Is promoting war trauma such a good idea?

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This article alerts policymakers to inadequacies in the literature underlying the World Health Organization's recent assessment of mental health in conflict settings. The authors argue that this literature is insufficiently critical and may be omitting crucial evidence. Editor

WILLY KAREKEZI

Fig. 1. State of agony *(2018), 150x175 cm. acrylic on canvas by Willy Karekezi. The painting illustrates the daily lives of displaced people. It is linked to an audio soundscape, using Ugandan internally displaced persons and recorded interviews with South Sudanese and Congolese refugees in Kampala. Karekezi was an artist in residence with the Politics of Return research programme, based at the Firoz Lalji Centre for Africa, London School of Economics and Political Science. Politics of Return artwork has been exhibited in Kampala, London and Gulu (PoR 2019).*

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A well-known medical journal, *The Lancet*, has recently published an important systematic review and meta-analysis of mental disorder estimates in conflict settings by Charlson et al. (2019). It will replace World Health Organization assessments that are more than a decade old, and the new data is set to find its way into various kinds of reports and articles, substantially informing international policy and practice (see e.g. *The New Humanitarian* 2019; ICMHPSCS 2019). According to these latest WHO data, 'more than one in five people (22·1%) in post-conflict settings has depression, anxiety disorder, post-traumatic stress disorder, bipolar disorder, or schizophrenia' (Charlson et al: 2). For many anthropologists, the assumptions underpinning the endeavour to categorize and count war-affected people in these ways are deeply problematic, and potentially harmful (Mylan et al. 2019). For many anthropologists, the assumptions underpinning the endeavour to count the traumatized in war zones are deeply problematic, and potentially harmful (Mylan et al. 2019).

However, anthropological antipathy should not be overstated. Some academic anthropologists are more open to using internationalized psychiatric labels than others, and people with an undergraduate or postgraduate training in anthropology may work with agencies running therapy projects or related psychosocial support schemes. Is this anthropological openness to dominant mental health paradigms a positive step? We suggest it is not.

Anthropology and classifications of trauma

Particularly since Allan Young's groundbreaking work, the possible psychological consequences of exposure to violence in war zones have been the site of anthropological interest and critique. Young's discussion of the 'invention' of post-traumatic stress disorder (PTSD) as an aspect of the rehabilitation of American veterans after the Vietnam War located the clinical diagnosis in a broader critique around the social construction, cultural boundedness and cross-cultural validity of Western psychiatric categories (Young 1997). Most anthropologists, and some therapists influenced by their work, have tended to build on Young's insights, arguing that the idea of PTSD relies on understandings of personhood, suffering and recovery in particular populations, and that this kind of discourse on trauma and trauma treatment simply does not make sense outside of a particular cultural and moral framework (Kienzler 2008; Parker 1996a, 1996b; Summerfield 2004, 2012). While it may be that human beings exhibit comparable responses to extreme events, it is hard to discern exactly what those are, and much is experienced in very specific ways in different social groups in different places (Fig. 1).

Concerns have also been raised about the misplaced and superficial medicalization of suffering that the diagnosis of PTSD often facilitates, pathologizing entire populations, and causing 'a reframing of the understandable suffering of war as a technical problem to which short-term technical solutions like counselling are applicable' (Summerfield 1999: 149). Such critiques have been incorporated into discussions around psychosocial and trauma-focused interventions as new forms of 'international therapeutic governance' (Pupavac 2001, 2004), a means of control by which humanitarian actors (acting on behalf of 'Western' interests) seek to manage global social risk. This process of homogenization and pathologization can also be ultimately dehumanizing and depoliticizing.

The debate, for a long time polarized around the opposite positions of PTSD-oriented psychiatrists and anthropologists, arguing respectively for and against the cross-cultural application of PTSD, has taken a new turn in recent years. Some anthropologists are 'no longer sitting outside the table' (Luhrmann 2017: 3) when it comes to engagement with psychiatric theory, diagnostic manuals and interventions. In

CHARITY ATUKUNDA

Fig. 2. *An extract from the graphic story* Uganda's forgotten children *(2019), an eight-panel artwork by Charity Atukunda. It tells the story of Grace, a child born to a mother who had been abducted by the Lord's Resistance Army (LRA). It builds on research with young women and their children who came home after war. Hundreds of such people have been interviewed, and there is no question that they are affected by their memories and past experiences. When asked, they will usually describe their needs in very practical terms, such as basic accommodation, school fees and opportunities to improve their lives. However, those most likely to have obtained such benefits from aid agencies and therapy activists are a minority who have learnt to talk about their past in ways that emphasize the 'right' characteristics, aligning with specified conceptions of trauma. The complete graphic story of Grace is available in the Politics of Return exhibition catalogue (PoR 2019).*

their recent book, *Culture and PTSD: Trauma in global and historical perspective* (2015), Hinton and Good attempt to put an end to the ontological debate around the status of PTSD once and for all, in what Summerfield describes as 'the turn at Harvard towards much greater acceptance of Western biomedical thinking and practice' (Summerfield 2017: 234). Hinton and Good claim that the circular debate has ended up hindering the delivery of care to suffering individuals, especially in resource-poor countries, and that it should be definitively set aside in favour of implementing therapeutic interventions (Hinton & Good 2015: 411). Such an approach is further motivated by the fact that 'PTSD and trauma treatment play an important role in advocacy for increased investment in global mental health' (ibid.: 10), which calls for both increasing and scaling up mental health interventions in non-Western countries.

To a large extent, this approach accepts the fact that, despite trenchant criticism – and not just by anthropologists – PTSD has evolved over the years, being redefined in successive versions of the *Diagnostic and statistical manual of mental disorders – DSM* (the handbook used in much of the Western world as a guide to the diagnosis of mental disorder), and shows no signs of being set aside. Indeed, the use of PTSD has become entrenched in a range of contexts, including legal proceedings, whereby military personnel in the UK and USA have secured compensation.

Atim, D. & M. Parker 2019. Returning from the LRA: Obedience, stoicism and silence. *Africa at LSE.* https://blogs.lse.ac.uk/africaatlse/2019/06/19/lra-obedience-humanitarianism-victimisation/.

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MELISSA PARKER

Fig. 3. *A girl who returned from the Lord's Resistance Army painting her experiences at a reception centre in 2005. Narratives of traumatic suffering are moulded and directed in various kinds of workshops and therapeutic procedures. These introduced therapies, largely rooted in external notions of the healing propensities of self-reflection and the 'talking cure', range from art therapy to workshops facilitating standardized trauma narratives to the more invasive distribution of psychotic medication to the absurd, such as the planned introduction by the WHO of pre-recorded therapeutic coping sessions, replete with deep breathing exercises. Some procedures may be benign, but all risk denying the nuanced experiences of the recipients. It should also be noted that there are therapeutic practices the authors have observed at their Ugandan fieldsites that would not be considered appropriate or ethical in other parts of the world.*

Perhaps it is therefore strategically sensible to work with PTSD and other psychiatric concepts, and help make them more nuanced. Such an approach may be helpful in highlighting the plight of suffering people, and possibly better interventions could emerge. But there are obvious risks. When anthropologists compromise, the result is sometimes compromised anthropology, and probably even those anthropologists willing to work with the PTSD label, or who contributed to revisions that have been made to the *DSM* in an effort to take into account cultural variation (APA 2013), will be unimpressed by Charlson et al.'s (2019) systematic review and meta-analysis.

The basic dilemmas faced by those wanting to emphasize the poor mental health of those caught up in wars or dealing with their aftermath have not gone away. It is impossible to aggregate data with any certainty, because there is no consensus about the relevant information to collect or the means of collecting it. It is neither known what therapies work at a population level, nor what evidence is needed to formulate suitable interventions. Both continue to be debated by practitioners themselves (see e.g. Bangpan et al. 2016; Summerfield 2008).

Moreover, the lack of independent assessment about the effects of various existing programmes has become integral to the continued roll-out of projects. The stated intention is purportedly to improve mental well-being, but there is rarely any attempt to find out what actually happens to those at the receiving end – including if they are alive, or have been re-recruited into militia, or are prone to violent acts.

As a consequence, Charlson et al.'s review is essentially about raising the profile of mental health in war zones, rather than providing a better overview. A range of studies, using different methods, are evoked strategically to claim that PTSD and war trauma in general are much worse than has previously been assessed. Strategies that go beyond clinical approaches are mentioned in passing, and it is acknowledged that diagnostic classifications of mental disorders assume universality in unhelpful ways. Nevertheless, Charlson et al. prioritize projects imbued with externally generated preconceptions as the way forward, proposing that scalable mental health interventions of this type should be urgently implemented. It is a contradictory position, which sets aside counterproductive consequences.

War trauma in northern Uganda

Our research in northern Uganda has analyzed the social impact of mental health interventions addressing PTSD and the social ramifications of introducing trauma discourses and conceptions of suffering based on Euro-American notions of the 'traumatized individual'. The research took place in the wake of a 20-year war between the government and the Lord's Resistance Army (LRA) – a rebel group which abducted over 50,000 people, about half of whom were children, forcing many to become soldiers or, in the case of young girls, 'wives' to the commanders (Allen & Vlassenroot 2010).

A common narrative has vaguely described the population as being collectively traumatized, while specific projects have targeted groups who are expected to manifest a range of symptoms or behaviours. Interventions range from counselling, mostly delivered by untrained local staff, to various poorly monitored psychological therapies and the distribution of psychiatric drugs, usually without prescription by qualified professionals.

Promoting externally defined conceptions of war trauma in northern Uganda has had considerable socio-economic ramifications on returnees and wider society. While people are obviously deeply affected by traumatic experiences, externally introduced conceptions rely on a Western cultural and moral approach to extreme suffering, ringing immediately familiar to Euro-American ears and accordingly conveying a specific image of an emergency and its victims. Narratives of victimhood that strongly resonate with such Western 'trauma discourse' (Argenti-Pillen 2000) have become a form of currency in the region (Edmonson 2005). Their frequent appropriation and heavy marketization by NGOs (non-governmental organizations) and charities seeking to justify their opera-

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KUSA KUSA MASKI GAEL

Fig. 4. Three women on the lake *(2018), 245x170 cm, collage on canvas by Kusa Kusa Maski Gael. Maski, from the Democratic Republic of the Congo, was a Politics of Return artist in residence. He worked with women displaced within northern Uganda and from South Sudan. The skin of his silhouetted figures shows transgenerational scars, made up of fragments of photographs of people who had experienced displacement within and outside their countries. There is pain depicted here, but also beauty and possibilities. These two women seem to be representations of the same person, and we are invited by the art work's title to imagine a third, an image we cannot see, perhaps evoking stories not recorded, or yet to unfold.*

tions has created social hierarchies with serious impacts on people's lives and opportunities. As the possibility of receiving support heavily depends on individual narratives fitting donor-backed conceptions, those who can capitalize on their own narratives of suffering (sometimes moulded with the stories of others for strategic purposes), gain access to benefits and social leverage, becoming unlikely winners in a post-conflict setting where rebuilding lives is very challenging.

Based on research since 2004 on the effects of the war (Allen & Schomerus 2006), and on repeated in-depth interviews with more than 600 former abductees and their children born to LRA commanders since 2012 (Allen et al. forthcoming; Atim & Parker 2019; Atingo & Parker 2018; Ocitti et al. 2019), we have found a disparity in access to the largely material benefits associated with trauma narratives. Our work shows a substantial cohort of those who achieved command positions in the LRA or the status of senior wives have strategically adopted preferred modes of describing experiences, and thereby secured better livelihoods, including skills training and school fees.

Specifically, this means that they speak about their experiences in ways that fit trauma paradigms expected by aid-funded projects. Their accounts are often openly refined and shaped in peer support meetings so that the 'right' kinds of things are emphasized (Fig. 2). Those in the group have usually spent long periods of time with the LRA and almost invariably live in urban locations. Their lives are not easy, and they may well remain profoundly troubled by the lives they led with the LRA, but they are unlikely to be openly stigmatized by neighbours and rarely report affliction by *cen*, a form of spiritual affliction associated with those who have been in contact with violence and death.

In contrast, most of those returning from the LRA give accounts that are often more nuanced, and do not necessarily follow anticipated trauma narratives, thereby making them less interesting to trauma advocates. They are acquiescent and adhere to social norms, desperate to move on with their lives and not to be treated differently. Yet, we found many of them are deeply troubled. They are much more likely to suffer acutely from stigmatization and *cen*, often experiencing dire and traumatic suffering many years after their return. The disparity in opportunities to capitalize on internationally conceptualized trauma narratives to secure resources and practical assistance often results in their marginalization and social isolation. Less able or willing to craft their story to fit the ideas of NGOs and therapists, and now living far from the towns, they remain, therefore, largely invisible to such well-meaning actors.

Future mental health interventions

Arguments for urgently upscaling mental health interventions of the kinds highlighted by the review in *The Lancet*, and which we have observed on the ground, should be treated with caution. Anthropological engagement with universal trauma discourse and therapeutic pathways seems to have had no significant effect on what is being promoted so vigorously as best practice and the model for future trajectories of interventions in war zones and post-conflict regions (Fig. 3). On the contrary, evoking anthropological contributions that work within the hegemonic paradigms largely serves to reinforce existing agendas. Thus, *The Lancet* review alludes to unhelpful aspects of assuming the universality of diagnoses and treatment as a way of ticking a box, while asserting an urgent need for rapid upscaling of current arrangements.

Our research suggests that instead there is an urgent need for humanitarians and clinical practitioners working in this arena to critically reflect on normative assumptions, and to adequately engage with understanding the lived realities and livelihoods of the people they seek to assist. We have found no social benefits from promoting internationally-generated (and debated) classifications of war trauma, and few positive effects for individuals. Where positive effects occur, they are likely to be in terms of livelihood support. In practice, we find that current externally supported approaches to mental health systematically elicit the symptoms of affliction they purport to address, and may actually exacerbate problems. ●

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