MACRO-LEVEL INTERVENTIONS:

PSYCHOLOGY, SOCIAL POLICY, AND SOCIETAL INFLUENCE PROCESSES

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INTRODUCTION

As a discipline, psychology has focused primarily on individuals, families, and small groups. This micro-level focus, although productive, sits at odds with the aspirations of many psychologists to make a positive difference in regard to the greatest contemporary problems facing humankind. These problems, which include armed conflict, racism, sexism, poverty, and the HIV/AIDS pandemic, among many others, occur at macro-social levels involving large numbers of people from local communities, nations, ethnically diverse regions, and even the world. Since the challenges affect significant numbers of people, interventions need to occur to scale if any significant impact is to felt, and scale is normally achieved only through macro-level policy implementation or large scale programatic intervention carried out with the support of policy makers and other major stakeholders.

Our task in this chapter is to show how psychology has the potential to address these challenges at the macro-level not through the sorts of individual and small-group interventions that are traditional in the discipline, but through macro-level approaches associated with social policies and societal influence processes. The chapter is divided into three parts. The first lays the conceptual foundation and provides a critical lens for thinking about how psychology can inform our approach to macro-level problems. Next, we examine social policy work and mass-scale psychosocial interventions as two kinds of macro-level intervention. For both categories, we provide examples of psychologically informed interventions, and discuss their role, impact, and challenges.

CONCEPTUAL FOUNDATIONS

The logic of macro-level interventions stands on a systems analytic framework that views each level of a social system as having emergent properties and as dynamically interacting with other levels. A country, for example, is usefully conceptualized as an organized, layered system consisting of diverse subgroups, subsystems, institutions, agencies, norms, and people. The dynamism of the system is visible in the rich interactions within levels and also between levels, such as grassroots, community groups, district or provincial level groups or associations, and national groups and agencies, including official government bodies. Within the system, diverse levers for change exist. Although power is vested officially in top government leaders, extensive power is wielded also by the media, religious leaders, and leaders of popular movements. Macro-social interventions, which aim to have an influence at broad levels such as the national and international levels, frequently target actors and institutions at several levels and exploit the linkages between them.

Change Strategies

Psychologists who seek to achieve macro-level change may use a mixture of top-down, bottom-up, and middle-out strategies (Lederach, 1997). They are not mutually exclusive (see below). Top-down strategies attempt to influence sub-national, national, regional, or international authorities, urging them to implement psychologically informed policies and programs. An example would be to argue for extended support for comprehensive early childhood-development programs for children in poor communities using evidence of their effectiveness in improving a range of psychosocial outcomes for children over the long term (Young, 2002; Zigler, 1994). If the provision of such programs were mandated by policy, then the national government would be obligated to oversee their development and implementation.

This is a top-down approach in that the programs originate at the top level of national government, which then guides implementation at lower levels.

Bottom-up strategies attempt to influence significant numbers of people using psychologically informed methods to achieve desired intervention outcomes. An example would be community-based initiatives that are informed by psychological theory and evidence, and which seek to promote condom use in order to reduce the prevalence of HIV/AIDS (Ajzen, 1991; Campbell, 2003; Eaton, Flisher, & Aaro, 2003; Shisana & Simbayi, 2002). For such an approach to be optimally effective, the support of local authorities is needed. Bottom-up strategies frequently build upon grassroots initiatives for social change, such as women's empowerment movements that do not have a specific psychological focus, but rather can be enriched through the addition of psychological elements or dimensions.

Middle-out strategies attempt to influence mid-level leaders, who in turn influence both leaders above them and their public constituencies. For example, efforts to reform education by reducing the frequency of corporal punishment often move forward by training not the highest level leaders of a nation, but by working with Ministry of Education leaders in different provinces or states. These mid-level leaders influence higher-level leaders and also mobilize public opinion in their areas of jurisdiction, creating an environment favorable for social change.

An important part of the successful application macro-social intervention is to use different strategies in complementary ways by, for example, combining the use of top-down and bottom-up strategies. After all, new government policies are more likely to be implemented if there is a sufficient base of popular support for the new measures. Conversely, strong popular sentiments frequently induce leaders to make policy changes.

The effective use of these strategies is most likely to occur through collaborative, multidisciplinary efforts. Indeed it is most unlikely that complex social problems can be addressed solely from a psychological point of departure. Psychologists tend not to be trained in the range of skills needed for policy-oriented work. Skills such as policy analysis and advocacy are seldom parts of the graduate curriculum in psychology (see Chapter Eleven for details on how to prepare psychologists to meet contemporary global challenges). In contrast, they are regular components of training in disciplines such as political science, economics, sociology, and social work. It is far more common for graduates in these fields to have experience in macro-social interventions. Therefore, psychologists who wish to address macro-social issues should, wherever possible and appropriate, take a multidisciplinary team-based approach to the problem (see Chapter One). Multidisciplinary collaboration is rarely easy. Different professional languages, bodies of knowledge, approaches to knowledge production, and disciplinary rivalry must be bridged if projects hope to be successful. In addition, psychologists who wish to address macro-level issues face the twin pitfalls of reductionism and universalism (these pitfalls are also addressed in Chapters One, Six, Seven, Nine, and Eleven).

Reductionism

Reductionism occurs in two main ways, the first of which is an emphasis on the relative importance of psychological causes. In examining the causes of war, for example, it is natural for psychologists to showcase the importance of psychological processes such as social identity, existential fear, enemy images, obedience to authority, moral exclusion, dehumanization, de-individuation, and projection, among others. However, psychological processes alone cannot provide a comprehensive account of war, which has complex historical, political, social, and cultural roots (Christie, Wagner, & Winter, 2001). A significant problem arises when

psychologists privilege psychology over other disciplines by examining psychological processes

in isolation or implying that psychological process carry the main explanatory burden in regard

to war. The resulting decontextualized analyses cannot do justice to the complexity of the

phenomena of war.

Fortunately, this problem may be overcome through a mixture of humility and

positioning of psychological analysis within a wider multidisciplinary framework that reflects

the rich interplay of psychological, political, economic, and other processes in influencing war.

Typically, proponents of this approach such as Kelman (1965) acknowledge that psychology

accounts for a rather small portion of the total variance of the phenomena to be explained. This

acknowledgement is valuable both in recognizing the complexity of macro-social phenomena

and in defining the limits of psychological analyses.

Reductionism also occurs through the uncritical application of concepts and processes

identified at one social level to higher social levels. For example, it is not uncommon to hear

assertions that racism could be abolished through the reduction of individual prejudice. If every

person's prejudice could be eliminated, so the argument goes, there would be no more racism.

This view conflates prejudice, an individual phenomenon, with racism, a macro-social

institutional phenomenon grounded in abuses of power by groups having vested interests.

Although the "end racism by ending prejudice" approach has considerable moral appeal, it fails

analytically to come to terms with the fact that racism is more than the sum of the prejudice held

by individuals in a system. To understand racism in contexts such as the caste system in India,

the segregation era in the U.S., or the apartheid system in South Africa, one needs to examine the

legitimization and codification of racism in laws, the power of government elites who protect the

system over its victims, the economics of privilege, the history leading to the exploitative

intergroup relations, and a host of other factors beyond the individual level.

Similarly, in analyses of problems such as nuclear proliferation, it is not uncommon to

see statements, such as a particular state feared its neighbor, thereby leading it to develop or

acquire additional weapons. Whatever shorthand value such references have is outweighed by

the problematic implication that states are like individuals. Aside from the ontological question

whether a state entity has emotions, which are individual properties, the view that a state feared

its neighbor raises many questions about who in fact felt the fear and what differences existed

among people within the state. A state is composed of diverse groups and institutions, which

typically have separate sub-interests and spheres of influence, such as education, health, security,

and judicial matters. Not only are states reservoirs of enormous diversity and contesting polities,

but also their actions reflect decisions and actions at many different levels. Typically, decisions

are made not by one person, but by a variety of agencies and actors in a system containing

checks and balances. Even in totalitarian states, in which the leader makes the key decisions,

diverse agencies and actors implement the decisions, often with guidance from their own

agendas or understanding of the leader's wishes.

Both examples indicate the existence of an epistemological trap in which theories derived

from an individual, micro-level of analysis are applied wholesale to a larger, macro-level of

analysis (Kelman, 1965). In keeping with the Gestalt axiom "the whole is greater than the sum

of its parts," higher social levels, such as the state, have emergent properties not visible in lower

levels, such as individuals and families. Different social levels require different levels of

explanation. For psychologists whose theories derive primarily from the analysis of individuals

and small groups, this insight recommends critical self-scrutiny and a spirit of learning to

develop contextually appropriate explanations at the macro-social level.

Universalism

Like all sciences, psychology aspires to universal laws, principles, theories, and tools.

The vast majority of psychological research, however, is conducted in highly industrialized

countries in the Australia, Europe, and the U.S. These areas feature high material standards of

living, relatively high levels of political and economic stability, and cultures that largely reflect

Western values and a scientific worldview. In contrast, the majority of the world's people live in

developing countries having low material standards of living, higher levels of political and

economic instability, and cultures that in certain respects diverge sharply from those of Western

societies (see Chapter Four for a more detailed description of psychology in the majority world).

As cultural psychologists, such as Schweder (1990), have suggested, mainstream

psychology is best viewed as a cultural product that embodies the values and cultural dimensions

of highly industrialized and wealthy Western countries. This is particularly evident in those

disciplinary domains that deal with personhood, spirituality, interpersonal and social relations,

and mental health. Although the principles and methods of the discipline have considerable

utility in many contexts, one cannot assume that they apply to all cultures and contexts (see

Chapters Six and Seven on the normative origins of psychological theories and methods).

Indeed, it is appropriate to ask: What would psychology have looked like had it been invented in

China or the Central African Republic (see Chapter Five for more on the indigenization

movement in psychology, particularly in East Asia)?

The hegemony of Western formulations of mind, the person, and mental health creates

significant opportunities for culture bias and abuses of power. The commonly made assumption

by psychologists that people everywhere are more similar than different is contradicted by observations that cultures differ in their concepts of childhood (Boyden, 1997), family structure and function (Kagitçibasi, 1996), mental health and mental illness (Lee & Sue, 2001; Lopez & Guarnaccia, 2000), self (Triandis, 2001), spirituality (Honwana, 1997), and social power (Anderson, 1996; Osman, 1985). This is not to deny the cross-cultural validity of many Western concepts. Neither when appreciating cultural difference should we descend into cultural essentialism, nor should we gainsay the fact that, as a result of processes associated with globalization, many people, particularly the young in developing regions, are taking on modern practices and identities. Rather, it is to caution against the practice of assuming that constructs of selfhood, emotion, and sociality that have been developed in the West are transportable unchanged to other parts of the world. Similarly, one cannot assume that a theory, which has underpinned a successful intervention in, say, New York, will have sufficient external validity when the project is transported to Abidjan.

Universalism is challenged also due to the enormous situational differences separating Western societies from developing countries (Dawes & Donald, 1994), in which the fabric of society has been ravaged by colonial exploitation, armed conflict, political instability, HIV/AIDS, chronic poverty, and natural disasters, such as the 2004 tsunami. Can one say with any confidence, for example, that children who grow up in a village in which HIV/AIDS has killed all adults will pass through Eriksonian life stages (Erikson, 1963) in the manner of children who grow up in Western societies? Populations ravaged by poverty, armed conflict, and HIV/AIDS have made normal and adaptive certain forms of behavior that would seem maladaptive by Western standards. For example, Western psychologists tend to view children who live and work on the streets as potentially pathological and as products of failed families.

Research on "street children," however, indicates that in Latin American and African countries, male street children function better and are less prone to pathology than many boys who elect to stay with their families, particularly where these families are seriously troubled. The boys on the streets often come from caring families that have been wracked by enormous economic and social stresses (Aptekar, 2004).

The quest for universal principles also sometimes obscures local knowledge and practice, thereby marginalizing indigenous psychology. In countries such as Mozambique and Sierra Leone, for example, local people view child soldiers who have killed or who have survived rape as needing not Western therapy or counseling, but a purification ritual that cleans them of spiritual impurities picked up during the war (Honwana, 1997; Kostelny, 2004). Most Western psychologists who enter war zones such as Angola, however, show little interest in local rituals and culture, and eagerly apply their theories of trauma, many of which attract significant funding from Western donors, but few of which have been validated in non-Western societies. This imposition of outsider ideas finds support among local people who, desperate for money and outside support, silence their own culture and learn to talk the language of post-traumatic stress disorder (PTSD; see Marsella, Bornemann, Ekblad, & Orley, 1994). Ironically, little correlation exists in Angola between scores on PTSD scales and social dysfunction (Eyber & Ager, 2004).

When imposition occurs, psychology becomes an instrument of cultural imperialism and a means of dominating local people (Dawes & Cairns, 1998; Wessells, 1999). Not infrequently, the actions of local psychologists aggravate the problem. Wanting the imprimatur of Western science, psychologists from developing countries may adopt Western standards and practices with a zeal going well beyond that exhibited by Western psychologists themselves. This problem is not corrected automatically by the use of national paraprofessional staff from the

affected areas. Being university educated, many national paraprofessionals represent the elite in their own society and are eager to supplant local cultural practices, which they frequently regard as atavistic and embarrassing, with Western scientific approaches.

As is evident from the discussion thus far, macro-social interventions face daunting challenges of culture and power extending well beyond traditional discussions of the need for cultural sensitivity. Before conceptualizing or launching an intervention, it is wise to reflect critically on the relationship between epistemology, power, and ethics.

Regardless of whether it is intentional or not, abuse of power through the imposition of Western psychology and its values violates the "Do No Harm" principle (see Chapter 10 on issues related to ethical practice in an increasingly globalized world). Although this problem faces all psychological interventions, it is of particular concern in regard to macro-level interventions, which could cause harm on a large scale. Ethical reflection and a self-critical attitude are essential ingredients of any macro-social intervention. A critical stance is needed not only in the conduct of the intervention, but also in the planning, when one needs to ask whether the research or the intervention is really needed, who benefits from the project, and whether the potential benefits of the project outweigh its risks. We cannot escape the fact that there is enormous pressure for academics to secure research grants in a highly competitive market. Considerable kudos is attached to securing the "big ones," particularly in such fields as HIV/AIDS (e.g., grants from the U.S. National Institute of Health, the U.S. Agency for International Development, and the Global Fund). There is little doubt that, while these are very significant opportunities for applied social science that can inform macro-level interventions, they can also distort the process of knowledge production. And, it is vulnerable populations who will be the victims of insensitive practices where these occur.

POLICY CHANGE

Psychologists contribute to policy development and social change through diverse practices, including policy-relevant research, expert testimony, dialogues and workshops with leaders whose agencies oversee particular policies, advocacy, and the development of policy standards. We will illustrate these through case studies from the U.S., Southern Africa, and the U.N.

School Desegregation in the U.S.

A common error is for discussions of macro-level problems and interventions to focus exclusively on poor, developing societies. This not only stigmatizes developing countries, but also implies that relatively developed countries have evolved to the point at which they are no longer subject to basic problems, such as racism. The fallacy of this view is evident in the case of schools desegregation in the U.S. Also, this case is important because it shows poignantly both the role of psychologists as shapers of valuable national policy changes and the limits of national policy change as an instrument for achieving macro-social change.

On entry into the 20th century, racial segregation was a societal norm in the U.S. enforced through Jim Crow laws and the omnipresent threat of violence. Using the infamous formula "separate but equal," the Supreme Court ruling on *Plessy v. Ferguson* (1896) had legalized the segregation of schools. Legalized segregation, however, sat poorly with a constitution guaranteeing the equality of all, and the enormous burdens of black oppression weighed heavily on the conscience of many whites. It also flew in the face of U.S. experience in World War II, in which the U.S. military had taken significant strides toward desegregation, thereby extending to Black soldiers greater equality than they had enjoyed in civilian society. Also, many psychologists across the country worked to oppose segregation in all its forms. If it was

inevitable that the system would change, school desegregation was a likely target because segregated schools embodied racism and taught children early in life the stereotypes and modes of behavior that provided the psychological infrastructure of racism.

By the 1940s, research by social scientists, including psychologists, had documented the glaring inequality between Black and White schools and also the psychological damage inflicted on all parties by school desegregation (Clark, Chein, & Cook, 1952/2004; Deutcher & Chein, 1948). Perhaps the best-known research was the Clark and Clark (1947) study showing how segregation created in black children a sense of inferiority, as illustrated by their preferences for white dolls. Based on this study and many others, a group of distinguished psychologists wrote an influential brief that served as expert testimony in the case of *Brown v. Board of Education* (1954), in which the Supreme Court prohibited separate schools and mandated the desegregation of education.

This policy change enshrined in the *Brown* ruling led to the restructuring of the U.S. system of education and lifted hopes that sweeping social change was at hand, not only in education, but also in the wider society. In fact, the ruling has had significant impact in the educational system. A recent review of research (Pettigrew, 2004) pointed out that compared with Black children from segregated schools, those in desegregated schools are more likely to earn degrees from predominantly White colleges, work alongside White colleagues and have better jobs, live in racially mixed neighborhoods, and have more positive attitudes toward Whites. Also, Whites from desegregated schools have more positive attitudes toward Blacks than do Whites from segregated schools.

Unfortunately, the years following the initial *Brown* decision have witnessed not the end of racism, but the rise of barriers, backsliding, and retrenchment toward a norm of de facto

segregation and inequality. In 1955, the Supreme Court opened the door for foot-dragging by

issuing a vague order to implement the 1954 ruling with all deliberate speed (Pettigrew, 2004).

In the absence of strong implementation guidelines and benchmarks, Southern federal district

courts were free to stall, obfuscate, and evade the law, which they did in spades. Also, lower

court rulings and public sentiments reduced what had been a grand vision of social

transformation into narrow, technical concerns about "squeezing bodies into buildings, buses,

and classrooms" (Fine, 2004, p. 503). Relatively wealthy Whites evaded the policy by sending

their children to private schools and living in areas that used a variety of subterranean methods to

keep Blacks out. Many cities became embroiled in controversy over forced busing and the

burdens imposed on children by long rides to and from school each day. As pointed out by elder

psychologists, whose work on desegregation spans many decades, the fundamental problem was

that White elites were unwilling to relinquish their privileged position (Fine, 2004). At present,

White students enjoy higher graduation rates from high school and college than Black, Latino,

and American Indian students (Kao & Thompson, 2003).

This ongoing case indicates that the establishment of psychologically informed policy

changes is important, but is at best only one part of the foundation for social change. When

progressive policies outstrip public attitudes, norms, and practices, they are at risk of becoming

achievements on paper only. To enable effective implementation, policy changes should be

coupled with efforts to mobilize mass opinion, win the support of local leaders, and change

behavior at grassroots levels. The promise of the civil rights movement in the U.S. has not been

broken, as significant improvements in race relations have occurred and continue to occur. But,

neither has it fulfilled the dream of Martin Luther King, Jr. and millions of U.S. citizens. Large-

scale change often comes slowly and may occur over time periods measured in multiple decades

and centuries.

Institutionalization of Orphans

The value of policy change as a means of effecting macro-social change is also visible in

sub-Saharan Africa, where the twin ravages of armed conflict and HIV/AIDS have created large

numbers of orphans. Worldwide, some 40 million children who have lost one or both parents are

at risk of child soldiering, dangerous child labor, and other high-risk activities (Hunter &

Williamson, 2002).

In Angola, a multi-decade war had orphaned large numbers of children, and the numbers

of orphans soared as a result of intense fighting between 1992 and 1994. Wanting to protect the

orphans, the Angolan government followed the path of many governments worldwide by placing

the children in institutions, the conditions of which were shocking. Fifty or more children were

jammed into a sleeping room, providing ideal conditions for the spread of disease. Two or three

seldom-paid staff struggled to oversee hundreds of children, including many infants who had

little food, stimulation, or contact with the outside world. Extensive psychological research has

shown that such institutional environments rob children of the care, stimulation, and protection

needed for healthy development (Bowlby, 1979; Grossman, Grossman, & Waters, 2005). In

Angola, as in most societies having strong traditions of extended family, orphans fare better

through carefully selected and monitored placements in homes of extended family members or

foster families (Tolfree, 2003).

To address this problem, numerous non-governmental organizations (NGOs), such as

Christian Children's Fund (CCF) and Save the Children/UK, conducted a focused advocacy

campaign in which they lobbied key members of the Angolan government, including those who

oversaw the policy on institutionalizing orphans. The strategy was to express respect for the

government's good intentions, but to argue that institutionalization was not in the children's best

interests as set forth in the *Convention on the Rights of the Child* adopted by the United Nations

General Assembly in 1989. Also, the institutionalization policy contradicted psychological

research and was an inferior alternative by comparison to other available low-cost options. As a

result of this multi-agency effort, the Angolan government wisely changed its national policy of

leaving orphans in institutions and invested more in processes of tracing and uniting these

children with extended family members. Although institutionalization of orphans continues,

partly as a residue of socialist thinking, thousands of children benefited from this policy change.

<div align="center">Development of Standards</div>

Psychologists have also had a macro-level influence by using their distinctive expertise

to develop policy standards regarding mental health and psychosocial assistance. For example,

the international humanitarian community had constructed in the late 1990s the *Standards for*

Intervention in Humanitarian Emergencies (The Sphere Project, 1997), which outlined the

minimum global standards for emergency assistance in sectors such as health, water and

sanitation, and shelter construction. The conspicuous absence of standards for psychosocial

support reflected the tendency of most humanitarian agencies to regard psychosocial support as a

second-tier concern. However, psychologists had long argued that, in crises associated with

armed conflict and natural disasters, the impact of psychological and social wounds is enormous

and may be as great as that of physical wounds. Building on the expanding, though nascent, base

of field research and practice on psychosocial assistance in complex emergencies, psychologists

developed a set of standards for psychosocial assistance, which are included in the recently

revised standards associated with The Sphere Project. This constitutes a significant milestone in

the professionalization of psychosocial assistance in emergency situations (see Chapter Ten for

more on the needs to professionalize standards for macro-level interventions).

The value of developing standards is visible also in psychologists' increased involvement

with the U.N. (see Chapter Twelve for more on the role of psychology at the U.N.). For

example, psychologists played an important role in drafting and reviewing the guidelines for the

Psychosocial Care and Protection of Tsunami-Affected Children (Interagency Working Group

on Separated and Unaccompanied Children, 2004), which helped to guide practice in the

aftermath of the 2004 tsunami. Also, several psychologists currently serve as informal advisors

to former President Clinton in his role as U.N. Special Envoy for Tsunami Recovery. Similarly,

psychologists consulted extensively with the team that authored the 1996 United Nations General

Assembly report on the *Impact of Armed Conflict on Children*. The report, and its four-year

follow-up, broke new ground by creating a much more holistic framework for conceptualizing

how children have been affected by armed conflict and by calling attention to the psychosocial

impact of armed conflict.

Psychologists also contributed to the drafting of the *Earth Charter* (Earth Charter

Commission, 2000, which outlines a vision and a set of collective responsibilities for the

protection of our ecological heritage. Psychologists have contributed, too, to the work of the

NGO Committee on Human Rights and through other NGO initiatives that are important satellite

activities at the U.N. In light of the increasing maturation of global psychology and the

increased U.N. engagement of global psychology organizations, such as the International Union

of Psychological Science, it is reasonable to expect that the influence of psychology on U.N.

policies and activities will only increase in the future.

MACRO-LEVEL INFLUENCE PROCESSES

Outside the arena of policy change, psychologists conduct macro-level interventions in a multitude of ways that, for purposes of convenience, may be grouped under the heading "macro-level influence processes." Typically, these interventions make changes in civil society on a scale extending beyond one or a handful of villages. Since it is beyond the scope of this chapter to catalogue these interventions, we will illustrate the strategies and approaches that address issues of war and peace and HIV/AIDS.

South Africa's Truth and Reconciliation Commission

The decision to hold a Truth and Reconciliation Commission (TRC) in South Africa was taken during negotiations for a post-apartheid political dispensation between 1990 and late 1993. The TRC was the product of intense struggle between the negotiators. Many, particularly those who had suffered the violence of the apartheid state, felt that perpetrators of human-rights abuses should be put on trial in the manner of Nuremberg. The apartheid government made it clear they could not accept this approach. They could not afford to take a position in which they would set themselves and their security forces, many of whom had perpetrated human-rights crimes, up for prosecution. They also made it clear that their supporters and those on the far right of the political spectrum would force them to break from the negotiation process. A realistic concern was that sections of the White population would take up arms, as occurred for a brief period in 1994. Hence, there was need for a process that could hold the parties together, rather than risk further division and a civil war. Senior members of the liberation movements took heed of these warnings and worked toward a compromise. Their agreement to a reconciliatory interim South African constitution in 1993 was to be the mechanism. It laid the principles for the foundation of the TRC, which was established by an act of Parliament two years later (Parliament of the

Republic of South Africa, 1995). The full record of the TRC's proceedings is available at

http://www.doj.gov.za/trc.

The interim constitution and its final version are most unusual among such instruments in

recognizing the history of division and pain that preceded its enactment, as well as the need to

build a new nation on the basis of a process of reconciliation. Vengeance and retaliation were

rejected. The constitution provided for the establishment of the TRC as a mechanism for the

promotion of national unity and reconciliation. As part of the process, provision was also made

for granting amnesty to those who committed gross violations of human rights, whether acts of

commission or omission, while pursuing their political objectives. This approach was promoted

by Nelson Mandela in particular, and strongly supported by church leaders, including

Archbishop Emeritus Desmond Tutu.

There is no record of psychologists having offered or been asked for input at this stage or

later when formulating the statute that determined the terms of the TRC. Nonetheless, those who

formulated the TRC unwittingly included features of Lederach's (1997) change strategies to

which we alluded at the outset. First, we see a major policy initiative driven in a top-down

manner. Those who negotiated the TRC saw it as an instrument of reconciliation and nation

building, and they went ahead with it despite resistance from the right and the left of the political

spectrum. It also has elements of a bottom-up strategy as will be seen below in the use of public

hearings that contained scenes of confession, apology, and reconciliation. Finally, as will also

become evident, middle-out strategies emerged once psychologists became involved and were

able to influence the TRC as an institution and process.

The TRC had four key provisions, which though drafted by lawyers, have profound

psychological significance. First, the central mandate of the TRC was to rewrite history and

come to an understanding of how the system of apartheid and the perpetration of human-rights

violations could come about. In the words of the Promotion of National Unity and

Reconciliation Act (Parliament of the Republic of South Africa, 1995), the TRC sought to gain:

> as complete a picture as possible of the causes, nature and extent of the gross
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> violations of human rights which were committed during the period 1 March 1960
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> to the cut-off date (10 May 1994), including the antecedents, circumstances and
>
> context of such violations…as well as the perspectives of those responsible for
>
> commissions of violations. (Section 3[1a])

The TRC enabled an uncovering of the "truth" about the past, a peeling back of the layers

of individual and collective consciousness that had covered up painful memories. The

revelation of falsehoods and distortions perpetrated by those on all sides of the conflict

enabled a re-writing of history and a re-casting of memory. The fact that many and

different stories were told, even about the same event, enabled observers from different

sides of the political spectrum to appreciate, if they were prepared to, the situations in

which their enemies had positioned themselves.

Second, as part of this process, the TRC afforded victims an opportunity to express the

human-rights violations they endured. On a quasi-therapeutic level, this opportunity functioned

as a process of unburdening for survivors and perpetrators alike.

Third, the TRC granted reparations to as well as the rehabilitation and restoration of the

human and civil dignity of those whose human rights had been violated. The provision of

reparatory compensation for suffering, albeit small, enabled people to feel that their reality had

been acknowledged and had not been in vain.

Fourth, amnesty was offered to perpetrators of gross human-rights violations on both sides if they fully disclosed the relevant facts about such acts committed in the course of pursuing political objectives during the period of conflict. From the point of view of the need to reconcile and heal the nation, the amnesty provision was, perhaps, the most important. Those who came before the amnesty hearings and revealed all to the satisfaction of the judge received amnesty, provided their acts were deemed to fall within the parameters of the Promotion of National Unity and Reconciliation Act. Thus, those who committed murder and torture received amnesty as long as such action was in pursuance of an objective associated with the political conflict of the day and the perpetrator was judged to have disclosed fully. An apology was not a necessary condition for amnesty.

The Promotion of National Unity and Reconciliation Act did not lay down the details of how the TRC process would play out. However, once it had been established, it was inevitable that both religious and psychological discourse and practices would become evident in the proceedings. For example, the Chair, Desmond Tutu, was an Anglican Archbishop and his deputy, Alex Boraine, had once been a Methodist minister. Both were anti-apartheid veterans and champions of reconciliation.

Following a middle-out strategy, psychologists sought to shape the TRC process in a manner that would achieve its objectives while being as psychologically effective as possible within the constraints of the Promotion of National Unity and Reconciliation Act. Psychologists and social workers were among the commissioners and played an important role in the design of sensitive procedures for the hearings. The TRC staff, many of whom were trained lay counselors, prepared victims for the hearings, supported them during their testimony, and debriefed them afterwards. The TRC did not have a budget for therapeutic follow-up of

survivors, which became a major concern during the hearings when the extent of their re-

traumatization became apparent. The service gap was filled by a small band of volunteer mental

health workers from several professions, NGOs, and religious institutions. However, the

services provided were hopelessly inadequate to the task of supporting those who came before

the TRC. More than 25,000 people applied for classification as victims of gross human-rights

violations and about half actually appeared before the TRC. The lesson for future endeavors of

this kind is that mental health services *must* be provided from the outset and a budget set aside

for this purpose.

The involvement of psychologists in the TRC is not at first glance a macro intervention

and the activities described above are not macro-level. Psychologists did, however, play a role in

more macro-level processes. One example is in the reparations process. A psychologist

commissioner was appointed to head the Reparations Committee. The mandate of that body was

to design an appropriate reparation policy and determine the form and level of compensation to

be awarded to those classified as victims of gross human-rights violations under the Promotion

of National Unity and Reconciliation Act. Many challenges needed to be addressed. The

standard actuarial approach used in claims for compensation could not be relied upon as very

limited funds were available. There was concern about an individualized approach to

compensation that would be seen to benefit a few, rather than contribute to the spirit of nation

building that was integral to the TRC. Also, the definition of a gross violation of human rights

was quite narrow; it covered torture, killing, and associated acts of violence. The vast majority

of the population had suffered under the everyday banality of apartheid. All had suffered the

indignity of statutory race classification. Millions had been forced out of their homes and

dumped in the *veldt*. They had no recourse to the TRC. Finally, it was known that many victims did not come forward to testify and could not therefore access the reparations.

The Reparations Committee wisely endorsed a multi-level approach to reparations that mirrored elements found in public-health interventions. It was decided that re-building communities should form a key component of reparation wherever possible, with the notion that reparation should benefit communities as much as possible. Thus, in areas that had suffered severely (e.g., where many had been killed), a memorial would be built or a new clinic or school erected, often named in memory of those who had given their lives. This approach recognized the many in the community who had suffered might not be eligible for personal compensation. At an individual level, financial compensation was equalized to the extent possible across those who qualified, although the long delay caused much anger and pain for claimants.

Another psychologically important element of the TRC was that it sought to establish the fate or whereabouts of the victims, as mandated by the Promotion of National Unity and Reconciliation Act. Many loved ones had "disappeared" during the anti-apartheid struggle. It was unknown whether they were dead or alive. The TRC provided an opportunity for survivors to reach closure and even to face those responsible for these disappearances. The reparation process made provisions for the proper burial of loved ones, whose remains were discovered following disclosures made by those seeking amnesty, and for other forms of compensation, such as contribution to the education of children whose parents or guardians had died.

The TRC generated a veritable research industry as both local and international scholars descended on the process and the material it generated, leading some skeptics to call it an academic "feeding frenzy." South African psychologists contributed to the TRC Report, and a few continue to play an important role in unraveling some of the most important questions raised

by the TRC. For example, what psychological factors, at both an individual and group level,

make politically oppressive and racist systems like apartheid possible? Particularly important

work has brought a psychological lens to bear on the processes that underlie individual and

collective perpetration of gross human-rights violations (Foster, 2000a, 2000b; Foster, Haupt, &

de Beer, 2005). It is inquiries such as these that seek to provide "as complete a picture as

possible of the causes, nature and extent of the gross violations of human rights…including the

antecedents, circumstances and context of such violations…as well as the perspectives of those

responsible for commissions of violations" (Promotion of National Unity and Reconciliation Act,

Section 3[1a]).

The conclusions of these scholars, based on their inspection of the TRC records and

interviews with perpetrators, reveals the politically and socially embedded nature of the heinous

acts that were committed. While the individual psychological make-up and history of the

perpetrator is obviously necessary to understand, this is not enough. There is little evidence that

most perpetrators suffered from psychopathology. Foster (2000a) argues that the role of politics

and political identity in justifying violence is crucial to appreciate. Political leaders and their

parties played a key role in constructing enemies, which in the case of South Africa, were those

fighting for democracy, and in justifying power inequalities, such as apartheid. When

normalized through the ideological messages perpetuated by the school system and the church,

as they were in South Africa (Dawes & Finchilescu, 2001), and coupled with polarized group

identities, the stage is set for the dehumanization of "the Other" and acceptance of the necessity

for the assertion of power, including, if need be, murder in order to protect society.

The South African TRC has inspired others around the world (e.g., Chile), Rwanda).

From a psychological perspective, perhaps its greatest value has been the opportunity to deepen

our understanding of the psychology of evil and the fact that we have to bring several

disciplinary lenses to bear on this phenomenon. Whether the TRC had a positive outcome for

South African society as a means of addressing conflict and forging reconciliation is difficult to

determine. Obviously, it is difficult to separate the influence of the TRC from the many statutory

processes enacted after 1994 that were designed to bring social justice to the country. These are

too numerous to mention, but include a strong rights-based constitution, a constitutional court,

and mechanisms for land restitution for the dispossessed.   Recent work by political scientists

(e.g., Gibson (2004) suggests that, overall, the TRC has been a vehicle of reconciliation.

<div align="center">Interactive Problem-Solving</div>

An excellent example of the middle-out strategy for achieving macro-social impact

comes from the pioneering work of Herbert Kelman (1972, 1996, 1997, 2004) on interactive

problem solving in the Israeli-Palestinian conflict. Kelman has shown how that conflict is

animated by existential fear, historic grievances on both sides, and a deepening social divide that

cannot be overcome through formal peace agreements alone. In fact, he argues that, since this is

a conflict between two societies, the members of which demonize and avoid each other, it is

highly unlikely that, without the aid of specific interventions, the parties will be able to achieve

either formal agreements or a willingness of their respective societies to stop fighting. Further,

official diplomacy has limited ability to resolve internal conflicts since external political

pressures on both sides constrain negotiation. Top leaders are frequently unwilling to meet with

the other side out of fear of tacitly legitimating them. If they do meet, they may feel highly

constrained in what they can say and consider without evoking backlash from external

constituencies. What is needed is a method of unofficial diplomacy that sets the stage for official

diplomacy and improves relations between the warring societies before, during, and following

formal negotiations and mediations.

Building on the work of Australian diplomat John Burton and others (Fisher, 1997),

Kelman has convened and facilitated over 25 years a significant number of workshops, most of

which have brought together three to six Israelis with an equal number of Palestinians for two-

and-a-half days of private, off-the-record dialogue. The participants are well-respected

influentials, who hold no official positions, exhibit moderateness and openness, have the

freedom from outside pressures to explore various options, and are likely to assume official

political leadership positions. The meetings are conducted in a neutral country, typically in an

academic setting, which is conducive to reflection and open discussion. Consistent with the

emphasis on building positive relationships, the participants live in the same place and interact

informally over meals and during free time.

The structured meetings engage the participants in careful analytic, problem-solving

discussions conducted under rules such as no blaming or ad hominem comments. Since a key

task is to build empathy, the process often begins with each side explaining how they understand

the conflict, its history, and its key issues. As one side tells its story, the other side listens and is

subsequently asked to play it back, with corrections given for any errors that occur. The

corrections lead to a revised playback, creating a cycle that continues until the telling side agrees

that the listening side has understood their views well. Next, the process is repeated, with the

former listeners and tellers reversing roles. This process of listening not only builds empathy,

but also helps each side to see that the others are willing to work hard to achieve a more

complete understanding and to accept corrections. This in itself is highly valuable in breaking

stereotypes of "the Other" as disinterested in peace and unwilling to work together toward a common goal.

Next, the participants examine the main issues at stake in the conflict, explore their concerns and fears, and identify possible solutions and steps that might help to overcome the psychological and political barriers on both sides. The group process centers not on a clash of ideas, but rather a cooperative analysis of particular problems and the identification of options that meet the needs of both sides. The participants are encouraged to ask "what if" questions and to explore options not under discussion publicly. In a variation of the method, the participants become part of a series of ongoing workshops that examine particular issues such as refugees' right of return. Conducted privately, these workshops, too, have enabled the participants to generate and analyze carefully bold options for reducing the conflict.

A significant part of the methodology is that, following the workshops, the participants return to their respective communities and share the fruits of their learning. The workshop participants embody the well-tested social psychological principle that, in regard to attitude change, the communication source is often as significant as the message itself (Hovland, Janis, & Kelley, 1953). Because the workshop participants are highly respected, they are in a good position to influence peers and members of the community, who may be more willing to listen to someone they trust and respect than to others whom they do not know. As rising leaders, they are also well-positioned to share their experiences and ideas with leaders who occupy high positions in their respective societies. In this manner, their communication and influence extends both downward and upward as well as horizontally.

To date, the workshops have been instrumental in establishing positive communication and empathy, altering dehumanizing stereotypes of "the Other," and stimulating constructive

dialogue across conflict lines in highly segregated societies. They have also helped set the stage

for official negotiations and for official back-channel secret meetings, such as those which led to

the Oslo Accords. Peace-building methods have faced a much more difficult context following

the eruption of Intifada II in September 2000 and the bitter fighting on both sides since then.

Nevertheless, the workshops have been useful in planting seeds that may germinate when

conditions improve.

<div align="center">Community Empowerment and Capacity Building</div>

Macro-level interventions also consist of community-based programs implemented on a

large scale in a manner that contributes to peace and social justice. Because the majority world

remains torn by armed conflicts that take a heavy toll on civilians, this section focuses on armed

conflicts, examining psychologically informed programs constructed by and with communities

living in the midst of war or struggling to convert a fragile ceasefire into a durable peace.

In Democratic Republic of Congo (DRC), a protracted war that has killed over three

million people and has engaged armies from numerous surrounding countries has had a profound

impact on children, many of whom are recruited by force into armed groups (Coalition to Stop

the Use of Child Soldiers, 2004). In DRC, girl soldiers are abused sexually on a wide scale, as

occurs in many other conflicts (McKay & Mazurana, 2004). In addition to being a blatant

violation of children's rights, the exploitation of children as soldiers is a mechanism for

extending armed conflicts (Singer, 2005; Wessells, 2002). In fact, troop-hungry commanders

frequently replenish their depleted armies through forced recruitment of children. Even while

the fighting continues in DRC, a high priority is to get children out of armed groups and to

enable them to transition into civilian life.

To address this situation, Save the Children/UK has implemented a large-scale program in partnership with local communities (Verhey, 2003). On escape or release from armed groups, former child soldiers are taken to interim care centers, where they receive basic health care, protection, and psychosocial support through peer dialogues and participation in expressive activities, cooperative games, and nonformal education. The expressive activities and other aspects of the centers are selected and developed through a process of consultation and dialogue between the center staff, most of whom were from DRC, and local people. This collaboration with local people is vital for winning support of the local villagers, many of whom initially fear that child soldiers pose a danger to their families, insuring that the center's activities are culturally appropriate, and engaging local help in tracing the location of the former child soldiers' families. For former child soldiers, family tracing and reunification are potent forms of psychosocial support, ones that African families are eager to implement.

Because the risks of child recruitment and re-recruitment were high, Save the Children worked in partnership with local villages to construct Community Child Protection Networks (CCPN), in which local people organized themselves to discuss all forms of abuse against children and steps that could be taken to prevent abuse. Using a strategy of tapping into existing grassroots networks, a typical CCPN consisted of 25-40 people and included women, health workers, teachers, religious leaders, and local authorities. Following a capacity-building approach, CCPN members received training on how to prevent and report various abuses to children, and they developed projects aimed at getting children out of armed groups and reintegrating former child soldiers into civilian life. In numerous cases, CCPN members negotiated directly with local commanders to secure the release of child soldiers. In others, they helped to construct village schools and create job opportunities of the kind that enable former

child soldiers to acquire needed life skills, earn a living, and enter civilian social roles. Often,

effective psychosocial support for the reintegration process occurs not through counseling, but

through steps that enable young people to find a place in their communities and to function well

in culturally constructed roles. Although it is too early to discern the wider impact of such

programs, the protection offered to children is significant, and there is hope that CCPNs will

enable communities to build peace at a grassroots level.

Psychosocial support for former child soldiers is also a key part of post-conflict peace

building since, following the signing of a ceasefire, there remain large numbers of former child

soldiers who have no jobs, vocational skills, or education. Lacking support, many youth turn to

crime and banditry and, in regions such as West Africa, many become mercenaries in

neighboring countries (Human Rights Watch, 2005). In this respect, the reintegration of former

child soldiers on a national scale is a vital element in the wider task of rebuilding society for

peace.

To address this task in Angola, which by 1996 had suffered decades of internal war,

CCF/Angola developed a four-province program through a consultative process between local

villages and CCF's all-Angolan staff. Initially, the villages were reluctant to discuss child

soldiers since most of the people under 18 years of age who were in armed groups were 14-17

years old. In rural Angola, as in many parts of sub-Saharan Africa, people in this age range are

regarded as adults since they have completed the culturally defined rites of passage into

adulthood and perform adult roles. Rather than imposing on local villages the human rights and

international legal standards that define childhood as ending at 18 years, CCF staff took an

approach based on dialogue and negotiation. Since local people agreed that 14-17-year-olds

should not be part of armed groups, but should be engaged in positive tasks, such as starting

families and caring for land and animals, they decided that it would be useful to develop

community-reintegration supports for people who under international law were regarded as

former child soldiers. An agreement was also reached to speak not of child soldiers, but of

"underage soldiers."

This demonstration of respect for local cultural norms was part of a wider process of

working with local cultural leaders and resources in designing and developing the program.

Before the program had been designed, CCF staff had learned through a related program that

some child soldiers regarded spiritual stresses as one of their greatest challenges. One former

child soldier who had problems sleeping and concentrating, and who exhibited many symptoms

of PTSD said he could not sleep because he was visited at night by the spirit of a man he had

killed. The spirit asked, "Why did you do this to me?" According to local views, the boy was

spiritually polluted, that is, contaminated by an angry spirit. Interestingly, both the boy and the

members of his village viewed this not as an individual problem, but as a collective problem in

which the spiritual pollution had caused a breach in the contract between the living community

and ancestors, whose protection and support is necessary for well-being. Bringing an angry

spirit into the village was believed to bring misfortune, in forms such as crop failures and bad

health, not only on the boy, but also on his family and members of the community. Aside from

the veracity of these beliefs, there was little question that they posed a significant obstacle to

reintegration.

Interviews with local healers, elders, and underage soldiers indicated that the conduct of

traditional purification rituals could purge the angry spirits, restore harmony between the living

community and ancestors, and open the door for the reintegration of former soldiers. Typically,

the rituals include demarcation of a safe space by burning special herbs, ritual washings and

inhalation of vapors believed to purge bad spirits, offering a sacrifice to the angry spirit, and

asking forgiveness (Wessells & Monteiro, 2004). At the end of the ceremony, as the former

soldier steps across the threshold of the space where the ceremony was conducted and as the

community looks on, the healer announces, "this boy's life as a soldier has ended, and he now

rejoins our people and community." Preliminary research, which indicated no unethical aspects

of the rituals and discernible benefits in terms of enabling both the soldier and community

members feel it was now safe to interact because the spiritual pollution had ended, led to a

decision to make traditional healing part of the reintegration program. This decision valorized

local cultural traditions, which, though radically different from Western supports, such as

counseling, offer psychosocial support by reinforcing a sense of continuity and safety following

overwhelming experience. Also, local people said that the support of an international

organization for traditional healing boosted their confidence in their own culture, which they had

learned to regard as inferior through hundreds of years of colonial domination, and elevated

hopes that they could solve their problems.

In addition to traditional healing, the project empowered local communities to receive

returning child soldiers and to support their reintegration. At the heart of the empowerment

process were *activistas*, local activists for social justice who were widely respected for their

previous work with children. The *activistas* received training on how children have been

affected by their war experiences and how to implement various project elements, such as

community sensitization, family tracing and reintegration, collaboration with traditional healers,

and small income-generating projects. Following training, the *activistas* worked with local

leaders and communities to weaken stereotypes regarding former child soldiers and to create a

welcoming environment. They also facilitated the tracing and family reunification process for

over 2,000 former child soldiers, many of whom participated in welcoming ceremonies and

cleansing rituals on their return home. Ongoing psychosocial support was provided through

peer-group discussions and participation in normalizing activities, such as soccer games.

Because the returning soldiers indicated that one of their greatest needs was to be able to earn a

living, the *activistas* organized skills training through local artisans and provided small loans for

launching small businesses, such as bakeries. Although this work was interrupted by another

wave of war in late 1998, it illustrates that psychosocial support on a large scale need not involve

outside Western approaches alone, but can blend local and imported tools and approaches. In

fact, large-scale programs for psychosocial support are most likely to succeed when they build

on local strengths. This lesson serves as a poignant reminder to psychologists about the

importance of taking an anthropological approach aimed at learning about and making use of

local cultural resources, rather than imposing program developed elsewhere.

<center>Addressing HIV/AIDS</center>

An urgent question is how to address the HIV/AIDS pandemic worldwide. The

enormity of this question is highly evident in Africa, where approximately 12.3 million children

have become orphans due to HIV/AIDS (UNICEF, 2004). In some villages in areas hit hardest

by HIV/AIDS, all the people over 20 years of age have died, leaving many children to live in

child-headed households. The world has only begun to discern the psychological and social

burdens imposed on children by the combination of losses, watching parents and loved ones die,

being infected themselves by HIV/AIDS, and struggling to survive in an environment saturated

with poverty and offering few opportunities (see Chapter One on the link between poverty and

disease).

Although HIV/AIDS has been recognized as a profound health issue and a significant development issue, it is also an important peace issue (Price-Smith & Daly, 2004). As economic hardships increase due to increased health burdens, worker illness, and deaths of productive workers, local people may experience a mixture of hopelessness and disaffection that heightens their susceptibility to political manipulation through promises of better times. As death thins the ranks of police, businesspeople, and civilian agencies, local communities become less able to resist the rise of armed groups and organized crime.

To address this issue, psychologists have contributed to the development of macro-level programs designed to support orphans and prevent the spread of HIV/AIDS. A case in point is the COPE program implemented by Save the Children/U.S. in Malawi, where the HIV/AIDS epidemic had nearly single-handedly decreased the average life expectancy from 52 years in 1990 to 37 years in 1999 (Mann, 2002). Before the program began in the late 1990s, the impact on children was staggering. Nearly 46% of new infections in Malawi occurred among young people between the ages of 15 and 24 years. To cope with their difficult economic situations, many orphans had dropped out of school in order to work. Most orphans faced very difficult conditions due to stigmatization, lack of access to basic resources, and a lack of social and emotional support. Desperate to survive, many girls engaged in commercial sex work, which helped to spread the disease.

To support orphans and prevent the spread of HIV/AIDS, the COPE program used a mixture of bottom-up and top-down processes aimed at creating a multi-level safety net. The bottom-up process entailed community-sensitization dialogues among village members, who then established committees at village level. The top-down component consisted of the establishment of structures at the district and community levels that the government and

UNICEF had established to deal with the crisis (Mann, 2002). The program trained committee

members on the effects of HIV/AIDS, holistic support for affected children, children's rights,

appropriate living arrangements for orphans (Tolfree, 2003), and strategies for raising awareness

about HIV/AIDS and its prevention. At the grassroots levels, village committees organized

community-based child-care centers, supervised recreational activities, community gardens to

provide a steady supply of food to affected households, home visits for terminally ill people, and

peer counseling for youth. They also organized health screening, income-generating activities,

prevention activities by youth, such as the performance of dramas about HIV/AIDS and ways to

promote life skills that aid psychosocial adjustment.

After the village committees had been activated and had become reasonably effective, the

staff turned its attention increasingly to building the capacity of the community and district

committees. A key task of the community committees was to monitor the situation of orphans,

insuring that those who lived with members of their extended family or had been placed in foster

care did not suffer discrimination and abuse. The community committees also raised awareness

of the causes of the epidemic and means of preventing it, arguing against myths such as the

belief of some older men that having sex with a virgin would cure them of AIDS. At the district

level, committees networked with wider initiatives and linked with government agencies in order

to institutionalize the system and the responsiveness of the government to the issues.

In its first six years, the program assisted over 10,000 orphans and over 2,500 home-care

patients. Community members demonstrated greater awareness of the causes of the epidemic,

the problems orphans face, and appropriate means of supporting orphans. Having taken steps to

de-stigmatize the issue, communities had become much more open in discussing how to prevent

HIV/AIDS. Orphans had achieved greater voice and participation in decisions that affected them

and said they felt more hopeful about the future. Youth, too, said they had learned the value of

prevention and felt more positively toward the future as a result of the program. Although the

program faces challenges, such as burnout associated with working with large numbers of

HIV/AIDS affected people, it offers one model of how to address the problem on a large scale.

<center>Improving Child Outcomes in Poverty Environments</center>

The HIV/AIDS epidemic and the massive insults to child development caused by poverty

in developing regions of the world provide a strong impetus both for scaling up psychosocial

interventions and for evaluating outcomes carefully.

In a seminal paper published at the start of the new millennium, Lerner, Fisher, and

Weinberg (2000) noted growing interest in what they term applied developmental science

(ADS), which seeks "to advance the integration of developmental knowledge with actions –

policies and programs – that promote development and/or enhance the life chances of vulnerable

children and families. Through this integration, ADS may become a major means to foster a

science for and of the people (and) may contribute to social justice" (p. 11). The emergence of

ADS as an approach to doing scientifically rigorous research in the interests of social

transformation is very timely. Appropriately, it stresses that attempts to address the situation of

children and families at risk must be underpinned by the best evidence, theory, and methods that

are available in collaboration across disciplines, policy-making entities, and communities so as to

ask the right questions and find effective solutions.

As we have noted, psychosocial programs are commonly thought of as individualized and

directly psychological in nature. If we are to go to scale with interventions designed to produce

positive psychosocial outcomes for children in the context of challenges such as the AIDS

pandemic and the major threats to child development posed by deep and enduring poverty, we often must proceed via indirect routes.

We conclude this section of the chapter with reference to a highly promising ongoing macro intervention that is evidence-based, rigorously evaluated, and designed to support families in poverty and improve child outcomes. While its primary objective is poverty reduction, it seeks to achieve human-capital development as a parallel outcome. An exemplar of ADS, it takes its evidence base from the field of early childhood development (Young, 2002; Zigler, 1994).

The intervention is known as *Opitunidades* (formerly known as *Progresa*). The program has its roots in Mexico, where it has been running since 1997. *Opitunidades* was evaluated in a study conducted by the World Bank in 500 communities that were randomly assigned to an experimental group that received a set of conditional grants and a control condition that received conventional social assistance. The study demonstrated that considerable gains in child health and education can be achieved through the provision of conditional cash transfers and nutritional supplements to caregivers who agree to participate in a series of activities that improve child survival and promote child development while also benefiting from poverty relief (Gertler, 2000; Schultz, 2000a, 2000b). For example, in the Mexican case, caregivers are provided with conditional grants if they attend antenatal clinics and parenting classes. Additional grants are available to those who ensure that their children are immunized, attend school, and participate in health-promotion activities. Apart from significant reductions in child mortality, outcomes have improved dramatically in targeted areas, such as school attendance. This type of systematic outcome research, which weds science and practice, is greatly needed to expand the base of proven, psychologically informed macro-level interventions.

CONCLUSION

A central assumption behind this paper is that, if we are to tackle the serious problems before us, we have to think in terms of the large-scale, rather than small, individualized projects that have characterized the discipline of psychology for decades. As noted at several points in this chapter, we must also take a multidisciplinary approach.

Psychologists stand to contribute much through their engagement in macro-social interventions, and one can reasonably expect this to be an area of considerable interest and growth in the decades ahead. If pursued with ethical and cultural sensitivity and with an eye toward the collective good, these macro-social interventions offer psychologists unusual opportunities to address real-world issues, engage in political and social-change processes, and most importantly, make a positive difference in the world. Perhaps, it is time to not only "give psychology away," as George Miller had suggested, but also to give it away on a large scale and in ways that address the pressing issues of our time.

REFERENCES

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*, 179-211.

Anderson, B. (1996). *Mythology and the tolerance of the Javanese* (2nd ed.). Ithaca, NY: Cornell Modern Indonesia Project.

Aptekar, L. (2004). The changing developmental dynamics of children in particularly difficult circumstances: Examples of street and war-traumatized children. In U. P. Gielen & J. Roopnarine (Eds.), *Childhood and adolescence: Cross-cultural perspectives and applications* (pp. 377-410). Westport, CA: Praeger.

Bowlby, J. (1979). *The making and breaking of affectional bonds*. London: Tavistock.

Boyden, J. (1997). Childhood and the policy makers: A comparative perspective on the globalization of childhood. In A. James & A. Prout (Eds.), *Constructing and reconstructing childhood; Contemporary issues in the sociological study of childhood* (pp. 184-215). London: Falmer.

Brown v. Board of Education, 347 U.S. 483 (1954).

Campbell, C. (2003). *Letting them die: Why HIV/AIDS prevention programs fail*. Oxford, UK: James Currey.

Christie, D., Wagner, R., & Winter, D. (Eds.). (2001). *Peace, conflict, and violence: Peace psychology for the 21st century*. Upper Saddle River, NJ: Prentice-Hall.

Clark, K., Chein, I., & Cook, S. (2004). The effects of segregation and the consequences of desegregation: A (September 1952) social science statement in the *Brown v. Board of Education of Topeka* Supreme Court case. *American Psychologist, 59*, 495-501. (Original work published 1952)

Clark, K., & Clark, M. (1947). Racial identification and preferences in Negro children. In T. Newcomb & E. Hartley (Eds.), *Readings in social psychology* (pp. 169-178). New York: Holt.

Coalition to Stop the Use of Child Soldiers. (2004). *Child soldiers global report 2004*. London: Author.

Dawes, A., & Cairns, E. (1998). The Machel Study: Dilemmas of cultural sensitivity and universal rights of children. *Peace and Conflict: Journal of Peace Psychology, 4,* 335-348.

Dawes, A., & Donald, D. (1994). *Childhood and adversity: Psychological perspectives from South African research*. Cape Town: David Philip.

Dawes, A., & Finchilescu, G. (2002). What's changed? South African adolescents' racial attitudes

  between 1992 and 1996. *Childhood: A Global Journal of Child Research*, *9,* 147-165.

Deutscher, M., & Chein, I. (1948). The psychological effects of enforced segregation: A

  survey of social science opinion. *Journal of Psychology, 26*, 286-287.

Earth Charter Commission. (2000). *Earth charter.* Retrieved July 1, 2005, from

  http://www.earthcharter.org

Eaton, L., Flisher, A. J., & Aaro, L. E. (2003). Unsafe sexual behavior in South African youth.

  Social Science and Medicine, 56, 149-165.

Erikson, E. (1963). *Childhood and society*. New York: Norton.

Eyber, C., & Ager, A. (2004). Researching young people's experiences of war:

  Participatory methods and the trauma discourse in Angola. In J. Boyden & J. de

  Berry (Eds.), *Children and youth on the front line: Ethnography, armed conflict*

  and displacement (pp. 189-208). New York: Berghahn.

Fine, M. (2004). The power of the *Brown v. Board of Education* decision: Theorizing

  threats to sustainability. *American Psychologist, 59*, 502-510.

Fisher, R. (1997). *Interactive conflict resolution*. Syracuse, NY: Syracuse University Press.

Foster, D. (2000a). The Truth and Reconciliation Commission and understanding perpetrators.

  South African Journal of Psychology, *30,* 2-9.

Foster, D. (2000b). Entitlement as explanation for perpetrators' actions. *South African Journal of*

  Psychology, *30,* 10-13.

Foster, D., Haupt, P., & de Beer, M. (2006). *The theater of violence*. Cape Town: HSRC Press.

Gertler, P. (2000). *Final report: The impact of progress on health*. Washington DC: International

Food Policy Research Institute.

Gibson, J. L. (2004). *Overcoming apartheid*. Cape Town: HSRC Press.

Grossman, K., Grossmann, K., & Waters, E. (2005). *Attachment from infancy to*

adulthood. New York: Guilford.

Honwana, A. (1997). Healing for peace: Traditional healers and post-war reconstruction

in Southern Mozambique. *Peace and Conflict: Journal of Peace Psychology,*

3, 293-305.

Hovland, C., Janis, I., & Kelley, H. (1953). *Communication and persuasion.* New Haven, CT:

Yale University Press.

Human Rights Watch. (2005). *Youth, poverty and blood: The lethal legacy of West*

Africa's regional warriors. New York: Author.

Hunter, S., & Williamson, J. (2002). *Children on the brink: Strategies to support children*

isolated by HIV/AIDS. Washington, DC: USAID.

Interagency Working Group on Separated and Unaccompanied Children. (2004). *Psychosocial*

care and protection of tsunami-affected children. Retrieved July 1, 2005, from

http://www.iicrd.org/cap/node/view/383

Kagitçibasi, Ç. (1996). *Family and human development across cultures: A view from the*

other side. Mahwah, NJ: Erlbaum.

Kao, G., & Thompson, J. (2003). Racial and ethnic stratification in educational

achievement and attainment. *Annual Review of Sociology, 29*, 417-442.

Kelman, H. C. (Ed.). (1965). *International behavior: A social-psychological analysis.* New

York: Holt, Rinehart and Winston.

Kelman, H. C. (1972). The problem-solving workshop in conflict resolution. In R. L. Merritt

(Ed.), *Communication in international politics* (pp. 168-204). Urbana, IL: University of

Illinois Press.

Kelman, H. C. (1996). The interactive problem-solving approach. In C. Crocker, F.

Hampson, & P. Aall (Eds.), *Managing global chaos* (pp. 501-520). Washington,

DC: U.S. Institute of Peace.

Kelman, H. C. (1997). Group processes in the resolution of international conflicts:

Experiences from the Israeli-Palestinian case. *American Psychologist, 52*, 212-

220.

Kelman, H. C. (2004). The nature of international conflict: A social-psychological

perspective. In H. Langholtz & C. Stout (Eds.), *The psychology of diplomacy* (pp.

59-77). Westport, CT: Praeger.

Kostelny, K. (2004). What about the girls? *Cornell International Law Journal, 37,*

505-512.

Lederach, J. (1997). *Building peace: Sustainable reconciliation in divided societies*.

Washington, DC: U.S. Institute of Peace.

Lee, J., & Sue, S. (2001). Clinical psychology and culture. In D. Matsumoto (Ed.), *The

handbook of culture and psychology* (pp. 287-305). New York: Oxford University

Press.

Lerner, R. M., Fisher C.B., & Weinberg, R. A. (2000). Toward a science for and of the people.

Promoting society through the application of developmental science. *Child Development,

71*, 11-20.

Lopez, S., & Guarnaccia, P. (2000). Cultural psychopathology: Uncovering the social

world of mental illness. *Annual Review of Psychology, 51*, 571-598.

Mann, G. (2002). *Family matters: The care and protection of children affected by*

HIV/AIDS in Malawi. Washington, DC: Save the Children Federation.

Marsella, A., Bornemann, T., Ekblad, S., & Orley, J. (Eds.). (1994). *Amidst peril and pain:*

The mental health and well-being of the world's refugees. Washington, DC:

American Psychological Association.

McKay, S., & Mazurana, D. (2004). *Where are the girls? Girls in fighting forces in*

Northern Uganda, Sierra Leone, and Mozambique: Their lives during and after

war. Montreal: International Center for Human Rights and Democratic

Development.

Osman, T. (1985). The traditional Malay socio-political worldview. In T. Osman (Ed.),

Malaysian world view (pp. 46-75). Singapore: Institute of Southeast Asian Studies.

Parliament of the Republic of South Africa. (1995). *Promotion of National Unity and*

Reconciliation Act (No. 34). Retrieved July 29, 2005, from

http://www.doj.gov.za/trc/legal/act9534.htm

Pettigrew, T. (2004). Justice deferred: A half century after *Brown v. Board of Education*.

American Psychologist, 59, 521-529.

Plessy v. Ferguson, 163 U.S. (1896).

Price-Smith, A., & Daly, J. (2004). *Downward spiral: HIV/AIDS, state capacity, and*

political conflict in Zimbabwe. Peaceworks No. 53. Washington, DC: U.S. Institute of

Peace.

Schultz, T. P. (2000a). *Impact of PROGRESA on school attendance rates in the sampled*

population. Washington, DC: International Food Policy Research Institute.

Schultz, T. P. (2000b). *School subsidies for the poor: Evaluating a Mexican strategy for reducing*

poverty. Washington DC: International Food Policy Research Institute.

Shisana O., & Simbayi, L. (2002). *Nelson Mandela/HSRC study of HIV/AIDS: South African national HIV prevalence, behavioral risks and mass media household survey*. Cape Town: Human Sciences Research Council.

Shweder, R. (1990). Cultural psychology: What is it? In J. Stigler, R. Shweder, & G. Herdt (Eds.), *Cultural psychology: Essays on comparative human development* (pp. 1-43). New York: Cambridge University Press.

Singer, P. (2005). *Children at war*. New York: Pantheon.

The Sphere Project. (1997). *Standards for intervention in humanitarian emergencies.* Retrieved October 1, 2004, from http://www.sphereproject.org

Tolfree, D. (2003). *Community based care for separated children*. Stockholm: Save the Children Sweden.

Triandis, H. (2001). Individualism and collectivism: Past, present, and future. In D. Matsumoto (Ed.), *The handbook of culture and psychology* (pp. 35-50). New York: Oxford University Press.

UNICEF. (2004). *Children on the brink 2004: A joint report of new orphan estimates and a framework for action*. New York: Author.

United Nations General Assembly. (1989). *Convention of the rights of the child* [GA resolution
      44/25].

United Nations General Assembly. (1996). *Impact of armed conflict on children* [GA document
      A/51/306 and Add. 1]

Verhey, B. (2003). *Going home: Demobilizing and reintegrating child soldiers in the
      Democratic Republic of Congo*. London: Save the Children/UK.

Wessells, M. G. (1999). Culture, power, and community: Intercultural approaches to
      psychosocial assistance and healing. In K. Nader, N. Dubrow, & B. Stamm (Eds.),
      Honoring differences: Cultural issues in the treatment of trauma and loss (pp.
      267-282). New York: Taylor and Francis.

Wessells, M. (2002). Recruitment of children as soldiers in sub-Saharan Africa: An ecological
      analysis. In L. Mjoset & S. Van Holde (Eds.), *The comparative study of conscription in
      the armed forces (Comparative Social Research, Vol. 20)* (pp. 237-254). Amsterdam:
      Elsevier.

Wessells, M. G., & Monteiro, C. (2004). Healing the wounds following protracted
      conflict in Angola: A community-based approach to assisting war-affected
      children. In U. P. Gielen, J. Fish, & J. G. Draguns (Eds.), *Handbook of culture, therapy,
      and healing* (pp. 321-341). Mahwah, NJ: Erlbaum.

Young, M. (2002). *From early child development to human development: Investing in our
      children's future*. Washington, DC: World Bank.

Zigler, E. (1994). Reshaping early childhood intervention to be a more effective weapon against
      poverty. *American Journal of Community Psychology, 22,* 37-47.

RECOMMENDED READINGS

Christie, D., Wagner, R., & Winter, D. (Eds.). (2001). *Peace, conflict, and violence: Peace psychology for the 21st century*. Upper Saddle River, NJ: Prentice-Hall.

Foster, D., Haupt, P., & de Beer, M. (2006). *The theater of violence*. Cape Town: HSRC Press.

Gertler, P. (2000). *Final report: The impact of progress on health*. Washington DC: International Food Policy Research Institute.

Gielen,, U. P., Fish, J., & Draguns, J. G. (Eds.). (2004). *Handbook of culture, therapy, and healing*. Mahwah, NJ: Erlbaum.

Machel, G. (2001). *The impact of war on children*. Cape Town: David Philip.

Miller, K., & Rasco, L. (Eds.). (2004). *From clinic to community: Ecological approaches to refugee mental health*. Upper Saddle River, NJ: Erlbaum.

Young, M. (2002). *From early child development to human development: Investing in our children's future*. Washington, DC: World Bank.

Zigler, E. (1994). Reshaping early childhood intervention to be a more effective weapon against poverty. *American Journal of Community Psychology, 22,* 37-47.