would strengthen the universal humanitarian nature of the work and open dialogue around community

concerns” (Chase 2000:n.a.). Such activity is already occurring through programmes such as the Global Peace Parks Program, which includes some parks in countries currently or previously in conflict such as Zambia and Uganda (IIPT 2007), however a much more concerted effort should be placed on their establishment within conflict and post-conflict environments to reap the full potential of such a movement.

Effective post-conflict peace-building must be holistic, addressing individual and community healing whilst establishing a culture of peace. The creation of garden parks has been shown to potentially meet several of the components for a culture of peace as identified by Lumsden (1997). These include: creativity - including exploring new relationships and means of problem-solving; healing - catharsis, expression of anger, grief, rebuilding a coherent sense of self and sense of community; education; and communal rites - opportunity for participation, for experiencing sense of belonging.

The construction of garden parks also allows for the embodiment of transitional change. Lumsden (1997:382) states that “the problem of postwar society is to help individuals rediscover or reinvent a meaning to their lives, and to help social groups (re)negotiate shared meanings.” He argues that such processes must not only be abstract in nature. He calls for “space for the creative exploration of alternatives, using multiple modalities of non-verbal, verbal and symbolic interaction. And since 'meanings' are affective as well as cognitive, space is needed as well as for the sharing of emotions, of anger and grief as well as of joy.” Garden parks afford this space.

Further Research.

Within the academic and professional community, nature and the environment have predominantly been researched both as a source of conflict and natural destruction. Little previous emphasis has been placed on the use of nature as a tool of healing,

peace-building, reconstruction and development. This thesis has shown the potential multi-tiered benefits, diversity of applications and approaches, suitability, practicality and viability of nature based interventions within post-conflict programming for children and youth. Nature has been shown to be a potential tool for personal as well as community psychosocial healing and peace-building. Nature has specifically been shown to be an ideal tool to positively affect the wellbeing of children and youth. The limited application of nature within youth programming in conflict contexts, however, limits the scope of this research. Greater research needs to be carried out in virtually all areas pertaining to the use of nature within post-conflict contexts to positively affect wellbeing on both individual and communal levels. This research should be open to new concepts, even those which may initially appear erroneous. The experience of the '*Vacaciones en Paz*' research (Refugee Studies Centre 2005) highlights the complexity of interventions, and the need for individual assessment rather than stereotypical categorisation. Research should include investigations into the perceptions of particular youth towards nature; the extent to which various techniques are enjoyed by participants, and their subsequent effect on wellbeing; the acceptance of nature-based interventions by the international community (particularly donors) and the local community (recipients); the potential role of nature-based interventions in peace-building; as well as the adjunct benefits of particular techniques and methods of nature based interventions.

Conclusion.

The transition that has occurred over the last decade in relation to children in conflict is commendable. Given the relatively short time that children and youth have been the focus of international attention, and the even more recent shift towards a holistic approach to peace-building that includes psychosocial wellbeing, the advancements both in practical terms and in knowledge acquisition is to be applauded. Needless to

say, there is still much to be done. This thesis has identified a primary gap in the knowledge and application of nature-based therapy within post-conflict contexts. Nature is a tool that should be embraced for its universal therapeutic qualities, and in particular as a unique medium for addressing psychosocial wellbeing in children and youth in post-conflict scenarios.

This thesis has also shown that nature programming can be incorporated into a larger, more holistic approach to peace-building at a community level. Interaction with nature clearly provides a practical means of concurrently addressing immediate psychosocial needs within post-conflict, peace-building and reconstruction settings, whilst simultaneously addressing long-term development, reconstruction, environmental and peace-building goals.

Establishing a global culture of peace is not attainable through any singular measure. This thesis, however, presents an initial step towards a field with vast potential.

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