

BUDDHIST PRACTICES IN REHABILITATING WAR-AFFECTED CHILDREN: A SOCIOLOGICAL STUDY OF HOW BUDDHIST PRACTICES CONTRIBUTE TO THE REHABILITATION OF WAR-AFFECTED CHILDREN IN SRI LANKA

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Abstract - The purpose of this paper is to examine the role that Buddhist practices for war-affected children in Sri Lanka can play in the overall scheme of rehabilitation and reconciliation. After 1970, more research paved way for the inclusion of social aspects in psychiatric rehabilitation. Some of the strongest socio- contextual features considered under this approach include religious and traditional beliefs, family relationships and education. In light of these insights, the main intention of this paper is to discuss the ways in which religion, especially Buddhist practices, can be used in order to heal 'war-affected' children in Sri Lanka. In order to examine this, I selected one rehabilitation programme which mainly used Buddhist philosophy and practices in the Vavuniya district in Sri Lanka. I have employed the qualitative research method and my array of data collection tools included observations and interviews. The key informants/ interviewees were the programme leaders and staff, 20 children who are currently in the programme and five members including the parents of children, community leaders and schoolteachers. This study reveals that despite the practical issues concerning social/ religious rehabilitation, it nevertheless generates new insights on the rehabilitation activities of war affected children. Mainly religious-based practices work as alternative mechanisms for the dearth of professionals in the psychiatric field.

Keywords- War-Affected children, rehabilitation, Buddhist practices

I. INTRODUCTION

The purpose of this paper is to examine the role that Buddhist practices for war-affected children in Sri Lanka plays in rehabilitation and reconciliation.

Since the Second World War, more attention has been given to psychological rehabilitation work undertaken by rehabilitation counsellors using both clinical and counselling methods. Therefore, rehabilitation of war victims was only limited to psychological and psychiatric rehabilitation (Loughry and Eyber, 2003), which often had a limited impact on daily lives, socialization, education and work. However, after 1970, more research opened doors to the inclusion of social aspects to psychiatric rehabilitation. Some of the strongest social contextual features considered under this approach include religious and traditional beliefs, family relationships and education. In light of these insights, the main intention of this paper is to discuss the ways in which religion, especially Buddhist practices, can be used in order to heal 'war-affected' children in Sri Lanka. In order to examine this, I selected one rehabilitation programme which mainly

used Buddhist philosophy and practices, in the Vavuniya district in Sri Lanka and tried to examine how far they could achieve their aims in rehabilitating war-affected children.

II. METHODOLOGY

Since this is a descriptive analysis of the rehabilitation programme, I have mainly resorted to a qualitative research methodology. The primary data were gathered through interviews and observations. Apart from this, related articles, research reports and brochures about the selected rehabilitation programme were used as secondary data. The categories of persons selected as interviewees from the selected programme are as follows: Category 1 included programme leaders and staff. Category 2 included children. Since children were the critical focus of my research, I carefully selected a total of 20 children who are currently in the programme. Category 3 was the parents of children, community leaders and schoolteachers. Altogether, 5 members were interviewed under this category.

III. SOCIO-CULTURAL DIMENSION (RELIGIOUS PRACTISES) IN REHABILITATING WAR-AFFECTED CHILDREN

Religious and cultural beliefs, traditions, language, social status and races are considered as elements of social context. Researchers are of the view that these elements are important phenomena influencing an individual's life in every aspect (Earle and Earle, 1999).

An example for this would be the 'Sense of Coherence Theory of Stress' put forward by Antonovsky (1979) based on a research done in Israel. This study was done using a group of women who had undergone torture in a prison during the Second World War. Antonovsky's findings reveal that although these women were tortured and had aged with time, they had commendably maintained their mental and physical stability. Antonovsky mentions that despite the fact they had undergone severe trauma while in the prison, upon returning to Israel, the social support and religious environment helped them to re-build themselves both mentally and physically.

Moskivitz's (1983) study on children's adaptation to war conditions done with the survivors of the Second World War, examines how the childhood experience of war had influenced their adult life. Moskivitz found four significant protective factors that can be associated with this ability to lead normal lives after experiencing a traumatic period in childhood. These are:

1. The immense trust in religious beliefs.
2. The feeling of love and care shown by caregivers and society.
3. Identifying their parents.
4. Making children feel valued and allowing them to take up social responsibilities.

Moskivitz concludes that despite having faced numerous hardships in their childhood, through religious practises and social support, people can reduce the negative impact of war and achieve normalcy.

Moreover, in their study on rehabilitating war-affected children in Mozambique and Angola, Green and Honwana (1999) illustrate that elders in the community had initiated the restoration and rehabilitation process through religious and indigenous practices long before a structured programme was implemented by the experts. They have used the concepts of 'purification' and 'cleansing' to rehabilitate these child victims through religious practises and traditional beliefs.

Similarly, in the Sri Lankan society there are numerous examples make evident that Buddhism and Buddhist monks took part in healing psychological illness. In the story of king *Dutugamunu*, for example, it is said that as a result of the war between the two kings, thousands of people were killed. After seeing the dead bodies King *Dutugamunu* is supposed to have been afflicted with mental illness. In ancient chronicles such as *Janawasaba sutra*¹ it is said that the king was afflicted with a psychological problem that resulted in self-isolation, insomnia and a loss of appetite. As the story goes the king could not sleep for about a month. In order to cure the king of those psychological problems the monks preached the *chiththayamaka* sermon. As a result, the king's mental conditions improved and the king was able to sleep (Ven. Deeranande, 2006).

1. An ancient chronicle

The *Mahavansa* also describes this story with clear evidence. For instance, the 25th chapter of *Mahavansaya* verses no 102-110 relates how King *Dutugamunu* bemoaned the after effects of war and was afflicted by its tragedies. The following verses (no 102) of the *Mahavansa* show how the king suffered and how he was eventually cured.

“While he rested on his soft and fair couch, covered with costly draperies, he, looking back upon his glorious victory, great though it was, knew no joy, remembering that thereby was wrought the destruction of millions(of beings) (Geiger, 1912: p 56)².

When we consider the direct link between religion and healing methods among the Buddhists as made evident by the aforementioned examples, *pirith*, *bana*, *bodhi puja* etc. can be seen as important practices. In the case of *pirith*³ the term ‘*pirith*’ itself connotes a sense of security. It is believed to protect a person from evil effects, bad planetary effects, diseases, bad luck, the effects of evil spirits etc. *Bana preaching*⁴ is a more simple practice compared to *pirith* chanting in Buddhism. In this practice, the monk instructs the gathering by drawing on examples in hopes of giving a sense of mental satisfaction and encouragement to the listeners. Here, people with various problems, the reasons for their problems and how they face these problems etc. are discussed with the examples.

As discussed earlier, researchers highlighted that in healing war-affected children, religious practices can play a major role, especially in developing or third world countries. Firstly, it allows a larger population to be included in the rehabilitation process. Tol et al., (2013) and Somasundaram (2007) state that the social context approach facilitates the coverage of a larger group of people, alongside a wider scope to create mental health awareness among the war-affected population. Secondly, it is believed that they can be accessed easily and at a lower cost. Tol et al., (2013) state that social context methods are more cost-effective in a setting where the mental health field is not that developed, such as third world countries

where there is a huge shortage of professionals in the field of psychiatry and counselling. Thirdly, it is believed that social contextual methodologies provide sufficient resources to rehabilitate a majority of the children. For instance, Duncan and Arnston (2004) claim that the number of individuals who are affected by war who require psychological treatment through the psychiatric approach is likely to be 10 percent from the total number of people affected by war.

However, researchers who conducted studies on the application of traditional methodologies in rehabilitating war-affected children also pointed out the weaknesses in these practises. One such weakness in traditional practises is the difficulty to scientifically prove its positive results. Moreover, there is no reconciliatory aspect to these practises (Green and Honwana, 1999). There also prevails a strong gender disparity to these methods, especially, when they are being practised in countries where male dominance and gender stereotyping is strongly inbuilt (Tol, et al, 2013). Therefore, in this paper the aim is to explore how the selected rehabilitation programme operates in rehabilitating war-affected children using social context methods. It will also explore how far this programme fulfils the needs and requirements of war-affected children living in war-affected areas in Sri Lanka.

IV. THE MUDITHA PSYCHOSOCIAL REHABILITATION PROGRAMME⁵

The *Muditha* programme operates in a Sinhala village of the *Vavuniya* district in the North Central Province of Sri Lanka. This programme was initiated by a Buddhist monk, in a Buddhist temple. At the time of this study, there were nearly 80 children, about 90 percent of whom were Tamils who came from Jaffna and *Killinochchi* in the Northern Province. The remaining 10 percent were Sinhalese from *Vavuniya*. The Buddhist monk conducted the programme by himself, with the support of his mother who helped in caring for the children along with a few other villagers. The programme only had boys of different ages, ranging from new born infants to adolescents.

2. The Mahavansa was translated into English by the German scholar named Wilhelm Geiger in 1912.

3. Pirth is used for many reasons/occasions by Buddhists in Sri Lanka, one of which is healing

4. Bana preaching is also used for many reasons among Buddhists. Mental satisfaction is only one of these reasons.

5. I re-named this programme as Muditha, to preserve confidentiality. The given name was taken from the Buddhist religion, representing attitudes towards other beings. Mudita means sympathetic joy

According to the monk, the main purpose of the programme was to help children recover from mental trauma instigated by the war. He explained that direct and indirect war experiences such as losing one's parents and loved ones, being displaced and missing out on education opportunities could affect the mental stability of children, and impact badly on their social life. Therefore, the *Muditha* rehabilitation programme intends to help them overcome such trauma and gradually assimilate into society as normal citizens.

Many researchers have revealed that in order to conduct a productive rehabilitation programme, sufficient human and material resources need to be in place (Wessells and Jonah, 2006). However, the *Muditha* programme runs on minimum funding; they do not have a regular source of income or a stable funding mechanism. Most of their monetary contributions and generosity stemmed from the community. That being said, it is unrealistic to think that the income of the temple and the poor villagers could provide a regular supply of food for 80 children. When the monk was asked this question, he said that, from time to time, the programme also received some donations such as books, clothes, shoes, etc. from some institutions. Yet, these were not at all sufficient for the smooth running of the programme. When considering the human resources of the *Muditha* programme, there is a shortage of staff in relation to the large number of children. For instance, the Buddhist monk is the only active staff member in this programme, and he is the one who conducts the rehabilitation activities for the children.

The results obtained through fieldwork reveal that the *Muditha* programme has chosen religion-based activities as their main method of rehabilitation by getting children involved in different Buddhist practices, thus using the force of spirituality to relieve them of their mental trauma.

Different types of 'meditations' are the main technique used in this programme in order to heal children from the after effects of war. The monk assumes that psychological conditions such as fear, sorrow and anxiety can be easily cured and replaced with loving-kindness (*metta*) and compassion (*karuna*) through meditation. In Buddhism, there is one special practice of meditation named *maitre*

bhavanava (*maitre* meditation)⁶, which the children are made to practice for at least 15 minutes each morning and evening.

Worshipping the Buddha is compulsory, as is part of the rehabilitation process. The children worshipped the Buddha in the morning around 7 a.m. and in the evening before going to bed. According to the monk, this practice is expected to foster mental balance and optimistic attitudes among the children.

Another technique used by the *Muditha* programme was to delegate responsibilities to these children in performing various tasks. Children who were more than 16–17 years of age were given the responsibility to look after the smaller children and to act as a 'god-father' for a group of children. With the exception of very young children, almost everyone had to take up some form of responsibility be it helping out in the kitchen or cleaning the garden.

The unique feature of the *Muditha* programme's rehabilitation process was to engage children in community activities to help them develop relationships and achieve reconciliation. Since most children were from Tamils living in Sinhalese communities, reconciliation was important to ensure the healing of mental trauma. Even though the monk did not make special efforts to network with the village people, traditionally the villagers come to the temple, worship and bring alms for the monk. He uses this as an opportunity to introduce the children to them. Gradually, the children start participating in village activities, taking part in common festivals, rituals and social activities. The monk was of the idea that all these activities would foster peace and harmony, and give the children the opportunity to learn, practise and respect each other's cultures.

6. The Sanskrit word *maitre* means friendliness, or loving kindness, while *bhavanave* (meditation) means virtue or quality. So *maitre bhavanave* is the practice of expanding loving-kindness without limits, or unlimited friendliness (<http://portland.shambhala.org/ongoing-offerings/maitri-bahavana>. Accessed on 25 October 2014).

V. ASSESSMENT OF THE MUDITHA PROGRAMME

In the previous section, the selected rehabilitation programme was briefly described in detail based on how they initiated children to the programme, objectives, rehabilitation approaches, methodologies and general activities of the programme. In this section I attempt to assess and examine whether the selected programme adheres to and operates according to the 'accepted practices' as identified in the literature.

When considering the main rehabilitation approach and methodologies, it seems that the *Muditha* programme totally adhered to the social cultural approach and used Buddhist religious values as their main rehabilitation technique of rehabilitation. As described above, Buddhist literature records some examples of fostering peace and providing psychological relief through different ritualistic practices. Even according to the general belief, they (rituals) have the capacity to address conflict and to create peace. Therefore, many believe that Buddhism has complex yet successful healing methods for both psychological and physical healing (Rinpoche, 1998; Clifford, 1990).

However, the main problem here is whether these children were able to grasp these deep salient doctrinal teachings, which need a mind of cultivated intellectual discernment. According to age appropriate child development concepts, cognitive capabilities are different for each child. For instance, Piaget (1952), Erikson (1995) and Wilber (1986, 1996) have clearly mentioned in their child development theories that children below 11 years of age are less capable of logical thinking, and only after 12 years of age can they gradually develop that ability. This situation might change according to different experiences that children have, the way they socialise and according to different socio-economic situations. However, if a methodology that is simple, suitable and interesting can be put in place, chances of obtaining greater benefits exist.

Further, the programme does not consider the socio-cultural background of the children. The majority of them were either born as Hindus or Christians. Since 90 percent of these children were non-Buddhists, there is room for criticism regarding these types of practices, because there is a great agitation in Sri Lanka saying that there is a conspiracy aiming to convert Buddhist people

to Christianity. As such, one may wonder whether this is also a conspiracy to convert non-Buddhists to Buddhism. But the leader was of the opinion that since his intention was not to convert them, but to rehabilitate them by using Buddhist values and practices, it was acceptable. For instance, he stated that since he only knew of Buddhism as a rehabilitative mechanism, he used his knowledge for the sake of the war-affected children.

As mentioned earlier, one of the key processes that will decide the success of a rehabilitation programme, as mentioned earlier, is its target area and target group selection process. Any programme should give priority to select children who are in immediate need of psychosocial care. If the selections are not properly administrated, the programme can overlook children who have severe trauma and cater to children with lesser needs, for trauma can have its variations. This factor can cause the programme to be unsuccessful (Duncan and Arnston, 2004). Therefore, researchers are of the view that it is important to identify children who are really affected by war and are in need of care in a war situation (Agger et al., 1995).

In the Sri Lankan context, most rehabilitation programmes were based in the Northern and Eastern Provinces because the worst effects of war were seen in those areas. Therefore, the target groups were also from the same areas. However, as mentioned before, the *Muditha* programme never followed a specific criterion for child selection. According to the leader of the programme, the doors were always open to any child who needed help; children were encouraged to come on their own or through an adult. Therefore, the leader of the programme was of the opinion that children who had joined the programme were the ones who were really affected by the war and were in need of psychosocial assistance. He reasoned that if parents and relatives of these children could be found, they would have chosen to be with them instead. Since the children had lost all they had including connections with family and community, they joined the programme. Even though his argument seems to be practical given the context, when it comes to the selection process, one may argue that even though children joined the programme on their own or through an adult, there could be others who deserve care but were not able to access the facility. Because this programme was not known by those in the area, perhaps due to the limitation of communication and access, there was very little chance for word to spread. Also, the temple was situated in a rural village, away from

the city. So children who really need help may not have been able to access it unless someone led them to it.

Also I highlighted above that this programme supported only boys who were less than 18 years of age. They might have been following this strategy due to practical reasons, but someone could argue that it was a weakness in itself since they ignored girls who could be affected by war (Tol et al., 2013). In looking at the *Muditha* rehabilitation programme, we can see this assumption being confirmed because the programme was located in a Buddhist temple. According to their religious beliefs it is against the discipline to retain females in the temple premises. Due to this and the insufficient security facilities for female children, the programme only supported male children. This scenario stands out as strong evidence to prove that gender disparity can surface in psychosocial approach when using traditional beliefs for rehabilitation.

Even though, few weaknesses could be identified in their activities, the *Muditha* programme was a purely volunteer based programme which ran only on individual donations and support from the community. Even though limitations in funding affected the rehabilitation process to some extent, the leader managed to mitigate its effects using the assistance of the social context, and it was clear that they tried their best to provide for the children's needs although psychological and psychiatric provisions were missing in this programme.

VI. IMPACT ANALYSIS OF THE MUDITHA PROGRAMME

Impact of a rehabilitation programme can be viewed via different time scopes: immediate, intermediate and long-term. Given the scope of this project, we can only analyse immediate and intermediate impacts since most psychosocial rehabilitation programmes were started in recent years (Nyland et al., 1999). Therefore, I will analyse the impact of the programme, while paying special attention to immediate and intermediate impacts in relation to the following four elements: 'fulfilment of basic needs of the children, empowerment through investments in children's education plus reconciliation, rebuilding the social context and individual psychological development of the children.'

One common criticism against psychosocial programmes is that they are limited to attempting to fulfil only the psychological needs of war-affected people (Williamson and Robinson, 2006). However, some researchers argue that not only material needs but also non-material needs such as 'trust-building', 'identity', and 'security' should be considered simultaneously in this regard (Wessells and Jonah, 2006).

When taking into account the above element, it seems that children in the *Muditha* programme were clearly lacking in fulfilment of both material and otherwise, before they joined the programme. Many of them had lost their parents and lived in refugee camps. Even though refugee camps do their best to cover the basic provisions, there is always a lack due to funding and administrative constraints. Therefore, the *Muditha* programme took much effort to fulfil the basic needs of these children, although resource constraints curtailed their ability to do so. Food, shelter and clothing needs were met as much as possible, while every effort was made to give the children an opportunity for education. Since Sri Lanka has a free education system, it was easy for them to enrol children in government schools.

According to the leader of the programme, they tried to give love, care and a sense of belonging to the children even with their limited human resources. It could be observed that the leader (monk) was personally involved in their primary care such as bathing and feeding the younger children. They all called him 'father'. The adaptation of the 'god-father' concept was also one method to give love, attention, a sense of belonging and security. He also received his mother's support in looking after the young children. She was the only helper around the centre. As for the second element, it seems that the programme tries its best to empower children using many channels around them; mainly through education. Children in the *Muditha* programme had been displaced over a long period of time, moving from one shelter or refugee camp to another. Therefore, continuous education had not been a possibility for them. However, after joining the programme, they had the opportunity to re-enrol in school. This was a major achievement in their lives, and many of the children enjoyed being able to go back to school. Teachers stated that those children's capacity and ability to learn were not satisfactory but schooling helped them develop cognitive skills, social behaviour and nurture spirituality, to some extent.

Education can empower children in many ways. For example, Sierra Leone's rehabilitation programme was intended to focus on four main objectives, besides psychological considerations such as "identity formation, curriculum and education consideration, labour market consideration, and community education" (Maurin, 2000). As pointed out by Machel (1996), enhancing language and life skills through education can increase their economic opportunities, it also helps cultivate positive attitudes towards the future (Betancourt, 2005) and achieve a sense of normalcy (Sommers, 2003).

Having observed the children of the *Muditha* programme, I can safely say that they had achieved some of the intended outcomes of education as mentioned above. Teachers reported that when they first came to school, they had trouble concentrating and used to urinate in class making all the other children uncomfortable. But later, owing to their teachers' care and disciplining they have become more orderly in their ways. Their ability to converse in Sinhala, effectively increases their economic opportunities. The Principal of the school is of the opinion that these children are on their way to becoming worthwhile citizens for the country. Even though education was not the main rehabilitation methodology of the *Muditha* programme, they had managed to achieve a significant degree of rehabilitation through education.

The *Muditha* programme also has taken some important steps to direct children towards peace and reconciliation. Engaging the children in community activities are one of them. They get children involved in cultural activities of the respective communities, including festivals, weddings and funerals, in keeping with the communal nature of these events. In so doing, their intention was to bring about unity among diverse groups and let them learn and understand traditional cultures and practices and make peace with groups of opposing ethnicities. During the war, the LTTE was responsible for the loss of many lives of villagers in the Sinhalese border villages which culminated in a widespread hatred of Tamils at large. Many Sinhalese were against the rehabilitation of Tamil children. However, the monk has managed to ease their anger and hatred through these reconciliation activities.

As pointed out by Moskowitz (1983), making children understand that they are still an essential part of society and making them responsible for community work is an important strategy to heal children who have undergone any stressful experience. Accordingly, in this programme,

giving children responsibilities was an important part of their rehabilitation process. Further, Kimchi and Schffner (1990) state that developing interpersonal skills is a better way to rehabilitate children. According to the above examples, it is clear that this programme also uses the same methodology in creating positive interpersonal relationships between the children and the members of the community.

As described earlier, the children of the *Muditha* programme had lost their parents and families, schools and villages due to the war. This means their social context was completely destroyed and lost to them, especially since they were physically removed from their area. Therefore, social context had to be re-built from scratch; according to my observations, the *Muditha* programme had made efforts to recreate the lost contexts to the best of their ability. Given that the children were orphans and did not belong to any particular society, building them up in a re-created social context was challenging, yet many had positive feedback to give on this.

One of the key components of their programme was to recreate the family concept in their midst, allowing children to call the leaders 'father' and 'mother', and their peers 'brother'. Another key component was creating educational opportunities for these children with the support of the government's education authorities. Since 70 children out of 80 were attending school from the centre, the government took the initiative to build new classrooms and even appointed new teachers to the school.

When taking into account the psychological development, in the *Muditha* programme, children were provided with basic needs creating an environment where they could feel protected and enjoy peace and freedom. They had time to play, read books and watch television, engage in gardening and a few other recreational activities, which indirectly helped them regain a sense of normalcy and mental balance. Another key feature was the adaptation of the 'god-father' concept where they believed love, care, friendship and security were delivered and received. They appointed older children in the programme god-fathers and expected them to look after the younger ones, trying to build up a sense of family relationships. As pointed out by Boyden and Mann, (2005), this helped children to develop positive attitudes and behaviour. Younger children tended to prefer the company and friendship of their older brothers.

VII. CONCLUSION

The main aim of this paper was to describe the ways in which Buddhist principles can be used in order to rehabilitate war-affected children in Sri Lanka. When considering accounts in ancient chronicles and even the previous research in this area, it is obvious that Buddhist practices can be used as alternative healing mechanisms, especially for psychological related problems. But according to this research, since this particular programme mainly focus war-affected children, few practical issues could be observed when they used Buddhist practices as their main rehabilitation methodology. They can, for example, be less appropriate for young children and may not take into account the child's background etc. But if the particular programme uses the Buddhist philosophy and practises it with a good understanding of child psychology, then the successful results could be achieved. This idea was confirmed by the school teachers that were interviewed by the researcher. Therefore, this study revealed that practical issues have arisen due to the programme's organization rather than the methodology that they use. Even though this particular programme shows some weakness in rehabilitating children, it tries its maximum to keep children happy and healthy, and school teachers, community leaders and children themselves proved that children showed significant improvement psychologically and in their participation in social activities mainly because of Buddhist practices.

Accordingly, what has become evident through this study is that in developing countries, where mental health development is not at a satisfactory level, there is a possibility (and an interest) of using social contextual features in the psychosocial healing. In this, importance is given especially to religion and education, and there are a few reasons for this. The first reason is that by using these features, a better service is provided to the community at large more than at an individual level; it also helps to ensure that children affected by war will not be ignored. The second reason is that even though the war could destroy certain social contextual features (for example, family unit); institutions like religion cannot be destroyed easily. Its physical infrastructure might be destroyed, but the ideology itself cannot be erased totally from a society. This study has proved that even with few resources, using religion as a concept, it is possible to rehabilitate children to a certain extent. The third point is that even though advanced and systematic methods exist in psychosocial

rehabilitation, those methods seem to have been hindered by lack of resources in many a war-torn area.

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