

Towards an Afghan counselling psychology: A partnership to integrate psychological counselling into the university curriculum at Afghanistan's flagship public universities

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Abstract

Developing sustainable efforts to address the psychosocial consequences of complex emergencies is often a challenge. There is a limit to what humanitarian efforts can achieve, even with the best of intentions. Locally based tertiary education programmes are needed to provide conceptual frameworks and to develop and sustain professional psychosocial support programmes both during and after the emergency. In Afghanistan, over 30 years of armed conflict and its sequelae have placed an extraordinary emotional strain on every member of the population, affecting not only individuals but also families and communities. The Ministry of Higher Education has therefore taken the initiative to develop two new academic programmes in counselling psychology in its public university system. These programmes are designed to prepare a new generation of academics who can come to understand the specific Afghan context of psychosocial suffering and prepare appropriate interventions to support transformation on an individual and communal level. They are also poised to educate a new generation of qualified practitioners to serve individuals, families, communities and the society itself. In this article, the authors describe a partnership programme with the two universities designed to provide external support for their efforts.

Keywords: Afghanistan, capacity-building, counselling psychology, cultural-relevance, psychosocial wellbeing, higher education

'One of the hidden realities in Afghanistan is the consequence of more than 30 years of war. No one escapes its effects – the death of loved ones, personal injuries, destruction of homes and families, and shattered lives . . . Higher education must not only produce students who will have the training, knowledge, creativity, entrepreneurial talents, and citizenship skills to provide for their own well-being and help foster national development, but also ensure that the traumas and other legacies of the violence and carnage of war are adequately addressed.'

(Babury & Hayward, 2013)

INTRODUCTION

One of the challenges for mental health and psychosocial support (MHPSS) during humanitarian intervention is to build upon and strengthen existing services making such interventions sustainable (Inter-Agency Standing Committee (IASC), 2007). In the case of Afghanistan, few locally initiated psychosocial support services have been available, and Afghan leaders at many levels have called for

their creation (Babury & Hayward, 2013; Ventevogel, 2016). Among the important steps in creating sustainable services is the development of university-level research and education in the required mental health disciplines, such as counselling. This field report discusses one such endeavour, a partnership to develop university-level counselling degree programmes in two of Afghanistan's public universities.

Background to the programme

The National Mental Health Strategy (NMHS) for Afghanistan (Government of Islamic Republic of Afghanistan (GOIRA) & Ministry of Public Health (MoPH), 2009) laid out an ambitious scheme for establishing integrated and comprehensive MHPSS services for all Afghans, which, as of the programme's completion in

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2014, is on its way to being well established. As part of the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services provided by the public health services, Afghans with mental, neurological and substance use disorders receive a continuum of care from the hospital to the community. Through the World Health Organization's Mental Health Gap programme, medical doctors throughout the country are able to diagnose and provide basic psychiatric care to patients presenting with serious and persistent mental illness, neurological and substance use disorders as these are often the most neglected and mishandled in times of scarce psychiatric resources, leading to severe and preventable harm (IASC, 2007).

However, the NMHS document also noted that the majority of threats to emotional well-being in Afghanistan today are not related to serious and persistent mental illness, but to the distressing effects of armed conflict, violence, ecological deterioration and their economic and social sequelae, which place an extraordinary emotional strain on all Afghans. Some of this distress may include symptoms that fit in the diagnostic nomenclature, such as depression, anxiety and post-traumatic stress disorder (PTSD) but others that do not (Babury & Hayward, 2013; GOIRA & MoPH, 2009; IASC, 2007; Miller, Omidian, Rasmussen, Yaqubi, & Daudzai, 2008; Scholte *et al.*, 2004; Ventevogel, Jordans, Eggerman, van Mierlo, & Panter-Brick, 2013; Ventevogel, Nassery, Azimi, & Faiz, 2006a; Ventevogel, van Huuksloot, & Kortmann, 2006b). Beyond the individual response, there are also strains upon families, communities and the culture itself, as plans for peace are continuously delayed and insecurity slows efforts towards transformation (Wessells, 1999). These realities have created a known need for broader psychosocial support services in community health centres, schools, and local institutions.

To meet this need in a speedy and practical way, MoPH arranged for the training of a cadre of paraprofessional psychosocial counsellors beginning in 2006. The training programme followed a specific protocol for planned short-term and individual-focused counselling using the *Professional Packages for Psychosocial Counselling Working in the BPHS in Afghanistan* (Mental Health Department of the MoPH, 2009) and provided ongoing medical supervision within the Afghan health system. In 2009, Ayoughi, Mismahl, Weierstall, and Elbert (2012) conducted a clinical trial to evaluate this psychosocial counselling programme. Sixty-one female patients were screened and tested for symptoms of depression and anxiety using the Hopkins Symptom Checklist and the Mini-International Neuropsychiatric Interview. The female patients were randomly assigned to one of two groups. One group was provided with the standard treatment protocol for psychosocial counsellors using structured counselling sessions. The other group was provided with the usual medical treatment within the Basic Public Health Care System, consisting of weekly appointments with a physician and prescribed medication. After 3 months, the patients were again tested for depression and anxiety using the same tools as at baseline. Those who received psychosocial counselling

showed a significant reduction in symptoms related to depression and anxiety. The counselling group also exhibited fewer psychosocial stressors and enhanced coping skills. This indicated that in addition to the medical care provided, psychosocial counselling was a valuable resource for those struggling with the ongoing effects of conflict on everyday life.

These efforts ensure that today, there is medical-level psychiatric care for Afghans with mental, neurological and substance use disorders, as well as quick and effective individual-focused counselling at the community mental health centres for those who require it. The model tested by Ayoughi *et al.* (2012) provides one important and successful counselling strategy for Afghanistan. Indeed, individual-focused counselling programmes have been found to be effective in other conflict-affected settings (Shanks *et al.*, 2013). However, by nature, a focus on individual-focused counselling does not include community-level approaches to psychosocial well-being, which are another important element of effective counselling in Afghanistan (Bragin *et al.*, 2018). Furthermore, no programme has as yet created a means to study and build upon specifically Afghan resources and protective factors that could support and develop ongoing resilience and therefore move towards contributing to a distinct 'Afghan counselling psychology'. As Shanks *et al.* (2013, p. 12) note in their review of individual-focused counselling programmes, '*... one size does not fit all, and adaptation of approach is needed*'.

These advances in psychosocial counselling leave out one important element: the creation of Afghan university-level programmes designed to study Afghan needs; the preparation of Afghan professionals to address the effects of ongoing conflict on individuals, families and communities; and an exploration of the effectiveness of different modalities of counselling, using Afghanistan-normed measures. University-level programmes such as these would be equipped to review counselling programmes within Afghanistan and around the world to educate students about the variety of approaches and view them through a critical lens to identify their strengths and limitations. This would allow Afghan professionals to study, build upon, and integrate specifically Afghan resources and protective factors that could contribute to the creation of an 'Afghan counselling psychology'.

In 2014, the University Support and Workplace Development Program (USWDP) funded by United States Agency for International Development (USAID) (2013) was implemented to ensure quality education and employment opportunities for Afghan students. The Ministry of Higher Education (MoHE) emphasized that a counselling psychology programme be included among the proposed partnerships. Subsequently, bachelor's degree programmes were initiated in the two flagship universities of Afghanistan's public university system – Kabul University and Herat University – to jumpstart the capacity in this field. Kabul University had already begun a Bachelor of Counselling Degree programme in 2013 (and has since graduated its first class in 2018). In 2015, a comparable programme

began at Herat University. Hunter College was contacted about the USWDP programme in September 2015 and was awarded the contract in October 2016. The goal of the programme was to work in partnership with the two new departments, so they would be able to both engage in the needed research and be equipped with the needed curricula, teaching materials, and teaching skills to prepare their students for successful employment as counsellors in individual, family, group, community, and institutional contexts.

The context of mental health, psychosocial support and counselling in Afghanistan

When the Afghan Interim Authority began its work of governing Afghanistan in December 2001, it inherited a country devastated by 23 years of war and four years of drought. The civil war that began with the fall of the Afghan government in 1992 had destroyed nearly all infrastructure, closed public services, and created conditions of constant random violence and insecurity (Coll, 2004). When the Taliban took over control of Afghanistan in 1996, it imposed its own version of Sharia law and closed what secular educational institutions remained (Coll, 2004). By 2001, these conditions had driven 3695,000 refugees across borders and created an additional 965,000 internally displaced persons (IDPs) (Turton & Marsden, 2002).

The Interim Authority was faced with a myriad of needs among the Afghan population. In 2001, the maternal mortality rate was the second highest in the world, with an estimated 15,000 women dying each year from pregnancy-related conditions (Amowitz, Reis, & Iacopino, 2002; United Nations (UN), 2002). The infant mortality rate was 165 per 1000 with one in four children dying before the age of five from preventable diseases (UN, 2002; Viswanathan *et al.*, 2010). Only 23% of the population had access to safe water, and only 12% had access to adequate sanitation, thereby increasing the incidence of disease (UN, 2002). At least 15,000 Afghans (64% of whom are women) died of tuberculosis each year (Khan & Laaser, 2002; UN, 2002). Four percent of the Afghan population was disabled, mostly due to landmines (Bilukha, Brennan, & Woodruff, 2003; UN, 2002). The poor health situation was aggravated by the lack of basic health services and basic education systems. Only 5% of Afghan women were able to read and write (Amiri, Hunt, & Sova, 2004; UN, 2002). A total of 54% of the girls under the age of 18 years were married, often to financially assist their family through a bride price (UN, 2002).

These effects of war and political violence had left an indelible psychosocial impact upon the Afghans. Studies conducted in 2001 both found high prevalence rates of symptoms of depression, anxiety, and PTSD (Cardozo *et al.*, 2004; Scholte *et al.*, 2004).

But there was another side to the story. Despite the difficult conditions and massive needs in their country of origin, over 1.7 million refugees returned from abroad between March and September 2002. While needing many services themselves, they came hoping to help rebuild their country

(Turton & Marsden, 2001). For example, a preliminary needs assessment conducted for United Nations Children's Fund (UNICEF) in 2002 found women and men, standing in the cold for several hours in an IDP camp outside Mazar-i-Sharif, contributing to a discussion on proper childrearing practices that should be supported as the country was being rebuilt and offering to contribute labour (Bragin, 2003).

In early February 2002, the Ministry of Education (MoE) held a national meeting in its Kabul offices for the purpose of reopening the public schools in time for the traditional start date on the Afghan New Year of 23 March 2002. Representatives from both the rural and urban districts from each of Afghanistan's 34 provinces attended. The MoE declared that re-opening the schools would indicate to Afghans that they could expect a functioning country and a new beginning for Afghanistan's children and families. UNICEF had pledged to provide massive logistical support, as well as tents, books and materials for students. However, 23 March was only six weeks away. School spaces had to be identified, rubble and debris had to be cleared away, teachers had to be located and hired, families had to be informed, and students had to be registered. On a bitterly cold and windy 23 March, three million children showed up for class in unheated tents, without desks or chairs. Teachers – some with worn text books that had been buried under their homes – showed up for work. The schools stayed open as additional structures were built and teachers were trained and supervised (Bragin, 2002).¹

During that same year, another UNICEF study on the state of Afghanistan's children, looked at these issues through a different lens (de Berry, 2004). De Berry's research showed that it was a reaction to ongoing conditions and their effects on everyday life that most distressed children and their families, suggesting that these were practical as well as psychological issues that could and should be addressed together to support Afghan families. By supporting families and children to improve their communities, the spirit of hopefulness could be built upon. As de Berry (2004, p. 143) notes,

'Mental health is rightfully a public health issue in Afghanistan but there is strong evidence to show that effective solutions may be other than medical ones Rather than concentrating on mental health service delivery, the emphasis of the new work [should be] a community-based psychosocial support strategy.'

The need to supplement individual mental health approaches with a community-based, psychosocial approach continues today. Bragin *et al.* (2018) recently conducted a study to determine how Afghans practicing counselling psychology or wishing to employ professional psychological counsellors understand and operationalize the knowledge, skills and values required to be a professional counsellor in Afghanistan. The findings indicated that although counsellors trained in the fields of health, mental health and substance use exclusively supported one-on-one counselling, counsellors working in child protection, education, juvenile justice, and women's rights found that they needed a mixture of methods – both individual and community-based – to

affect positive psychosocial change, as in their view, to help their clients, they were required to also assist the families and communities in which these clients live.

Taken together, these studies emphasize the need to create conditions for learning about Afghan-specific perceptions of well-being to address issues of everyday life in ongoing conflict that come to the attention of schools, juvenile justice centres, women's support organizations, and other social institutions (Ventevogel *et al.*, 2006a; Ventevogel, Nassery, Azimi, & Faiz, 2006a; Ventevogel *et al.*, 2006b). Several programmes based on this recommendation were created and lasted for several years. Their sustainability required learning about and accessing resilience and coping mechanisms that already existed in Afghan society and culture through the use of community-based mechanisms to study and strengthen community resilience (Bragin, 2002, 2003). Community-based initiatives such as family counselling, arts-based interventions, and spiritual traditions have been found to be effective in a variety of conflict-affected and post-conflict settings (Honwana, 1998, 1999, 2005; Lykes & Coquillon, 2009; Wessells, 1999; Wessells & Monteiro, 2007). However, the evidence-base on effective resilience and coping mechanisms in Afghanistan remains limited. As a response, a phenomenological study is currently being conducted in Afghanistan to develop Afghan-specific indicators of psychosocial well-being as understood by persons working in education, counselling, health, community development and other related professions. Further details about this research will be discussed later in this paper.

The importance of university-based education for community- and cultural-based counselling in Afghanistan

In an effort to address the issues raised by de Berry's (2004) work and that of other researchers who followed (Miller & Rasmussen, 2010; Panter-Brick & Eggerman, 2012; Ventevogel *et al.*, 2013; Ventevogel, 2016) to work towards a holistic approach to addressing the psychosocial sequelae of the ongoing social and political violence, Afghanistan's Deputy Minister of Higher Education M. Osman Babury called for the creation of counselling degree programmes as part of the upgrade and expansion of the nation's public university system (Babury & Hayward, 2013).

Counselling psychology is among the professions especially suited to meet the challenges facing Afghans. The NMHS for Afghanistan (GOIRA & MoPH, 2009, p. 7) defines psychosocial counselling as '*a solution and resource-oriented approach that helps patients to connect to their resources and their own potential and helps to identify problems and main complaints*'. The specialized knowledge of counselling psychology enables practitioners to take a developmental approach to work across all stages of the life course (e.g. childhood, adolescence, adulthood, and older age) (American Psychological Association (APA), 2018). Sheppard's (2015, p. 2) discussion of counselling captures the importance of counselling in the context of everyday human development, as well as

in unpredictable events: '*Counselling is a process that maybe [sic] developmental or intervening. Counsellors focus on their clients' goals. Thus, counselling involves both choice and change*'. Counselling psychology practitioners focus on the strengths of clients, whether they are seen as individuals, groups (including couples and families) or organizations (APA, 2018). A focus on contextual issues – such as how culture, gender or lifestyle shape people's experience – as well as issues of diversity and social justice are critical elements of counselling psychology practice (APA, 2018). Counselling makes these contextual issues explicit and specific within a particular practice context (Sue, Arrendondo, & McDavis, 1992; Sue & Sue, 2013).

Katz (1985) framed counselling as a sociopolitical act in which cultural awareness must be at the centre. However, many counselling psychologists are unaware of the fact that the core of the profession is a set of cultural values and norms (Katz, 1985). To make counselling psychology more responsive to the needs of multicultural populations, the profession must be willing to engage in self-examination (Katz, 1985). Since Katz's call to action, the profession has adopted norms and values related to cultural and social awareness (Sue *et al.*, 1992), which are critical elements of an 'Afghan counselling psychology'.

OVERVIEW OF COUNSELLING DEGREE PARTNERSHIP PROGRAMME

In 2016, the Counselling Departments at Kabul University and Herat University entered into a 2-year partnership agreement with United States Workforce Development Program (under the auspices of USAID funding) and Hunter College at the City University of New York. The purpose of the partnership was to support the development of a cadre of well-trained professional counsellors to address the psychosocial needs of the Afghan population. Graduates of the programme will be required to provide clinically sound and culturally appropriate counselling services to Afghans experiencing psychosocial distress related to the daily stressors, resulting from the conflict and its sequelae in public and private services throughout the country.

Clinically sound and culturally appropriate counselling consists of practices that are proven to be effective in restoring and supporting Afghan's sense of well-being, while explicitly acknowledging the often taken-for-granted assumptions about Afghan ways of knowing and healing. Relying on purely the Western approaches can '*silence local knowledge, block the recovery of traditional methods, and promote psychological imperialism*' (Wessells & Monteiro, 2007, p. 5; also see Dawes, 1997). For example, the idea that an individual in deep distress should be taken into a counselling room to speak alone with a counsellor of the opposite sex may not be an effective counselling approach within the Afghan culture, as having unrelated men and women sit alone together is not widely accepted in Afghan society (Bragin *et al.*, 2018). Therefore, one of the major goals of this project was to ensure that approaches

blended Western and local methods, through investigating and highlighting cultural strengths. So, in response to the above example, the faculty members developed counselling protocols for a university counselling practice that indicated male patients should be treated by male counsellors and female patients should be treated by female counsellors. Furthermore, the counselling protocols allowed for a patient to bring a friend, family member or spiritual advisor into the counselling session, thereby blending individual-focused counselling with an Afghan-specific approach that values cultural norms. The programme also engaged with schools and community organizations to explore programmes that worked with community, religious and cultural institutions. In the future, an additional research project undertaken by the team will provide indicators that will allow evaluation of the technical merit and effectiveness of these and other contextually based, psychosocial programmes.

The partnership specifically built capacity in curriculum development, workforce-oriented teaching methods, evidence-informed teaching and practice and the development of standards and procedures required to create a model counselling centre. The partnership arrangement included the presence of Afghan experts in counselling to provide onsite supervision, mentorship, co-teaching and other supports to the faculty members. The partnership was maintained and strengthened through quarterly visits during which Hunter College provided workshops to build faculty competencies in research, programme development, and innovative teaching. All of the onsite programmes were intended to build capacity in the delivery of evidence informed, gender sensitive and culturally relevant counselling services.

Programme for faculty members

A core component of the partnership was the delivery of a professional development programme for faculty members. This programme covers critical areas such as: (1) curriculum development; (2) curriculum and outcome research; (3) development of culturally competent protocols for intake, assessment, triage, treatment planning, and record keeping; (4) gender sensitive, trauma- and evidence-informed methods of practice; and (5) monitoring and evaluation of service delivery and effectiveness.

Supplementing the professional development programme was an on-site, hands-on, experiential technical advising programme led by an internationally qualified Afghan psychologist in Kabul and psychiatrist in Herat. These technical advisors directly supported developing methodologies, drafting policies and procedures, and guiding faculty members in their teaching, learning and professional development. Complementing the above activities, the project also assisted in developing and delivering teaching and learning materials in the local Dari language. The team ensures that these materials are gender sensitive, trauma informed, and culturally relevant.

The project engaged faculty members in two qualitative research projects, in which faculty members participated in all stages of the research process including the research

design, participant recruitment, data collection, data analysis, and write-up. Replicating previous research conducted in Afghanistan (Bragin *et al.*, 2014b), the first research project drew upon local knowledge and practices to develop an Afghan-specific counselling psychology curriculum. In addition to adding to the sparse literature on the topic, this research project informed the development of counselling psychology curriculum that adheres to international professional standards while maintaining cultural relevance. Results from this research project can be found in Bragin *et al.* (2018).

The second research project was a phenomenological study modelled on previously published research in other conflict-affected countries (Bragin, Onta, Janepher, Nzeyimana, & Eibs, 2014a). The study began the process of developing Afghan-specific indicators of psychosocial well-being. The research elaborated and operationalized definitions of psychosocial well-being among adults as understood by persons working in education, counselling, psychosocial support, health and mental health, community development, etc. The study built on published work describing the complexities of Afghan resilience recounted by Eggerman & Panter-Brick (2010) and Panter-Brick and Eggerman (2012). Preliminary findings from this study showed that Afghan cultural practices related to well-being resonate with Hobfoll *et al.*'s (2007) five elements required for successful psychosocial intervention: (1) a sense of safety; (2) calming; (3) a sense of self and community efficacy; (4) connectedness; and (5) hope.

Finally, the professional development programme included three international study tours to enhance faculty members' skills and knowledge. During these exchanges, faculty members travelled within the region to interact with other faculties developing culturally relevant curricula and doing locally relevant research.

DISCUSSION

Since the optimism that began after the fall of the Taliban in 2002, there has been remarkable energy and momentum. At the same time, there has also been the daunting challenge of continuing in the face of both continuous armed conflict and environmental degradation which have impeded progress and intensified the need for psychosocial services to address the effects of everyday adversity on the population (International Crisis Group (ICG), 2017). The determination of the MoHE to develop degree programmes in social work and counselling psychology is an important step towards taking national control of the preparation of professionals. It has been a privilege to accompany the counselling degree programmes on this important but challenging journey. In the spirit of learning and sharing from this experience, we conclude this paper with a reflection of the opportunities and challenges that have arisen from the project.

Opportunities and challenges

Faculty members have a rich knowledge of Dari literature and culture. But most faculty members do not have fluent English language capacity. This challenge with language

limits their access to global professional literature, only a small portion of which is published in Dari.

Even more limiting is the lack of ongoing access to proprietary internet the databases, that universities use to access current academic literature. These databases provide translation into many languages. The area of psychological counselling, like many other professions, relies heavily on the current literatures from many fields. Professors use these databases to provide up-to-date readings for their students. The partnership purchased this access for the faculty members for the two years of the programme and provided the support of a librarian. However, without the financial capacity of the MoHE, or donor support for this access, it will be lost upon the completion of the programme.

There are also challenges related to an overreliance on the Western knowledge. There is very little research that has been conducted with a focus on Afghan understandings of well-being and that literature has not been translated into Dari. Furthermore, the notable research on positive aspects of coping, protective factors, and strengths-based approaches that exist in Afghan society, remain in short supply and have not yet been taken up by Afghan researchers (Eggerman & Panter-Brick, 2010; Panter-Brick and Eggerman, 2012;). The requirement that local counsellors define and study the strengths of the populations with whom they work is an important tenet of the counselling profession (APA, 2018). Among Afghans, there is a sense that the Afghan culture is universally understood, when in fact there are variations and diversity within Afghan culture. For example, faculty members would often respond to questions of 'Why?' by answering, 'It is the Afghan way'. However, through the course of the project, it was uncovered that one's understanding of 'the Afghan way' was not universally understood among all Afghans. Just as each culture is unique and cannot be collectively grouped together, there is much heterogeneity within one specific culture (Wessells, 1999). Making explicit the implicit knowledge shared by Afghan practitioners can ultimately enrich knowledge and allow developing critical awareness to illuminate practice (Bragin *et al.*, 2018). Although the new departmental curriculum developed specific courses and practices entirely devoted to teaching and learning around these issues, this is a new and experimental field.

Another challenge for the project is grounded in the almost universal perception of all psychosocial distress as seen exclusively through the lens of the prevalent health-related model. This means that there is not yet a widely held understanding of the social and cultural elements of counselling psychology and their role in supporting psychosocial well-being. It follows then that the complexity of the counselling skills required to understand and address the bio psycho social, cultural, and spiritual needs of people facing adversity are just beginning to be understood.

Towards an Afghan counselling psychology

As Afghanistan continues to struggle with increasing levels of instability and insecurity (ICG, 2017), we believe that

the need for a university-level programme to develop and advance professional psychological counselling is of utmost importance. The first research project to develop a curriculum recognizes the need to integrate an Afghan-specific approach into counselling psychology, which has awakened the faculty members' interest in developing and promoting a relevant curriculum and well-trained graduates (Bragin *et al.*, 2018). The second research project to develop Afghan-specific indicators of psychosocial well-being has illuminated key elements of Afghan resilience and resistance in the face of the everyday difficulties of contemporary Afghan life.

Although mental health care and specific short-term protocols to address individual distress are essential services, they are insufficient to address a situation of ongoing structural, social, and political violence. The critical role for academic counselling psychology departments is to create space for developing a growing understanding of how ongoing adversity is affecting the psychosocial well-being of the population, how it seeps into the culture, how it is enacted within the everyday experiences of individuals and families, and what can be performed to address these issues effectively. This understanding can then be disseminated throughout society, informing public policy, community resilience and private treatment. In addition, the university-level education of young Afghans will make it possible for them to fill roles as counsellors and counselling supervisors in schools, the justice system, women's rights organizations, and all places where affected communities are seeking to transform their lives and the lives of those around them. It is the hope of this project that faculty members with research training can help to build a cultural-specific literature focused on adversity-related psychological and social suffering, and coordinate their work with colleagues in medical universities studying the diagnostic nomenclature associated with biologically based mental illness to create an inclusive and comprehensive knowledge base for MHPSS in Afghanistan.

CONCLUSION

Echoes of the past and reverberations of hope

Progress in recreating a structured and peaceful society in which human development can progress has been disappointingly slow in Afghanistan. Conflict has continued unabated and has escalated since 2009. Threats to emotional well-being that emerge from the effects of armed conflict, violence and their economic and social sequelae place an extraordinary strain on all Afghans (Babury & Hayward, 2013; IASC, 2007; Miller *et al.*, 2008; Scholte *et al.*, 2004; Ventevogel *et al.*, 2013; Ventevogel *et al.*, 2006b). High rates of depression- and anxiety -related disorders, as well as undiagnosed distress, have been found to be largely a function of the effects of daily stressors such as unemployment, poverty, insecurity, family violence, unresolved issues from the past, and a feeling of helplessness regarding the future (Miller *et al.*, 2008). Afghans have come to normalize these everyday stressors that are exacerbated in the context of everyday violence (Ray, 2017). Therefore, healing the wounds of war is not a question of confronting the

echoes of the past but of transforming the present. The negative effects of the unrelenting conflict on individuals, families, communities, institutions, and the culture itself continue. In contrast, in every focus group that addresses psychosocial well-being, Afghan professionals indicate their belief that that such transformation is possible – it is embedded in Afghan traditions of persistence against all odds.

The story of Afghan government institutions, teachers and families coming together in 2002 should not be forgotten in light of the current escalation in violence and the accompanying sense of helplessness and hopelessness. The events of that bitterly cold winter day are an example of the Afghan people's commitment to persevere. The programme we have described in the previous pages represents another hopeful direction forward and faith in human capacity. In contrast to common perceptions of Afghanistan as a traumatized and war-weary country, these reverberations of hope must continue to be documented and revisited. Likewise, counselling has the power to remind Afghans about the richness and importance of their culture to makes sense of their challenges and struggles and to find ways to move forward together.

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