Searching for Normal in the Wake of the Liberian War (Pennsylvania Studies in Human Rights)

By Sharon Alane Abramowitz

At the end of Liberia's thirteen-year civil war, the devastated population struggled to rebuild their country and come to terms with their experiences of violence. During the first decade of postwar reconstruction, hundreds of humanitarian organizations created programs that were intended to heal trauma, prevent gendered violence, rehabilitate former soldiers, and provide psychosocial care to the transitioning populace. But the implementation of these programs was not always suited to the specific mental health needs of the population or easily reconciled with the broader aims of reconstruction and humanitarian peacekeeping, and psychiatric treatment was sometimes ignored or unevenly integrated into postconflict humanitarian health care delivery.

Searching for Normal in the Wake of the Liberian War explores the human experience of the massive apparatus of trauma-healing and psychosocial interventions during the first five years of postwar reconstruction. Sharon Alane Abramowitz draws on extensive fieldwork among the government officials, humanitarian leaders, and an often-overlooked population of Liberian NGO employees to examine the structure and impact of the mental health care interventions, in particular the ways they were promised to work with peacekeeping and reconstruction, and how the reach and effectiveness of these promises can be measured. From this courageous ethnography emerges a geography of trauma and the ways it shapes the lives of those who give and receive care in postwar Liberia.

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"A significant contribution to the literature on postwar West Africa as well as to the growing literature on mental health in medical anthropology."—Danny Hoffman, University of Washington

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Chapter 1
Searching for Normal in the Wake of the Liberian War
Agnes's Lament

On a hot dry day in the winter of 2006-2007, I accompanied a team of psychosocial workers to a village in the far north of Bong County to audit mental health interviews. Sitting in a dusty, narrow, blue examination room with a table, a few chairs, and an empty bookshelf, Agnes, the psychosocial counselor, looked down. Her typically tall and graceful frame was slumped, and her arms moved slowly and listlessly through her notebook and kit. She seemed far removed from her usual pert, optimistic professionalism—her eyes looked haunted and distressed.

It was a slow day, and few clients were coming round to meet with her, so I asked her what was wrong. Agnes said she was "really discouraged, and upset about my country, my nation." A very senior public official, Willis Knuckles, had been photographed having an affair with two women simultaneously, and in the photograph, the two women appeared to be engaged in sexual acts with each other. The photographs had been rapidly disseminated; they soon hung on walls, billboards, and doors in every large town throughout the country.

Agnes began to sob. "What will become of our own nation? That's a public figure. The immorality! I pray to

God, and I know that God forgives, but what can this country be, what can this country become with the behavior of people like this? These are our leaders? And what will become of this man's wife? What will become of this man's children? What will become of his generation? I'm just sick. Where is the pride? Where is the dignity that you are supposed to have for yourself, for your family, for your country? We are totally ruined. The immorality is too deep, and it hurts us. It's irreversible."

Agnes continued: "I tell you. It will take the grace of God. Sometimes I go home, and I just pray to God. And these women! These photographs! Women are supposed to respect themselves and be respected. I was just walking down [in town], and I saw a group, and I went over, and they were all looking at this photograph. This is the first thing I see. These are people who preach against prostitution, against corruption, against immorality, and they go and do the same!"

Agnes's eyes grew red, and she avoided my gaze. In an urgent low tone she moved into a steady patter of stories of shame and fear and horror. As she spoke, the circle of her condemnation grew larger and larger. She talked about ex-combatants, trauma, mental illness, and the local form of brain sickness called Open Mole. She talked about women who were trapped in domestic situations with men who had killed their family members and neighbors and about rumors of human sacrifice during the elections. She talked about community attitudes, noting that many of the Loma and Kpelle people she worked with believed that Open Mole is a sign that you are a witch . . . that maybe you have done something ... and it is playing on you." With a great deal of shame, Agnes said, "Sometimes I feel so . . . African." And then Agnes redirected her lament toward her community and her society.

Agnes's speech struck me powerfully. Unlike the other trauma counselors I had interviewed and watched during the previous weeks and months, she had never broken face. She had never indicated the slightest doubt about Liberia's road to recovery, and she had never criticized the humanitarian NGOs that gave her an ID, a professional identity, and a stable salary. She believed in the psychosocial work they had done with ex-combatant rehabilitation, and as an example, she often cited the story of Princess.

Princess was a young former child soldier whose life history had been written up for the NGO's press kit. Her profile described her kidnaping from her village, her years spent as a soldier and as a bush wife with the rebels, and her reluctant participation in the Disarmament, Demobilization, Rehabilitation, Reintegration (DDRR) program. The narrative ended with a smiling photo of Princess in a DDRR T-shirt and a report that she had been successfully reintegrated into her village and her family. She was an iconic success story of ex-combatant rehabilitation.

Two years after her rehabilitation program had ended, Princess still came to the clinic to visit Agnes; her initially successful reintegration had faltered. She was lonely. Her boyfriend had promised he would come back and pay a *dot* (dowry) to her parents, but he had left and hadn't called for more than six months. The people in the community didn't like her very much, and it was hard for her to make friends with anyone who hadn't previously been a fighter. Princess came often to visit with Agnes, and during her visits she sat humbly across the table from a psychosocial counselor who was no longer mandated by her NGO to work with her. For Agnes, her routine of peppering Princess with questions about work, dress, family, and drugs was a form of kindliness and support, but at the same time Princess was a living reminder to everyone that the immediate exuberance of postconflict interventions was wearing down into an extended period of uncertainty and ambivalence.

Reviving her critique of the immorality of public leaders, Agnes told a story that I'd heard elsewhere in Monrovia, in the Bong County capital Gbarnga and in some of the smaller trading towns between. Agnes, a Seventh-day Adventist, was a frequent churchgoer. In the years after the war, she attended Sunday services, as well as weekly Bible meetings and evening prayer sessions as often as she could. On a crowded weekend

morning at her church, word had circulated that a nine-year-old girl—a church member—had recently been raped. The pastor brought the accused rapist onto the podium before hundreds of congregants and begged for their forgiveness for the rapist. Agnes's voice swelled with rage and disgust as she recited his preaching:

> Everyone in this congregation must forgive this man and give him our protection, for this is a time of reconciliation! If we are to recover from this war, if we are to rebuild to assume the riches of Liberia and to become the blessed nation as we were born, we cannot harbor anger in our midst! This man needs our forgiveness, and we must forgive him, for this is the time when truth and reconciliation will set us free from the wickedness of our past! We must bring this man into our arms, into the arms of Jesus, and we must forget all the wickedness we have done against each other! For now is the time when we must forgive, when we must let the past remain in the past, and move on with our future!

Agnes's lament seamlessly transitioned into her own story of sadness and loss, her *trauma*, as she put it. Several years earlier during the war, Agnes, along with her sister and niece, were fleeing toward the Ivorian border in search of shelter. Agnes's sister was pregnant, and their journey induced premature labor. Agnes had some training as a health worker prior to the war, and she guided her sister to a locked clinic in an evacuated village, where she managed to find an entrance. Inside the clinic there were no medications, no staff, and no supplies. Her sister and the baby died of a hemorrhage, and today Agnes is the guardian for her teenage niece.

Agnes demanded, "Who is to blame for my sister's death? Was it someone carrying a gun? No. Was it someone you can go to the TRC [Truth and Reconciliation Commission] and say this person did this thing? No. But it was the war that killed my sister. If it was not for this evil war, my sister would not have been left to die in that place, we would not have had to run away from the war, there would have been someone to help. And people talk about war trauma. Hmph! Can I ever be a mother to my niece? No! Can I give her what she has lost due to this wickedness? No!"

The Sociality of Trauma

As Agnes's words demonstrate, the search for the new normal roamed beyond the tents and examination rooms in which trauma counseling took place. The purpose of this book is to examine the relationship between individual and collective trauma and the project of postwar social repair during a moment in which the Liberian state and its citizenry were in a state of traumatic transition, and to explore the architecture of the new normal through the lens of the massive global humanitarian project of trauma healing and psychosocial intervention in Liberia's early postwar reconstruction, from 2003 to 2008. The story of postwar trauma has a life of its own that runs across humanitarian programs, through the the subjectivities of all those who provided or received psychosocial care or lived just beyond program eligibility, and in mental health and psychosocial programs, policy, implementation guidelines, and budgets. The context for this narrative is Liberia—a small West African country that struggled to rebuild under international peacekeeping forces, while receiving the support of a vast apparatus of humanitarian assistance that sustained the Liberian population until the Liberian state could re-assert its sovereignty.

Following other analyses of mental illness, politics, and violence that probe the "deep structure" of trauma and recovery in massive societal transitions (Pinto, Hyde, and DelVecchio Good 2008), I focus on the "superstructure" of trauma, especially the psychiatrically oriented pacification that has been present but made invisible in the history of military interventions in Africa and elsewhere (see Fanon and Philcox 2008; Elkins 2005, Pupavac 2004). In Africa, and particularly in Liberia, the interactions between international peacekeeping and psychiatry, mental health, and the psychosocial are not, and have never been, neutral, benign, therapeutic, or apolitical. Mental health and psychosocial interventions were directed towards the

creation of a new postwar social order that would subordinate past habits of violence to a future of postwar political and social tolerance. The most curious feature of these efforts, however, was that they were uncoordinated, decentralized, ad hoc, and ambivalent. As such, they were indicative of some of the distinctive structural features of twenty-first-century humanitarian aid.

Unlike other works on war and trauma, this book focuses on the *sociality* of trauma in Liberia, or the ways in which trauma was *managed,* displayed, communicated, and imagined, at every level of society during the postwar period. A vast literature in anthropology, history, and the humanities explores the history of trauma as a social, medical, and legal fact (Fassin and Rechtman 2009; Young1995; Shephard 2000) and plumbs the densely interwoven theoretical substrates of how trauma functions in the interiority of the unconscious mind and produces effects in the subjective self (Leys 2000; Caruth 1995; Scarry 1985). But the sociality of trauma is also a crucial axis for analysis. The sociality of trauma can be thought of as the performance of trauma, as the habitus of trauma (Bourdieu 1990; Bourdieu and Accardo 1999), as manifestations of trauma, as symptoms of trauma, or as the externalization of trauma. But however one chooses to think about the sociality of trauma, the ontological presence of trauma in postconflict life often exceeded the limits of the explanatory frameworks, etiologies, and genealogies that we use to try to understand and contain it. In Liberia, trauma was a critical modality of the social experience of rupture and of repair, and we need to explore it thoroughly to understand how societies undertake the search for post-violence normalcy. (The psychiatric research literature on trauma, posttraumatic stress disorder (PTSD), and the neuroscience of trauma continues to grow exponentially, and lies beyond the scope of this work.)

In the first five years of Liberia's postconflict reconstruction, humanitarian agencies often used the language of trauma, healing, and recovery to describe the challenges confronted by the Liberian nation, but "mental health" was not the focus of humanitarian attention. Managing the trauma of the Liberian population was seen as a tactical necessity to prevent a backsliding into war, and consequently, trauma healing was regarded as a precondition for sustaining the new social order that the United Nations Mission in Liberia (UNMIL) was trying to solidify. To a population that had been shaken by the death of one-tenth of its citizenry, years of massive population displacement, and the inability to end a destructive thirteen-year long civil war, psychosocial interventions were introduced as a way to exercise a global mandate to restore social order, break the cycle of violence, and introduce pro-social, anti-violent behaviors and ethics.

International NGOs like Save the Children, Médecins du Monde (MDM), the Center for Victims of Torture, and the Lutheran World Federation/World Service (LWF/WS) were charged with implementing trauma healing and psychosocial interventions, and through them, instilling postconflict *peace subjectivities* (Charbonneau and Parent 2011), the individual and collective dispositions of nonviolent participation in postconflict life. In places like Bosnia (Locke 2009) and Sri Lanka (Argenti-Pillen 2002), and in the context of asylum courts and Truth and Reconciliation Commissions (Fassin and Rechtman 2009) anthropologists have explored how the international community has come to regard trauma as a problem of humanitarian management, and how those discourses have been localized. Through Liberians like Agnes, NGOs trained, counseled, and educated the Liberian population one-by-one and en masse, and attempted to mediate personal disputes and community conflicts as cheaply and as quickly as possible. Psychosocial techniques like group trauma counseling, play and sport therapies, and human rights trainings were designed to bring Liberian selves and subjectivities in line with new postconflict ideals of political, social, and economic participation. Although the stated objectives of these programs were psychological healing, peacebuilding, and community reintegration, in practice, the strategy was to socialize Liberians into prosocial, propeace, proliberal postconflict forms of sociality in order to achieve the primary ends of peace, military and economic stabilization, and national sovereignty. Rather than healing social, psychological, cultural, and political pathologies, mental health, trauma-healing, and psychosocial interventions were, at their foundation, efforts to *manage and mitigate* the social, psychological, and behavioral sequelae of the Liberian war rather than *cure* the war's social, psychological, cultural, and political pathologies. The implicit cure for wartime

trauma was to be found in the construction of a new environment of postwar normalcy.

How does trauma work as a *social fact*, a pervasive cultural force that is both constitutive of social life and functions as a substantial limiter of social possibilities? Like Agnes, many Liberians slipped seamlessly between a psychological understanding of trauma as a consequence of enduring exposure to violence, poverty, displacement, and corruption, a behavioral understanding of trauma as a social pathology, and a moral understanding of trauma as a sign of the moral and dispositional disorder that pervaded the national spirit. Her situated lament as a psychosocial worker employed by an NGO that promoted trauma healing, psychosocial rehabilitation, and mental health treatment identified trauma as an object of critique. But her experiences as a woman, a sister, an aunt and a citizen gave rise to a keening lament focuses our attention on the immediacy of her pain, the cleavage between her past life and her future potential, and the uncertainty of her own postconflict reconstruction. It also focuses our attention on the hope, doubt, and ambivalence about the new normal that were articulated in and out of therapeutic modalities across the recovering postwar world.

Scale Effects

In addition to exploring the relationship between individual and collective trauma, and Liberia's search for the new normal, this book has two important objectives. First, it posits that the issue of scale is important for assessing humanitarian aid's significance and impact; and second, it examines the promises made and results delivered in the domains of mental health, psychosocial rehabilitation, and trauma healing in postwar Liberia. Scale effects are important for showing how humanitarian organizations used trauma healing and psychosocial interventions not just for healing but also as a strategy for managing chaotic and restless postconflict populations.

In the absence of data documenting the scale of psychosocial, trauma healing, and mental health programs introduced in Liberia and for Liberians, one can only conceptualize the problem of *scale* ethnographically, by studying the points of engagement between humanitarian programs and beneficiaries and engaging in quantitative conjecture about their number and size. In humanitarian crises across the world, how densely congregated are trauma-healing projects, and how far do their effects extend? Do psychosocial programs have primary effects upon laborers and participants? Do they have secondary effects upon the communities of program participants? Do they live into tertiary social strata, like the consciousness of the nation-state? How much counseling is needed, in what degree of dispersion, and with what frequency or continuity, for psychosocial interventions to yield measurable effects? Though it seems evident that social and psychological interventions implemented on a national scale are likely to have scale effects, neither researchers nor practitioners have registered those effects *as* scale effects or considered *what* those effects are.

Solving the problem of scale is particularly problematic because no humanitarian officer, agency, or oversight mechanism had ever rigorously researched, analyzed, or even inventoried the mental health, trauma-healing, and psychosocial interventions carried out under the humanitarian umbrella. What follows is a set of indicative facts that reveal the scale of the sporadic and unmonitored interventions, even though they cannot give a full accounting of the breadth of mental health, trauma-healing, and psychosocial action that took place in and around Liberia during and after the war.

Trauma interventions were first introduced to the Liberian population in 1993, but by 2003 dozens of NGOs had arrived in Liberia to provide "trainings of trainers" (TOTs) for trauma healing and psychosocial rehabilitation.

In 1996, the Lutheran World Federation/World Service (LWF/WS) Trauma Healing Program initiated

trauma-healing activities that continued throughout the war. Famous for its longevity, reach, and effectiveness, and for having employed Nobel Peace Prize winner Leymah Gbowee as a psychosocial trainer and trauma healer, the LWF/WS trauma-healing program routinely visited communities of 2,000-5,000 people to offer trauma-healing and psychosocial support, particularly in remote regions. One donor organization, Community Habitat Finance (CHF), noted in a 2007 report that during CHF's few years of financial support to the LWF/WS Trauma Healing Program, it visited seventy communities in three districts on several occasions.

In 1996, in a Liberian refugee camp in Nonah, Guinea, the Lutheran NGO Action for Churches Together (ACT) reported that it provided trauma-healing services to 12,000 Liberian refugees. Subsequently, ACT requested an additional $450,000 to continue mental health, trauma-healing, and psychiatric treatment in the N'Zerekore refugee camps from 2002 to 2005.

In 1997, thousands of ex-combatants participated in trauma-healing programs as part of the incomplete DDRR process to transition combatants from wartime to peacetime. In what might be called a secondary effect, several "graduates" of the DDRR ex-combatant rehabilitation program later created their own NGO, the National Ex-Combatant Peacebuilding Initiative (NEPI), which was actively involved in the psychosocial rehabilitation of thousands of ex-combatants during the post-2003 reconstruction period. Nearly ten years after the end of the war, in 2011, NEPI was still providing intensive psychosocial training to nearly one thousand at-risk youth (in partnership with a Yale University research initiative).

By 2006, in Liberia, MDM, a French medical humanitarian NGO, had a stable patient load of more than 250 long-term outpatient psychiatric patients, with many more coming in for short-term psychiatric consultation or counseling. MDM also managed "traditional women's groups" meant to provide counseling, peer support, and mental health education; the groups numbered 15-100 women per community, in ten communities. On a given day, MDM mental health workers could expect to be visited by approximately 200 people in Gbarnga, and in a given month, they could expect to interact with approximately 1,000 people across their service area in Bong County.

Every NGO that provided trauma-healing, psychosocial, or mental health services claimed to have offered counseling, community education, and outreach to participants numbering in the hundreds or the thousands. Each of these NGOs also employed several dozen Liberian NGO employees to carry out these interventions in local languages and dialects, and their salaries and per diems supported families. As will be evidenced in Chapter 8, Some Liberian NGO employees adopted the trauma-healing framework as a personal calling, assumed the role of trauma counselor in their private lives, and circulated the language of trauma, reconciliation, and the new normal throughout their domestic and professional worlds. Perhaps hundreds of thousands of Liberian friends, family members, coworkers, and children came into secondary contact or were tertiary observers to the trauma-healing and psychosocial rehabilitation enterprise. As a result, though many trauma-healing and psychosocial programs have been lost to public recall, they've left an indelible social inscription upon Liberia's social fabric.

Trauma Promises, Rehabilitation Effects

In the thousands of trauma-healing and psychosocial interventions offered around the globe, *trauma healing and psychosocial rehabilitation* are offered as the promised ends of therapeutic initiatives. But much of what we know about trauma, and about mental illness more generally, indicates that under extraordinary conditions of loss, violence, and instability, trauma-healing programs offer a path to *containment*—to limiting the ways in which past and present traumas interferewith a person's ability to function or a society's ability to move on, recover, and rebuild. As this book will illustrate, many trauma-healing and psychosocial interventions *manage* the grossest manifestations of trauma on individual and societal scales. Unlike the shell

shock therapies for World War I soldiers, in which sufferers were promised a full and complete recovery through self-confession, electroshock treatment, and moral beratement (Shephard 2000, Young 1995) today trauma-healing programs in humanitarian settings often focus on the symptom—a woman's social withdrawal, a man's insomnia, a child's fear of a knife or gun used in everyday life, a group of ex-combatants' tendencies to become violent in arguments—rather than the root causes of suffering emerging from poverty, displacement, violence, and the insecurity of the postconflict moment. This begs the following questions: What range of social experience do trauma-healing projects purport to cover? How powerful are their effects? At what point of population saturation does the concept of trauma become localized or indigenized, and become an integral part of a postwar social fabric?

Elsewhere in the world, the language and conduct of trauma healing and psychosocial intervention have had unmeasured and unanticipated social effects. In Sri Lanka, for example, a medicalized discourse of trauma created space for the apolitical discussion of horrific experiences, but it also justified the unwelcome imposition of intervention from expatriate professionals (Argenti-Pillen 2002). In India-administered Kashmir, more than a decade of nonbiological trauma treatment has served as a platform for local humanitarian workers to inscribe themselves into psychiatric modalities of clinical care (Varma 2012). In Sarajevo, after the Bosnian war, NGOs involved in trauma healing became symbols of hope, institutional sites for making legal and moral claims on the state, and a locus of ambivalent experiences of humanitarian abandonment (Locke 2009).

Given the centrality of trauma discourses to the operation of humanitarian aid, and given the fact that at least half of all Liberians received some form of humanitarian aid at some point during the war, many Liberians living in Liberia today have little memory of a public discourse that does not include the word "trauma." In everyday life, international NGO workers, international donors, and many Liberians like Agnes moved easily between thinking about trauma psychologically, as a consequence of exposure to traumatic events and experiences, behaviorally, as an idiom for various social pathologies, and morally, as an expression of national disorder. As I elaborate in Chapter 3, in Liberia, trauma was a part of the vernacular. One is put in mind of Daniel's assertion that "what defines language is not solely the use of words, or even that of conventional signs; it is the use of any sign whatsoever as involving the knowledge or awareness of the relation of signification" (Daniel 1996). The vernacularization of the concept of trauma in Liberia reflects more than just the arbitrary imposition of a meaningless category of medicalization on a population; it spoke to the fact that the concept resonates deeply, it means something powerful and intimate to a nation of people.

In contrast, expatriate managers in trauma-healing programs adhered to specific, Western understandings concerning the nature of trauma and the meaning of PTSD. They maintained that that the cause of trauma is an unconscious repression of memory derived from the incommunicable nature of suffering. This traumatic rupture could only be resolved through a process of symbolization of speech, or talk therapy, that reveals the traumatic experience or event and resynthesizes the traumatic event in a person's life history. Adherents to cognitive approaches to trauma emphasized that the constant, routinized, conscious repetition of *healthy practices and behaviors* was necessary to create the context for the resolution of the traumatic response. Through careful instruction in correct behavior, substantial individual self-work by the trauma sufferer, constant vigilance and monitoring, and the provision of social support, specific behavioral modifications and conscious psychological adaptations could improve overall functioning, and resolve critical symptoms of impairment (i.e., auto-arousal, social withdrawal, flashbacks, panic attacks, and aggressive impulses). In order to breach the divide between the vernacular usages of trama, and expatriate models, Liberian NGO workers in psychosocial and trauma-healing programs often attempted to integrate moral exhortation, talk therapy, behavior change, and social critique, thereby engaging in a *pidgin psychiatry* that hybridized both approaches in the grounded locales of humanitarian projects (Abramowitz 2010).

But what did trauma and, by extension, its healing or rehabilitation, mean in the world of humanitarian aid?

What was promised, and what was delivered?

Humanitarian practitioners became renowned in Liberia and internationally for overlooking key concepts, definitions, ethical frameworks, and cultural sensitivities in the rush to provide psychosocial intervention to war-affected populations. Consequently, around the end of the Liberian War, these very questions were attracting expert attention, and widespread critique. In an effort to develop minimum standards of response for mental health and psychosocial intervention in humanitarian contexts, leading humanitarian NGOs, UN agencies, and humanitarian funding institutions collaborated to establish a minimum set of guidelines for mental health and psychosocial interventions in humanitarian crises. The results of this multiyear endeavor, the Inter-Agency Standing Committee's (IASC) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, offered the following definition.

> The composite term mental health and psychosocial support is used in this document to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. Although the terms mental health and psychosocial support are closely related and overlap, for many aid workers they reflect different, yet complementary approaches.

> Aid agencies outside the health sector tend to speak of supporting psychosocial well-being. Health sector agencies tend to speak of mental health, yet historically have also used the terms psychosocial rehabilitation and psychosocial treatment to describe non-biological interventions for people with mental disorders. Exact definitions of these terms vary between and within aid organizations, disciplines, and countries. As the current document covers intersectoral, interagency guidelines, the composite term mental health and psychosocial support (MHPSS) serves to unite as broad a group of actors as possible and underscores the need for diverse, complementary approaches in providing appropriate supports. (IASC 2007)

> In this definition, the meanings of mental health, trauma healing, and psychosocial disorders, as well as the scope of their interventions, are obscure. Its vagaries are consistent with the humanitarian "gray literature" on trauma healing and psychosocial interventions. In these documents, the phrase "psychosocial interventions" refers to a set of rehabilitative practices that enable a process of healing by facilitating conditions for individuals to resume normal, everyday lives within their families and communities. It also, however, refers to individual, communal, and mass education campaigns to facilitate individual rehabilitation, community peacebuilding, and mass buy-in to the project of humanitarian transition.

> Some greater definitional specificity can be gleaned from the operational definitions for mental health, trauma, and psychosocial disorders offered by the World Bank. According to the World Bank, *mental health* is simply the state of health as defined by the World Health Organization (WHO). *Mental illness* includes any disorders of cognition or emotion recognized by Western psychiatry's diagnostic conventions, which poses a clear problem of validity in non-Western contexts (de Jong 2002; Desjarlais et al. 1995; Kleinman 1980). *Psychosocial disorders* include any problems resulting from the interaction between the self, social conditions, and society. Better understood as "social suffering" in anthropological analysis (Kleinman, Das, and Lock 1997), the term "psychosocial" embraces the social attenuation that results from chronic exposure to violence, displacement, poverty, and injustice, but it can also be understood as the simple absence of *mental health*. *Trauma* is recognized as the vernacular expression of PTSD, or the medicalized expression of posttraumatic psychopathology, which often co-occurs with other forms of mental illness, as well as with problems surrounding social performance and social reintegration.

The concept of the "cycle of violence" has also gained traction among humanitarian experts, healthcare professionals, and mental health specialists. Many expatriates working in humanitarian intervention now believe that conflicts are caused by cyclical cultural and psychological forces that compel individuals to reproduce relations of violence *ad infinitum*. According to the cycle-of-violence thesis, people who have been affected by violence are moved to reproduce violence in the role of perpetrators or victims; this leads to a dynamic of socialization in which relations of violence become normative and cyclical (Herman 2001, Steinmetz 1977). Thus, the presence of violence in everyday life is presumed to predispose people to a cyclical repetition of violence through time.

When applied to mass violence, the cycle-of-violence theory proposes a metaphoric linkage between the cyclical violence involved in patterns of domestic abuse, and the recurrence of conflict among warring parties, giving long-standing conflicts a naturalized, intergenerational, and historically inscribed character (Lumsden 1997; Maxfield and Widom 1996). Scholars theorize that different factors contribute to the cycle of violence, including value commitments that valorize violence, psychodynamic tendencies toward violence emerging from the process of socialization, recent ethnic or regional rivalries, religious doctrine, land and resource rivalries, or "ancient ethnic hatreds." Other theories posit that structural violence, or the prevalence of violence already in society, makes the continuity of violence a "tacit" strategy for survival. The cycle-of-violence theory also postulates that there can be a *reversion* to the cycle of violence—as when children of abusive parents are assumed to reproduce the roles of victim or abuser as they mature. Violence, which is, at its most basic level, a form of social action, is imagined across the humanitarian community as a crucial and determinative component of self, identity, and social values.

It is important to note that the cycle of violence thesis, though widely circulated in therapeutic circles in the United States and elsewhere to this day, was researched intensively in the 1980's, and was debunked. A series of case-control studies that examined violence among the adult survivors of child abuse found that participants were as likely to choose non-violence in their intimate relationships as they were likely to enter into abusive relationships. The appeal of the cycle of violence metaphor, however, has remained strong, and has persisted across therapeutic domains, and has entered into the international sphere of peacekeeping interventions. There, in ways reminiscent of the theories that emerged from Freud's *Civilization and Its Discontents* (Freud and Strachey 1958), and classical anthropological studies of culture and personality (Benedict 1989), the idea of the deterministic nature of the cycle of violence has come to form a constitutive part of peacekeeping discourse.

Psychological theories regarding the cycle of violence were mapped onto Liberia's postconflict space in fascinating ways. Drawing on the cycle-of-violence hypothesis, politicians, humanitarians, psychologists, and historians have argued that violence is inscribed into the cultural, ethnic, and tribal folkways of the Liberian population. Humanitarian workers and peacekeeping officials invoked cycle-of-violence arguments routinely; and merged their claims with arguments about resource scarcity and warlord politics had led to the social conditions contributing to civil war in Liberia (See Ellis 1999, Powers 2005, Reno 1999). But remarkably, these explanatory models extended to the U.S. and Liberian political classes, as well.

Consider the statements of the following two key leaders involved in managing the early postconflict transition: Andrew Natsios, the United States Agency for International Development (USAID) representative to Liberia, and Charles Gyude Bryant, the unelected president of the National Transitional Government of Liberia (NTGL) from 2003 to 2005. At a

2004 donor conference regarding Liberia's postconflict recovery, Natsios noted that "reintegrating and revitalizing Liberian communities, particularly in the countryside, through community-based economic, psychosocial, and political transition programs," was one of the three key factors required to ensure postwar stability and democratic transition (Natsios 2004).

Following his speech, Charles Gyude Bryant endorsed Natsios's support for psychosocial intervention by arguing that it would be a crucial part of postconflict social engineering. He said,

> The reintegration and rehabilitation of ex-combatants into civil society, and the repatriation of more than 250,000 refugees and relocation of some 300,000 internally displaced people into communities which have been stripped of social amenities and governance structures by more than a decade of war, are daunting challenges that can only be addressed within a broader framework of national recovery. For us as a nation, this is definitely new ground. Relying on old formulas and old methods will not do. Success will require innovative approaches to problem solving and social engineering. (Bryant 2004)

Advocates of the cycle-of-violence thesis believe that intervention is required to breach this pathological pattern of destruction, and a failure to intervene leads to ever-expanding, ever-renewing cycles of violence, retribution, dominance, and aggression that have one possible end: the permanent destabilization of social order. Because of the psychsosocial "causes" implicit in the cycle of violence thesis, humanitarian aid workers have come to think of mental health and psychosocial interventions as having the ability to disrupt "cycles of violence," and thereby end conflict.

Ideas of postconflict reconstruction traced the project of transformation from the national to the individual through a process of social engineering that was located in the psychological and behavioral lenses of trauma and recovery. Humanitarians argued that the reconstruction of Liberia was a "hearts and minds" matter and that Liberians needed to be persuaded to abandon the past and live "normal lives." Finding the "new normal" was the task of the day, and psychosocial interventions were a crucial site for the "normalization" of targeted populations: women who had been raped, men who had been combatants, children who had been separated from families, and victims of various other kinds of violence.

Demobilization of armed factions, the political reconstruction of the Liberian state, and a militarized peacekeeping intervention were deemed to be unable to create a lasting peace in Liberia. Peacekeeping had to be wedded to societal rehabilitation for the cessation of war to occur. By transforming individual and collective behavior, cognition, emotion, and consciousness, humanitarians hoped they could socially engineer Liberians to be compliant with—or at least not resistant to—the project of nation-state building. Through the inconsistencies of the term "psychosocial" and its loose and ambiguous connection with the concept of mental health, humanitarian organizations had an unlimited mandate to intervene in people's psychological and social lives.

The Postconflict Postcolony

Although the historiography of the Liberian Civil War is important, the history of Liberia's postconflict period requires its own telling, for the way the war transpired did not determine its aftermath. Over the next few pages, I want to relate a specific history of the postconflict period,

one that pays particular attention to institutional authority, military presence, widespread population insecurity, and human experience. Most histories of Liberia end at the postconflict present where this book begins, so the end of the war is our point of departure.

In 2003, when a coordinated effort by the United Nations, the United States, and the Economic Community of West African States (ECOWAS) led to Liberian president Charles Taylor's exile in Nigeria, and internationally negotiated peace treaties established the NTGL, Liberia constituted a critical point of human vulnerability across the West African region. For years, Liberia was an unfettered source of weapons, young and cheap soldiers, epidemic diseases, illegal narcotics, and opportunities for military adventurism throughout the West African region. These activities were supported through the rapacious exploitation of diamonds and gold, virgin rain forest lumber, and latex plantations; through the provision of falsified financing and shipping documentation; and through the wholesale extraction of anything that could be sold, from copper wiring ripped out of schoolhouse walls to ceramic toilets hacked off of cement floors. In Monrovia, the capital, there was no electricity or clean water, and NGO workers were battling yet another cholera epidemic while journalists reported on the human devastation. The United Nations High Commission for Refugees (UNHCR) was gearing up to repatriate nearly a million people from neighboring Sierra Leone, Ghana, Guinea, and Côte d'Ivoire, and initial attempts at disarmament were failing. Vast UNHCR-administered camps for the internally displaced littered the landscape, and the task of relocating all those human lives seemed insurmountable.

After more than twenty-five years of political turmoil and thirteen years of civil war and external military and humanitarian intervention, Taylor's "help yourself" ethos had resulted in the stripping and sale for scrap of almost every piece of wire, metal, carved timber, and porcelain tile in the country for sale. Houses, schools, clinics, and factories had been shot up, bombed, looted, polluted, and defiled, and village after village had been burned to the ground or abandoned. Many farming communities had lain fallow for years, and a generation of peasant's children lost the inheritance of their parents' agricultural skills to military instability, resource degradation, and repeated displacements and raids. Though farmers returned periodically to check on their homes and holdings and maintained their fields, thousands of small-scale farms and fisheries had grown into tiny rain forests and swamps, and the mass agricultural production of commodities like rubber and palm oil had been substantially destroyed or derailed. What was left in their place were sophisticated wartime trade networks, nonsustainable systems for agricultural and mineral extraction, and an exploitative system of labor that revolved around wartime needs, powers, and opportunities. What was lost were the informal and formal educational mechanisms that generationally reproduced rural and urban economic, political, and social life.

The total destruction of Liberia's social, economic, political, and bureaucratic infrastructures resulted in the temporary abrogation of Liberia's right to sovereignty. Under the Right to Protect (R2P) doctrine articulated by UN secretary-general Kofi Annan at the beginning of the decade, and concerns about further destabilization across the region, the international community had claimed the right to intercede through UN Security Council Resolution 1497, which established a peacekeeping mission, and UN Security Council Resolution 1509, which established the United Nations Mission in Liberia (UNMIL). Liberia was a fitting case for the application of the Right to Protect doctrine. The war had left behind a legacy of crisis, indeterminacy, and mistrust, a bankrupt treasury, and few leaders with the legitimate authority to rebuild a state. There was no possibility that the country would be able to emerge from the war without the substantial investment and protection of the international community.

The imperative for success in postconflict reconstruction was felt by UN officials as well. After major missteps with peacekeeping missions in Bosnia, Somalia, Haiti, and the Democratic Republic of the Congo, the UN was uncertain about its own ability to effectively facilitate a postconflict transition. As one UNMIL official said during an interview with me, "We have to make this work in Liberia. After the last few years, and in such a small country—if we can't prove that we can rebuild Liberia, then maybe we can't do this anywhere."

In Liberia, as in other countries contemporaneously involved in postwar reconstruction, the postconflict moment had distinctive attributes that must be highlighted—specifically, the militaristic character of the peacekeeping intervention, the institutional distribution of the peacekeeping intervention, and the postconflict period's temporality. In the beginning of the transition, the international community imposed new military, legal, and political forms of rule. Resolution 1509 authorized up to 15,000 military personnel, 1,115 police officers, civilian support staff, and humanitarian aid, while UNMIL and USAID worked directly with the NTGL to resurrect the state. Humanitarian intervention in Liberia was, therefore, first and foremost a militarized peacekeeping mission that was supported by ancillary administrative bodies coordinating population movements and population needs. An ambiguous mechanism of administration called the UN Cluster System was put into place to coordinate humanitarian aid in matters such as shelter, nutrition, health, and telecommunications. Simultaneously, UNHCR worked through the details of coordinating a massive repatriation effort of several hundred thousand Liberians from refugee and internally displaced person (IDP) camps across the region. Nearly one-third of the country's 2.5 million citizens—particularly those with professional training and skills—lived outside its borders in Guinea, Sierra Leone, the United States, Ghana, Côte d'Ivoire, and Nigeria; and one million displaced persons and refugees, approximately one-third of the entire population of Liberia, were scheduled to return to overcrowded cities and to the burned, looted, and overgrown rural areas in the coming three years.

Scholars like Giorgio Agamben (2005) have argued that the space of humanitarian intervention constitutes a "state of exception" in which, during a state of emergency, the rule of law is abrogated and the arbitrary rule of the sovereign is imposed, revealing the liminal character of the right to live and the right to let die. Without a doubt, Liberia's sovereignty was abrogated and international authority was imposed in a state of emergency. Violent armed gangs resisted "peace" by installing roadblocks, turning plantations into fortresses, and engaging in violence, banditry, and theft across the cities and rural areas. While armed UNMIL peacekeeping forces from Pakistan, Bangladesh, Nigeria, and Ghana worked their way into Liberia's interior, after the ceasefire, the international community attempted to pacify the population through threat, intimidation, containment, and moral force and persuasion. This was challenging; UNMIL peacekeepers were working with very little ethnographic or statistical information about the Liberian population. There were no Human Development Report Scores, economic indicators, governance indicators, or census data for Liberia because epidemiological monitoring mechanisms and all modes of governance had ceased to operate. Moreover, nearly all government records, but especially property ownership records, had been destroyed. No one was quite sure which iteration of the Liberian constitution still held legal force. As many people bemoaned, "It was all ruined. Everything was just to the ground. They took away everything."

Money flowed from international donors for peacekeeping support and humanitarian assistance, and hundreds of agencies flocked to the scene. Among the international agencies involved in Liberia's postwar reconstruction were hundreds of globally recognized

humanitarian charities like Médecins Sans Frontières (MSF), the International Rescue Committee (IRC), and Save the Children, faith-based organizations like Action for Churches Together, autonomous institutions like the International Committee of the Red Cross (ICRC), and multilateral donor groups like the World Bank and ECHO (the EU's European Commission Humanitarian Aid). To bridge service gaps between military peacekeeping and humanitarian aid services, private corporations (such as Dyncorp) were contracted by governments to provide security services to humanitarian personnel, undertake engineering projects, and retrain Liberian private and public sector leaders. Moreover, in 2005 alone, more than a thousand national Liberian NGOs were registered with the United Nations Humanitarian Information Center.

The priority for all of these agencies, from the outset, was to tread a quick and stabilizing path from humanitarianism to development. Humanitarian agencies were not allowed to linger, and most were subject to project reviews on three-month, six-month, and twelve-month cycles, during which projects were frequently initiated and terminated. Most NGOs operating in Liberia's postconflict period were mandated to leave, or to shift to a development orientation, as soon as there was any indication that Liberia had the capacity for legitimate self-governance. NGOs that seemed intent to idle were confronted with externally imposed funding cuts or redirections in their institutional mission. Therefore, the battery of expatriate experts, technicians, and consultants traveling the roads in Land Rovers were in a race against the clock to get Liberia into "good-enough" shape to resume self-management, assume empirical sovereignty, and vindicate the efficacy of humanitarian operatives.

As noted earlier, from the perspective of the international community, failure was not an option. The UN, the United States Government, and key NGOs like the Carter Center had been criticized for mishandling the protracted Liberian crisis, for having accepted Taylor's 1997 election as "free and fair", and for "abandoning" the country to endemic internecine warfare that threatened to engulf surrounding countries. The International Crisis Group (ICG) wrote, "Expectations are high at UN headquarters in New York. As an UNMIL official said, "Everybody is talking about UNMIL as the start of a new style in UN peace missions, primarily because of its rapid civilian deployment and success in drawing existing UN personnel from UNAMSIL (Sierra Leone) to start up. Liberia is not large and has no more than 3.3 million people. There will be over 1,500 UN civilian personnel working on the peace process, and 1,115 civilian police to establish law and order, so how can it fail? (ICG 2004, 6)." After a long series of gaffes in Liberia and around the world, the UN was motivated to restore the legitimacy of humanitarian peacekeeping operations in Liberia. Mindful of the criticism that UN peacekeeping interventions had focused too much on elections as a benchmark of peacekeeping success, and had left too early, the UN regarded the success of the Liberian reconstruction as a critical test of the Right to Protect doctrine and as a moral test of the international community.

The temporality of the postconflict moment also contributed to the sense that this period was a "state of exception," or alternately, a liminal moment of "antistructure" in a ritual of Liberian transformation from a communitas of war to a society of peace (Turner 1969). Following Paul Collier's theory that the first five years of postconflict economic recovery would strongly determine the likelihood of "reversion to conflict," humanitarians and policy experts on postwar recovery stressed the importance of intensive intervention during the first five years following the cessation of hostilities. (Some scholars, taking into account the destabilizing impact of economic and political fragility, believed the middle five years of Liberia's postconflict decade to be the most important [Collier and Hoeffler 2004; Bigombe, Collier, and

Sambanis 2000].) In word and deed, UNMIL officials exhorted the population to "Forget the past! The war is over! Now is the time for peace!" NGO workers and peacekeepers alike berated civilian and armed Liberians that "This is your only chance! When we leave, we will not come again! You must change, you must help to rebuild your country, or it will all be finished for all of you!" The massive influx of expatriates, white Land Rovers, helicopters, and money materially changed the landscape of Liberia and seemed to affirm the general sense that change was afoot. Therefore, the first five years after Liberia's civil war, 2003-2008, were cordoned off in time and space from its social and historical connectedness to a known and reviled Liberian past and an unknown and unstable Liberian future.

The adoption of Collier's five-year (or ten-year) time frame into humanitarian policy created certain temporally bounded political economies of its own. Five-year and ten-year time horizons were used as benchmarks for humanitarian aid projections, and the retraining of the Liberian National Police, the Liberian army, and civilian government officials was timed against projected peacekeeper drawdowns and departures. The UNMIL peacekeeping mission was tasked with providing military security and governance for extremely limited periods of time, and budget and duration were subject to annual or biannual renewal. The Liberian Department of Defense underwent training from Dyncorp to learn how to manage a civilian-led defense force. Police forces were nonexistent after the 2003 negotiations over UNMIL's presence denied the international peacekeeping force the right to act as local police on the grounds that this constituted an incursion against Liberia's sovereignty. Plans to return responsibility to relevant government agencies were calculated in three-, five-, and ten-year time frames. At the same time, big business negotiations with international investors like the Chinese government, mining companies like BHP Billiton and Arcelor Mittal, and agribusinesses like Firestone Corporation were left to Liberian government officials to sort out.

Furthermore, substantial social change was being advocated. Peacekeepers from Norway trained new Liberian police recruits to respect human rights, interview victims of rape or domestic violence appropriately, gather evidence, and go on patrols. Liberian politicians like Ellen Johnson Sirleaf urged expatriate Liberians to return to Liberia to invest in the economic redevelopment of the nation, to assume new leadership positions in government and politics, and to reshape core Liberian institutions. And humanitarian organizations stepped in to act as a shadow of the nonfunctioning state: providing education, potable water, food relief, trash collection, health care, and repatriation assistance, distributing home construction and farming materials, and reconstructing roads and bridges. And finally, as I discuss in Chapter 6, a massive demobilization process disarmed more than 120,000 ex-combatants within the first three years postconflict; five years postconflict, most ex-combatant rehabilitation initiatives could be declared completed.

Postconflict Experience

Although there is a growing tendency in the postconflict literature to emphasize social, cultural, and psychological resilience, the facts from Liberia show that, prior to 2010, biological resilience often lost out to the postwar context. Most Liberians were not "getting by"; in fact, population data indicated that Liberians were dying at the beginning and in the middle of their lives relative to the rest of the world's populations. Amid the smog, humidity, and periodic cholera outbreaks, people were, in fact, failing to thrive. Liberian men, women, and children were getting too sick, dying too young, suffering too much injury and violence, and experiencing too much hunger and exhaustion, and few elderly people were left alive. Global health statistics show that in 2003, the average life expectancy at birth in Liberia hovered at 47

years (UNDP 2006) (but rose to 57 years by 2011 [UNDATA 2013]). In 2003, the child mortality rate was 194-198 per 1,000 children (UNDP 2006), with nearly twenty percent of all children dying of malaria, typhoid, water-borne diseases, from the physical traumas of accidents or abuse, or from neglected infections. Anecdotally, MSF representatives informed me that on a single visit to a private school for poor Liberian youth in Monrovia, they found a child victim of rape, three children suffering from severe ear infections; a child who had endured a bloody beating; and a student with an aggressive skin infection that had eroded most of the fingertips on one hand. The median age of the population was (and continues to be) about eighteen years of age, and only 3.6 percent of the Liberian population could look forward to living beyond the age of sixty (UNDP 2006). Random and unexplained death was an ever-present part of postwar life among Liberians, and it was always a tragedy.

Many writers have illustrated the social disorder wrought by the Liberian Civil War to great effect. John Gay (2004), a scholar, teacher, and missionary in Liberia for nearly four decades, documented the social consequences of violence, modernization, endemic corruption, and social instability in his series of fictional novels. Rose George's (2004) and William Powers's (2005) personal memoirs and journalistic narratives brought to light the crisis of humanitarianism during the Liberian Civil War, as well as the impossible compromises shouldered by the international community in the face of unlivable circumstances within Liberia, for Liberians. Anthropologist Mats Utas (2003, 2005) and Danny Hoffman (2011) documented how Liberians built and rebuilt their lives while shuttling between camps, NGO jobs, cities, and armies and negotiated the possibilities of war-bounded worlds.

This is not to say that postwar Liberian life was unlivable, everywhere, all the time. People found opportunities for political, military, and social success. As Chris Coulter (2009) documented among ex-combatant women in Sierra Leone, after the war people reunited with families; some of those reunions were joyous, while some were painful. People learned who had lived and who had died, who had left for America and who had decided to stay behind in Guinea or Ghana or Côte d'Ivoire. Women and men found love and protection and created new families and communities. Mary Moran's (2012) ongoing work on Liberian men who did *not* become combatants reveals how families remained strong and intact throughout the war, with family members often using any means necessary to keep their children from becoming fighters. Men and women found success in business, education, and working for NGOs, and many were promoted to national and international prominence through government, business, and NGO circuits. Schools operated, albeit intermittently, and people bought land and rebuilt homes.

But it would be accurate to say that the onset of peace did not begin at the end of the Liberian Civil War. Tendrils of violence and destabilization protruded into postconflict realities for years after 2003, and Liberians today recall the years of 2004, 2005, and 2006 as particularly terrifying and insecure. In the war's aftermath, 50 percent of the Liberian population temporarily resettled in Monrovia, and most of the remainder moved into a few large towns and cities in the interior. People were dispossessed from their lives and at a loss as to how to move forward. Many had passed through the various institutions of the war—refugee camps, IDP camps, militias, and the various incarnations of the Liberian government—and had come through with new identities: Pentecostal, psychosocial worker, ex-combatant, politician. Though some had reaped huge benefits from the wartime economies, most people ended the war poorer than before, and their personal connections to prewar communities, ethnicities, and identities were more abstract than many liked to admit. There was rampant banditry, armed robbery, and homelessness, and family units often could not keep up with the constant need for

care, realignment, and reinvention that the postconflict moment had created. Moreover, certain habits of violence that had been instilled in youth over the long period of war took years to fade away. Boundaries needed to be re-created around physical, domestic, and privately controlled space, and the battles to reenact those boundaries were often public, heated, and intensely personal.

In the relatively closed social, economic, and spatial boundaries of the postwar period, Liberians were transformed into beneficiaries of a massive, uncoordinated, and decentralized project of humanitarian social engineering. This included modernist practices of social persuasion like media campaigns, mass education initiatives, radio shows, theatrical presentations, and communal instruction in human rights, gender-based violence, and "peacebuilding." In a parallel social universe, churches and mosques were used as vital locations for trauma healing, national forgiveness, and conflict resolution (Heaner 2010). People sought the Good News and instructions for living a good and moral life at church services, prayer meetings, and Bible groups, which also imposed elaborate social rules and behavioral restrictions on believers' everyday lives. In addition, in such places of worship war criminals, war barons, prostitutes, and nearly everyone else sought, and gained, forgiveness and redemption for their wartime pasts.

Because the median age of the population during the postwar period was eighteen and because the Liberian war lasted, on and off, for approximately thirteen years, by the time the war ended, more than half the Liberians left alive had almost no memory of life before the war, and the balance of the population had spent most of their adult lives as transients. In contrast to the situation in neighboring Sierra Leone, where many rural communities remained intact during the war, many Liberian youth had no adult relatives in the country who could tell them what life had been like before the onset of the political violence of the Samuel Doe era. The change promised by the postconflict transition wasn't just ephemeral—it was epochal, and very strange and unknown.

From the center of Monrovia, I watched the human environment of postwar subjectivity and tried to gauge social, cultural, and psychological resilience. From my perch, it seemed that the norms of West African life were turned inside out. On the International Day in Support of Victims of Torture, in 2005, I visited Mahtahdi, a suburban Monrovia neighborhood, for a community-based psychosocial training. There, I watched from the back of a truck as a surge of youth rioted around an NGO vehicle and started to throw rocks, while a dozen boys and girls trampled over old people in order to rip their sardine sandwiches and juice drinks out of their hands. On the main streets of Monrovia, and in the vicinities of the important markets, young men and women milled outside, seething with anger and loss, looking for what to do next with their lives. They pressed their bodies against doors and gates, and when they opened, they were forcefully shooed away by guards. Women hunched over squat cooking grills roasting bananas and raged over the cost and poor quality of commodities. The food vendors along the sides of streets had very little to sell, and it was of terrible quality. Impoverished youth, handicapped men and women, and street children climbed on top of NGO Land Rovers stuck in traffic and pelted NGO cars with rocks. Lebanese shopkeepers humiliatingly castigated Liberian employees. Even the nuns seemed angry.

The economics of postconflict life are almost never quantified in humanitarian policy research, but they ought to be. With the end of the war, economies of housing, food, and transportation were inflated by the vast international presence and by the country's total dependence on imported goods for every alimentary, construction, and transportation need. Food, clothing, and

construction materials were scarce and prohibitively expensive as hundreds of thousands of Liberians sifted through the broadest reaches of the city trying to reclaim land and rebuild housing structures. In the meantime, they imposed on the uncertain hospitality of friends and relatives, squatted in abandoned buildings, or took rooms in dense and partially exposed housing arrangements at inflated rents.

At the same time, the humanitarian industry was, without a doubt, the single biggest formal employer in Monrovia and it was the largest, , most reliable, and most certain source of scarce capital in a cash-poor environment. The need and desire for jobs in the humanitarian economy led thousands of Liberians to make great personal sacrifices. Psychosocial workers I interviewed left their children alone, together, in cities halfway across the country so that they could take field-based positions for a global NGOs, and worried about their children's welfare under the oversight of strangers. Men and women abandoned parents and marriages in order to relocate for NGO jobs, and from afar, fretted about their spouses' fidelity, their parents' health, and their siblings' spending of salary remittances. People spent half of their salaries on complex transportation arrangements in order to retain the jobs that promised the distant possibility of promotion and capital accumulation.

In contrast to the rapid restoration of normative social order that Coulter describes in Sierra Leone's postconflict recovery, Liberian social life was filled with what James has called "routines of rupture," or "multiple ongoing disruptions to daily life rather than single traumatic events after which there is a 'post-'" (James 2010, 132). Rupture itself became a part of everyday discourse, as Liberians talked about their daily experiences of ruptures in the language of trauma. "All of Liberia is traumatized," I heard time and time again. Borrowing NGO lingo, people said of each other, "There isn't the human capacity. People are totally traumatized." When Liberian government officials, expatriate NGO workers, repatriating Liberian refugees, and UN staffers used the word "traumatized," the term indexed a social pathology of an inability to participate in the "normal."

Cultural space was filled with radical questioning, uncertainty, doubt, and fear, which manifested themselves in humanitarian trainings, education programs, and occupational training initiatives. Within this artificial time frame, everyone present was intent on combating the latent potential for the reversion to violence. Veena Das wrote, "It is not only violence experienced on one's body in these cases but also the sense that one's access to context is lost that constitutes a sense of being violated. The fragility of the social becomes embedded in a temporality of anticipation since one ceases to trust that context is in place. The affect produced on the registers of the virtual and the potential, of fear that is real, but not necessarily actualized in events, comes to constitute the ecology of fear in everyday life" (Das 2007, 9).

Change had its euphoric and dysphoric potentialities. Time seemed to drag endlessly, but there was a sense of panicky haste around emerging political and cultural possibilities. Women who sought greater political participation rallied behind the presidential candidacy of Ellen Johnson Sirleaf ("Ma Ellen") and held billboards that read, "Now is the time for us to get on top." Social roles were being redefined in people's intimate relationships, norms and morality were being challenged, and histories underwent recodification. In postconflict time, there wasn't just a possibility of transforming the self into a new form of social citizen; there was a moral imperative to do so. Politicians, pastors, and humanitarians called upon each and every Liberian citizen, saying, "Now is the time": to change, to search for their own culpability in perpetuating the war, and to take upon themselves the mantle of responsibility for change.

Among humanitarian actors, state bureaucrats, and Liberian civilians, I found a vocal diversity of interests, intentions, and wills to govern, as well as an intense debate over the meaning and application of sovereignty in their daily lives. Across Liberia, people negotiated the pragmatic meaning of postconflict human rights, which promised autonomy and independence in their everyday lives, as well as the rights, goods, and services they were entitled to from the Liberian state (and its proxy, international NGOs). And across Liberia, UNMIL media campaigns issued a call for the restoration of law and order through advertising methods like peace concerts, billboards, posters, and radio jingles.

Postconflict life in Liberia was life outside of the law, in search of law and order. In the early years after the war, when Liberian civilians assembled themselves into community watches to protect against murderous bands of armed burglars, international observers both hailed vigilantism as a sign of civil society and denounced it as a sign of lawlessness. The courts were in disarray, the police forces were effectively demobilized, and the legal system was in a state of suspension, while international consultants and local leaders sifted through twenty years of changes to the Liberian constitution and Liberian legislation in search of the letter of "the law" that was to be restored. In the meantime, the daily violence of postconflict life involved minute, nuanced, personal performances of terror. Even today Liberians recall the punchings, stabbings, and fistfights that transpired around day-to-day acts of hailing a taxi, buying a snack, or waiting in line for a phone card, and they remember how difficult it was to find work, food, and housing. Human life, for a time, was cheap, and rumor had it that young men could be hired to assassinate an enemy or nemesis for as little as $60.

Without an effective police or justice system, fear and insecurity were widespread. The Asakaba gang, rumored to be a group of armed ex-combatants, continuously engaged in break-ins, carjackings, and rapes. Newspapers, radio, and gossip reported witchcraft ordeals, sacrificial child murders, and sorcery-driven dismemberment and cannibalism, in which police were sometimes implicated. Adult children directed gangs to rob their parents' property, while family members stole from each other.

Unpredictable and uncertain conditions were pervasive. One young social worker, Michael, was completing his associate's degree in social work while working full-time. On the eve of his final tuition installment, he found that a family member had stolen his entire tuition and savings, leaving him penniless. It was impossible to demand compensation, as both formal and traditional justice systems were broken. Another young man, Sebastian, an ex-combatant, had started a small chicken coop of twenty chickens, which were stolen one night by local robbers. He had nothing left after three years of saved wages from the DDRR process. In DDRR he had studied carpentry, but the six-month skills training had been intermittent and incomplete, and all he could do was work as a manual laborer or gather firewood in the bush. Doing this work was excruciatingly painful; he had a war wound from his years as a National Patriotic Front of Liberia (NPFL) fighter that ran directly through his right buttock and groin, and he had lost a testicle and the full mobility of his hip joint.

Travel at night was especially unsafe. Taxis are a crucial part of work life in Monrovia, and sharing taxis over long distances is often the only way to get from affordable homes in the urban periphery to low-salaried jobs in Monrovia's downtown. Fatuma, an NGO worker, was kneecapped by a bandit while waiting for a taxi and then robbed. She also knew of another woman who had been pulled into a cab late at night, then kidnaped, raped, and robbed. Both women had thought there were other passengers in the taxi, but the other passengers were accomplices.

Daniel's meditation on the denaturing influence of violence speaks to Liberian experiences of the postconflict period:

> Where the present dominates, the future and the past, because they have to pass through the present, are shaken even as they partake of the present's impermanence. Friends whom one considers to be unshakably like-minded change their opinions on vital matters. Today's good cause turns out to be tomorrow's evil. Yesterday's liberators become today's torturers. Last months' confidants become next month's informers. This week's promise becomes next week's betrayal. There are shifts in the other direction as well: from worse to better. Bigots turn into ardent nondiscriminators, murderers into penitent helpers, avengers into *satyagrahis* (nonviolent activists), hatemongers into compassionate human beings, raving extremists into rational mediators, chauvinists into humanists.... When the present looms large in this matter, both memory and hope become either emaciated or bloated. In either case, it is the present that dominates the past, making the past a mere simulacrum of the present. (1996, 107-108)

The country became a time out of time, a time-bounded zone of social, political, and legal experimentation. Activists were able to advance unpopular legislation that supported women's rights, democratic elections, and state governance. Numerous issues that were heretofore unacceptable for public debate, like Poro and Sande societies, Leopard societies, female genital cutting, and witchcraft ordeals, were being openly discussed. However, the newfound flexibility around the law challenged Liberians' sense that the law was certain, that it had the legitimacy and the moral conviction that customary and formal legal systems required. In cafés, in newspapers, and on call-in radio shows, Liberians discussed the problems of the recent social, moral, and political order and questioned the legal, moral, and normative foundations of the new postwar society and government.

The Structure of the Book

This book is divided into eight chapters, written with the intention that, "taken as a whole, they are juxtaposed in mutual discordance so as to echo the discordance of the phenomenon being studied—violence and its effects—albeit in a different register" (Daniel 1996, 6). The first chapter has framed the topic of trauma, psychosocial rehabilitation, the project of postconflict reconstruction, and the problem of humanitarian scale. The ethnographic core of the book begins in Chapter 2, which offers a "history of the present" (Moore 1987) of international health policy, Liberian national politics, and NGO coordination of psychosocial and mental health services in Liberia during the time period under investigation; much has changed in the last several years, and this is addressed at the conclusion of the chapter. Chapter 3 conveys the meaning of *normality* and *trauma* in postwar Liberia. Chapters 4, 5, 6, and 7 address major sites of mental health and psychosocial interventions: individual and group counseling, gender-based violence, and ex-combatant rehabilitation and DDRR. Chapter 8 focuses on the life stories of Liberian psychosocial workers and examines how they understand the nature of their own labor in the postconflict period.

A note on privacy, pseudonyms, and sensitivity: My use of pseudonyms is inconsistently applied throughout. When referring to public leaders (such as prominent Liberians who appear widely in global media), I do not use pseudonyms unless I have been explicitly requested to do so by interviewees. In the case of private Liberian citizens or Liberian NGO workers carrying out their routine functions under my participant-observer gaze, pseudonyms are applied and

identifying information has been changed to protect individuals' privacy. I have chosen not to change the name of certain international NGOs, like the Carter Center, or Liberian institutions like the Mother Patern College of Nursing and Social Work, because the domain of mental health in Liberia is sufficiently narrow that it would constitute an awkward deception to try to mask institutional identities. However, at the request of several NGOs, I have changed the names of their organizations to reflect concerns regarding their global reputations.

Lastly, I want to preemptively disclose to readers that much of the ethnography involves accounts of highly sensitive topics like forced displacement, rape, child abandonment, and murder. Those who may find this material too difficult to read may want to consider reading my other publications in lieu of this book.

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At the end of Liberia's thirteen-year civil war, the devastated population struggled to rebuild their country and come to terms with their experiences of violence. During the first decade of postwar reconstruction, hundreds of humanitarian organizations created programs that were intended to heal trauma, prevent gendered violence, rehabilitate former soldiers, and provide psychosocial care to the transitioning populace. But the implementation of these programs was not always suited to the specific mental health needs of the population or easily reconciled with the broader aims of reconstruction and humanitarian peacekeeping, and psychiatric treatment was sometimes ignored or unevenly integrated into postconflict humanitarian health care delivery.

Searching for Normal in the Wake of the Liberian War explores the human experience of the massive apparatus of trauma-healing and psychosocial interventions during the first five years of postwar reconstruction. Sharon Alane Abramowitz draws on extensive fieldwork among the government officials, humanitarian leaders, and an often-overlooked population of Liberian NGO employees to examine the structure and impact of the mental health care interventions, in particular the ways they were promised to work with peacekeeping and reconstruction, and how the reach and effectiveness of these promises can be measured. From this courageous ethnography emerges a geography of trauma and the ways it shapes the lives of those who give and receive care in postwar Liberia.

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