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Wartime children's suffering and quests for therapy in northern Uganda

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Part IV

Reflections and concluding remarks

The content in Part IV of this thesis is presented in three chapters. After presenting in Part III the health situation of wartime children, as perceived by the children themselves in the context of a market oriented, adult centred, and pluralist healthcare system, I now present a critical analysis of two insights from my ethnographic data. The first insight, discussed in Chapter Twelve, focuses on children's reluctance to discuss their psychological distress. In Chapter Thirteen I then reflect on various experiences which occurred during fieldwork involving an attempt at bridging the gap between what the children themselves identified as needs and the healthcare service providers' approaches to ensuring children's wellbeing. In the closing Chapter Fourteen, I will present concluding remarks about children's suffering and quests for therapy.

In Chapter Eleven I mentioned that children in northern Uganda did not readily discuss their psychological distress, which they frequently presented in the form of somatic complaints. For many years, the issue of somatisation or the presentation of psychological distress as physical bodily complaints by people in non-Western countries has been an important issue for transcultural psychiatrists. The rationale for presenting a critical analysis of somatisation in this concluding section is mainly to add clarity to this crucial debate, and my premise for presenting a different viewpoint is drawn from experience-near data. I specifically draw from children's own perspectives, and the contextual approaches they took in minimising psychological distress, in order to shed light on this issue. In particular, I reflect on the issue that silencing distressed children and expressing psychological distress in bodily complaints appeared to be a suitable coping mechanism for this community at the time of study, where many people had to confront various severe experiences. However, these coping mechanisms in turn had many health consequences, a theme discussed in Chapter Twelve.

Throughout this thesis I refer to contextual as opposed to cultural approaches for minimising suffering, in order to transcend exoticization and to suggest that I privilege children's viewpoints. In referring to contextual approaches, I also avoid the frequent implication that culture is a bounded thing. I contextualize rather than culturalize to

suggest the fluidity of culture, and more precisely to regard culture as an adaptation and to propose that the children's behaviour was very much influenced by the broader socio-economic factors with which they lived and not simply their 'culture'. In addition, I avoid confusion in reference to 'culture', as has been the case with classical anthropology and other disciplines, whereby it is implied that a difference in 'culture' with the West – which is seen as normative – implying that the 'culture' being discussed is at an earlier stage of development.