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Behaviour change of a community - International development work analyzed from the perspective of Integrative Therapy

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AFRODAD	African Forum and Network For Debt and Development
AGOA	Africa Growth Opportunity Act
CDW	Child Domestic Worker
DV	Domestic Violence
GBV	Gender Based Violence
GNP	Gross National Product
HIPC	Highly Indebted Poor Countries
IFIs	International Financial Institutions
IMF	International Monetary Fund
IT	Integrative Therapy
NEPAD	New Partnership for Africa's Development
NGO	Non Government Organization
ODA	Overseas Development Assistance
PLA	Participatory Learning Appraisal
PRGF	Poverty Reduction Growth Facility
PRA	Participatory Rural Appraisal
PRP	Problems, Resources and Potentials
PRSP	Poverty Reduction Strategy Paper
SAP	Structural Adjustment Programme
SWOT	Strengths, Weaknesses, Opportunities and Threats
UN	United Nations
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

Part A:

1. What has Psychotherapy to do with international development work?

“Africa does not in any way appear to be developing according to any existing colonial or postcolonial western blueprints” (*Chabal, Daloz, 1999*). During my early work in psychotherapy I was often frustrated too, that clients were not developing according to all theoretical psychological theories I had learned at University.

The longer I worked in a project for prevention of domestic violence in Tanzania, I experienced more and more moments of “déjà-vue”, especially seeing all the nicely planned programmes and projects not really working and collapsing as soon the expatriates left and the external funds dried up. I was often surprised to discover the same dynamics I first experienced with my work doing Psychotherapy with drug addicts in Switzerland. Dynamics of dependency, hidden agendas, and beneficiaries pleasing the project managers in expectation of inflow of money and organizations who have ready made solutions for all problems were my daily companions and challenges.

After two years I decided to elaborate deeper similarities but also differences in concepts, dynamics of international development aid and psychotherapy, focusing on humanistic therapies, specifically Integrative Therapy.

This is important if we are considering psychotherapy as an intervention in a broader context, focusing not only on the clients alone but seeing them and their problems in a context, as a part of a family, a social network, or community, which is developing themselves over time. Then the relationship to development works becomes clearer. As we will see, community interventions and mobilization have many similarities with network interventions where the social environment(s) of a client with its structures, contents, norms, role expectations, value systems, attributions of problem situations, their reasons, outcome, and interdependences are important potentials for a successful therapy (*Hass, Petzold, 1999*).

While psychotherapy aims to improve or develop the wellbeing of an individual person or small social institutions like families or couples, international development work focuses on improvement of larger (social) institutions like communities, education or health systems, economic sectors, or a country or region as a whole. Both are trying to change the hearts and minds of people, to empower them so that they can cope with the conditions they are living in. Although it would be a very general presumption that international development work is a “therapy of a community or of an underdeveloped nation” there are certain similar dynamics which are underlying both processes.

1.1. Definitions

1.1.1. Psychotherapy

Psychotherapy in general is an interaction between therapist and client in order to heal a disorder, ‘dis-ease’, or at least to improve the condition of the client (*Petzold, 1980, 7*).

Strotzka (1975) defines Psychotherapy as a conscious and planned interactive process to influence behavioural disorders and suffering, which are treated through psychological means, techniques based on theories to achieve goals, which if possible were elaborated together. The interaction is usually based on a sound and emotional relationship between client and therapist

1.1.2. Integrative Psychotherapy

Integrative Psychotherapy (IT), initiated 1965 by *H. Petzold* is based on *Ferenczi’s* ‘active Psychoanalysis’, *Perls* ‘Gestalt-therapy’, *Moreno’s* ‘Psychodrama and system-behavioural approaches. IT is based on a conception human beings have to be treated in their entirety: in their physical, emotional, and cognitive reality within their social and micro-ecological relations. Every human being only exists in relation with others. Through interacting with his/her fellows, identity is

formed. IT does not focus only on the psyche; it sees the individual person as part of a context (family, social networks) who is living through processes (personal history, development/ learning) (Petzold, 1993, 2003b). IT overcomes the ideological fixation of other psychotherapy schools which are mostly leaning towards psychoanalytic or medicalized models.

1.1.3. International development aid

International development aid or work refers to any kind of assistance, including monetary aid, given from developed countries to less developed countries in form of grants, soft loans, expertise or 'know-how' transfer. In this paper the focus is on how development is initiated in Africa. "Africa" as in almost all literature consulted, is not a geographical definition. "Africa" refers to the states south of the Sahara – what is also sometimes called "Black Africa".

Similar to psychotherapy, international development work or aid is an Interaction between two agents. One tries to improve the condition of the other. Both kinds of interaction take place in a concrete social reality and historical situation, which define the roles of both agents.

1.2. Interacting and corresponding with the world

Life is always an interaction between an individual and its environment. It is exactly this exchange with the world (Flammer, 1990) or correspondence (Petzold, 1996) which forms our identity and makes us living beings. Without experiencing the borders between me and others and the differences between me and them, as an individual, I will never be able to develop my own identity. The world is the medium of life. The same is true in international comparisons. Being identified as an underdeveloped country or a marginalized social group is only possible in relation and comparison with other "more developed" countries or other social groups. Already Bauer (1981, 26) expressed: "Without foreign aid, there is no Third World".

In a globalized world influential or better off Africans daily see on TV the wealth of Europe and Europeans are getting used to news of African wars and starving children.

The formation of identity is even more interlinked. Even if we do not always consciously acknowledge it, lives between Africans and Europeans are continuously interlinked. An African farmer is indirectly connected with the world market of cotton, the Worldbank's policies on debt relief and primary schooling for his children, while the price a European worker is paying for his petrol is influenced by protests and uprisings of local people living in the Niger delta. Even the almost total blocking of outside influences in countries like North Korea is at least partly a reaction to outside players. Therefore, the question in psychotherapy and international development is not if we interact or correspond with each other, but how we interact.

Developed and underdeveloped countries are interacting ('corresponding') within different ways: economically, politically, culturally, etc. Although all these interactions are very important, the focus in this paper will be on the specific interaction of international development aid where somebody from outside is aiming to improve the development level of the receiver, similar to the basic setting in psychotherapy.

Unlike classical psychoanalysis, Integrative Therapy looks at the human being in his 'vital room' (Petzold, 1996), in his context. His deportment and behaviour can only be understood in relation to his context. Context means more than just the actual environment – it includes family, work, social class, culture, etc. Behaviour in the actual context itself is itself related to experiences in the past and expectations in the future. In IT we try to see and understand the client and his behaviour, emotions and volitions in his context and as part of a time continuum (analysis of context and continuum).

In international development work every problem is also embedded into a cultural, social, political, economical and historical context. Without considering these spheres any intervention is very likely to fail or to produce results which were not intended. The social reality and the society behind it must be included into holistic therapeutic strategies (Petzold 1980, 225). Translated into international cooperation and development work this would mean that projects and policies should never be designed and implemented in a vacuum. They are the product of national and international dynamics (global, national as regional economics and politics, foreign and national policies, etc.), (Rugumamu, 1996).

Different dimensions of human reality can not be treated as single ones. They are all interlinked and interdependent. Therefore any individual development has to include the aspects of cognitive, emotional, physical, social learning and respectively complex learning (Sieper, 2002). The same has been experienced in international development work. Any technical input is immediately interlinked with social and historical factors which are all interdependent.

1.3. What is sick, what is underdeveloped?

History of modern psychiatry shows that the definition of “illness”, “health”, “normal” and “abnormal” is a subjective one and is therefore related to the (cultural and social) context. Foucault (1984) described how people were labelled and defined as ‘abnormal’: “The person who is put into a cell or whose dossier is being compiled was basically in a passive, constrained position” (Foucault, 1984).

Similar problems are emerging if we want to define poverty or underdevelopment. It is not only the question of what it is - it is also a matter who defines it. Asked what poverty is, a Tanzanian answered me, “The white man says we are poor if we have less than USD \$ 1 per day” (translated from Kiswahili). Another man once explained to me “poverty is the feeling you have when you are walking home knowing that your family is waiting for you and that you have to tell them that there is no money for food tonight.” He added, “It’s the feeling and not the lack of food – a feeling which only can be understood by somebody who has experienced the same.”

In contrast to these oral definitions, ‘official’ definitions of underdevelopment and poverty have to rely on technical and measurable facts which come from educated people who personally do not belong to the poor. As soon we need a plausible definition, if possible underlined with statistics, the definition naturally comes from somebody with higher education and position. The UN, the WB and international development agencies have realized that underdevelopment defined on monetary terms like the GNP only, are not accurate to describe the living standards and the problems of citizens. They now use a poverty index where measurable indicators like literacy rate, life expectancy, average calories available per day per person, etc. are included. But these definitions do not include any cognitive or emotional concepts of poverty. They do not explain why a Masai with his cattle in the Masai Mara might describe himself as a rich man while his brother who is working as a watchman in Nairobi scores much higher on the poverty index but dreams of raising cattle.

Every human being is embedded into social relationships. If they are good, he is able to develop into a healthy personality with a healthy identity. If these relationships are bad, burdening or harmful, he/she is getting hurt or restricted in his/her personal development and becomes sick. Illness and health can not be examined in isolation. Health status is the result of all good and all bad influences and experiences, the result of an interaction of protective factors and risk. This complex, multi dimensional approach includes physical, emotional, cognitive and social factors both subjective and objective ones¹. This view is based on 3 different but complementary models of disorders:

1. Model of damage in development through traumas, deficits, disorders, and conflicts.
2. Model of multiple overloading, oversteering over an extended period of time.
3. Repression or neglect of emotions and impulse.

Underdevelopment is seen in terms of modernization theory, as a stage which has not yet reached development, modernity, or a status like western countries. In contrast, the new orthodoxy, based on the successful economic development of Japan and the East Asian tiger states, stresses the cultural diversity of societies and points out that the ‘Western way of Life’ is neither universally desirable nor inevitable (Henkel, 2001). Likewise in the beginning of psychotherapy these theories were seldom based on real research. Watts (1995, cited in Sogge) expressed his surprise at how little work and focus is on institutions which produce development “truth” and he concludes that concepts in the development industry are usually based on a meagre fundament of theory, but these are pushed by the interests of the givers: ‘where colonialism left off, development took over’

¹ In an anthropological approach IT focuses on alienation of the person from himself and his social-cultural context while in a more clinical approach the focus is on harmful stimulations like deficits, traumas or conflicts.

(*ibid*, 143). In fact, over history, underdevelopment was often related to the politically most opportunistic theory to push for certain interventions like decolonialization, nationalization of means of production, denationalization, democratization, market capitalism or good governance.

1.4. Diagnostic / Problem assessment

Knowing the problem is often assumed as the first step towards solving it. Ideally the solution or the intervention should depend on the problem and not vice versa.

IT sees the human being as an actor in context and continuum. It uses multiple perspectives, changing the point of view to have a different perception of the “realities”. The therapist goes together with his client through an ongoing spiral-like process, through the stages of perceiving, grasping, understanding and explaining and then starting again to become aware and to start to understand the problem.

Every human being can only be understood in his context with all its influences. (Social) affordances often determine the way he reacts or responds to outside stimulation (*Petzold*, 2003b). Therefore, it is important to involve the social network or the community in the problem assessment or diagnosis. As we will see, in development work there are diagnostic methods like participatory rural (learning) appraisal, PRA (PLA). However like a psychologist who is looking for and often finding some problems which fit the methods he/she has learned in development work problems and beneficiaries are often assessed to fit to the already ready-made solution. The donor already knows that he wants to invest this sum of capital or send this expert to this specific target area and then he goes out in search of the problem.

During assessment of the problem there is often a mutual understanding of the giver and receiver that power, politics and critical social issues should be kept aside. Neither the donor nor the receiving government has any interest in being questioned and they both prefer to focus on technical matters.

Although there is a lot of literature on different methods of problem assessment, the main question is: is the assessment really done to unveil a problem, or to enforce or justify already taken decisions and existing interests?

Sogge (2002) concludes that the northern model shows respect neither for actual problems in their contexts, nor for local processes in problem solving and policy making. It sends out a solution in search of problems, and the main concern becomes one of operations and techniques, and not of the definition of the problems and alternatives to it. On the receiving end then, the main concern is often about securing funds which then secure jobs and power.

2. Intervention in a social cultural context

In integrative therapy, after analyzing of the problem, resources and potentials of a person or social network goals are jointly elaborated with the client and in an “informed consent” (*Müller*, 2004, 21) implemented. Using a multi –perspective approach, it is crucial to decide where to focus (*Petzold*, 2002, III).

Similarly in international development projects, based on an assessment of the problem, interventions can be agreed and implemented. This is a very crucial step as we know from IT, decisions should be made through a corresponding bargaining of possibilities and limits of interventions. However, in international development work, interventions are often decided by powers inside and outside the country but rarely through the beneficiaries. Usually the one who brings in the money decides how the money is spent. A good example are Bretton Woods institutions imposing financial and fiscal order, scaling back of state intervention and the opening up of markets. With this financial pressure it was clear that most African states complied with structural adjustment. The only way ‘clients’ could resist was by delaying the implementation or to undermine its effects in other, more subterranean ways, that underdeveloped countries are doing quite successfully (*Chabal, Daloz*, 1999). As studies show, Structural Adjustment has not fundamentally altered the way in which politics works in contemporary Black Africa –it was only a superficial adjustment without sustainable changes.

That's where the most important problem lies. Most interventions are designed from outside, or at least are designed for outsiders, (who are approving proposals written according to their expectations) and are mainly aimed at structural or technical changes. They are rarely embedded in a wider cultural and social context. Several African authors are focusing attention upon the need for an analysis based on studies of mentalities (*Chabal, Daloz, 1999*) and the Cameroonian, *Etounga-Manguéle*, (1991) even questions whether "Africa does in reality need a cultural adjustment programme". He argues that artificial maintenance of consensus in Africa is counter-productive. He thinks that development would be more effective starting with learning how to solve conflicts and to institutionalize the resolution of conflicts.²

Chabal and Daloz, (1999, p132) summarize the factors as the following: the inability or unwillingness to institutionalize more formal and impersonal social relations; the reluctance to accept a Western socio-economic and political order and ... finally the subtle use of distinct registers of socio-political behaviour that may well not be compatible"

Already the early psychoanalysis, the first form of psychotherapy, took a critical stand, reflecting cultural trends of the time. Although later psychoanalysts were dropping the role of criticizing society and were adapting to medical systems, IT looks at the broader aspect of society and culture and also tries to intervene on this macro-level.

2.1. Context and objectives of Intervention

Built on the Greece axiom of Heraclit "panta rhei" ("everything flows"), intervention should depend on the problem and be embedded in the socio-cultural context of the beneficiary (client) and not on the needs and strengths of the "helping side". This does not mean being passive, but to build on already existing potentials and dynamics is much more fruitful than to "push against the river"³. But for some new problems and challenges (HIV/Aids, capitalist consumerism, etc. there might not be too many relevant existing potentials and dynamics. IT is based on a joint process of complex learning by the therapist with his client (his family) in dialogue.

IT expands the traditional therapeutic intervention into integrative interventions (*Petzold 1980, 226*), which include:

1. Prevention
2. Preservation of already existing potentials
3. Repair / Emergency Response
4. Development
5. Supportive (if Reparation is not possible)
6. Political interventions in social context

International development aid's main focus is on Repair / Emergency Response and on support. While humanitarian assistance (Repair / Emergency Response) in general brings some immediate relief, aid "had in general not fulfilled its expected impact on sustainable development" (*Afrodad, 2003, 4*). One of the main reasons is that, beside all this rhetoric, aid is usually only "support" and not development of interventions in the macro socio-economic context. As we know from psychotherapy, ongoing support over a long period of time causes the patient to lose his status as an independent subject and become an object of (destructive) charity. Without believing in and supporting the patient's potentials, he becomes passive and demanding. *Afrodad (2004)* concluding "that the current aid regime undermines governance at national level" and that the policies of the IFI's in "many instances have worsened poverty in developing countries." *Rugumamu (1997, 200)* concludes as a worst case scenario that "in the long run and all other things being equal, foreign assistance dependence, like drug addiction, destroys rather than enhances the institutional capacities of the users, paralyzes national initiatives, diminishes people's faith and confidence in

² This evokes one of the old questions: is somebody who has experienced the same problem or comes from the same background is better placed to make interventions. Critically I realized that most books written by "Africans" are books by black persons educated in European or US universities. "In addition there is evidence that such intellectuals not infrequently fail to live up to their own standards when they return to Africa, adjusting all too readily (like *Soglo*, Benin's first democratically elected president) to the cultural norms they had previously so sternly criticized (*Chabal and Daloz, 1999, 131*).

³ International outcry and condemnation of Female Genital Mutilation together with monetary pressure lead many countries to introduce laws and severe punishment against people practising FGM. The main effect was that these practices were pushed underground into and practiced under even more severe medical conditions. More successful approaches are showing that it is more effective "going with the river" of this old tradition and instead of condemning FGM to introduce symbolic rites and festivals without Mutilation.

their abilities, and erodes the very basis of national sovereignty.” South African President *Mbeki* (2004) postulates that, “we have seen the entrenchment of the belief that the achievement of the goal of a better life for the African natives was dependent on the sustained goodwill of the Western world to favour these masses with the transfer of resources in form of ‘aid’ or ‘overseas developing assistance’... that has led to the generalised economic and social crisis from which the people of Africa must now extricate themselves.”

A good example is the politic of the International Financial Institutions IFI (WB, IMF, but also WTO) which are supporting HIPC’s with debt relief but, up to now, do not want to know anything about debt cancellations or change monetary mechanisms to reduce the dependency of HIPC’s which would allow real development.” The aid-recipient relationship in Africa has developed into one that neither generates mutual respect... Instead, it has generated the dependency syndrome, cynicism, and ‘aid fatigue’. (*Mkandawire and Soludo*, 1999, cited in *Sogge*, 2002). As we know from individual psychology, human beings not only learn positive things. They also learn wrong cognitive problem solving strategies, negative emotions of impotence and dysfunctional volitions often seen with drug addicts, for example (*Sieper, Petzold* 2002).

This reminds us of the often neglected fact that any intervention can improve or worsen the situation, cause development and empowerment or a development to the worse like more dependency, poverty and passivity. Out of these results, and the experience that any field of intervention is too complicated to know all the positive and negative impacts of any intervention, the “do no harm” - approach was developed. In this approach unplanned and bad ‘side-effects’(which can also become the main effects) of interventions are involved in planning and monitoring of the project; intervention is split into small interventions and implemented step by step to discover unwanted damage as soon as possible in order to stop or to adapt the implementation of the intervention. Even the possibility of ‘undoing’ an intervention and restoring the status ante is already considered during the planning phase.

Even with all the capital and grant inflows which “should be sources of reductions in inter-country inequality”, (*World development report*, 2004) the gap between rich and poor nations has widened and more money is flowing out of Africa than in.

Rarely can we see in international development aid emphasis on prevention and preservation of already existing potentials. With today’s means of communication and all the early warning systems in place, many famines and conflicts are predictable and could be prevented at a fraction of the cost, but these chances are often not used. Even in politically less sensitive cases like plague prevention (such as the recent locust invasion in western Africa) action is rarely taken. The result was devastating for the farmers, who lost up to 80% of their harvest, and for the Donor community, who ended up paying several times the amount originally needed to prevent the early announced plague (*Jackson*, 2004).

2.2. Interventions seen from a network perspective

Social Networks are playing an important role for the well being of humans. In different psychotherapeutic settings the social environment of clients, its structures, contents, values and potentials are used to enhance positive outcomes, especially in Anglo Saxon psychotherapeutic traditions. A social network is a matrix in a socio-economic context in which social processes are happening and which offers potentials for psychotherapeutic interventions (*Hass and Petzold in Petzold, Märtens*, 1999). Based on a psychotherapeutic view, most literature is focusing on an ego-centric perspective; the network is analysed and studied from the perspective of the client. What kind of relationship does he/she have and how can relations within this network be described or used for the client’s support. More interesting for community intervention is the social structure perspective; from this perspective we look at the community as a socio-ecological context with different relationships between the people (and institutions). The relationships can differ in form (contacts, relationships, dependency) and can change over time. They are mostly real but might also only exist in mental representation. It is actually the social network which provides its individuals with social support, but also with norms, social identity and even answers so basic questions like the reason of life, etc.

Social networks are related in two ways to the clients’ problems:

- the most common form is, that the client is not able to seek help, a network is lacking (social isolation) or is not accessible.
- the problem can also lie within the network. It is not the client who is sick; it is the network which makes him sick. The network is a pathogen and needs our attention.

Reflecting the specific African cultural context, where individuals are much more defined as part of social groups, and where individual behaviour is much more related to social expectations, customs and roles prevention and interventions have to include key-stakeholders from this system.

Therefore, network analysis and network interventions might even be more appropriate than in Western individualistic cultures. For most Africans, but definitely for the Sukumas, a life outside their social structure makes little sense and everything is related to the family, tribe, community or social network. As the Kiswahili proverb “*mtu ni wengi*” states: one person is many persons, the individual life is in any circumstances related to others (present or mentally represented). This thinking is also reflected in the anthropology of IT, where the ‘individual person’ is a ‘co-existence’, a ‘personal system’, who, through complex processes of socializations, “interacts with other (personal) systems finds to its own identity” (Petzold 1998, in *Petzold and Märtens*, 1999, 217. Translated from German).

2.3. Resistance and gain of underdevelopment

Resistance is defined in IT (Petzold, 1980, 267) as “offering resistance against changing it's identity”, against destabilizations of his personal or social structure. Resistance is not ‘a priory’ destructive – in normal circumstances it is a protection against situations which are seen to be too difficult to cope with.

From psychotherapy we know the role of resistance which undermines or blocks all efforts to bring a change. The client of the system (the family for example) is in a stable homeostasis, even if it is an unhealthy one and is suffering continually. However, all changes are perceived as threats destabilizing the system and its rules and, therefore, more or less openly rejected and resisted.

Many disorders are “social disorders” and an analysis of the network which includes all stakeholders to understand the social system and its inheriting material, interactive and cognitive processes is crucial. In IT the goal is not to overcome resistance but to experience it, make the client conscious of it and to explore the reasons, gains of it and find a way through it if long term advantages are possible.

Underdevelopment is not always negative for everybody. It may even be a special gain for some groups. *Chabal and Daloz* (1999, 133) state that it is “possible for a country to fall in ruin ... while at the same time the members of a large number of (informal) networks continue to (substantially) enrich themselves. It may be true that economic failure is in this respect at least more ‘profitable’ for many than ‘development’”. One of the best examples is Somalia in the 1990's where warlords used the starving civilian population as a ransom to get access to international aid. Even looking at peaceful countries like Tanzania, international development aid has become a booming business with comparatively high salaries. In some countries relief and aid agencies are even second biggest investor and employer after the government. Once employed in this business, it would be foolish to threaten your own job by reducing the inflow of foreign aid.

2.4. Working on a continuum – the time factor in IT and International development work

While traditional Gestalt-psychotherapy follows the principle that all interventions are done “here and now”, IT is expanding this principle to include a time perspective. Even our actual feelings and being at present are related to experiences in the past and expectations of the future in a context. Even more important is to relate outside intervention in Africa to past interventions, starting with colonialism and to further contacts, interaction, inter-linkages and (inter-)dependence which are becoming more and more likely in the area of globalization. Similar to the development perspective, (based on the life span development approach) where we see the individual as part of changing networks and social world, we have also to see communities and countries from this development perspective. This is even more important as African societies have different nonlinear time

concepts; the concepts are not only different compared to western societies, but even within the same society or one person, and these concepts may even contradict one another.

The Sukuma people for example have a future tense in their language to express hopes and fears of the future, but these have no time references. The sense of impermanence which goes with immediacy makes forward planning difficult if not impossible. Thinking beyond the next rainy season or the next harvest has no meaning to subsistence farmers anywhere in the world. (*Wijisen and Tanner, 2000*)

One of the principles of IT is “not pushing the river”. Adapted to the question of time, it does not make sense to implement any change, project or programme faster than the community is ready to accept it. The speed of the beneficiaries should determine the time used, and not external planning processes driven by deadlines of donors, speedy disbursement of funds and the steps in carrier planning of ‘western experts’.⁴ This is also true on the national level. One of the main reasons for the crises in the 1990’s in the relationship to the donors was, that the Government of Tanzania considered that the donors were often unrealistic in their demands and their impatience. Politicians and officials believed that the pace of change in Tanzania was as fast as technically and politically feasible (*Wangwe, 2002*). Donors on the other hand felt disappointed and believed that the Government was not really committed to changes and development.

In IT, as in most psychotherapeutic methods, it is acknowledged today that change is a process, and that short term interventions often have only short term results, but no long term impact. IT stresses that for successful diagnostic and intervention, context and continuum must be taken into consideration.

Of course it is possible to a certain extent and also necessary and reasonable to plan the length of programmes and projects. Too often, however these schedules are not openly discussed and are only accepted by southern counterparts because they are bound by disbursement of funds. Even if these goals are not realistic, it is understandable that delays are not reported or implementation is only done superficially or is low quality.

3. Ownership and Sustainability,

3.1. Is a real partnership between North and South possible?

The relationship between therapist and client is a central factor of a successful therapy. The relationship between southern NGO’s and donor organizations, or southern countries and northern countries respectively, is of similar importance to create sustainable impacts. Development cooperation is an encounter between social systems which brings local actors and their institutions together with outsiders and their understanding of development. Neither relationships are equal and can easily lead to dependence which undermines all efforts of empowerment and self-development. Interventions, or support from outside, usually start with this power imbalance which ideally should and can be reduced during the process.

Therefore, it is crucial to be aware of these power imbalances and to make them transparent. Only then is it possible to bargain for the conditions of the relationship and the implementation of a monitoring and control system. Such a culture of controlled and bargained relationships also serves as a mechanism to buffer unfamiliarity and mistrust, and can be developed into participative control and administered power (*Petzold, 2003a*).

With the guilt of colonialism and built on political correctness, power inequalities are mostly neglected or denied, and there is a lot of rhetoric and ideology about partnership. Partnership can only be built on a fundament of equal or similar potentials. Instead of becoming an equal partner, Africa and Africans have experienced the growing frustrations of power imbalance, manipulation, and the erosion of the ability to own the development process. As a result of seemingly having no choice, they have to accept aid conditionalities imposed by the donor. The shift of decision power

⁴ At a launching of a community project I witnessed a Western expert who described his plans for the next 3 years. The African counterpart responded sincerely and told him that it was nice that he made a time plan but it will be the project itself, which means the beneficiaries, who will decide about the speed and the conclusion of the project.

about trade issues from the more democratic UNCTAD to the intransparent, and from Northern countries dominated WTO, is a practical example of this dynamic.

And similar to the dynamics in therapy, (*Petzold, 1980, 274, 277*), the emphasis of these pseudo-partnerships is often more harmful, and can block real empowerment and emancipation. On the contrary, I think it is essential to stress the power differences, and to make it transparent so that these differences can be openly included in decision making processes, responsibility and accountability. Transparency is very crucial in any intervention. It not only helps to build the critical “*informed consent*” among all stakeholders, but is itself “*empowerment*” of the whole network, which improves the understanding of dynamics, problems, resources and potentials (**PRP**) (leading to the management of its resources) (*Petzold et al. 2003b*).

One reason for promoting these pseudo-partnerships is that the powerful side tries to avoid the necessity for taking on responsibility for the outcomes of their interventions, especially if participatory approaches are used and even if the decisions are still made by agencies or development workers. The responsibility for the consequences is shifted to the beneficiaries. In international development there is no institution overseeing the “therapists” which could make them accountable. Even the normal political accountability is undermined as leaders and rulers are no longer accountable to their citizens, but to some undemocratic development offices and institutions far away.

Out of lack of trust in the recipients, donors understandably set up their own systems and send their own trusted experts or expatriates to control the money. By setting up these competing external systems this aid helps to marginalize, fragment and de-legitimize local authorities, and also disconnects them from their own people. As long as the beneficiaries can access aid and services from parallel donor systems they rely less on local (governmental) institutions and do not make them accountable.

On the other hand, aid is also often abused to legitimize and reinforce the authorities, who can maintain their power of patronage by bringing in aid. For this reason “it becomes less mysterious why ‘failed’ development projects should end up being replicated again and again (*Ferguson, 1990, 256*). Realizing this dilemma, donor countries have started to redirect their funds into the government coffers of countries with good governance in order to make them the main service provider and, therefore, also accountable to their citizens.

Only if these power differences are clear and transparent, they can be questioned and criticized. Until now, subsidiarity principles have remained a clever feint or dishonest rhetoric to confer on local actors a false feeling of domestic control over development policy (*Kapijimpanga, 2004*). The moral high ground for which the IFI’s are preaching good governance to African governments is absolutely questionable considering their own lack of transparency in their own governance structures. Even if we are using participatory approaches, which are in vogue today, we will see that inequalities of power exist and that one of the main weaknesses of participatory approaches is that they are often neglected or minimized.

3.2. Experiencing their own power and possibilities

Having control enables people to reach set goals and to monitor life circumstances. Experience of having control is a fundamental life experience and every human being strives to have some control. Control, either real control or assumed control, leads to more activity, higher self esteem, happiness and personal development. The presumption of having control – how much and what kind of control I have – is part of personal self concept (*Flammer, 1990*). Control is always referred to goals, or anticipated change, which is connected through assumed causality to the interventions.

Since the experiments of Seligman (see *Flammer, 1990*) we know that helplessness can be learned through repeated experience of not having control. The experience (or at least the cognitive assumption) of not having control leads to resignation, passivity and even to depression. Withdrawal from the world reduces new experiences and, as in a vicious circle lack of experience of control increases conviction of not having control and, therefore reinforces passivity. Furthermore the findings show (*ibid*) that this effect is even more severe if this helplessness is endured over a long period of time and if people outside are perceived to have more control over their fate.

In this context we can imagine how Africans must feel having a past of enslavement and colonialization while experiencing their economic, political, cultural and religious powerlessness and marginalization in the world. When they see powerful whites on TV, rich tourists living in luxury and foreigner controlling many of the national companies their sense of inadequacy is further compounded.⁵ The often described passivity and fatalism is possibly rooted there. I have also often experienced how the outcome of activities, especially successes, are attributed externally: "Inshallah" (if Allah wishes), "Mungu akipenda" (if God wishes) and "Tunashukuru mungu" (we have to thank God) are firm expressions in Tanzanian culture and ways of thinking and planning. If we define freedom like *Bandura* (cited in *Flammer*, 1990, 83) as the basis of self-influence, 'freedom is not conceived negatively as the absence of external coercion or constraints. Rather, it is defined positively in terms of exercise of self-influence', we have to admit that most African countries and people are not free even after the withdrawal of the European colonial powers. But actions, the basis of any development, are only taken if the person has minimal trust in their possibilities of reaching the aimed outcome. They feel of having control is therefore a crucial condition for concrete action.

For cases where people do not have control, they often rely on imaginary control, or are adapting their wish / need of control to a lower achievable level or secondary control. (*Flammer*, 1990).

3.2.1. Control and its cultural dimensions

In western culture, the identity of a person largely defined by what a person is doing, what power he or she has. Success in the workplace and in sports, position in life, social status, education level, and even consummation level, form our identities. People who lose their jobs, who retire or are older and weaker, often have to cope with an identity crisis and have to reorientate themselves. Is all this research on control and power, which is mainly based in western countries, applicable to other cultures? Is it applicable to African culture, based on collectivism instead of individualism, where identity and status often depends not on what somebody is doing, but what he/she is contributing to the family and community in the form of resources, number of children, etc.?

I am personally not aware of any studies concerning Africans. *Spence* (1985, in *Flammer*, 1990) points out that the importance of work-performance, combined with individual success in western culture, based on Protestant ethic and Calvinism, is not an intercultural phenomenon and, therefore, might not apply in the African context. *Flammer* concludes that having control is an intercultural desire, but its importance and forms might differ from culture to culture. Even the existence of witchcraft, religion, and traditional beliefs might be '...a desperate affirmation of their [traditional people] capacity to master the world' (*Malinowski*, 1955, in *Flammer*, 1990). *Essau & Trommsdorff* (1990, in *Flammer*, 1990), concluded from an intercultural comparison between European, North American and Asian cultures that, in individualistic cultures, control and power are of higher value while in collective cultures indirect control scores higher.

A special and tricky form of power is power through identification (*Flammer*, 1990). Compared to other types of power, power through identification with the powerful is the most difficult to become aware of, to question and to oppose. While external power often results in resistance, power through identification is often welcome, and the dominated person even looks for it. Behind the scenes, there is a simple mechanism; by realizing and accepting that somebody else has power over me, I am trying at least to be close to the powerful person, often by admiring him and giving him even more power. If I am dominated from outside, then at least this power should be very powerful. This reminds me of how eagerly Africans are copying European values and symbols; sometimes they even strive to be more European than the Europeans themselves. The Kenyan writer *Ngugi wa Thiong'o*

⁵ During preparation of American invasion of Iraq in 2003 I was often asked by Tanzanian friends why the World media is only reporting anti-war demonstrations from all other continents but never from Africa. Only bad news from Africa seems to be newsworthy. In constructive world politics Africa is at best a spectator.

(Ochieng, 2004) has been telling for decades as long Africans continue to worship European gods, European ideas on governance and European paradigms of development, all African endowments, labour, natural resources and markets will continue to belong to Europe for the fleecing.

While we Westerners find enjoyment and identity in doing things, Africans on the other hand have the ability to find contentment in 'being'. To the outsider, this is often interpreted as laziness, but it liberates them from stress and super-competitiveness, which would push them out of their communities. One unknown Tanzanian argued once that "*we are actually human beings, not human-doings*".

Today the shortcomings of classical top-down and externally imposed development projects are widely accepted and seen as one of the reasons for failing to achieve development in Sub Saharan Africa. In order to give control over development to the ones who should develop, and to increase ownership by the community, today participatory approaches, strategies and methods are widely used. Even the WB builds in their PRSP's participatory elements.

3.2.2. Participatory approach

In his Annual meeting speech, the President of the WB informed the world that, 'participation matters – not only as a means of improving development effectiveness ... – but as the key to long-term sustainability and leverage'. Participation has become a central concept for the WB to remake its public face (Francis, 2001). Is this a change from the 1990's? At this time, an UNDP Commission found (Berg, 1993, 249-250) that "In almost all African countries...aid donors orchestrate the technical cooperation show. They conceive most projects ideas, arrange their designs, hire most experts, and oversee implementation. ...African authorities feel little ownership of activities with which they have been so little involved, making commitment problematic.

Although there are many definitions and concepts of participation in this paper I am using a definition based on Welbourn (1991, in Guijt and Shah 1998, p.10) which states that "Participatory development means the equal inclusion of all sections of a typical, stratified community: women, men, older, younger, better-off and worse-off".

Beside cognitive and emotional processes, volitions are very important in psychotherapy to learn how to make (good) decisions (Sieper, Petzold, 2002). In the theory of participatory methods participatory decision making is directly linked to empowerment. The broad aim of participation, empowerment and 'community driven action' is to increase the involvement of socially and economically marginalized people in decision making over issues concerning their own lives. It is assumed that participatory processes or techniques enable local people to analyze their own situation and problems, reach consensus, make decisions and take action (Guijt and Shah, 1998). Already by making decisions themselves, the marginalized and underdeveloped are potentially empowered because they are not dependent on somebody else's decision.

Techniques commonly used are 'Participatory Rural/Learning Appraisal (PRA/PLA)' and less often 'Beneficiary Assessment' and 'Social Analysis'. They are justified in terms of sustainability, relevance and empowerment. Aiming for participatory involvement by using one or a very few preformed techniques is, in my eyes, also a paradox; participation should also mean that techniques, and methods used should depend on the participating members and not on a prepared assessment design.

Without taking into account the relative bargaining power of so-called stakeholders participatory approaches often provide opportunities for the more powerful. The populist assumption that attention to "local knowledge" (reflecting local power) through participatory learning, will redefine the relationship between local communities and development organizations, is often proved wrong (Mosse, 2001). Mosse shows that projects clearly influence how people construct their 'needs', which mostly fit into the perceptions of what the agency is able to deliver. Even after assessing the community needs properly, decisions more often reflect the implementing organization's needs. Mosse (2001) concludes that PRA are often words symbolizing good decision-making without influencing it. Participation becomes a political value but, "...it remains a way of talking about rather than doing things" (Mosse, 2001, p32). The more popular and accepted "empowerment" and

“participation” become, the more these ‘buzzwords’ in development work lose their challenging and transformative edge. According to *Cernea* (in *Francis*, 2001), one of the WB’s leading social scientists, putting people first is ‘a reversal because it proposes another starting point in the planning and design of projects than that taken by current technology-centred approaches’. This would also necessarily mean democratizing the planning and implementation process. Today participatory elements are not only very popular in international development work, they are often a condition to access funds from donors. Using participatory approaches to have access to funds has been called the new methodological ‘tyranny’ (*Bell*, 1995 in *Guijt and Shah*, 1998). However, participatory processes in development work are mostly reduced to depoliticized techniques, and have nothing to do with radical empowerment as it was postulated in *Freire’s* philosophy (*Cleaver*, 2001). Empowering people by avoiding politics and conflicts forces any project to focus on using consultation to relieve symptoms of poverty and underdevelopment, and neglects the root causes like bad leadership, injustice, oppression of specific social groups like women or even countries.

The micro-politics, for example, of gender relations in each family, are as important as the politics of the WB and global powers. As we know from psychotherapy, conflicts are inevitable in any development process, not only conflicts between client and therapist (community and implementer), but especially within the client (community) himself (itself). *Cornwall et al.* (1992 in *Cousins* 1998) points out that “Power relations are central to development, that participatory processes are likely to allow conflict to become visible, and that the challenge to us is to learn to deal with it.” From the psychotherapeutic view I would even go one step further; that conflicts, if carefully handled, can be used as a motivation and a vehicle to bring change, to transform old structures into new ones. In development work, from community up to international level, ignoring the political nature of action is likely to be counterproductive and destructive to the development process (*Guijt and Shah*, 1998).

On the community level, these approaches usually assume that there is a community among equal individuals with a common goal, neglecting the existing power structure within the community itself. Communities, like social networks, are often heterogenic social constructs with some common factors, but also divergent values, interests, realities, etc. Based on their backgrounds and social groups people can be related to different social realities. Community based approaches remain powerful as long they address gender and other dimensions of social differences like ethnicity, and age explicitly. For example, the presence of women in community gathering is not enough as they and their issues are often excluded through social and cultural norms and controls

Power differences between donor and beneficiaries, therapist and client respectively, has to be reflected to avoid typical processes such as the beneficiaries deciding as long they are deciding the way the donor wants. In spite of all participatory approaches almost all interventions and projects have to account upwards to the donor or government, and rarely downwards to the ultimate beneficiaries. Rather, to build real power at the receiving end, aid chains tend to concentrate it at the giving level. While the goal is that a community can make decisions about their own development, in most cases there is a high level of participation in the beginning with extensive community consultation to identify the environment of (the already decided to be implemented) project. This is followed by a period of waiting where decisions are made by outside organizations, and then the community is involved in implementation again in the form of providing (often free) labour. In the core processes of decision making during planning and implementation, and in the responsibility of financial management, the community is often strikingly absent (*Guijt*, 1991). Yet, if aid fails, the beneficiaries are commonly blamed and are left to foot the bill⁶.

From research on the effectiveness of psychotherapy we know that the relationship between client and therapist should be ‘real’. This is possible when all the professional aspects and rules are followed (*Strupp*, 1999. in *Petzold and Märtens*, 1999).

Hailey (2001) argues that the success of NGO’s, and development work in general, depends on the understanding of, and responsiveness to, the needs of the local communities. Participatory methods like PRA are merely tools, not recipes guaranteeing the success of a project, and can never replace the genuine commitment to helping the poor and disadvantaged. Detailed analysis shows that it is not the method, but some key characteristics which distinguish successful NGO’s and project from failures. “These include a fundamental belief in participative development, an

⁶A good example is the “Ujamaa” (villagization) programme in Tanzania where thousands of villagers were forcefully moved to new villages. While today everybody admits the total failure of this programme nobody mentions that this techno-economic vision was actively supported by the WB and USAID (*Sogge*, 2002)

ethos of close collaboration with local communities and a clear vision based on a strongly held and well articulated set of values. Their work is based on the conviction that the poor and uneducated can take control of their lives with some outside encouragement, assistance and support.” (*ibid*) As a result, the inputs must be compatible with local experiences and preferences. If participatory methods lack these commitments, they can easily be manipulated by educated, articulate individuals whose power is derived from their access to funds, knowledge, political contacts and new technologies. Very often results of participatory approaches are seen as part of a dichotomy; they represent ‘indigenous knowledge’ of ‘traditional practices’ which should be considered in order to successfully promote the other half – ‘western ideas, modern life or new techniques’.

Just using participatory techniques does not mean that the community participates and is empowered. After an overview of research, *Mosse* (2001) concludes most claims about the effects of participation lack any evidence and are unproved.

Cooperation and local ownership has to build on a relationship with the community, with these marginalized groups which is usually based on an intensive and lengthy engagement. This is especially so in less developed countries, where people have good reasons, through experience, not to trust formal laws, institutions and outside aid as it often has not reached them. They have to rely on relationships they build over a longer period of time.

Only by linking participatory approaches to wider and more difficult processes of democratization, anti-imperialism, feminism (and integrity of implementation) will long-term changes occur (*Mohan*, 2001, 166).

Therefore, we need to focus on the motives, actions and agendas of those who promote these participative tools and techniques. Based on the thinking of Foucault we can say, unless we understand why the development community in general, and development ‘experts’ in particular, promote such participative approaches we will never gain a critical insight into their real role and influence. Such analysis might give us an insight into what power or control it gives and what real purposes it serves.

These findings are compatible with theory and research in psychotherapy in general, and in IT in particular. Not even the best method or technique can replace the therapist as a human being interacting and co-responding with the clients, because psychotherapy is a process of complex learning based on esteem, empathy, expressed by using his own resources and potentials in problem solving, as well as his/her own coping strategies. (*Sieper et al.* 2002). Development aid often exposes the already existing differences in wealth, status and power, and can foster feelings of humiliation and powerlessness. By focusing on technical solutions, cognitive and social dynamics like collective self-esteem appear to be poorly studied. A good example is Rwanda, where the dynamics of the genocide have been studied in depth, and where aid has reinforced feelings of exclusion (*Sogge* 2002; *Urvin*, 1998).

3.3. The relationship between the giver and receiver

We have seen that the question of different levels of power is inherent in giving and receiving help. Therefore, we have to discuss the relationship between the giving and receiving side. What are the motives, ‘good’ or ‘bad’, short- or long term, for a donor or a government of a developed nation to provide funds for problems far away in Africa? Is it completely altruistic as it always seems or are there any other motives or interests behind?

Many development projects or therapies fail before they have really started because expectations are not discussed, although both agents have distinct role expectations of each other. From psychotherapy we know that if the expectations of the therapist are too rigid the chance of a successful relationship, which has to be understood as an ongoing process, is small (*Frühmann* p 39 in *Petzold* 1980). In development work projects are often implemented before mutual trust can be built and, therefore, expectations are often very different. This leads to a situation where more and more technical controls are requested by the donor in order to ensure that the money is used properly. The demands are now so high that southern organizations are almost forced into a double role; implementing whatever is agreed on paper, independent from the results in the field, and writing ‘nice’ technical reports, often done by experts who are not committed to the work in the field or to the grassroots people. From the donor side there is also a mutual understanding that there should be no failures as they are difficult to sell to their own giver and donors. During the yearly one day visits, and in the annual reports, both sides are scratching each others backs.

3.3.1. Interest and Motivation of the Giver

Helping ill people to recover, poor people to survive and underdeveloped countries to develop is usually seen as a matter of course and rarely questioned in western societies. In development and education through psychotherapy the focus usually lies on the question of *how* suffering humans can be helped. However as *Kriz* (1999) argues, of as equal importance is the question *why*, or *for what reason* are we helping? This second question reveals the motives, values, and objectives of any interventions, and thus, should be the basis on which we can decide *how* to help or to introduce changes. Therefore, in psychotherapy as in international development aid it is not enough to discuss strategies and methods while there remain fundamental questions about interests, politics and views of the world. Even if these questions are not easy to answer and do not lead to any consensus it is important to critically reflect them, and to stand to be open and transparent about motives and interests.

At least during becoming a psychotherapist part of the education is self reflection or self analysis, directing towards realising the psychotherapist's problems, interests and motives in order to be able to focus better on the client's interests. Personal motives and interests are always there, therefore it is essential to be aware of them in order to provide quality help to a client, or to provide good development aid.

Of course the motives and interests of the receiver are not always clear either. However, usually the client or the receiving end is in a weaker position of power⁷, therefore I find it more important to focus on the locus of power.

Out of the guilt felt by former colonial powers development aid in the 1960's was graced with noble and idealistic intentions "to help poorer countries move forward in their own way into the industrial and technological age" (*Pearson Report*, 1969 in *Afrodad*, 2003). Today's allocation of foreign aid however, is dictated by political and strategic considerations. Studies (*Afrodad*, 2003) show that these considerations are much more important than economic needs and the performance of the recipients. Aid is never free, and that's why it is crucial to look at the relationship between the giver and the receiver. Even looking at the participatory approaches discussed above, it becomes evident that PRA, for example, "...lacks a high-profile internal champion within the World Bank, and it could be argued that its values are antithetical to the culture and procedures of a large bureaucracy ... and its hierarchical, rule-bound culture" (*Francis*, 2001, 85). *Francis* concludes that stakeholders are often consulted to discuss strategies of implementation, but the decisions and selection of project components are not for discussion.

Aid comes with conditionalities which are not *per se* in the interest of the receiver. *Afrodad* (2003, p. 4) concludes that "aid paradoxically seems to be the 'glue' that synergetically binds development policy, debt and trade to become one of the instruments of African domination by the current neo-liberal paradigm".

The goal in IT is to involve the client as much as possible in the identification of the problem (diagnostic) and in the decision of interventions (therapy). This requires a high level of transparency and mutual acceptance of each subjective other's integrity. It implies that the client is not the "possession" of the therapist. The therapist is only there because of his needed competence.

Behind all the rhetoric is whether or not politically and economically independent countries or organizations are really what the north is looking for. Is "aid" just another means of politics and economics serving other interests to keep southern countries and organizations dependent? "Yet most foreign aid is not about beneficence, but about power". (*Sogge*, 2002, 13). There are even examples where donors successfully killed grassroots' movements for social justice or land distribution programmes by flooding them with aid-money⁸.

Only when power differences are transparent can rights and responsibilities be rationally and ethically attributed. Based on these existing differences in psychotherapy the therapist has the right (or even the duty) to make some decisions in the interest of, and for the client, till he is able himself

⁷ There are examples where "receivers" can have influential power over the giver. Mobutu, the late dictator of Zaire (today Democratic Republic of Congo DRC) was a master in receiving funds for supporting the capitalist side during the cold war. Today no US president can really question support for Israel, as they have a strong political lobby in America.

In psychotherapy clients have material power over therapists and even institutions as they do not want to loose their source of income.

⁸ For example ,the revolution that never was' in north east of Brazil in the 1960's (*Sogge*, 2002)

to take this right and responsibility. However, this right is balanced with responsibilities and professional rules which guide the therapist so that he cannot (or is less likely to) abuse his power. The checks and balances of psychotherapeutic societies and the government have established a code of conduct and laws regulating and supervising this power. The opposite is true in the "aid" business, where the "givers" may try to avoid any kind of transparency or accountability while holding the power of the process.

On the national level, for most countries international aid is a synonym for business (for example Japan) or for pushing national interest on an international level (US, France). The US government, for example, makes no secret that about 80% of aid flows back to US suppliers of goods and services (Sogge 2002). If there is any check of power it only comes from the public (sometimes represented by independent NGO's) in the developed countries controlling and challenging their governments. This is happening in a few smaller, trade-dependent countries with a robust tradition of domestic social welfare, such as Norway, Sweden, Denmark, Canada and the Netherlands (Sogge, 2002). Sogge (ibid, 152) argues that "...rethinking of the aid system nested in the context of power is long overdue". But as long as the beneficiaries lack parity with those wishing to develop and empower them, real development and empowerment is hard to imagine.

Acknowledging this contradiction which led to the failures of SAP's, the IFI's moved a big step forward in creating ownership and take a more people centred approach to development in the PRSP's. However, a close analysis shows that these "country-driven" PRSP with broad participation of civil societies, CBO's, and elected institutions are still owned by the IFIs. In spite of all the good intentions and efforts, "...the final PRSP documents do not reflect civil society perspectives and inputs in any meaningful way" (Afrodad, 2004). While the PRSP's were at least discussed in the civil society, the macroeconomic framework based on the Poverty Reduction Growth Facility (PRGF) containing the bulk of conditionalities was a given and not for discussion. In Tanzania, for example, debt relief has about 30 neo-liberal conditionalities. Of these 25 are from the IMF's PRGF and only 5 from the more participative PRSP.

3.3.2. Exchange theory

Thirty years ago, Blau (1974, in Flammer, 1990) described social power in his exchange-theory. This theory is based on the assumption that all social interaction between two individuals gives both persons involved a net-profit, at least in the long run.

He also describes a special constellation where somebody is doing somebody else a favour, while the second person lacks the possibility of returning this favour. He is in debt of a favour to the first person, and if this is repeated again and again he becomes dependent. Instead of a favour or goods the giver has power over the receiver. He can now ask for small favours without risking the loss of his position of power. Such social relationships can usually only be changed through conflicts and (temporary) breaks. This old and simple theory mirrors the relationship between the developed and underdeveloped world. By helping Africa, western countries were indebting it economically and morally while washing off their own (moral) debt from colonialism. It also gives them the power to ask for "small favours" like opening their markets for western exports, etc...

3.4. Cognitive Competence and Practical Performance

Overt behaviour and performance are fundamental in IT. After becoming aware and conscious of a problem, and after deciding to make a change, this will have to be transferred into real behaviour. Changes have to be implemented in the natural social-cultural context, and through training people to become used to it.

Unfortunately, by far too often changes are agreed upon at a high level, new laws and policies are passed by governments and sent down the ladder with the expectation they will be implemented. Most African countries inherited colonial bureaucracies without mechanisms for decision making on different levels. They are still highly centralized in the capitals, and people are used to everything coming from the top and being taken without questioning or adapting to local circumstances. This approach is very likely to fail as it does not consider the different realities on the ground, and is not flexible at adapting to these realities. Very few institutions at the decision making level are really connected with the implementation at the community level, and communities usually do not have

direct links with the decision makers. Even most NGO's are either situated in the capitals doing advocacy without representing anybody, or are working at the grassroots without any links to the decision makers in the capital. This gap between decision making and implementation is deepened by the African perception that 'white collar work' is better work than 'blue collar work', and technocrats are avoiding, whenever possible, working in the field with grassroots people. As *Mongella*, the newly elected president of the African parliament, diagnosed in her speech, Africa does not need new development ideas; it has to learn to deliver on decisions taken and promises given. She sees the main problem as a lack of enthusiasm in implementation.

3.5. Sustainability

As we have seen, international development work was, and is still today, mainly based on a few doctrines which are usually dependent on the state's 'doctrine of the donor', irrespective of the locus of power. While such doctrines have been modernization and liberalization for countries adhering to Marxist doctrine, in the 1990's it became market fundamentalism. Of course, there is a lot of research done, but with minimal effect on real development policies. In spite of all the rhetoric about governance it can be clearly shown that dictatorial regimes have not received less aid than democracies (*Sogge 2002, Rugumamu, 1996*). While sometimes western government stop aid to very corrupt or illegitimate governments like Kenya under *Arap Moi* or more recently Zimbabwe under *Mugabe*, other as corrupt and dictatorial government like in Gabon or Equatorial Guinea, which are both sitting on oil, are not criticized or even appeased by the west. Although research shows that, generally speaking, up to now development aid has had no impact; all these failures never show up in any report or evaluation. Failures are not only impunitable, but they justify further grants and loans.

Neither international development aid, nor individual aid in psychotherapy, is for free. There is always somebody, usually through paying taxes or insurances, who foots the bill. Therefore, it is not only necessary to be accountable to the beneficiaries, but also to the payer and to work efficiently with effective results. This pressure led to extended research in psychotherapy on the effectiveness of the different psychotherapeutic schools, and to laws in different countries about which therapies should be paid for by the public.

Confronted with the fact that external aid did not have a sustainable impact on developing Africa, development agencies and politicians faced hard criticism which led to the a whole range of strategies and methods to measure the impact of projects and programmes. Similar to what we have discussed about participatory the approach, the focus is again on developing new methods and techniques to monitor and evaluate programmes, instead of addressing political, economic, cultural, and social factors which are blocking or hindering real development.

PART B

4. Prevention of Domestic Violence in Mwanza, Tanzania

After the general discussion of similar dynamics between development work and psychotherapy in general, and IT specifically, in this second part I focus on a concrete project – Kivulini's work in Mwanza, Tanzania to prevent and reduce domestic violence. Although the programme was not specifically developed using the theories of psychodynamics, it is worth a look as how these are present in a specific project.

4.1. Background information: Mwanza, Tanzania and Domestic Violence

Tanzania is one of the poorest and least developed countries⁹ in Africa and the world. After two decades of experiences with "African Socialism", the country has now joined the mainstream and is adjusting its economy and policies towards market principles.

Mwanza has 490'000 inhabitants and is the second biggest city in Tanzania. While some parts of the city are urbanized and the first roads are now being rehabilitated other sections are still totally reliant on agriculture. The fast growth of the city has also impacted on people's lives; on one hand, people are adapting at life to town by engaging in small business and becoming consumers; on the other hand they are still clinging too many of their old roles, customs and traditions.

4.2. Domestic Violence

Conflicts within households and families are widespread where power differences, often equal to gender differences, are particularly salient. Power differences manifest themselves both in inequitable and potentially inefficient resource allocations (such as under-investment in girls' schooling) and, in some cases in open violence, especially in the form of wife-battering. While this takes place within the home, these forms of abuse are connected with broader societal phenomena, which include the status of women, the workings of the marriage market (bribe price, etc), ownership of household assets, inheritance practices and access to labour opportunities. (World Development Report 2006, 2004).

Domestic Violence (DV), or Gender Based Violence (GBV), is mainly rooted in the low status of women or the victims in general. Women are particularly vulnerable to abuse by their partners in societies like Tanzania where there are major inequalities between men and women, rigid gender roles, cultural norms that support a man's rights to commit violence and weak sanctions against such behaviour (Counts et al. 1992). Using the WHO definition as a pattern (WHO, 2002), Kivulini defines Domestic violence as "intentional use of physical force or power, threatened or actual, against a person in a close relationship". Based on a holistic approach of prevention and intervention Kivulini distinguishes four types of Domestic Violence:

1. Physical Violence
2. Sexual Violence
3. Emotional / Psychological Violence
4. Economic Violence

Using this typology has been very fruitful as it opens up the spectrum of violence. While the community is mainly used focusing on physical violence only, Kivulini's research (2001) has shown that women also see emotional and economic violence problem. Sexual violence is often a taboo, and is seen from a different perspective in a society where women have to fulfil their marital duties whether they want to or not and where girls are still married off for bride price without their consent. In the legal definition of rape for example, forced sex by the husband is specifically excluded, and it is therefore, not against the law and legally and socially accepted.

⁹ Tanzania has 2004 a GNP of about USD 265.- p.a. respectively a Gross national income per capita adjusted to the purchasing power (GNI per capita PPP) of USD 550.- p.a. Average life expectancy for men/women of 42.5 / 44.1 years. Maternal mortality ratio is one highest in Africa at 1500/100'000 births. (UNFPA, 2004)

4.2.1. Women's role in society and Domestic violence

Women in Tanzania as in most African societies, have a very low status, which is mainly due to different interlinking factors: local customs, traditional gender roles and low economic status. They are mainly active in very labour intensive activities like agriculture, petty trade and domestic work, which generates only very little income or none at all. The Tanzanian government has formulated policies and laws permitting women's ownership of property, and has tried to modify laws concerning married women's share of conjugal property. However, traditions are usually much stronger, and discriminatory beliefs are common in practice, especially among the majority without proper education (*Hajabakiga*, 1994). Beside the access to resources, they are also totally marginalized in decision making from the government level down to the family level, have less access to education, health care and information, and thus are much more vulnerable. For example, it is estimated that in Sub Saharan Africa, majority of newly HIV-infected persons are women and 80% of women staying in long-term relationships have acquired the virus from their partner (who had become infected through sexual activities outside the relationship of through drug abuse). In some Sub Saharan countries girls are five to six times more likely to be infected than teenage boys (UNAIDS, 2003).

Their status is deeply rooted in traditional social thinking. As every family knows that their girls will belong to their future husband's family, investment in their education and health is still often seen as throwing money out of the window. In school they will not learn the necessary domestic skills. The girls might even come in early contact with men, which would reduce their expected bride price, and by getting pregnant they will bring shame to the whole family. During student debates organized in secondary schools, an overwhelming majority of girls support the institution of the bride price. Their main argument is, if bride price is abolished, girls would not have any value at all in society anymore.

One of the effects of economic development and urbanization is a slow erosion of traditional social control, especially through the elders, while young men still adhere to the advantages of traditional gender roles. They are the head of the family but often use their income for their own purposes. The wife or mother has to come up with most of the family expenses, as well as all the work at home. In a discussion with respected elders in a Masai community, they expressed the observation that families who educated their girls are now even better off. Educated men are going to work in town while educated women are supporting their families, sisters, brothers and parents. This observation made by these Masais contradicts the common opinion that a family profits more by educating the boys.

Severe living conditions, unemployment and poverty combined with low education and enormous power differences between men and women, often leads to domestic violence.

4.3. Kivulini Women's Rights Organization

Kivulini Women's Rights Organization is a registered Non-Governmental Organization, founded in 1999, by 6 active local women who wanted to do something about the suffering of their fellow women. In Kiswahili, Kivulini means "in the shade" which in the African context has a positive meaning. The word implies "a place under the tree" where women and men can rest after a hard days field work, and discuss and support each other. *Kivulini's* main goal is to mobilize communities to change attitudes and behaviours which cause violence against women, and to advocate for change within existing community structures to create a safe and supportive environment for all women. Therefore the organization works very closely with local leaders such as street leaders, religious leaders, community volunteers, and institutions like hospitals, police and courts. It has direct contact with community members through working with community groups, media campaigns (mostly radio), and a well frequented legal clinic where victims of domestic violence can get free legal and social counselling and support. Based on the finding that women who earn a little money are much more respected and suffering less domestic violence, Kivulini is also engaged in an economic empowerment programme through educating both women and men from the grassroots in small (informal) business practices.

5. How concepts of Integrative Therapy are implemented in a Community based development project. Successes and challenges.

5.1. The 5 phases of community intervention

The project follows a proactive stance which focuses on prevention of domestic violence by addressing its root causes: the low status of women and power imbalances within intimate relationships. Kivulini is challenging the traditional belief that women are less valuable as human beings, and therefore not worthy of possessing the same rights and dignity as men. In a holistic approach prevention is a process over time and requires the engagement of the whole community. It has to be embodied into the complexity of the culture, history, economy, traditions, beliefs etc. that shape the community and individual living within it.

Although each individual is unique, *Prochaska et al.* (1992) were able to identify similar patterns of individual changes. Based on these steps of changes *Michau and Naker* (2003) developed a Resource Guide in which they adapt this theory for change of individuals to the community level. Kivulini's project has 5 phases which are linked with the 4 phases in therapy in IT:

5.1.1. Community Assessment / Initial Phase

In both models, the process of change starts already in the first phase with the diagnosis and assessment of the problem. The client and the community are active partners in this process. The problem is elaborated within its relation in time and context on different levels. While IT explores the client within its "vital space", including his/her family, and social class, in the community assessment, domestic violence is explored within its social, economical and cultural context. In both strategies the problem is seen on a time dimension: the actual problem is rooted in the past, experienced in the present and is related to the future. As IT focuses on the individual client, including his/her social background and network, community assessment focuses on the community without neglecting the individual with its problems and resources. Different key persons who will play crucial roles in later phases, for example, community leaders, elders, but also victims of domestic violence, are already identified during this community assessment.

5.1.2. Raising Awareness / Initial Phase

The second phase (in IT the second objective of the first phase) aims to stimulate the client and the community to become aware of the problem, and conflicts, but also to become aware of positive experiences and its own capacity to do something to improve the situation. Community members become aware of domestic violence, begin to talk about it, and begin to realize the roots and outcome for the community. Through cognitive appraisal and emotional valuation they choose their standpoint.

The client or individuals in the community come into contact with thoughts, feelings, and situations which evoke a response that something has to be done, action has to be taken.

Table 1: Facilitating changes: the phases in changing communities in relationship with the phases in tetradic system in IT:

Phases of changing communities (<i>Michau and Naker</i>)	Phases of therapeutic process in IT
Community Assessment Gathering of information on attitudes and beliefs about domestic violence and through this work to start building relationships with community members.	Initial Phase Establishment of contact with the client and holistic diagnosis of the individual in context and continuum
Raising Awareness Raising of awareness about domestic violence within the community and in specific professional sectors	Stimulation of feelings and thoughts to raise awareness of conflicts, but also of resources and going through positive experiences.
Building Networks Encouraging and supporting the community members and institutions to exchange information, experiences, and ideas. Building and strengthening relationships.	Action Through emotional involvement in reassessing of old traumatic situations, but also in reviewing positive experiences, clients are able to reintegrate and revalue old experiences in a new, positive and safe context.
Integrating Action Actions against domestic violence become part of everyday life and institutions' policies and practices.	Integration The client reintegrates her new emotional experiences cognitively.
Consolidating Efforts Actions to maintain the sustainability of changes made	New Orientation Changes, new behaviour in being trained. This helps to transfer the newly learned skills into the outside reality.

5.1.3. Building Networks / Action

In this phase it comes to isolated, but not yet coordinated actions in the community to stop and prevent domestic violence. Community members come together to strengthen individual and group efforts. In therapy this is the phase of action itself: the client goes through intensive emotional (re-)experiencing. It is not enough to become aware of the problem, to talk about it, and to make decisions. By action, old (cognitive and normative) structures are broken up and there is space to "restructure". The insight that, beside the psychodynamic work with hidden structures, and the work with cognitive processes, (*competence*) overt behaviour and behaviour sequences (*performance*) also has to be influenced – combining both approaches in "complex action-based imagination-methods" called "complex learning" (*Sieper, Petzold, 2002*).

5.1.4. Integrating Action / Integration

In this phase against domestic violence as a part of everyday life of individuals and institutions are planned and taken. In therapy the client integrates the changes from the action phase in his cognitive structure.

5.1.5. Consolidating Efforts / New Orientation

Consolidation Efforts or the phase for New Orienteering is the time to strengthen actions. With this goal achieved, change will remain stable and the client/community is able to use the new behaviour without depending on the outside source that helped to facilitate the change. Only through this process is the change sustainable and we can then talk of real development. As in many therapies, this phase is also totally neglected in many development projects, or not seriously done. After teaching or even reaching some changes, projects are often seen as completed, the implementing personnel move somewhere else, and have no interest in how the achievements are failing.

In Mwanza, Tanzanian local leaders are often identified as key persons for all kinds of organizations working with the community. Most organizations train leaders at expensive seminars, handing out daily sitting allowances and then they go back, knowing that nobody has any interest in if or he is implementing the new knowledge. After the first small failure or challenge he usually gives up. Most of the community leaders were totally surprised to be visited after our training sessions, and to get one-to-one support. For the first time they had the feeling that somebody was really interested how they were dealing with the problems in their social environment. After the second or third visit they were also committed to the cause of doing something against domestic violence¹⁰.

6. Community Assessment of Domestic violence

Considering the extend of domestic violence, the main goal can not be to cure individuals but to analyze and to change social conditions which lead to, or allow occurrence of, domestic violence. The first step is to assess domestic violence in the concrete context of the community, to perceive and to understand it. Kivulini is not only interested in the prevalence of domestic violence, but also in how to assess networks and the community response this problem. The community assessment was done in 2001.

6.1. Method

Data were collected through 3 different methods:

- 19 focus group discussions,
- interviews with 20 community leaders
- 236 questionnaires were evaluated

A total of 440 persons were involved. Participants in focus group discussions were community action groups, street leaders, religious leaders, members of Ward Reconciliation Boards, Ward Executive Officers, Sungu Sungu (local militias), Credit and Savings groups, social workers, the Police Force, health workers, students, media persons, Councillors and disabled people.

6.2. Results, findings, analysis

The findings show that domestic violence is a major problem in the Mwanza community. Almost all women and children have experienced, or are experiencing, some form of domestic violence, often on a daily or weekly basis. The most often mentioned forms are severe scolding followed closely by excessive beatings. Other forms of violence mentioned frequently are denial of basic needs like food, clothing and education. Many women mention desertion of the husband. Effects of domestic violence are noticed mostly within the family. There is no development, the family remains poor, and there is a big chance of separation and the children ending up on the streets.

Only the police and the hospitals do not see domestic violence as major problem – on the other hand the victims of domestic violence say they would not go to those institutions first to get help. They would rather go to the Social Welfare Department, religious- street- or ward leaders and NGO's like Kivulini.

¹⁰ Visiting each other at home has in Africa much more weight than in Europe. It is a sign of interest and respect, and such social factors are often more important than all rational arguments.

6.2.1. Reasons for domestic violence – differences between men and women

As the results show clearly, most forms of domestic violence are committed by men; women and children are the ones who suffer most. This fact was not denied by the men in our research; however, men paint a different picture about the reasons, and point an accusing finger at mothers who are mistreating their children.

Women clearly put the blame for domestic violence on men, customs, drunkenness of their husbands, adultery, taking a second wife and the males' higher status in the family.

Men put the blame for domestic violence outside of their influence. They blame their poor economic situation, lack of education and lack of knowledge about human rights. According to culture and tradition the man is the head of the family. When the family lacks sufficient income, or they misuse their little money for alcohol (men) or clothes (women), the husband's position comes under threat. He tries to restore his self respect and to maintain his status by force and violence, or he leaves the family for another women.

There were only a few cases where women committed domestic violence against other women, e.g. against house girls, and where stepmothers mistreated their stepchildren.

Women who are earning their own income experience more respect from their husbands and suffer less from domestic violence. High dowry might also lead to an increasing chance of mistreatment

A problem mentioned very often is when the husband takes a second wife or houses the first wife with a new wife. Reluctance of the first family to accept a second wife very often leads to their economic hardship, especially if the man was the only or main provider for the family.

6.2.2. Prevention of domestic violence

Almost all people see education as the key strategy to the prevention of domestic violence, and some groups call for stricter punishment against those who commit acts of domestic violence. It is often said that men should learn to take responsibility for their families, and not to spend money on their own needs, but work together with the family to plan and to prioritize needs. Women should respect their men, even if he does not have an income, and should not place unnecessarily high demands on their husbands.

6.2.3. Conclusions of the assessment

Every society and every social network has norms and values on how its individuals should relate to each other. While theft, street violence, etc. is a serious violation of these norms, domestic violence is seen as a minor offence, if at all. Kivulini's community assessment (2001) shows norms which not only accept domestic violence, but even demand it. One example comes from the Kuria tribe where a man has to beat his wife to show that he loves her. Violence is seen as a sign of jealousy, which is an expression of true love. Women share with each other tricks to make their men beat and love them. But even beside such examples of specific norms, in certain tribes there are common (role) norms in Tanzania and African culture which accept or lead to domestic violence. This leads offenders and victims to internalize perceptions that domestic violence is normal and acceptable in close relationships.

These findings are in line with studies from other African countries. In a multi-country prevalence study of domestic violence, Zambia as the only included Sub Saharan country scored highest with more than 26% of women reporting of having been beaten by their spouse or partner within the last 12 months, and more than 48% ever been beaten by their partners or spouses (*Kishor and Johnson, 2004*).

A nation wide study in South Africa (*Anderson, 2004*), with more than 250,000 pupils participating, revealed that 71% of girls have already been forced to have sex. They are even cognitively adapting to the danger by taking it for granted they will be raped, therefore they believe it's not wrong. A further 58% said forcing sex on "someone you know" was not sexual violence 30% said girls had no right to refuse sex with boyfriends, and 26% said girls enjoyed rape.

In Tanzania, especially in less educated and rural settings, men still pay bride prices to marry a woman. The wife then belongs to the man, and has to fulfil her duties economically and sexually (nicely described as matrimonial duties) whenever he demands it. Even if she could maintain

herself (which is seldom the case), she can not leave her husband as her parents would have to pay back the bride price. She would also lose her children, who would stay with the husband. This is not required by law, which states that after abuse a woman can leave her husband freely, but social norms and traditions are stronger and force them to stay in these abusive relationships

7. Work with and within the community

7.1. Kivulini's community intervention from a network perspective

In a pro-active stand, Kivulini's mission is to mobilize the community to stop and prevent domestic violence, and to create a safe environment for everybody.

Similar to the concepts of network interventions, family therapy and IT, Kivulini assumes that survivors of domestic violence are part of a social system, therefore, interventions can not be isolated focusing only on the victims and probable offenders. The family where domestic violence occurs influences its social system, and is also influenced by it. In network and community interventions indirect strategies aimed at a higher acceptance of the programme are very successful. These strategies are not only aimed at the person suffering from domestic violence but at potential persons, 'natural helpers' (Gottlieb, 1981 in *Petzold and Märtens*, 1999). This includes those who are in close contact or relationship with the victim, and who have information about the suffering and problems and are in the position to intervene. We know from multi-cultural studies (*Kishor and Johnson*, 2004), majority of women who are suffering of domestic violence would never seek help. Therefore, it is the community, friends, neighbours, relatives and professionals like law enforcers and health care providers who have to do the first step and to approach these women and offering them their help.

Working within the historically grown structures is also the only sustainable way to bring long lasting change. In the Tanzanian context there are three official important community structures that Kivulini is working with:

- Streetleaders and village-leaders ("Viongozi wa mtaa" and "Vitongoji"): Having its roots in the socialist past, the state party is strongly organized down to the household level. Every 10 houses have a ten-cell leader and around ten of them are headed by a street-leader or village-leader. Even today street leaders are elected by the people, are living in their streets and are, therefore, trusted and respected, especially in villages and traditional towns like Mwanza. They are also officially entitled to intervene and make decisions in matters of social security in their streets or villages.
- Ward Executive Officers ("Mtendaji"): These are the lowest ranking officers appointed and paid by the government. They are also responsible for local security and have executive power. They have the authority to call the Sungu Sungu (a local militia) to intervene in disputes. At the Ward level there is a court of respected laypersons, where problems are settled before accessing the complicated level of official courts.
- Religious leaders ("Viongozi wa Dini"): after the family, religion is probably the second most important institution influencing people's identity. Therefore, the opinion and advice of religious leaders is taken very seriously. Muslim leaders especially are playing a very crucial role as many of their fellow Muslim men reject human and women's rights believing they are imposed by Christian European nations.

Kivulini itself trained a third group of key persons: Community Volunteers and End Violence Groups. Both groups come from and live directly in the community. They are known in their streets or villages and are aware of the problems of their neighbours. Community Volunteers are mainly recruited from already existing community or religious groups, and their main purpose is to teach their groups and the community about women's rights, inheritance laws and access to their rights, etc. End Violence Groups are mainly chosen by community leaders to and help them intervene in cases of domestic violence.

Having indirect access to the victims of domestic violence through these key people living close to them has been a very successful approach. Outside persons often have to take the first step in talking about domestic violence as it is frequently perceived as a private matter. Victims are often

ashamed, afraid or even too threatened to talk about it or to seek help outside their neighbourhood¹¹.

Working with the community also means that it is not Kivulini alone which plans and decides the next steps of the programme. There are annual planning retreats where community members and leaders are invited to participate and decide together. It is not only Kivulini which uses the community structures to work for the common goal – it is also the community using Kivulini. For example, after a rape case, community leaders convinced Kivulini to organize a protest march and a manifestation of solidarity with the victims. Volunteers and community leaders also have access to Kivulini's computers, public address system, and other resources to organize their activities.

7.2. Momentum of change

Changing behaviour is not a linear process. A client can prepare change step by step, but this is not enough. Usually s/he needs an emotional “peak experience”, or catharsis, as the essential step. Such experiences allow the client to break with old habits, perceptions, narratives or scripts, and new personal concepts of thinking and behaving can then be formed. Building a momentum of change or performance (*Petzold, 2003b*) is based on joint work, support from the family and networks, therapist, friends, and “significant caring others”, giving real or perceived (emotional) support and encouragement.

Changing the thinking and behaviour of communities is more than just changing a number of individuals. Educating and training individuals prepares the ground for change. After reaching a sufficient number, it comes to an emotional process where the group as a whole goes through a change. This point is frequently reached in workshops where leaders often get a strong feeling about going home to bring change, because they feel the power that they, as a group of leaders, can and want to do it. Similar experiences occur in big community meetings and community dialogues. Individual people speak out against domestic violence and suddenly there is the feeling that it is the community itself speaking out.

The community can only change if a sufficient momentum for change is reached by individuals and institutions working for it over a long period of time. The idea of ‘momentum of change’ is equivalent to ‘pregnancy’ in Psychotherapy.

I think this principle is even more important in the traditional social context in Tanzania, especially in Mwanza region where the Sukuma¹² culture is predominant. The Sukuma people have a very strong culture of community. The life of its individual members outside of relationships with others life has little meaning. People find their individual sense of worth from being in relationships with others. Conforming to community expectations, and being in relationships, together brings a sense of security and fulfilment. Therefore, individual or personal change is impossible without the whole community changing. Individual change is almost impossible as these individuals would come under enormous pressure to readapt to community traditions. It is very difficult for a single man to step out of traditional gender roles as this would be perceived as a step out of the community. Therefore, momentum of change has to be reached first and, whenever possible, in a group process either in street and community meetings, or in seminars for leaders.

Even as the imbalance of gender roles is the main factor for domestic violence, Kivulini is not pushing this issue as it would be counter productive. Yet all too often, gender in practice only means women. This one sided perspective usual provokes resistance from most men. In a holistic view, gender roles are seen as traditionally grown norms in this culture and Kivulini is part of it. In a long term approach Kivulini is trying to reflect these traditions, beginning within their own organization, then among the close affiliates like community volunteers, End Violence Groups and community leaders. Through real participative processes it is the community (respectively different groups who change with different speeds and in different ways) which own the change. Ownership is very important. The feeling that Kivulini, or even “Westerners”, would like to impose ‘their’ values

¹¹ A Community Research on Child Domestic Workers, a highly vulnerable group to Domestic Violence, has recently shown, that the first and most often the only place they would or already have sought help in case of abuse or exploitation by their employers are the Streetleaders or respected adults in the neighbourhood (Kivulini, 2004b).

¹² The Sukumas are the biggest tribe of Tanzania (8% of population) and mainly settled in Mwanza and Tabora region relying on agriculture and pastoral livestock-keepings.

would immediately lead to resistance, usually in the form of superficial adaptation (which would make the project look very successful and ensure the continuation of inflow of resources), but every real change would get torpedoed and blocked. In order not to jeopardize its main goal, Kivulini is clear with about its mission, but depending on the community members, is advocating for forms of woman's empowerment which are challenging to them, but can be accepted. With young students it is, for example, no problem to openly challenge traditional gender roles, while with traditional Muslim religious leaders it is more effective to emphasize creating "safe homes, safe families".

7.3. Empowerment through solidarity

Women who suffer domestic violence often have the feeling that they are the only ones concerned. They are afraid to tell anybody else about their suffering, and are even denying and lying to others offering help. This silence protects the offender. Even in cases where direct intervention does not work, Kivulini encourages these women to join women's or community groups. Many of these groups are formed to generate business, or for credit and saving schemes. It is there, and at community meetings, that they experience how widespread domestic violence is, and that they can not only learn from others how to cope with violent relationships and to get support, but they can also improve their self esteem. As we know from research (*Abramson 1977, in Flammer 1990*) personal helplessness has a much worse impact on self esteem than universal helplessness. If helplessness is perceived universally, concerning the majority of a social group, it has a less severe impact on self esteem and self valuation. When these women discover how many of their neighbours are suffering too, they stop attributing it to their own fate and see it as a problem which can be challenged. The same phenomenon has been observed among community leaders. After realizing that most of their colleagues are confronted with DV-cases on a weekly basis, they too start to act. These are the main reasons why Kivulini organizes regular sessions or workshops for community leaders, community volunteers and End Violence Groups. By just seeing how their peers are responding they are encouraged again, and feel that together they are able to change the behaviour of their communities. We know several examples of offenders who started to discuss their behaviour after realizing that they were not the only ones destroying relationships with their closest family members.

In IT we often look for interventions to change cognitive processes (*competence*) and overt behaviour and behaviour sequences (*performance*). The latter usually needs support from networks, friends, or "significant caring others", and this can have a long lasting and sustainable impact as they are internalized in the self as "internalized assistants" ("inner caring others"). Formation of an external and internalized support network is the most powerful means of regaining a feeling of security and sovereignty which helps people to cope effectively with the challenge of violent situations and relationships (*Petzold 2002*).

The forming of business / credit and saving groups also gives the members control over their own finances enabling them to contribute to their family income. By being less dependent on their husband's income women can improve their self esteem. They are more respected by their husbands, which correlates with a decrease in domestic violence (Kivulini, 2004). By involving other men, or even the husbands, in credit and saving groups or business skills workshops, the loss of control by men can be compensated for by their involvement and the hope of raising living standards. Results show that only 5% of the women have had their credit or income taken away by their husbands without their consent (Kivulini, 2004).

7.3.1. One to One support

Röhrle and Sommer (1998, in Petzold and Märten, 1999) showed that long term intervention is more fruitful, and that it is important to actively build on 'network compliance' and to involve, train, advise, and support adequately.

After training in workshops facilitators and specially trained leaders visit all (fellow) community leaders in their local, social networks (streets, villages, churches, mosques, health centre, hospital, police post, etc.) and evaluate and discuss the interventions which they have made or are planning. Although it is a very time consuming support-mechanism, it is very much appreciated by the leaders, and small obstacles which hinder the implementation of their plans to make interventions can be addressed directly and problems solved. This concept of "Facilitators", who follow the

participants to their homes or work place, is also known in IT where the therapist visits the clients at home in their own “social world” in order to experience the context in which they are living, and to develop possible strategies together (Petzold, 2003b). This leads not only to an “informed consent”, but also empowers their local network understand their **Problems, Resources and Potentials (PRP)** (Sieper, J., 2001) or **Strengths, Weaknesses, Opportunities and Threats (SWOT)**.

7.4. Efficiency of network- /community interventions

Network interventions are activities to modify pathogen characteristics of a network. In a meta-analysis of thirty three articles, Röhrlé and Sommer (1998, in Petzold and Märtens, 1999) were able to show that network interventions lead to an outcome at least as equal as psychotherapy and prevention. Long term interventions were more successful than short term, and for some specific groups as, for example, women the outcome was even more positive. This outcome has to be valued further as most of the network interventions were not specific and only on the side of traditional psychotherapeutic interventions. In a study of the effect of Integrative Therapy Petzold et al. (1999, in Petzold and Märtens, 1999) found that specific group- and network-interventions had significant effects on the qualitative expansion of the network and on an improvement in relationships.

Considering that such network / community interventions are much cheaper than individual therapy and counselling, and have the potential to develop change in the networks and communities, we can conclude that they are highly efficient.

7.4.1. Legal and Social Counselling

Although we have discussed the efficiency of network / community interventions, Kivulini also provides free legal and social counselling to survivors of domestic violence. Besides giving direct support to the clients, individual counselling has a general effect, working in networks and communities. Through the client we have influence into her network and the counsellor is part of the client's network. More specifically we have experienced that:

- It provides Kivulini with accurate information about the problems within the community. Many community interventions (like a campaign against denial of or requesting bribes for entitled services like free primary school, health service for children, etc.) came about through knowledge of the problem from our Counsellors.
- It gives us experience of applicable and non applicable interventions, which are often very helpful in the training of community leaders, community volunteers and End Violence Groups. We are talking from first hand experience of something we know about.
- Individual interventions have generalized effects. After two years of working in and with the local courts, our counsellors now experience more acceptance and respect from magistrates, and DV-cases are now dealt with more seriously in the local courts.
- Several former clients became very motivated community volunteers, taking on interventions in the community and educating about women's rights.
- Several clients used their own cases to raise awareness about domestic violence in community meetings or through media coverage, facilitated through Kivulini. Radio programmes with people personally involved in the struggle against domestic violence show a higher response than experts or politicians talking about it.
- It empowers and motivates. While community work is sometimes tiring, and results can not be seen immediately, it is motivating to see at least some individual successes.

Due to the immensity of the problem and the available resources, individual counselling or support can never be the solution to reducing or preventing domestic violence. The focus is, and will stay, on more (cost) effective community interventions.

7.5. Sustainability

The Kivulini programme is financed through international donors. Only a small amount is raised through providing services for other NGO's on a consultancy basis. Therefore, the existence of the organization is dependent on external grants. Even if the income basis can be widened, financial sustainability will never be achieved, as it is not realistic. There is almost no social organization

either in developed or in underdeveloped countries, which has a sustainable budget without any money from public sources.

The goals Kivulini is trying to achieve is to bring a sustainable impact into the communities, effect a reduction in DV, encourage community and existing (state) institutions not to accept DV anymore, to implement knowledge on how to handle it and to educate individuals to change their behaviour. Kivulini believes to achieve this goal it needs to adhere to its main strategies:

- Working with and within the community using already existing community structures and institutions instead of building its own parallel structures.
- Go with the 'flow of the river'. The community decides the speed and focus of change. Based on the 5 phases explained above, Kivulini plans a lot long term assessment of the community, to raise awareness, and to connect different people and institutions with each other before sustainable change can be achieved. Through paid 'volunteers' and activities it would be an easy task to show immediately presentable changes, but this would only be an adaptation on the surface without any deeper change.
- Kivulini is specifically focusing on youth in secondary schools. While it is extremely difficult to change adults already used to their roles or less educated youth who are much more under social pressure to adhere to their family roles, secondary school students are more self-reflective and because of higher education will be more likely to assume influential positions from which to promote role changes in society.
- By assisting the community to prevent and reduce DV, but not by taking over the responsibility for the problem or by solving it for the community. This goal is reached as a community leader concluded by accepting that *"Kivulini is not only an organization. We all are Kivulini. I am Kivulini. I want to be part of a changing community without Domestic violence"*.

One challenge of outside intervention is not to undermine existing potentials and networks. Kivulini's programme (as with most development programmes) is only seen as a temporary intervention facilitating change, and development. Therefore, Kivulini can not be more than a catalyst facilitating change which will continue when Kivulini withdraws and outside funding stops. Kivulini tries to avoid building "helpless networks" (as discussed in part I) and a professionalization which could not be maintained, but focuses on empowering existing informal and formal structures and institutions by building their capacity.

8. Conclusions

Similar to psychotherapy, international development work or aid is an interaction between two agents. One tries to improve the condition of the other. Both kinds of interaction take place in a concrete social reality and historical situation, which define the roles of both agents.

As classic psychotherapy used to intervene on individual level, international development work focuses on social groups, systems or even nations or regions. Because IT expands the traditional therapeutic intervention into integrative interventions not only aiming at repair and support but also at prevention, preservation of already existing potentials, development, and political interventions in social context it offers a lot of possibilities for comparison with international development work.

In both cases interventions should never be designed and implemented in a vacuum. As in IT any individual development has to include the aspects of cognitive, emotional, physical, social learning and respectively complex learning, interventions in developing countries have not only to consider but have to be based on the specific social, economic, cultural, political and historical realities at the place of intervention.

Therefore, it is crucial to involve the social network or the community in the problem assessment, like IT has developed a participatory process orientated diagnosis together with the client. In international development work methods like the Participatory Rural Appraisal PRA have been developed but are more seen as a technical method and not as a way to involve and empower the beneficiaries.

The IT concept of intervention in social networks offers common ground with international development work, and especially for interventions like the one discussed in the second part of this

paper. This concept seems even more adequate in less individual centred cultures like in Africa. Understanding the context of interventions makes it possible like in IT to deal with resistance. The goal is not to overcome resistance but to experience it, and to explore with the beneficiaries the reasons and gains of it and to find a way through it if long term advantages are possible.

As important as the context and probably even a bigger challenge in international development work is the inclusion of the continuum, especially in cultures where people do not have linear time concepts.

In therapy, one of the most important factors is the relationship between client and therapist. Looking at the interaction between donor and beneficiaries we find similar patterns and dynamics. Neither relationships are equal and can easily lead to dependence which undermines all efforts of empowerment and self-development. Interventions, or support from outside, usually start with this power imbalance which ideally should and can be reduced during the process.

I think there are, and will always be, different levels of power in psychotherapy as in international development aid. The feasibility of 100 percent local participation is a myth. Neither is the donor (for good reasons like corruption) ready to give up all its control, nor are the beneficiaries able to take over all of it. The definition *per se* implies that there is one part in need while the other part is developing, supporting, helping. Therefore, we do not need new techniques to artificially jump over this power gap. It is more important that such power is bargained for and legitimized. In development aid this leads to the demand of procedures, of democratic delegation, responsibility and accountability. This leads, sooner or later, to institutionalized guidelines which are indispensable in all kinds of relationships with big power disparities.

Instead of denying these existing power imbalances it would be crucial to make them transparent. Only then is it possible to bargain for the conditions of the relationship and the implementation of a monitoring and control system. Such a culture of controlled and bargained relationships also serves as a mechanism to buffer unfamiliarity and mistrust, and can be developed into participative control and administered power.

Good governance, accountability and transparency are today common conditions for major aid inflows but they mainly apply to the receiving side. Donors are very resistant to be transparent in their decision making process and are never accountable for the impact or failure of their decisions. Psychotherapy tries to balance these differences of power through ethnic guidelines and in most countries clients are legally protected against abuse. In international development work there is a lot of dishonest rhetoric of “partnership” and focus on technical methods of participatory assessments and decision making in order to avoid the necessary discussion to transform the site of encounter in to democratic space or assemblages of institutions and actors.

Today, critical voices about foreign aid have almost disappeared. The thinking of the Arusha Declaration is out of date. The then Tanzanian President, *Julius Nyerere*, urged caution about foreign aid: “Even if it were possible to get enough money for our needs from external sources, is this the way we really want? ... Gifts which increase, or act as a catalyst to our own efforts are valuable. But gifts which could have the effect of weakening or distorting our own effort should not be accepted until we have asked ourselves a number of questions.” (*Sogge*, 2002, 46). I think such questions should be asked again and again. The question is not whether foreign aid is good or bad, but rather how the aid is utilized and whether it yields the agreed aims and objectives.

As we have seen in comparison with psychotherapy in general, and IT specifically development through outside assistance can only work if power differences are carefully considered, and the interest and the goals of the giver and receiver – of the therapist and the client are transparent and agreed. That development aid can work if it is implemented by recipient-friendly and transparent terms has been demonstrated by Europe itself. In the Marshall plan after the Second World War, it was for the Europeans to

- decide who got what amount of aid
- monitor spending together with the Americans
- manage their foreign exchange, including raising of high barriers to imports.

Furthermore, Europe never become dependant on this aid as most investment came from internal sources, as is currently repeated in the success-story of the Asian tiger states. The European, as much as the East Asian successes, were only possible because the powerful giver himself was

under pressure and honestly envisaged real development in self interest with the intention of 'saving' these countries from embracing communist ideology.

On a macro level the developing countries should be enabled to control, own and to have a right to their own development. Similar to the network theory, it is not always the client or the developing nation which is "sick". If the problem is in the system, for example unfair terms of trade, dependency on debt, etc. change has to focus there.

Aid should augment and enable positive domestic efforts and not displace or hinder them. We are also living in an interactive and interrelated world where every 'global player', especially the weaker ones, have to decide how they relate to the more developed world. The notion of partnership between donors and African countries or organizations is often a false one. Supportive aid, especially if it is linked with conditionalities / interests of the donor countries, does not solve the recipients' problems. It leads to even more dependency. Instead of focusing on providing services and goods and filling the deficit via foreign aid, a 'right bases approach' would identify and challenge critical exclusionary mechanisms. Africa does not need the US \$ 64 per year postulated by NEPAD, which would only come with more conditionalities in the interest of the givers. Africa must stop the financial leakages, which are more than US \$ 70 billion (*Afrodad*, 2003) in cash, and plug other leakages like brain drain, drain of resources, etc. "Instead of chasing phantom foreign aid, which in many cases comes at a huge price", Ejime (2004) asks "...why can't African leaders dust up the past lofty treaties for an inward-looking solution to the continent's problems? Like in IT sustainable improvement and development is only sustainable if we treat individual or local problems in a (wider) context. Figures such as the EU Commissioner and UK Tory politician *Chris Patten* started to rethink '...the whole relationship between poverty, degradation and violence, between drugs and crime and violence, and trade and development and violence' and to redress the 'global imbalance in resources' (cited in *Sogge*, 2002, 192) are still rare in the field of international cooperation and development..

Even the WB (Outline of World Development Report 2006) is currently considering equity, fairness and social justice as pillars of development. They are currently planning "...to organize primarily around a conception of equality of *opportunities*, or, more broadly, equality in the capability (or freedom) of different individuals to pursue a life of their choosing. This will also make us consider inequalities in *recognition*, where different groups (women, ethnic, caste etc.) face different opportunities owing to differences in their status, power and influence within a society. Equity in this sense generally does not imply equality in outcomes (such as in incomes or consumption)". In some areas like education and health, the WB now also sees that "...rights-based approaches may be valuable ways of achieving greater equity." (ibid).

The only promising new path I can see, is if poverty is no longer fought on the basis of beneficence, but of rights and entitlements. Inspired by the Nobel Laureate *Amartya Sen* the entitlement approach of systematic failures of fair "capabilities", (chances) should become the focus of redistribution, and replace the current regime of aid.).

IT theory can not only explain some dynamics in international development work but as I showed in the second part of this paper can be adapted and used in practical work.

In this concrete community intervention project of prevention of domestic violence in Mwanza, Tanzania, we are able to demonstrate how concepts of IT not only apply in classical psychotherapeutic settings but also in a broader intervention at a community level. IT sees the individual in context and continuum, and as part of a social network. A cure through solidarity and engaged responsibility of fellows, groups, and communities is an integral part of it. Kivulini mobilizes communities to stop domestic violence while building a conducive environment for women and children.

The key to success is to solve the problem together with the community, with key persons like community leaders, institutions, men and women.

Building a good relationship with the community and its key persons is the basis on which all further interventions are being built. This relationship allows Kivulini to assess and to understand the dynamic of domestic violence, and ensures that interventions and activities can be adapted to new problems and conflicts. This interaction is essential for a successful monitoring of the project, but also gives the community and its leaders the possibility of being actively involved in decision

making. This creates ownership of the problem and intervention strategies, leading to sustainability of change in the long run. As in therapy, change is not linear and can not be reached on a rational level only. Through bringing key persons and institutions together, and through using participative methods where the community itself owns the process, a 'momentum of change' is now building up, and 'real change' is taking place. In many African cultures, but especially in the local 'Sukuma-culture', the perception of the community dominates individual lives. Individuals are hesitant to change their behaviour as this might not be accepted by the community. For successful and sustainable change of gender roles and harmful traditions number of (key) individuals have to be convinced before 'momentum of change' is built up and people begin to change together as a community. Similar to the perspective in IT, where the human being is more than the sum of its parts, the community itself is more than just a few individuals living close together. To create a community free of violence, the structure and dynamics in the community have not only to be considered; they are the true fundament of sustainable change.

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Zusammenfassung

Konzepte und Strategien der Integrativen Therapie und internationaler Entwicklungsarbeit werden miteinander verglichen. In internationaler Entwicklungszusammenarbeit werden Projekte und Programme oft von „ausen“ initiiert und implementiert, was oft zu dessen Scheitern führt oder zu Passivität, Abhängigkeit der Zielgruppe führt und sogar dessen Entwicklung behindert. Grundannahmen und Dynamiken wie partizipative Diagnostik, Entscheidungsfindung, Klarheit über die Motivation und Macht des Therapeuten und dessen Beziehung zum Klienten, die in der Psychotherapie zentral sind, werden in der Entwicklungszusammenarbeit oft ausgewichen während methodische Probleme und technische Unterstützung oft im Vordergrund stehen.

In einem zweiten Teil werden diese allgemeine Grunddynamiken anhand eines konkreten Projektes zur Prävention von häuslicher Gewalt in Tansania diskutiert. Das Projekt wird auch aus der Perspektive der Netzwerkintervention betrachtet. Es zeigt sich, dass der Erfolg des Projektes hauptsächlich darauf beruht, dass das Projekt von Einheimischen und Betroffenen geführt wird und dass es die lokale Bevölkerung und ihre Ressourcen mobilisiert und auf vorhandenen sozialen und administrativen Strukturen aufbaut und lokale Traditionen berücksichtigt.

Summary

Concepts and strategies of integrative therapy are compared with international development work. This paper addresses the issues of how project and programmes pushed from outside and based on political interests usually lead to failures, can even lead to passivity, dependence and more underdevelopment. Fundamental consideration of dynamics known from psychotherapy like ownership, participative diagnostic and decision making, definition of responsibilities, clarification of motives, power, and relationship between Therapist/Donor and Client/Beneficiaries are often avoided and the focus is usually on methodological shortcomings and technical assistance.

Based on the experience of community intervention to prevent domestic violence in Tanzania, the findings are discussed on the experience of a concrete project. The project is analysed from the perspective of network intervention. Results show that the success is mainly based on local ownership of the project and mobilization of the community and its resources and potential like existing community structure, coherence, influential persons, and traditions.

Key words: Integrative Psychotherapy, International development work, Africa, Community intervention, Domestic violence.