



Pour a Libation for Us: Restoring the Sense of a Moral Universe to Children Affected by Violence

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ABSTRACT

Addressing the treatment of children and adolescents affected by violent societies is a difficult one. The problem of combining family, community, and social healing with concern for the well-being of each affected child has been an intractable one in many countries, including the US. The Moral Third is a developmental concept that illustrates how a sense of the moral world is at the heart of psychic development. The paper proposes that this concept offers significant practical application to the treatment of young people affected by violence and the society that has injured them.

The author draws on global efforts to think about this work in countries experiencing armed conflict. She reviews theoretical contributions from Latin America and Sub-Saharan Africa and their application to US populations. A case example from Sierra Leone illustrates the combined use of traditional healing with group work to create a space in which affected children, their caregivers, and communities could symbolize unspeakable experience and begin to heal. The paper connects the conceptual framework illustrated by this example with that of the Moral Third to suggest the creation of a way forward in which youngsters, their therapists and society might heal together.

In the late 1980s, when charged with creating a clinical model for a New York State Office of Children and Family Services (OCFS) court diversion program, I started to think carefully about the effects of violence on child and adolescent development. The youngsters who were involved in this program had been accused of offenses ranging from shoplifting and running away, to armed robbery, gang violence, and attempted murder. They were affected by three levels of violence: (1) structural violence that is baked into how people live their lives, (2) social violence that keeps the structures in place, and (3) interpersonal violence that happens between people – in relationships, families, and neighborhoods – where the political becomes deeply personal (Van Soest, 1997, p. 13). Working with these levels of violence is especially challenging, as South American psychoanalysts Janine Puget (2002) and Lira Kornfeld (1995) noted; when therapists are living through the same forms of structural and social violence as their patients, it is difficult for those therapists to recognize the intrapsychic effects of violence, and to assist their fellow survivors in the integration process. As a U.S. citizen benefiting from white privilege, I too had been incubated in its violence as witness and beneficiary, and therefore I was affected by it in ways that created challenges to my ability to think about how to create systems that could help the children and families involved (DiAngelo, 2018; Fine, Weis, Powell, & Wong, 1997; Hooks, 1998; Kovel, 1984).

Fortunately, while developing the court diversion program, I had the opportunity to work in solidarity with colleagues in Central America, Sub-Saharan Africa, South-East Asia, and the Middle East who were addressing these very issues in their own countries. I was able to learn from thought leaders there and to think together with colleagues in the field. Armed with this support I was able to

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bring home my colleague's thinking in order to influence what became the diversion program's understanding of what was needed to help the children, youth, and families we met in New York.

This paper discusses the theoretical bases of the diversion program's clinical model, and how learning from colleagues working in the context of armed conflict in Latin America and Sub-Saharan Africa enriched and strengthened that theoretical basis. It further illustrates the value of psychodynamic theory in helping to conceptualize a way to address the needs of children and youth from families affected by structural violence. Finally, the paper will introduce the specific application of the developmental concept of the Moral Third (Benjamin, 2016; Stevenson, 2015) to this population by creating a mental space in which the youngsters, their therapists and family members can contain and transform the nameless dread of extreme violence.

Theoretical basis of the juvenile court diversion project

My Central American colleagues had the opportunity at that time to collaborate with South American psychoanalysts exiled from their countries of origin because of the negative views the then-current Southern Cone of South America¹ regimes held toward psychoanalysis and psychotherapy. Several of this group paid particular attention to the effects of social violence on children and adolescents (Hollander, 1997). Particularly important in developing this work were Julia Braun, Maren de Viñar (2012), Viñar (1989), Juan Carlos Volnovich (2002).

In the process of understanding the effects of violence, Latin American psychoanalysts began to critique the western concept of trauma healing as limiting in scope and effectiveness (Becker, 1995; Lira Kornfeld, 1995). These authors suggested that using a disease model to address individuals whose suffering was in fact socially created and happened to them as part of a class or group of people, failed to bear witness to the cause of their pain, producing further isolation (Becker, 1995; Langer, 1989; Lira Kornfeld, 1995; Puget, 2002). The Latin American analysts insisted that it was important to do three things; to acknowledge the external causes of the suffering of the people that they were charged with helping; to recognize the fact that what happened to them did not happen to them as individuals alone, but to the entire society; and, at the same time, to try to make a deep sense of the intrapsychic effects of living in a world where the most hideous violence was constantly enacted before their eyes.

To address these issues, the therapists brought a politically informed use of Kleinian thought to their work with people affected by violence. They contextualized suffering in social terms on the one hand, and addressed its deepest internal consequences on the other. My New York colleagues and I were able to benefit from their thinking, as I experienced it (Bragin, 2003, 2007; Hollander, 1997). While much of the work was done with adults, James Garbarino and his colleagues working in Chicago and the middle east had begun writing about the ways that children in war zones and those affected by structural violence in the US might have something important in common (Garbarino, Kostelny, & Dubrow, 1991). At the same time, applying a Kleinian approach to the day to day work was also being taught by child analyst Eugene Glynn, advisor to the Jewish Board of Family and Children's Services, who provided guidance on treating adolescents suffering from extreme levels of violence and loss.

Melanie Klein's "Criminal Tendencies in Normal Children" (1927) and "On Criminality" (1934) were part of our early learning and thinking. In these essays, Klein quoted children talking about cutting people up, making sausages from their insides, and eating them. She reminded readers of Jack the Ripper and early twentieth-century criminals stalking London, acting out in real life her young patients' play – not because the children had heard adults talking about such crimes but because the crimes represented enactments of what Klein believed all children fantasize. Klein's concepts, drawn from her analysis of primitive mental states, were helpful as we struggled with being deeply aware of and alive to the terrible realities of the world these young patients experienced, often daily.

One of Klein's (1952) particularly useful concepts was that of the *positions*, which I review here for convenient reference (p. 93). The positions are different from the developmental stages because they are meant to represent universal mental states which develop in the early years to assist with mastering the struggles between aggression and libido, love and hate, goodness and destructiveness

(Segal, 1974). People then return to these states, not only in childhood, but throughout life from time to time. In fact, they not only recur, but they also interact with one another as part of a dynamic inner process that manages the vicissitudes of outer experience as they affect and are affected by the inner life (Steiner, 1988).

The earlier position, called *paranoid schizoid*, engages Klein's understanding of very early mental states. An infant's situation is a terrifying one – having been thrust into a world in which one is wholly dependent without any way to make sense of it all; there is only loving care to mediate, if in fact one receives that loving care. Klein theorized that here begins a complex dialectic of aggression and libido, love and hate. Without the aggressive drive exercising its mighty force to propel the infant from the womb, the infant does not live. Thus, with life in the world comes a powerful, innate aggression alongside the many discomforts and terrors of life, from gnawing hunger to the gastric distress of an immature body and outside irritations of wet or cold. The infant cannot distinguish among any of these. The satisfaction of a long and loving feed creates an ideal state of well-being in that distressed little being, bringing an adoration of the “good breast” that brings the milk and loving comfort. Simultaneously, the distress of the aggressive drive that rages against pains the feed cannot resolve (e.g., air temperature, noise, wet or soiled diapers) are associated with the other, magical breast, the “bad breast” that cannot soothe. Klein believed that during murderous early rages, babies can imagine the power to destroy the bad breast and possess the good. These rages and fears are split off, as are desires to murder or destroy the object that cannot bring the peace of the womb, because they are too enormous to experience as coming from within and therefore are understood as external threats of violence. With these splits can come a sense of power and control as well as a capacity to destroy the frightening since the frightening is seen as outside the self.

At some point, as the child grows in capacity, she begins to realize that the good breast and the bad, unsatisfactory breast are, in fact, attached to the same caregiver. Time after time, feed after feed, the same, loving objects return, trying to get it right, wishing for a loving reunion. Klein believed that sadness and mourning well up in young children for the omnipotent world of pure good and guilt-free murder. Out of this melancholy knowledge of an imperfect world comes the desire to return the love of these loving objects, to repair the terrible violence that has been done in fantasy. Love wins out but at a cost, and the enraged desire for destructiveness can be understood as part of the world at large, and all humans in it – child, mother, and other alike. Devotion to values and causes, as well as creativity and love of learning, come from this position and the loving feelings it enables through mourning the loss of perfection (Klein, 1957, p. 187). These ideas helped our team at the court diversion program to think about the youngsters we met and indeed, about ourselves as struggling with the same issues. We wondered: Can we accept the violence in the world and in ourselves and still go on being?

As we developed the court diversion program's assessment model, we began to understand the youngsters' behavior as a way to express in action what they could not say in words, which involved the ways that violence had affected them so deeply that they could not speak its name. They often had family histories replete with losses of caregivers through immigration or incarceration, of sexual and/or physical abuse from both caregivers and strangers, and the intergenerational transmission of historical trauma that invades the psyche. This proved especially true for families affected by genocide, colonialism and the slave trade, such as the African American, Native, and Latino youngsters in the court diversion program (Apprey, 1999, 2014, 2016; Bragin, 2010, 2012; Vaughans, 2014; Winnicott, 1939).

We found that our young clients – especially those who carried secret knowledge of unspeakable violence in which they were witness, victim, and sometimes perpetrator – were unable to use words to tell us what they knew, so their behaviors had to speak for them. These experiences of enacted primitive violence were, in fact, tolerable only in the paranoid/schizoid position – that early place where violent realities are split off, protecting both children and the goodness of their caregivers (Bragin, 2003, 2004, 2010). For symbols to be formed – be they art, word, or activities – and contradictory experiences tolerated, the depressive position was required (Segal, 1974). The youngsters had to be certain that they carried enough of good and we and their families enough tolerance of bad to be able to be in the same mental space. Our team soon learned that the only way to enable

them to speak was to engage them in some sort of reparative activity that allowed them to connect with their own goodness and that of the world while tolerating the terrible things that they had lived and that therapists and caregivers needed to know about (Bragin, 2012; Bragin & Bragin, 2010; Klein, 1957; Winnicott, 1939).

In time, we learned that if we could get the youngsters to the point of being able to speak about their experiences, they would express that the very fact of knowing such terrible things separated them from the rest of the world. No one wanted to know what they knew. Sometimes they hoped that maybe they only imagined their secrets. They seemed to feel permanently alienated from the world of love and goodness and right; those who had first grown up with love and connection did not themselves want to know about the world into which they had just been inducted by harsh experience. Many expressed that they felt they could only be understood by the very people who had harmed them or by others who had participated in or survived the worst of the violent acts. Working with these youngsters at that time, the therapists, too, felt alienated by what we learned from the public discourse about who these youngsters were (“super predators”) and what sort of treatment approaches they required to be restored to well-being.

It occurred to us that one of the most terrible things about acts of extreme violence is the way that they take scenes that belong to the realm of dream and fantasy and make them literal. Thus, these events become enactments of people’s worst nightmares or force them to be actors in the nightmares of others (Bragin, 2003, 2004). The same mental mechanisms that prevent survivors from integrating and, using Wilfrid Bion’s (1962) term, *learning from experience*, also prevents therapists who listen from integrating their own violence and its connection to that of the survivors (Bragin, 2010). Yet without that connection, therapists leave their patients alone, lacking the recognition and accompaniment that is essential for healing to begin (Bragin, 2007). So, it became part of our work to acknowledge our own violence, internally in fantasy as well as structurally and socially, so that we could begin to connect with the children and families with whom we worked (Bragin, 2007, 2010).

At the diversion program, we eventually were able to offer each family a space to speak and a therapist who could listen and acknowledge the painful histories that had led to the moment when the family appeared in court. In many cases, we could facilitate reconciliations within those families, with communities, and with religious leaders. We offered a place in which suffering adults could share their own pain as well as the sorrow that came with understanding that they had been unable to protect their children from living these terrible experiences, or from bearing the pain of their ancestors. We worked to become a staff who could acknowledge our own part in the violence that had created the conditions for all of this, and therefore have compassion for both the children and the families. This took us a long way toward a process where healing could begin.

Limitations of the theory

However, there was one thing that we could not do and that the Kleinian lens did not offer – one thing so transformative that none of us could imagine it- acknowledgment and an offer of reparation from the highest levels of the society that had created, organized and set up the conditions for the violence that the families, children and adolescents had experienced.

Fortunately, theory and practice from Sub-Saharan Africa, combined with shared experience with clinicians from Sierra Leone, helped to add this element. In the process of learning, I found a strong resonance with Jessica Benjamin’s work on the Moral Third, which also has global origins (2016, 2017).

Recognition, acknowledgment, and the road to healing: Contributions from Sub-Saharan Africa

Many of Freud’s discoveries regarding guilt and aggression were derived from material he had gleaned from other sources and noted in *Totem and Taboo* (Freud, 1974). Specifically, he developed

an understanding of the effects of war on warriors, and he described processes of community reintegration through his research into post-conflict rituals in Sub-Saharan Africa and other places in the global south (pp. 35–37). At the same time, African writers responded to the effects of colonial practices, anti-colonial wars and proxy wars on the continent and began to write about the psychological effects of colonialism and armed conflict, including the psychological meaning of ritual and tradition for healing (Fanon, 1963; Kenyatta, 1938; p'Bitek, 1998).

Late 20th century Sub-Saharan African psychologists and other specialists questioned the application of western trauma discourse to the situation of former child soldiers in non-western societies (Efraime & Errante, 2012; Honwana, 1998a, 1999, 2011, 2018). Alcinda Honwana (1998b, 2011, 2018), a leader in this theoretical movement, studied and documented the efficacy of African traditions in addressing in the community-based reintegration of child soldiers, contrasting this approach to the western trauma discourse. A number of colleagues from Mozambique and Angola discussed the theoretical implications of combining traditional methods with group and social interventions (Efraime & Errante, 2012; Honwana, 1998b; Monteiro, 1996; Peddle, Monteiro, Guluma, & Macaulay, 2013). Tunde Zack-Williams (2006) discussed the specific role of ritual in community reintegration programs in Sierra Leone. In the section that follows, I introduce an example of ritual reintegration as I experienced it. Then, I examine the implications of this work for psychoanalytic theory and its implications for child and adolescent development in the U.S today.

Sierra Leone

In 2001, I had the opportunity to work with Samuel T. Kamanda, a young Sierra Leonean social worker in charge of a program to reintegrate child soldiers in his country. This collaboration offered me new ideas to refresh and advance the court diversion program team's thinking about healing children affected by violence.

The children in the Sierra Leone program were placed in what the humanitarian community called *Interim Care Centers* – places where children ages 16 and under who had been rescued from armed groups were sent – while their surviving family members were traced for reunion and arrangements for ongoing psychosocial support and reintegration were made. The work at the centers was not easy; children who had been forced to terrify their communities were being cared for and treated by members of those same communities. These youngsters had not been abandoned by their parents; indeed, for most, their fathers were mutilated, tortured, and/or killed in front of them, and the children were abducted at gunpoint. Then, the children were tortured, threatened, given drugs, and forced to commit atrocities as a way to bind them to their captors. Following Klein's (1927, 1934) work, one could see that the atrocities mimicked unconscious fantasy as well as common children's games. This carefully choreographed induction into the armed groups resulted in a terror and self-loathing that prevented thought or play (Bragin, 2003, 2004, 2012). So, while the Interim Care Centers required an intensive program of education, play, and group discussion, the most damaged, the most violence-involved, and the youngest of the children were unable to participate. Rather than thanking their rescuers, many continued to insist on their loyalty to the commanders who had abducted and tortured them, with bravado masking their terror of re-abduction, of guilt and punishment, and the sadness of facing all that they had lost. They feared to think of the normal life laid waste in the destruction of war. Above all, they were terrorized by the belief, instilled daily by their captors, that should their families be found, even their own mothers would never accept them.

One group of four boys, ages 8–12, all named Mohammed,² were among the most difficult and uncommunicative. Mr. Kamanda asked for my thoughts regarding what might be useful in caring for them. We worked as a staff to use the boys' threats and bravado to create the reciprocal back-and-forth game of greetings. We smiled and greeted them daily as we entered the schoolroom and the boys stayed outside. They scowled and told us they liked our possessions. We continued to smile and agree that our possessions were nice, but we were going to school now. They gave their most menacing looks in return. As they began to look for us daily to join them in the give and take, the

youngest began to smile in response to our greetings. The beginning stages of play had begun, making us hopeful.

Then, the trouble began. The four Mohammeds were accused of stealing soap to sell in the market, and they had responded by setting out on foot down the road, hoping to reach the capital hundreds of miles away, where they could plead their innocence. Mr. Kamanda and I left the site and collected them by car. We brought them safely back to the Center and told them that could plead their case there. The staff and students were brought together in a solemn circle, opened by the customary recitation of Christian and Muslim prayers. Then, the staff laid out their concern that the boys had taken their own bars of soap, sold them in the market for money to buy drugs or liquor, and then asked for more soap weekly so they could do it again. The boys clearly stated that they were innocent; they simply had used up their soap before the month ended.

To determine whether it was possible to use up a full bar of soap so quickly, they and I were each given a new bar of soap. We were asked to take one shower a day and show our bars to the community at the end of the week. At the end of the first week, I had enough soap left for the remainder of the month, while theirs were almost completely gone.

“But we are dirty boys,” they said. “We have done the worst things in the world, and we scrub, and we scrub, but we cannot get clean. Pour a libation for us, Mr. Kamanda, so that we can be clean again.”

I looked in horror at my remaining bar of soap; it was really fat. How quickly Klein’s (1952) paranoid schizoid position sets in! They knew that they were dirty boys, having participated in the most horrible violence. But I, soothed by my participation in this reintegration effort, or perhaps in order to tolerate being in it, I had split off awareness that I was a dirty woman with my own internally violent fantasies. I had split off the knowledge of my own complicity as a tax paying U.S. citizen in the outsourcing of violence and the toleration of its enactment in proxy wars around the world or in our prisons at home. I had split off my memory of the slave trade and the ensuing disorder and colonialism that had set the stage for the current war in Sierra Leone, while contributing so much to the wealth of New York City (Coates, 2018). How completely I had split off the knowledge that it was I who needed a good scrub!

For me to be useful as an object – in other words, for me to be able to help the staff to contain the terror and dread that comes with facing violence in the process of healing – I had to come to grips with and acknowledge not only my own very personal intrapsychic violence but also my broader responsibility. If I could not own the violence in myself and the ways I, like most humans, casually participate in structural violence that affects others (e.g., by paying taxes that I know support wars and prisons even as they support roads and postal service), I would leave the staff and the children alone, unaccompanied. I would be leaving them to see themselves as different, dirty people who survived a dirty war with no way for deep connection or understanding by anyone except the dead, those who survived with them, and those who were bound up in the immediate and interpersonal violence.

Similarly, in order for the staff to be able to heal themselves and help the children, and for the children to be able to heal, they had to be able to find some way to integrate and incorporate this terribly violent period of their lives into a narrative that could take them forward into life that both acknowledges the violence and forgives them. That outcome required a means for reparation, a connection to their own goodness, enabling them to symbolize their own experiences, formulate the necessary words, tell their terrible, sad stories, and journey forward.

Fortunately, the healer who served as officiant understood this need well. In fact, reparation was built into the communal ritual of libation. The libation in Sierra Leone is a pouring out of ceremonial liquid as an offering to the ancestors, asking that they attend and in so doing restore balance to the universe that has been disrupted by great wrong. After engaging the staff and community members, the healer called to me as an American trying to cleanse my own violence and that of my country. He smeared blood on my head as he had on the children’s heads and washed it away with a part of the libation poured on the earth.

The pouring of a libation is a complex process; it involves permission from the village elders, the owners of the land and any buildings on it, the civil and traditional authorities, and traditional and

contemporary religious leaders (i.e., Animist, Muslim, and Christian). The Interim Care Center itself had to be washed clean and painted. A sacrificial animal, suitable for eating, had to be purchased, and the traditional healer who would officiate must be given a contribution. All of the civic and traditional leaders had to agree to be present along with the community members. The preparation takes weeks during which everyone involved is aware that a great rupture in the community's fabric and in the souls of those involved has been acknowledged and must be now be repaired. On the day of the libation, Muslim and Christian prayers must be said, drums beaten, the traditional gods of the land invoked, the animal slaughtered, the blood poured onto the ground, and washed with water. It is only then that the spirits of the ancestors would come to dance as the slaughtered animal, at last seasoned and cooked, is served in a stew to the attendant community members, in a symbolic act of reparation.

The Moral Third

The concept of thirdness refers to the process of co-creation between therapist and client that reaches beyond the binary of subject and object or doer and done to. Thirdness allows a shared space to be entered by all parties, in which all aspects of psychic life can be experienced and addressed. Thirdness specifically acknowledges the reality that within each relationship every possible opposite exists; yet, therein lies a capacity to move beyond opposites to the dialectical position that the difference between seeming opposites is represented not by compromise but by the creation of something both transcendent and new (Benjamin, 2016, 2017). Nonetheless, within the third can lie violent introjects that become to terrifying to manage.

The Moral Third is a developmental concept that expresses the way in which the sense of a moral world is at the heart of psychic development. It is the co-created space in which violations of moral law, of common humanity, and of all-too-imaginable terrible things enacted in the world can be witnessed together, acknowledged, addressed, and repaired. In this space in which all parties are both victim and perpetrator, violation is not othered or pushed out. Instead it is owned and acknowledged, creating space for the repair of ruptures. The mental space represented by the Moral Third makes the restoration of the self in the world possible.

Specifically, the Moral Third is the position from which the violations of lawful behavior and dehumanization can be witnessed or repaired. It is a fragile position, hard for both individual and collectives to maintain. It is from the position of the Moral Third that we acknowledge violations, suffering, indignities, and the debasing of some humans to elevate others. What makes that position of acknowledgment possible? What prevents it? We must admit that we observe in ourselves continually the breakdown and restoration of the capacity to hold the connection with suffering, including our own. (Benjamin, 2016, p. 7)

The Moral Third then is a principle, a construction, and a vehicle; it involves making repair, acknowledging harm, recognition and witnessing – all the ways that people try to put right what was wrong. Most important, it provides a container, in Bion's (1962) sense; a mental space in which unthinkable and unimaginable horrors can be transformed into that which can be thought, can be imagined, and therefore can be survived.

The incident of the soap had allowed the children to call upon the memory of a loved and lawful childhood, which had been irreparably broken. They remembered the libation, the means of repair for incidents of rupture, and they had called on that memory in the hope for restoring a just universe in which they could have a place. Equally important, Mr. Kamanda and the staff members, as therapists, recognized and responded to this request, acknowledging the boys' articulated need and, at the same time, encircling them within the restored community as a whole. The libation provided an opportunity for all of the community authorities to come together, from the chief of police to the traditional healer, and acknowledge collective responsibility for the terrible events of the war, and specifically their inability to protect these boys from being recruited, despite their best efforts, in a country once known as the Athens of West Africa.

Discussion

One special significance of Benjamin's (2016, 2017) concept of the Moral Third for therapeutic work with youngsters affected by violence today is that it organizes the interstices of a space in which there is not only human connectedness but also room for acknowledgment and witnessing, and with it the capacity for mutuality and repair – all the ways humans must continuously work to put right what is wrong. At the same time, it allows for the reality of integration first invoked by the depressive position: that within everyone is a saint and sinner and that there is no space beyond the realm of repair. Perhaps it was for this reason that families brought their children to the court diversion program – to try to make right the dangerous situations that their youngsters were experiencing and for which contemporary communal ritual leaves little room. Certainly, it was for that reason the court diversion program was created. The courts, by asking for the program to be created, had in effect charged clinicians to create a space where moral life could be enacted, not as punishment, but as an agreement that society, communities, and families have with their children, namely, that ruptures are repairable within a just society, if that society will take responsibility for its role in creating the harm that led the young ones astray in the first place.

The repair of the self – that is, recovery from the disintegration that occurs when knowing and living through the worst of horrors and realizing that humans do this – cannot occur in an isolated context of healing but requires the participation of all those responsible (Apprey, 1999, 2014, 2016). Such participation allows the integration of those who have been cut off from the magnetic chain because they cannot bear to know what they have found out about others and about themselves.

Our children in the streets today, whether united in formal movements or less formal ones, are asking for a libation; that is, they are asking for the Moral Third to be invoked, an acknowledgment, beyond the family, by all levels of society, that we have failed them. It is the job of child and adolescent therapists and of society itself to acknowledge the historic and present wrongs and to set things right. Through their memories of individual loved and lawful childhoods, however difficult, these youngsters call for a world in which that which was broken can be repaired.

Is it possible to learn from the children, families and healers of Sierra Leone that a transformative response is achievable? Is it possible that we too can acknowledge our creation of the seeds of violence, our failure to protect and provide a vehicle for repair? Is it possible that we can begin to work toward the acknowledgment that our young people are asking for, and with it join them in the task to repair the self, the community and the nation?

Postscript on Sierra Leone

- Ninety-eight percent of the 6,914 demobilized child soldiers (including the four Mohammeds) were successfully reunited with their surviving family members, who accepted them, as they all were helped by community healers to recover together, slowly, over time.
- Samuel T. Kamanda, the Director of the Reintegration Program in Sierra Leone, died of malaria in 2004 while on mission in Liberia as Psychosocial Technical Advisor to the program to demobilize child soldiers there.
- The Special Court for Sierra Leone (SCSL) was set up in 2002 to address the serious crimes against civilians committed during the civil war. It was the first such tribunal to sit in the country where the crimes took place and to have an outreach program that engaged survivors in testimony. In 2013, it became the first such court to complete its mandate and transition to a residual mechanism.
- Out of 13 indictments, 10 persons were brought to trial, three having died prior to trial or sentencing. One of those indicted fled the country and may be at large. The remaining 9 were convicted and sentenced to terms of imprisonment ranging from 15 to 52 years. The Residual Court monitors completion of these sentences.
- Since Sierra Leoneans already knew that retributive justice is a necessary but insufficient placeholder for the restoration of the lawful third, a Truth and Reconciliation Commission

was convened simultaneously. During its 3-year lifespan, it took the testimony of 9000 victims and perpetrators in ceremonies designed to make them whole and prepared to live together again. In addition, traditional reconciliation ceremonies such as “Fambol Tok” and other justice practices were initiated.

Order has returned to Sierra Leone. Testimony was given, perpetrators convicted, and child soldiers reintegrated into families and communities. The universities reopened and the school and health systems resumed. The scourge of child deaths in the diamond mines was ended by Sierra Leonean activists. Communities mobilized to defeat the Ebola virus. Today’s adults, once the children affected by the conflict, still seek to heal the wounds of war in order to develop an ever more just and peaceful society (Decker, 2018).

Notes

1. Argentina, Brazil, Chile, Paraguay and Uruguay are sometimes referred to as the Southern Cone countries of Latin America. All five experienced political dictatorships during the 1980s (Hollander, 1997).
2. In Sierra Leone’s Muslim community, it is customary to name one or more sons Mohammed, to honor the prophet, and then give each child additional unique names to identify them specifically. The children would then be called by their unique names.

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