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Introduction

In many places in the world there are people who have been affected by political violence and therefore encounter a wide range of problems. As well, in most corners of the world, there are also people who want to help these 'victims'. In this issue of *Intervention* the reader finds four field reports on projects in Africa, Asia and Central America. In the activities described in these field reports, psychologists, social workers and mental health workers play an important role.

Humanitarian interventions for conflict-affected populations have traditionally focused on providing material help but over the last 25 years, assistance organisations also try to deal with the social and psychological impacts and consequences of armed conflict.

They provide so-called 'psychosocial interventions', and such psychosocial interventions are discussed in this specialised journal. Psychosocial projects have developed into a separate sector in humanitarian programming that is distinct from, and parallel to, such other areas of programming as water and sanitation, food and nutrition, health and shelter.

This issue of *Intervention* therefore, bravely opens with a Special Focus: Debate looking at the primary question of whether the establishment of a separate sector of independent psychosocial interventions is a good idea, or not. While *Intervention* is a journal about such psychosocial interventions, this debate challenges, perhaps not our very existence, but certainly invites the editors to re-examine *Intervention's* editorial policy.

Central to this debate is the opening article by *Williamson & Robinson* in which they argue that trying to establish psychosocial programming as a distinct sector may not be a good idea. They state that material, biological and psychosocial aspects of well-being are all integrally related, and it is not helpful to try to separate them into separate areas of programming. Psychosocial interventions are only effective if the biological and material needs of the people are also being met. The authors also believe that it is important that all interventions aimed at people affected by armed conflict should be informed by, and incorporate, a working understanding of the relevance of psychosocial issues.

They therefore advocate programmes aimed at 'well-being' in which various forms of material help and psychosocial approaches are integrated, and introduce a conceptual framework that can be helpful in designing and planning such integrated programmes. In order to further the debate, we invite authors describing attempts to carry out inte-

grated programmes as meant by *Williamson & Robinson* to send their reports to *Intervention*. We also expect that many other people working in psychosocial programmes may also feel challenged by this article, and therefore also invite our readers to send their comments. To start the discussion, the opening article is followed by two discussions also included in this Special Focus: Debate, one by *Mark van Ommeren, Jodi Morris, & Shekhar Saxena* and one by *Alastair Ager, Alison Strang & Mike Wessells*.

This issue also features an article by *Roberto Beneduce, Luca Jourdan, Timothy Raeymaekers & Koen Vlassenroot* that explores the functions and meaning of violence in the Democratic Republic of Congo. It was originally meant for our special issue on Reconciliation in Practice (*Intervention* 3.3) but for technical reasons could not be included. This article explores both the political and socio-psychological functions of violence in rural areas of the Democratic Republic of the Congo. Understanding the reason behind seemingly senseless violence is a condition for building a peaceful society and for successful rehabilitation programmes for ex-combatants.

As mentioned above, this issue brings four field reports describing practical experience with psychosocial interventions. The report by *Katharina Ley* is the first of these, and describes the support and reconciliation work in a weekly multicultural, multilingual therapeutic group of African refugee women in a shelter in Johannesburg (South Africa). *Marianne van der Veen & Daya Somasundaram* take us to the war-torn Jaffna district in the north of Sri Lanka. After the tsunami of 26 December 2004 struck the area, a mental health task force was formed. The approach of this task force, a co-operative initiative between 18 humanitarian agencies, is described in this field report. *Azaad Kassam &*

Anar Nanji present a qualitative field survey aimed at gaining some understanding of collective factors influencing mental health in a refugee camp in Karachi, Pakistan. They also describe some of the coping mechanisms utilised by the refugees in this camp.

In the final field report, *Peter Berliner, Manuel Dominguez, Finn Kjaerulf & Elisabeth Naima Mikkelsen* present a community approach to support people affected by organised violence and torture in post-conflict Guatemala. Although this community approach uses health as the entry strategy, its aim is

not confined to decreasing health-related symptoms; the aim is the specific creation of social structures within the community capable of fostering social and political transformation. To return to our opening question, perhaps this approach can also be seen as another step in the direction towards an integrated programme.

Guus van der Veer

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