What is a Psychosocial Intervention? Mapping the Field in Sri Lanka[1]

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The psychosocial field in Sri Lanka suffers from a lack of consensus about what precisely constitutes a psychosocial intervention, also at a global level. By using a number of available frameworks and examples of practice in Sri Lanka, the author attempts to demonstrate how it is possible to include the wide range of existing interventions under the 'umbrella' category psychosocial. Finally, through the exposition of an emerging conceptual framework offered by the Pychosocial Working Group (Ager & Strang, 2001), the article suggests measures that could form the basis for a broad understanding of psychosocial intervention in contexts such as Sri Lanka.

Keywords: psychosocial intervention, definitions, conceptual frameworks, Sri Lanka.

Introduction

The past decade has seen a steady growth in the number of initiatives in Sri Lanka which can be described as 'psychosocial' interventions related to its long-standing ethnic conflict or other political violence. This seems to be the result of heightened global[2] and local awareness of the psychological toll exacted by modern conflicts. Driven by compelling accounts of suffering and the considerable donor and media interest in these issues, international and local institutions have become increasingly involved with psychosocial programming in situations of conflict such as in Sri Lanka. The signing of a ceasefire agreement between the Sri Lankan Government and militant Liberation Tigers of Tamil Eelam in February 2002 and a subsequent peace process has not reduced this trend; in fact, the burgeoning discourse of 'post-conflict' reconstruction, rehabilitation and reconciliation has moved psychosocial work even closer to the centre of the humanitarian and development sector in Sri Lanka. This is demonstrated by the unprecedented attention given to psychosocial issues within the formal peace process (e.g. the 2002 guidelines of the Subcommittee on Immediate Humanitarian and Rehabilitation Needs, and 2003 deliberations of the Subcommittee on Gender), civil society deliberations (e.g. the 2003 Road Map Workshops on Humanitarian Concerns and an Integrated Framework for Reconciliation by the Berghof Foundation and the Centre for Policy Alternatives) and recent donor policy frameworks (e.g. 2002 needs assessments reports by the United Nations Development Program and the Canadian International Development Agency).

Calls for a Definition of 'Psychosocial Interventions'

There is little dissent within the humanitarian sector of Sri Lanka about the need for psychosocial interventions on behalf of conflict-affected persons. However, there is growing concern and debate about the legitimacy and effectiveness of the various activities being carried out to address this need. The heightened debate around this issue is predictable, given the significant funds at stake for both implementing agencies and the donors who support them. The recent disagreements and conflicts about what types of interventions can be considered 'psychosocial' often result in calls for a clear, common definition to settle these disputes.

In the course of a recent policy-building initiative facilitated by the author, involving over 200 psychosocial personnel throughout the island, a number of participants articulated the '*need to define what is clearly meant by psychosocial and [to establish] criteria in order to create some common understanding*' (Galappatti, forthcoming in 2003). The lack of this common understanding, they felt, was a source of conflict between personnel and projects whose differing approaches often clashed in the field or at humanitarian gatherings. Some psychosocial personnel felt strongly that notions of psychosocial work in Sri Lanka were often limited to counselling alone, and felt the need to expand popular understanding to include a range of other community-development activities (see section on Diversity in Psychosocial Interventions below) that they regarded as more appropriate forms of intervention. However, others expressed a desire to limit the boundaries of the definition to exclude particular interventions, which they considered either as barely psychosocial or potentially harmful. Still oth-

ers felt there was not yet adequate expertise or evidence on which to judge other more radical approaches and so simply wished for a broad definition of psychosocial work that could include and map the existing activities. (Galappatti, 2003c).

Workers also felt that this ambiguity about 'what psychosocial work is' could hinder the design and implementation of programmes, as well as hamper the monitoring and evaluation of these – both pressing concerns within the psychosocial sector in Sri Lanka.

Clearly, the process of defining what is a psychosocial intervention is fraught with subtle and overt competition between alternative perspectives and interest groups – both locally and globally. For donors, policy-makers, bureaucrats and non-aligned psychosocial personnel, choosing a single definition with which to work presents considerable difficulties. However, it is also clear that a lack of clarity about the sector could dissipate the enthusiasm and resources that currently exist for supporting psychosocial interventions. A recent workshop involving influential humanitarian agency heads and civilian policy-makers underscored this prospect, with participants declaring that 'a clearer idea is needed of what constitutes psycho-social interventions before firm progress can be made in this area' (Berghof Foundation & Centre for Policy Alternatives, 2003).

Recognising that at the heart of the debate about *'what is a psychosocial intervention?'* lies both profound disagreement and often confusion about how the field is constituted, this article attempts to map out the psychosocial field of Sri Lanka in a number of ways that may clarify the boundaries and fault-lines of the sector. This form of mapping may provide a basis for a pluralistic

understanding of the field, within which competing and alternative approaches may all be acknowledged. It seems prudent to pursue this approach to developing greater clarity and depth of understanding of the psychosocial field, rather than to simply subscribe to a single framework or 'camp', which may fail to recognise certain significant manifestations of psychosocial suffering or the value of particular interventions to deal with these. A shared understanding of difference is unlikely to bridge deep and meaningful divisions within the field, but it may allow for better accommodation of diverse approaches within it. Whilst this article concerns itself with the field of psychosocial intervention in Sri Lanka, many of the issues discussed may have relevance to other conflict situations.

The Diversity of Psychosocial Interventions

Confusion about 'what is a psychosocial intervention' often stems from difficulties in recognising psychosocial interventions by their external form. In 2001, a directory was compiled of 71 separate projects being implemented in Sri Lanka that identified themselves as 'psychosocial initiatives' (Psychosocial Working Group, 2001). Although this directory was not comprehensive in its account of interventions by local and international organisations, analysis of the directory's contents reveals a remarkably varied range of projects being implemented under the 'umbrella' category *psychosocial.*

In submissions to the directory, the underlying theoretical principles, methodologies, tools or processes considered to be the active ingredients in this range of intervention types were poorly elaborated and often not made explicit. Nevertheless, it was possible to identify the following psychosocial strategies as central to particular projects:

1. *Provision of explicitly psychological or medically therapeutic services*, such as psychological counselling, befriending (i.e. supportive listening and allowing for the ventilation of emotions), art and drama therapy, assessment for PTSD and referral for medical or counselling services, physiotherapy, or occupational therapy. This may also involve providing children with resource books to explore their feelings related to conflict, or visiting families in their homes to talk about their problems.

2. *Awareness raising and psycho-education*, through providing information on trauma and methods of coping with symptoms, or discussion on issues related to violence and conflict, training parents and caregivers to help children manage stress, or advising persons with particular symptoms or problems to seek out local service providers.

3. *Interpersonal skills development for community members*, often in the form of guidance for conflict mediation, communication, listening or problem solving.

4. *Social activities to support the expression of feelings and thoughts*, such as providing opportunities for interaction, dialogue, trust-building and sharing of experiences or using theatre to explore attitudes and values etc. These are often associated with activities related to material needs, such as regular meetings for members of revolving loan schemes.

5. *Mobilisation of existing social networks in the community*, through promoting sharing of work between community members, establishing children's clubs, supporting effective traditional coping strategies, running workshops to mobilise children's own resources in relation to specific problems.

6. *Supportive practices for child development,* in the form of play activities, creating positive social and physical environments, meeting early childhood developmental needs for stimulation, skill-building and socialisation.

7. *Skills training to improve material security and sense of self-sufficiency,* in the form of vocational training for young adults, educational activities, business skills development and motivational workshops for widows or child-focused mine awareness programmes.

8. *Provision of material and other support to remove structural threats to well-being,* such as provision of food and material supplies, prevention of sexual abuse and injury by landmines, obtaining birth certificates for children to give them access to education and other services, or provision of low-interest revolving credit loans, accommodating children in orphanages, facilitating socio-economic support to families of servicemen, public campaigning to protect children from the effects of armed conflict, implementing integrated development projects for rural communities or 'protective accommodation' and rehabilitation for ex-combatants

9. *Strengthening of spiritual dimension,* through involvement in religious activities and spiritual education.

10. *Provision of psychology-oriented skills training* for personnel such as counsellors, teachers in conflict zones, midwives, childcare and social service officers, healthcare workers, 'psychosocial' workers and 'befrienders', on issues such as counselling for trauma, meeting the early childhood development needs of children in conflict zones, eclectic strategies for psychosocial support, use of applied theatre techniques, psycho-logical treatment of torture survivors or use of manuals for establishing and running activity gardens for children.

11. *Provision of training* on issues such as child rights, non-violent conflict resolution and mediation in communities, prevention of torture, guiding small business entrepreneurs, peace-building or social and spiritual awakening, for persons such as NGO personnel, lawyers, teachers, community leaders, religious leaders, prison officials, members of the Sri Lankan armed forces and members of religious communities.

12. *Improving links and interchange* between resources and support services through networking initiatives, such as the establishment of a database of psychosocial personnel, the development of a directory of current psychosocial initiatives and the facilitation of a discussion and networking forum.

Significant sources of psychosocial support in Sri Lanka that were strikingly absent in this directory of formal humanitarian initiatives are traditional healing and cultural practices, which are often central to people's lives in conflict-affected communities. Common examples of such practices might include the consulting of oracles, purification through fire-walking, ritual ceremonies to appease the anger of gods and participation in significant local temple festivals.

The diversity represented by these different activities and strategies for psychosocial intervention, whilst celebrated by some, has been the basis of regular disagreements within the humanitarian community in Sri Lanka. Amongst humanitarian personnel and institutions there has been little consensus on the relative merits of these alternative strategies – with outright rejection and

ridicule of particular approaches being an extreme example of these differences of opinion.

Debates

The difficulties in developing a shared definition of psychosocial interventions have roots in the sometimes bitter global debates about the very nature of the psychosocial effects of conflict. Within the global literature, it is clearly recognised that there are competing perspectives that seek to define psychosocial consequences of armed conflict. Amending slightly on the categories suggested by Ager (1999), it is helpful to view the most influential perspectives as loosely associated with the following fields:

- Psychiatry
- Counselling Psychology
- Social Psychology
- Developmental Psychology
- Social/Medical Anthropology
  & Traditional Folk Knowledge

Each of these fields has particular theoretical assumptions, concepts or preoccupations that frame its understanding of psychosocial impacts. For example, in the case of contemporary mainstream psychiatry, Post-Traumatic Stress Disorder (PTSD) has become the, 'most frequently screened-for psychiatric diagnosis, as well as a concept utilised in the planning of many intervention programmes', and other biomedical conditions are also often recognised as being associated with experiences of conflict (Ager, 1999). Counselling or psychotherapeutic views focus on a range of issues depending on the particular school within each area, although they tend to concentrate on issues of emotion, problem-solving, relationships and identity related to individual experience. Social psychology offers insights and concepts that are concerned more with social identity, inter-group relationships and acculturation (Ager, 1999). Theories from developmental psychology are also applied widely in the context of children (and adults) exposed to conflict, particularly in relation to socialisation and cognitive development. The fields of social and medical anthropology have sought to unravel the systems of meaning used by sufferers, indigenous practitioners and external healers, and favour the explanatory models and contextually embedded, traditional practices of conflict survivors (e.g. Lawrence, 1998). Whilst this quick sketch is a vast over-simplification of what these complex disciplines have offered to the psychosocial sector, it may illustrate how particular psychosocial interventions clearly draw insights and practices both consciously and unwittingly from powerful bodies of knowledge. Of course, it is important to note the existence of significantly distinct approaches driven by marginalized knowledge bases such as those of radical feminist therapy, liberation psychology or various globalised 'alternative' healing practices (eg. Papić, 2003; Martín-Baró, 1994; Galappatti, 2003b). It can be enlightening to profile more deeply the theoretical bases that underpin particular activities, and field personnel sometimes find this activity useful to bring some order to the diverse (competing) perspectives that are brought to bear on psychosocial suffering. At the very least, it may clarify how projects differ fundamentally in their notions about what constitutes a psychosocial problem, an appropriate intervention and a successful outcome, because of the distinct schools of thought that they draw from.

Whilst it has been possible to integrate some elements of these analytical perspectives or schools of intervention, such as those derived from psychiatry and coun-

selling, or counselling and developmental psychology, serious obstacles to this process have been posed at an epistemological level in some areas – with the major battles being waged between positivist psychiatry/bio-medicine and the constructivist perspectives commonly associated with social and medical anthropology (Bracken & Petty 1998, Kleinman, 1995). The fundamental differences in how these disciplines (and their sub-disciplines and various schools of thought) view human experience sometimes make the reconciliation of these perspectives seem impossible.

The opposition of biomedical and anthropological approaches has also been characterised as a clash between the discourses of 'trauma' and 'resilience'. As Inger Agger so succinctly puts it, 'the 'resilience discourse' often includes a rights-oriented approach associated with interventions that respect and protect the rights of the local culture and traditions, whilst the 'trauma discourse' is associated with application – and sometimes imposition – of western, medically-oriented interventions' (Agger, 2000).

As the international humanitarian agenda has become increasingly concerned with the psychosocial consequences of war, the often heated debate over practice and discourse has resulted in a fast-expanding literature on the field. However, the literature related to this has largely been produced within institutions of the global north, with relatively fewer contributions made by scholars, professionals or activists living in the 'southern' countries where the majority of long-standing violent conflicts currently take place. Consequently, the major debates in the field tend to revolve around issues of interest and concern to the 'northern' institutions of knowledge-production, whether research institutions, non-government humanitarian organisations or United Nations agencies. The lack of an accessible alternative 'southern' literature means that even local authors reluctant to posit their writings on Sri Lanka in the context of a 'northern' world-view say they find this impossible to avoid, 'given the extent to which First World concepts have infiltrated the core of professional and academic thinking in this country, (even [their] own)' (Samarasinghe & Galappatti, 1999).

Whilst the 'northern institutions' often produce material that can be used locally, this does not necessarily address issues that are central to the debates and difficulties of work in conflict-affected regions such as Sri Lanka. Whilst the nature of global knowledge flows and the processes of obtaining international humanitarian assistance have meant that local concerns appear to follow trends in the global literature, they often have their own particular spin. For example, the 'trauma' vs. 'resilience' debate of the global north was transformed into a 'counselling approaches' vs. 'community-development approaches' dispute in Sri Lanka (Samarasinghe, 2002). What, in the 'north', is a clash on the basis of underlying theoretical or political assumptions, in Sri Lanka, is fuelled by disagreements of practicability in the field. Euro-American arguments about whether cognitive restructuring through talk-therapy is a culturally valid practice to export to the 'south' are replaced by Sri Lankan disputes about whether private counselling sessions risk being seen as secretive activities and could cause dangerous intrigues in a village context (Bracken 1998, Galappatti 2003c).

In the reality of fieldwork, only very few local humanitarian personnel (even at a management level) have any meaningful engagement with the global humanitarian/ academic debates coming out of 'north'-based institutions. The knowledge being produced is inaccessible as it is rarely in the local language, unlikely to be available widely or cheaply in developing countries and because only a tiny proportion of workers have an education that has informed them of the fields of knowledge on which the debate is based. The difficulty faced by workers, bureaucrats and policy-makers in Sri Lanka has been that their exposure to psychosocial work has often been in the context of a single organisation, a single international expert or a single local *guru.* Often the theoretical basis for the work being done is not discussed in depth with them, leaving them unable to relate this work to any other that they may come across in the future. Therefore, someone who has been running programmes aiming to produce cathartic reactions in clients would be unable to recognise as legitimately psychosocial another that aims primarily to build practical day-to-day relationships between clients in a difficult neighbourhood. This again points to the striking difference between the tools and bodies of knowledge available to local and 'global' practitioners.

Whilst it is still very helpful to recognise the links between global knowledge bases and local interventions, it is important to note that both knowledge and its effects are transformed within the context of each specific conflict situation. An exposition and discussion of relevant knowledge bases and debates with humanitarian personnel, especially in the context of familiar local projects, can provide them with useful conceptual tools with which to make sense of the diversity of approaches in the field.

Mapping Service Delivery Orientations in Sri Lanka

The 'orientation' of a psychosocial intervention often has profound implications for its pre-occupations related to problem-definition, choice of intervention, nature of 'healing' relationships and desired outcomes. According to Isabel Rodríguez-Mora (1999), it is possible to identify the following three distinct, but not exclusive[3], orientations towards psychosocial programming within Sri Lanka:

• Mental Health
• Community-Development
• Social Justice / Human-Rights

Mental health approaches tend to identify explicitly 'psychological' consequences of war or armed conflict and attempt to provide support to survivors on this basis of understanding. Most of these services use frameworks borrowed from psychiatry, clinical psychology and client-centred counselling to understand the suffering encountered, and draw from systems of primary mental health care, varieties of talk therapy and sometimes pharmacological intervention to treat the symptoms experienced by individuals and groups. These activities, which emerged in the late 1980s and early 1990s, were implemented by the first generation of psychosocial projects and institutions and still remain the most widely recognised forms of intervention today. In Sri Lanka, the dominant manifestations of this approach remain counselling and psycho-education (or 'awareness raising') activities, which are greatly promoted within rural settings by both non-government and state agencies. With regard to services for children, there is a particular fascination with arranging play activities that aim to facilitate emotional support and problem-solving, as well as cognitive and moral development.

Community development approaches, in contrast to the medical model, draw less heavily from biomedical perspectives and rely rather more on insights from social psychology and anthropology. Indeed, these approaches emerged in the mid-1990s from a distinct dissatisfaction with the applications of 'trauma' frameworks within the Sri Lankan context, and with the counselling and medical treatment approaches to support (Galappatti, 2003a). The community-development approach was often driven by the recognition that material and social conditions of life played a central part in creating and maintaining suffering, and that people seldom understood their suffering in psychological terms. Programmes therefore employed strategies to support psychosocial resilience and well-being through making qualitative improvements in the social and material environment of communities affected by conflict (Samarasinghe, 2002). Importantly, they also attempted to integrate supportive or therapeutic principles into diverse mainstream development and reconstruction activities such as building infrastructure, supplying material relief, developing livelihoods, reconstituting social institutions or mobilising communities (Jareg, 1996; Galappatti, 1999). Here what is crucial is not only *what* types of community development activities are carried out, but also fundamentally *how* they are implemented. The approach is reminiscent of that which has already been advocated by progressive thinkers in relation to the fields of feminist research and development, where again it is not so much the methods employed that set them apart from patriarchal approaches, but rather precisely how methods are employed and for what purpose they are used.

Interestingly, relatively few psychosocial initiatives in Sri Lanka have adopted an explicitly *social justice* or *human rights* orientation to psychosocial programming with people affected by violence. Indeed, many organisations have taken great pains to keep their work apolitical, avoiding activities that are overtly or consciously political. This has sometimes been choice forced on institutions by the very real dangers of addressing violence in the context of war. However, in other instances, the lack of attention to the political dimensions of people's suffering can be attributed to a failure to grasp the significance of this facet of conflict-related experiences or often to an institutional inability to negotiate the deeply-rooted political divisions that pervade even the humanitarian agencies. Although a number of psychosocial initiatives have grown out of human rights activism, there has at times been a curious separation of 'psychosocial' support services from concurrent advocacy, legal intervention or socio-economic assistance.

Psychosocial services are often characterised by a reductionist symptom-based 'treatment-provision' approach to support that seems at odds with notions of demonstrating solidarity with survivors, favouring their testimony and affirming their right to justice. It is important however to underline that some psychosocial work stemming from activism around issues of disappearance, torture and displacement has eschewed 'expert' psychologically-oriented interventions in favour of collective activities which focus on resistance and campaigns for social change. It is also possible that many individual workers try to address the dimension of social justice and political struggle within the privacy of their own practice, rather than through risky public intervention or commentary. A rare example of the latter can be seen in Daya Somasundaram's writings from Northern Sri Lanka (Hoole et al, 1992; Somasundaram, 1998; Somasundaram, 2000).

Support services provided by ethno-nationalist groups and organisations associated with the military or government armed services often have little difficulty using explicitly political ideas to frame the suffering of combatants and civilians. Whilst this may be a powerful and meaningful form of support to survivors who share the dominant political ideologies held by these organisations, it may be silencing and even threatening to those survivors who do not hold the same beliefs to be true. Equally, avoidance and denial of survivors' own politicised understandings of suffering can be problematic.

In the present day context of an ongoing peace-process between the government of Sri Lanka and the Liberation Tigers of Tamil Eelam (LTTE), there is growing interest in developing psychosocial interventions to support a transition into post-conflict life. It is possible that attempts to provide support in the context of processes of justice and/or reconciliation will force greater engagement with the complex role of the political in mediating experiences of suffering and healing.

Defining the Psychosocial 'Realm': The Provision of a New Conceptual Framework by the Psychosocial Working Group

As the relatively young field of humanitarian psychosocial intervention has expanded over the past two decades, drawing from more disparate knowledge bases and taking new forms in implementation, the need for a 'grand' framework to explain the field has become more urgent. As discussed above, for the psychosocial sector in Sri Lanka this need may be building up into a crisis of identity and of survival.

Both within Sri Lanka and elsewhere, the most common definition of 'psychosocial' is that which originated from a UNICEF-sponsored symposium in 1997, which states that 'the term 'psycho-social' underlines the close relationship between the psychological and social effects of armed conflict, the one type of effect continually influencing the other' (McCallin, 1999 and UNICEF, 1997 – see Box 1.).

Box 1. Definition adopted by the participants in the Symposium on the Prevention of Recruitment of Children into the Armed Forces and Demobilization and Social Reintegration of Child Soldiers in Africa, organized by UNICEF in cooperation with the NGO Sub-group of the NGO Working Group on the Convention on the Rights of the Child, Cape Town, 30 April 1997 (UNICEF, 1997)

The term 'psycho-social' underlines the close relationship between the psychological and social effects of armed conflict, the one type of effect continually influencing the other.

By 'psychological effects' is meant those experiences which affect emotions, behaviour, thought, memory and learning ability and how a situation may be perceived and understood.

By 'social effects' is meant how the diverse experiences of war alter people's relationships to each other, in that such experiences change people, but also through death, separation, estrangement and other losses. 'Social' may be extended to include an economic dimension, many individuals and families becoming destitute through the material and economic devastation of war, thus losing their social status and place in their familiar social network.

However, this popular 1997 definition no longer captures the deepening understanding of psychosocial suffering caused by armed conflict. For example, the understanding of social effects is now often expanded to include the disruption or alteration of cultural values, customary practices and social institutions. Others have also argued that the definition does not adequately describe conditions of material deprivation that may be tangibly experienced as suffering (Galappatti & Salih, forthcoming in 2003). The lack of flexibility and dynamism of the above definition has also meant that it is of marginal use to psychosocial practitioners in the field – apart from providing a pithy response to the invariable queries about the meaning of the term 'psychosocial'.

It is fortunate, therefore, that a group representing both humanitarian and academic institutions is offering a new conceptual framework that may be better able to capture the emerging psychosocial field. Constituted in 2001, the Psychosocial Working Group (PWG) currently comprises members from the following institutions: Christian Children's Fund; Columbia University, Program on Forced Migration and Health; International Rescue Committee, Program for Children Affected by Armed Conflict; Médecins Sans Frontières, Holland; Mercy Corps; Save the Children USA; Solomon Asch Center, University of Pennsylvania; Queen Margaret University College, Edinburgh, Centre for International Health Studies; University of Oxford, Refugee Studies Centre; and Harvard University, Program in Refugee Trauma. One of the PWG's significant activities has been the development of a conceptual framework to map the psychosocial field, as one strategy to address the 'lack of consensus on goals, strategy and best practice that currently challenges the field of psychosocial intervention in complex emergencies'. Although the PWG's formulations are still evolving in sophistication, an early draft of its conceptual framework offers some insights into what such a framework may offer to the field globally and to specific contexts such as Sri Lanka.

A paper entitled 'Building a Conceptual Framework for Psychosocial Intervention in Complex Emergencies: Reporting on the work of the Psychosocial Working Group' by Alastair Ager and Alison Strang (2001) provides a glimpse of the working model (see Figure 1.)

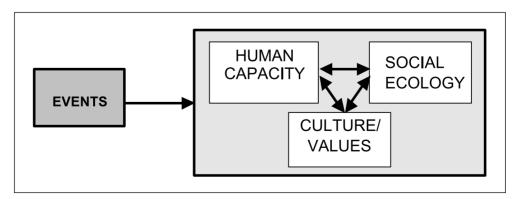Within this framework, the realm of the psychosocial is seen to consist of three (some-

Figure 1. PWG Psychosocial Domains adapted in Colombo, April 2003.

times overlapping and interwoven) domains, which can all be impacted on by the events and circumstances of conflict (see Box 2).

The PWG suggests that these domains may be useful as 'lenses' through which events and circumstances in conflict situations may be viewed, in order to understand their psychosocial significance to individuals and communities. Attempts to map psychosocial effects using this framework with psychosocial workers in Sri Lanka have demonstrated the simple, yet profound, way in which it serves to organise (and legitimise) the range of issues being addressed in the field. However, it is very clear that many psychosocial workers felt strongly that the framework failed to address the issue of material well-being, which they felt was often intimately and inextricably linked to the other identified domains and the overall well-being of the diverse individuals and communities they work with. They also felt that cultural beliefs and practices helped construct the significance and meaning of all other

domains and their components. Taking into account these concerns, as well as some of the constraints of translating concepts into the local language, one group of psychosocial workers developed a draft variation on the PWG framework that captured their own broad understanding of the realm of the psychosocial (see Figure 2.).

As Jo Boyden (personal communication) has pointed out, the psychosocial domains described above are often the source of the conflicts that affect so many communities in the world today. Indeed, the psychosocial domains are often those that are intentionally targeted by one party to cause suffering to its enemy. The model offered by the PWG offers not only the option of mapping the various effects of conflict, but also the opportunity to chart its causes and identify the specific areas where interventions should aim to have an impact. The paper by Ager and Strang (2001) also provides a neat diagram to illustrate how the psychosocial domains of an external agency or intervening community impact upon the

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Box 2. Description of Psychosocial Working Group Domains, taken from Ager & Strang (2001)

Human Capacity. *Events can lead to a loss of 'human capacity' within the community. This domain is taken to constitute such resources as the health and well-being (both mental and physical) of community members, the skills and knowledge of people, their household livelihoods etc. (All of which may be referred to as the 'human capital' of the community; Colletta & Cullen, 2000)*

Social Ecology. *Events also frequently lead to a disruption of the 'social ecology' of a community, involving social relations within families, peer groups, religious and cultural institutions, links with civic and political authorities etc. (All of which may be referred to as the 'social capital' of the community; Colletta & Cullen, 2000)*

Culture and Values. *Events may also disrupt the 'culture and values' of a community, leading to a sense of violation; challenging human rights; and undermining cultural values, beliefs and practices. (All of which may be referred to as the 'cultural capital' of the community; Colletta & Cullen, 2000).*
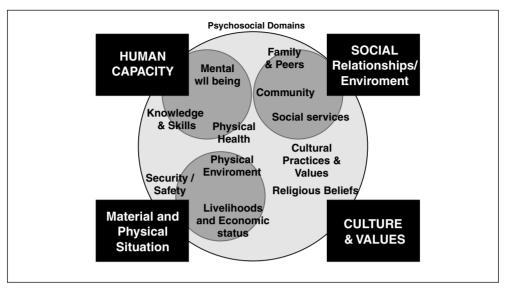
Figure 2. PWG Psychosocial Domains adapted in Colombo, April 2003.

nature of psychosocial interventions in conflict-affected communities.

Future Possibilities

The exact composition of the domains within the 'psychosocial realm' is likely to remain a source of contention, with different groups choosing to draw the boundaries loosely or more tightly. Although the PWG's final formulation may differ from the framework presented in 2001, the group's contribution has already been significant in terms of providing an example of how multiple psychosocial approaches can be accommodated within one broad psychosocial 'universe'. This kind of framework can clearly incorporate various service delivery models, epistemologies and theoretical perspectives.

The breadth and theoretical openness of the framework modelled by the PWG brings with it an imperative for psychosocial interventions to define themselves in relation to others in the field. This type of framework makes it easier to demand that each intervention own up to its specific

problem analysis, declare its strategy or theoretical basis for intervention, articulate its desired outcomes, provide a valid means for measuring these impacts and most importantly demonstrate a clear link between each of these stages of intervention. The value of a mapping tool like the PWG framework is that it can be used to trace the location of causal factors, psychosocial effects, interventions and evaluation schemes within the relevant domains – a good basis for exploring the relative merits of different approaches to intervention.

Although it is unrealistic to expect that consensus on good practice will easily emerge from a field that is divided along fundamental lines of epistemology and disciplinary allegiances, bringing together diverse approaches – even within a conceptual model – may do much to clarify the possibilities for synergy. It is important that different schools of thought seek out a basis for interaction with each other, even if this search accentuates the clear fundamental disagreements or incompatibilities between them. By so doing, psychosocial workers

may achieve something far closer to real exchange, cross-fertilisation or debate than they have enjoyed so far in the field.

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[2] The terms 'global' and 'local' are used throughout this paper with both a sense of irony and realism – acknowledging the way that knowledge from the global south is relegated to a marginal location of particularity, and that claims of globally relevant knowledge in fact usually originate from North America and Europe.

[3] For example, since the mid-90s, there has been a growing appreciation of the different *traditional* means of support, comfort and even healing. However, a lack of systematic interest has meant that these potentially powerful resources and processes exist mainly outside the realm of the humanitarian psychosocial sector. There have been a few attempts by local or international agencies to learn from traditional practices or to use traditional resources to date, but hardly enough to signal a trend. Of course, outside the formal humanitarian sector, numerous service providers provide interventions based on folk knowledge and the resources of organised religion.