

Developing culturally relevant psychosocial training for Afghan teachers

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Afghanistan has been in a constant state of war for over 30 years, with no end in sight. Few Afghans today remember life before the war. This has implications for programmes designed to reduce war trauma and rebuild community connections, in order to foster peace and reconciliation. This paper describes efforts, rooted in local culture, to impact community mental health through promoting positive coping strategies for the prevention of, and care for, psychosocial problems. In 2002, the author, in collaboration with teacher trainers in the International Rescue Committee's Female Education Programme, developed a project for psychosocial wellness training for teachers at schools in Pakistan, for Afghan refugee girls. The project targeted psychosocial distress and trauma recovery for the teachers, their families and their students, using a community approach adapted from a positive deviance model. This model allows that local solutions may exist, but be unrecognised. Four modules were found to be particularly helpful to participants: 1) exploring resiliency; 2) focusing; 3) what is normal; and 4) the balance of blessings. The project was well received and proved helpful when it was adapted for use in Afghanistan.

Keywords: Afghan refugees, Afghanistan, focusing, positive deviance, psychosocial wellness, teachers

“What do you think the effect that two million Afghans martyred, 70% of Afghanistan destroyed and our economy eliminated has had on us,” he asked. “Half our people have been

driven mad. A man who is 30 or 40 years old looks like he is 70. We always live in fear. We are not secure anywhere in Afghanistan.” (BBC World News, quoting from an Oxfam report, 2009)

Introduction

The population of Afghanistan has faced many obstacles to health and wellbeing. This has resulted in some of the worst health indicators in the world, with very limited health services, although outreach is slowly improving. The constant state of war, over the past 30 years, has only exacerbated the problem of access to health care. During the 15 years the author lived in the region (1997–2012), many individuals privately spoke of family members who had died in blood feuds over land or politics, of fathers and grandfathers who were killed, disappeared as a result of political disputes, or from random attacks or bombings. It seemed as if each and every Afghan had a story to tell, often more than one, of death or loss of home or livelihood. Given this history, it is no surprise that a variety of studies on Afghan mental health and trauma have found high levels of psychological distress (Miller et al., 2008; Lopez Cardozo Bilukha & Crawford, 2004; Panter-Brick et al., 2011). This report describes a psychosocial project for Afghan refugees developed in Peshawar, Pakistan for the Female Education Programme (FEP) of the International Rescue

Committee (IRC), an international non-governmental organisation (NGO). In 2002, the IRC programme began to shift project locations to Afghanistan, and this psychosocial project was adapted to fit the needs of teachers and students within that country.

The author lived and worked in Pakistan from 1998 to 2001, frequently travelling into Afghanistan and learning Dari (a modern version of Persian spoken in Afghanistan). In 2002 she moved to Kabul. In 2004, she became the Afghanistan Country Representative for the American Friends Service Committee (AFSC, The Quakers, an international NGO). The AFSC used the methods described in this paper as part of their community peace building strategy, and for teacher training projects.

In Afghanistan, where trauma is a shared experience, psychosocial programmes that use a community approach have great value. As noted by de Berry:

'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' (de Berry, 2004:143).

According to Jordans and Sharma (2004), psychosocial interventions should ideally be rooted in local culture, and therefore also build on coping styles that are identified by participants as important to both their own and their community's wellbeing. Thus, it was important to work with the participants to develop activities that paid close attention to cultural markers for wellness that were easily recognised and appreciated by the specific communities where the projects occurred. One such community based, problem solving approach, known as *'positive deviance'* (Pascale, Sternin & Sternin, 2010), assumes that local solutions may exist, but

are unrecognised. This approach was adapted for workshops, developed to capture these unrecognised, positive strategies. Six Afghan women teacher trainers and the author collaborated and explored the local culture to identify markers of wellbeing, and how their society had been changed by ongoing war and armed conflict. The goal was not to use traditional, more complicated western psychotherapy methods, but to develop training modules that teachers could easily and quickly learn, use, and share. As Ayoughi et al. (2012) demonstrate, local Afghan men and women can be effectively trained to carry out basic psychosocial services. Additionally, Omidian and Lawrence (2008) showed that, by working with teachers, a large number of children and families could be impacted by the training as teachers and children would then take their new skills home and into their communities.

Description of the project

The project began shortly after September 11, 2001. At this time, agencies in Pakistan were coping with a huge influx of Afghan refugees families fleeing into neighbouring countries, triggered by a fear of retaliation for the attacks on 9/11 in the USA. Pakistan was already hosting one of the world's largest refugee populations, and agencies were trying to cope with large numbers of people flooding into already overcrowded camps. Homemade tents of blankets, or tarps draped over a rope, were springing up everywhere. Parents struggled to find ways to meet their families' basic needs and keep their children safe and well. One of the ways parents found to cope with the situation was to take advantage of the schools available to them in the camps and urban areas. In the Peshawar area, the IRC maintained a number of girls' school, supported through

their Female Education Programme (FEP) and had to deal with the placement of many additional children. The teachers complained that some of the children were traumatised, or did not know how to behave in school, as most had been barred from attending school under the Taliban. Their experiences were also fresh reminders of what many of the teachers and other students had already survived, reopening old wounds.

After lengthy discussions, and a survey of the needs of local teachers and students, the IRC/FEP staff decided to address the problems through developing a psychosocial training project, targeting teachers. The psychosocial interventions were meant to support the female staff, both as teachers and as caregivers in their own families, and were expected to have a positive impact in the communities where they worked. In a report on the workshop by participants, they commented that:

'Adults (teachers and parents), play a vital role in improving the psychosocial status of children. Children with psychosocial problems need help and support from adults. Most teachers did not know how to respond to the psychosocial needs of children. They also had their own problems, as they also lived in refugee camps under severely depressed economic conditions, and had their own psychological problems' (Workshop notes, 2002).

Workshops

Three, three-day workshops, spaced out over three months (see Box 1) were used as a base to develop the psychosocial project. Each workshop not only provided background information, but also created opportunities to experiment with the information to create modules. These modules would then comprise the teacher training activities.

The workshops used an interactive format, with short lectures, followed by group work. Each module employed a variety of participatory training techniques, such as:

- Interactive lecturing to explain theoretical concepts
- Joint exploration on applying theory within the local cultural context
- Development of ways to teach theory to others through roleplay, puppetry production, art or story telling
- Practice of listening skills
- Group presentations

At the end of the three-month project, a manual in Dari was ready for pilot testing with teachers at the IRC schools. The complete document was not available in English.

Psychosocial wellness

Trainers focused on local categories of psychosocial wellness, using methods similar to those in the field of positive psychology (Peterson, 2006). Psychosocial wellness takes into account an individual's emotional health, as well as his or her positive social connections, community resources and environment (Omidian and Lawrence, 2008). With that in mind, the questions listed below were discussed in the workshops.

- What are Afghans doing right?
- What were the factors that helped the trainers (themselves) be resilient in the face of so many problems, disasters and prolonged warfare?
- How healthy is the individual emotionally, and how healthy are her/his social connections and interactions?

This process was used to identify various traits that affect psychosocial wellness – positive, neutral and negative – taking care to always return, at the end of each

Box 1: Workshops

Workshop I: Exploring psychosocial wellness, resilience and positive emotions

- Introduce a framework to understand emotions from a 'wellness' perspective.
- Explore key concepts of psychosocial wellness and resiliency.
- Contextualise basic definitions within both participants' everyday lives, and within Afghan culture.
- Introduce *focusing*?

Workshop II: Stress, normal childhood development and coping methods

- Participants use their understanding of key concepts, grounded in Afghan culture, to explore effects of stress (positive and negative), and culturally appropriate, positive coping skills.
- Subsequently, participants explore various skills and tools to assist themselves, teachers and students to strengthen these coping skills.
- Develop more *focusing* skills for self and children.

Workshop III: Painful emotions, listening and helping children talk to adults

- Participants have had the opportunity to test many of the learned activities and skills between sessions and report back to the group what they found to be successful, and what was not.
- Emotions are delved into more deeply through exploration and discussion of painful emotions.
- Participants draw on their new understanding of key concepts of psychosocial wellness and resiliency, and apply some of the techniques learned in new ways that feel culturally appropriate.
- Participants also explore how children show what they are feeling.
- Building on this, acceptable ways for Afghan children to react are reviewed. This lays the groundwork for developmental and psychosocial models.
- New modules are practiced in preparation for piloting with teachers.

(Omidian and Papadopoulos, 2003)

discussion, to the positive. Psychosocial wellness should be culturally identifiable and recognisable, and include the understanding that each group of teachers might have their own particular aspects of wellness that would need to be identified. Each module encouraged fresh explorations into values and practices that positively supported and promoted psychosocial wellbeing, personal psychological growth and trauma recovery. Each module also promoted creativity in problem solving, so that the teachers were

able to design their own activities, using methods such as: drawing, creating and acting in dramas or roleplay, puppetry, body movement and/or focusing. In all activities, the trainer would encourage participants to identify local traditions that pertained to psychosocial wellness and child protection, such as those symbolised in poetry or proverbs of Islamic and/or Afghan traditions. During the presentations, participants roleplayed the part of students. Time was allotted at the end of each presentation to discuss

what worked, and what each person liked about the presentation. Participants also explored ways in which the activities could be developed further, so that teachers would be able to adapt the process in the classroom. When an activity was chosen to be included, the trainers would take it home and use it first with children in their own neighbourhoods. This often helped to clarify areas of cultural bias (as the trainers were accustomed to working with foreign staff and might include points that made sense to outsiders, but not to Afghan children). For example:

‘One activity, based on Janet Klein’s “Inside-Me method for Focusing with children” (Klein, 2000), used the activity for children to notice “ears in their stomachs” as a way to be aware of their feelings and reactions to events. But when the trainers tried the activity with their own children it did not work until they changed the activity to noticing “ears in my heart”. The children then responded to the activity, and even started talking about events that they had not wanted to mention before that time’ (Workshop notes, 2002).

The final steps to designing the modules occurred in the month between workshops, with the trainers piloting the modules with local teachers. In the workshop following piloting, time was spent reviewing what worked and what did not. Some modules were discarded and others, that had seemed less valuable before the pilot, proved to be useful.

Key activities

Four activities were identified by the team, and through subsequent training evaluations, as the most helpful:

1. Exploring resiliency;
2. Focusing;

3. Identifying variations in normative behaviour; and
4. Balance of blessings.

Each of the above listed activities is described briefly below.

Key activity 1: Exploring resiliency

Resiliency refers to an individual’s or community’s ability to positively cope with life’s hardships, and includes relationships between the individual, his or her family and their community (Omidian & Papadopoulos, 2003). It also includes making sense of one’s life in the midst of uncertainty (Eggerman & Panter-Brick, 2010). At the beginning of the first workshop, the concept of resiliency was explored, coming to a shared definition and Dari word that fit the participants’ understanding of the concept. They described resiliency through the use of two sticks, one fresh and pliant, the other dry and brittle. Someone without resiliency would be like the dry stick that breaks under pressure, while the person who is resilient will be more like the pliant stick that returns to its original form after being bent – it’s almost impossible to break. The facilitator of this module would show participants the two sticks and talk about what each means. Then the group would brainstorm on what they felt supported, or helped, create resiliency. The women in the training listed the following examples (all quotes and comments taken from Workshop notes, 2002):

1. Belief in God.

‘If people close their doors, God’s door is always open. Why shouldn’t we be happy when God is there to help us?’

2. Having an aim in life:

‘Developing an aim in life gives people energy and power to continue life. Children

should be encouraged to develop aims for their lives?

3. Resourcefulness:

‘A proverb says; “when one door closes, a hundred open”. Whenever there are problems and difficulties, we should try to explore ways to solve them. Considerable work should be done with children to help them have a better understanding of their problems, and how to use their abilities to solve them.’

4. Selflessness towards others, compassion and the need to help others: (participants often quoted the poem below, written by the 13th century Persian poet Sa’adi, to illustrate the importance of compassion) Nima (2009).

*‘Bani Adam azaye yek digarand.
Ke dar Afahrinesh ze yek goharand.
Cho ozvi be dard avarad ruzgar.
Degar ozvha ra namanad Gharar’*

(Translation):

*‘Human beings are members of a whole,
In creation of one essence and soul.
If one member is afflicted with pain,
Other members uneasy will remain.
If you have no sympathy for human pain,
The name of human you cannot retain.’*

5. Having hope for the future:

*‘A hopeless person does not believe in God;
or ‘after every night, day’.*

6. Being able to laugh, and to cry:

‘Some people are used to remembering only their negative feelings and emotions. They never invoke their blessing and good things in life. However, remembering images of

good and blessings helps in coping with problems and recovering to a normal status.’

The group said that everyone has problems and difficulties in life.

‘When we think positively, and believe in God, and that every thing that happens is from God, stress will not overcome us. However, if we think negatively and are pessimistic for the future, stress will increase. As the poet, Bedil says:

“Why have you imprisoned yourself of thought and worries

God will never leave you helpless while you are alive

Never feel helpless and lonely”

Haven’t you heard Bedil, “What worry you have when God is with you?”

(Translation by participants)

They went on to explain:

‘The poem says that we should always remember God and be hopeful for good, and that we should focus on positive aspects, rather than on the negative ones. We should remember images of good, be hopeful for the future and try to be in touch with our positive emotions.’

Key activity 2: Focusing

Focusing is an experiential process, developed by Gendlin in the early 1960s, based on research into the key factors needed for successful psychotherapy. What he found was that those who can be in touch with their inner body sense, that which Gendlin calls *‘felt sense’*, were more successful in their therapy. It did not matter which method of therapy was used, what mattered was the individual’s personal ability to tap into her or his *‘felt sense’* (Gendlin, 1982). *Focusing* is a structured way to develop that capacity to

become aware of inner feelings and sensations, without having to tell anyone the cause of the distress. This makes the technique highly suitable in places like Afghanistan, where individuals are often constrained from disclosing personal information that, they believe, can bring shame to their family, or due to fear of physical retribution. For example, in cases where a woman has been raped, she might be at further risk of being killed by her family if they discover she has been raped. In the process of *focusing*, one deals with the emotions and felt sense of a situation or event, without having to feel shame or danger from the (social) consequences of disclosing information.

Part of the philosophy of *focusing* is that the emotions we carry, whether positive or painful, have information about ourselves. When one listens deeply to these feelings, they change and lead us to new insights that work to protect ourselves emotionally, and to help us relate to the world. When we listen to our inner self, we strengthen a sense of compassionate presence (Weiser Cornell, 1996), and can discover a sense of what the Sufi's recognise as the *'beloved'*, that of God within us, which is also called *'presence'*. Afghan participants were able to quickly grasp the connection between *focusing's* kind acceptance of inner processes, and their own understanding of Islam.

Participants noted that two concepts helped to link the psychological process of *focusing* to their religious beliefs: the first is that, according to the Quran, God is closer to each person than each is to his or her own jugular vein (Yusuf Ali, Pickhall, & Shakir, 2008):

'We Who created man, and We know what dark suggestions his soul makes to him: for We are nearer to him than (his) jugular vein' (Sura, 50:16).

The author was informed this means that one does not need to look further for support than the inner strength that can be found through the divine. When one is in trouble, or feeling emotional pain, one can rely on the second concept: participants spoke of the belief that God is found in each of us:

'For example, one Afghan woman felt such pain over her 15-year-old daughter being married to a much older man who took her to America. The daughter was very unhappy and wanted to divorce her husband and return to her family in Pakistan. This caused Mom a great deal of pain and anguish, as her husband was worried about the social repercussions of breaking the contract made with the other family. Using focusing, she began to listen to those feelings as a part of her body knowing and gained strength from what came in her awareness, in order to help her daughter in this very difficult situation. She concluded that she would fight her husband to save her daughter from her misery.'

Key activity 3: What is normal?

Teachers noted that this activity was important because it allowed participants the opportunity to explore changing norms and values, and led to discussions on emotions. Participants were asked to describe what they considered normal in their community, to discuss internal variations in culture, and to bring awareness of the difference between an action or attitude that was common, but not valued, versus one that was expected and valued. Four pairs of concepts were listed: risk taking vs. risk avoidance, collectivism vs. individualism, valuing social hierarchy vs. egalitarian society, and emotional control vs. emotional expressiveness (Hofstede, 1983). There was no assumption of right or wrong, or that answers would be consistent between groups, or in subsequent workshops. The

variables were heuristic devices to help participants articulate what they felt were core values, and how those core values might have changed over time. Participants decided where their community fell on a continuum for each pair. For example, they said that in Afghan society, people usually take risks that can cause great danger. They gave the example of the many refugees that had travelled to Pakistan at great risk. They felt that other people, such as the Americans they knew, preferred being careful and safe. They also said that Afghans prefer collectivism, and that it is normal to live together in extended family households, even when such conditions might be stressful. They felt that collectivism was so strong in Afghan society that individuals did not make decisions, but had to rely on what the group would decide. They also said that this would affect how people dealt with trauma, and how much greater a person would suffer if, as a refugee, he or she was separated from family members.

Participants spoke about what was valued and what had changed, taking the concepts back to the individual level, in order to help understand what a teacher or parent might do if they saw a sudden change in a child's behaviour due to trauma. During this discussion, one woman started to cry. She realised that her 16 year-old son's behaviour had suddenly changed, and she had not recognised it as a response to trauma at the time. When she returned to the class the next day, she reported that she sat down with her son and listened to his story. He had suffered a traumatic event, but was too ashamed to tell anyone. His mother was able to listen to him, and then work with him to cope with some of his emotions. She felt he was already becoming more normal, just by having had the chance to share his problem.

Within this topic, how participants saw various emotions was also discussed. First, they listed as many emotions as they could, and then noted who could show those emotions in public (by age and gender). They were then asked how a person might display that emotion in public. For example:

'Anger and its expression is normal in Afghan society. People get angry easily, show it and react towards it. This emotion needs a lot of energy. Men usually express their anger and fury, whereas they cannot show their fear and sadness, as it is considered improper in society. When there is an emotion that cannot be displayed, men use anger instead' (Workshop notes, 2002).

In a similar way, violence and the willingness to use it to solve problems was seen as a common occurrence and could earn a man status and power (Grima, 1992). However, it was also seen as a sign of someone who experienced trauma during the war and had not recovered (Miller et al., 2006). In the programme developed with the IRC/FEP, the cultural definitions of normal were explored to find the tools for individuals and communities to use to help people return to what was considered *'normal and acceptable'* behaviour, and that could have a positive impact within the community.

Key activity 4: Balance of blessings

This activity was designed to help people see that they had some positive aspects in their lives (Peterson, 2006). It was simple, and could be done with materials on hand: a string, something to form two cups (one used to mark good things in life and one for the difficult/bad things), a stick to act as a fulcrum, and dried beans or pebbles to use to measure what life has given. Both children and adults could participate. It proved to

be an excellent method to help people see their lives in a more positive way, grounding them in a firm sense of their own personal and community assets (Omidian & Miller, 2006). As a group activity, participants would remain silent as one person sorted through the difficult parts of her or his life, but could join in and make suggestions for the good side. Over the years this activity has, to the author's knowledge, resulted in only three reports of the bad outweighing the good. This is, in part, because this activity taps into gratitude and hope, values central to Islam and to Afghan society.

Discussion

Within this approach, community participation was considered as a key to programme success, and encouraged the women to immediately share what they learned. This process evolved within the workshops, as team members practiced all activities with their family and friends in nightly 'homework' activities, and as they pilot tested the modules. After piloting the manual, the women trained other master trainers in the FEP. They, in turn, held workshops for the teachers in IRC schools in the Peshawar area. The workshops ran for 10 afternoons over a two-week period, allowing time for participants to experiment with what they were learning. After the initial project, an external consultant conducted an evaluation. Afghan teachers reported that they felt they were exploring their own cultural strengths, rather than learning something they could not use. They identified the four key activities discussed above as the most helpful (Adamson-Koops, 2002).

One important factor for the positive impact of the workshops was that the cultural values and beliefs of the participants were identified and supported in order to help solve current problems. In the resiliency activity, their

notions of positive coping and community values were elicited and used in subsequent activities. The activity that explores what is normal allowed each person to see that they shared as common notions, and that they did not have to share these with other (or western) cultures to be healthy. The discussions that followed each activity reinforced positive coping and healing. *Focusing* worked well because it matched the community's notions of the divine, and of divine support. At the same time it also promoted emotional healing, without the more difficult and problematic process of disclosure. The final activity, which used a balance scale to visually assess one's social and physical assets, gave a great deal of hope and healing, and was supported culturally through the values of hope and gratitude.

Using the developed activities in Afghanistan

Shortly after developing the project, a number of the master trainers and their families moved back to Afghanistan and began using the modules with Afghan communities and returnees at IRC/FEP schools in Kabul. Additionally, the American Friends Service Committee (AFSC) piloted and began running focusing and psychosocial wellness activities in various provinces of Afghanistan. As Country Representative for AFSC, the author helped colleagues adapt the project to the various settings where AFSC worked. Because the modules were designed to explore community and individual resiliency, and did not assume that correct answers existed, the same approach appeared to work with different target populations, such as community based groups, vocational training projects, literacy groups, psychosocial groups trying to deal with trauma recovery, university students and health care staff, such as doctors and community health workers.

Although the original modules were designed to help teachers, the team discovered parents and others could also benefit and use many of the skills. At AFSC, modules were selected based on the needs identified by each new group. The interventions allowed participants to explore their own values and attitudes regarding wellness and health, trauma and healing.

Subsequent evaluations of the programmes in Afghanistan have been positive (personal communication, PARSA, 2009). Because the process encouraged the use of locally understood symbols identified by Afghan refugees living in Pakistan, it was well received in Afghanistan, even in the areas controlled by Taliban. As part of an AFSC contract with UNIFEM (The United Nations Fund for Women) in 2006, a local NGO, Noor Education Center (NEC) became a partner to offer training to members of their community in Ghazni, a difficult province for psychosocial work, because of the presence of many Taliban fighters. The lead trainer, a woman who supervised the psychosocial training programme for AFSC, privately reported how nervous she was when visiting the area. She described how she and the trainers were afraid, as there was one man in the class who was clearly pro-Taliban. She was unsure how he would react. Then one day, she returned to the office with exciting news. This man, whom she had feared, stood before the class and said; *'this is true Islam! Everyone should learn this focusing and the psychosocial wellness programme'*. He took the training to a local mosque, where he continued to give classes, even after the funding for the project ended. When last checked in 2009, his project was still running in the same mosque.

Parts of the project have also been incorporated into teacher's education by the Ministry

of Education, and at the University of Kabul's Education Psychology Department. In 2009, Frohböse travelled to Kabul to assess the teaching methodology through the lens of multicultural education, as a part of her MA thesis project. Key informants reported that the content of the modules used in the psychosocial programme came from familiar Islamic texts and local cultural metaphors, and they took ownership, saying that they felt this was Afghan culture and not imported (Frohböse, 2010).

Conclusion

Sustainable psychosocial programmes that meet the needs of a population work best when they reflect those parts of a culture that the participants recognise as important and positive. Participants take ownership of their own healing process when able to use locally significant metaphors, images and texts. As they move deeper into training, beyond the use of some of the most basic tools, they become more willing to learn less familiar techniques. Although there are often attitudes or behaviours that should be stopped, or at least modified, this rarely happens in the beginning. If people feel their norms and values are under attack, they will refuse to listen to something they might actually want to learn. By starting a programme with the positive, resilient and healing aspects of a society, participants can own what they learn. It then becomes easier to shift into a wellness mode that incorporates more difficult topics, such as anger management, the reduction of violence against women, or child abuse. In 2003, the author and a colleague ran a workshop for staff of a large Afghan NGO in Kabul. At one point, the director turned to us with tears in his eyes and said; *'this is ours and we lost it! If we had been following this, instead of what we are doing now [war and*

violence], the whole world would be different today'. The psychosocial project developed has become self-sustaining in many areas of Afghanistan because it promotes core values that are closely linked to Afghan images of how 'life should be'.

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