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List of Abbreviations

RPN	Refugee Participation Network
UNHCR	United Nations High Commissioner for Refugees
NATO	North Atlantic Treaty Organisation
UNICEF	United Nations Children's Fund
PTSD	Post-Traumatic Stress Disorder
NGO	Non-Governmental Organisation
ICRC	International Committee of the Red Cross

PREFACE

Over the past decade, the scale of humanitarian crises has escalated dramatically. Natural disasters, war, famine or persecution have occurred in locations as diverse as the former Yugoslavia, Afghanistan, Columbia, Rwanda, North Korea and Liberia. These and many other emergencies have demonstrated the importance of humanitarian assistance given to those in need. It has also become clear that humanitarian assistance, in the context of a rapidly changing world, must be planned, organised and implemented on a professional basis. Since the early 1990's, both international and non-governmental organisations have instigated programmes aimed at guaranteeing the professionalism in humanitarian aid, which is essential in ensuring that the victims benefit.

The Network On Humanitarian Assistance (NOHA) was launched in 1993 as a contribution to a new and unique concept of higher level education in humanitarian aid. The project was jointly initiated by the European Community Humanitarian Office (ECHO), which finances the world-wide humanitarian aid of the European Community, and the Directorate General XXII of the European Commission (Education, Training, Youth). With financial support from and under the auspices of the SOCRATES programme, the NOHA programme is currently being taught at seven European universities: Université Aix-Marseille III, Ruhr-Universität Bochum, Universidad Deusto-Bilbao, University College Dublin, Université Catholique de Louvain, University La Sapienza Roma and Uppsala University.

The NOHA programme starts with a ten day intensive programme at the beginning of the academic year in September. This programme brings together all students from the NOHA universities, the lecturers, and representatives of international and non-governmental organisations. In the second part of the academic year, students study at their home universities, while in the third part, they are offered courses at one of the partner universities in the network. Finally, the students complete a practical component as the fourth stage of the programme.

The programme uses a multidisciplinary approach with the aim of encouraging interdisciplinarity in lecturing and research. There are five main areas which are taught in the second part of the academic year and these correspond to the *Blue Book* series, which are also commonly referred to as the *Module Books*. These module books are used throughout the network and contain the basic teaching material for the second period. The first edition was published in 1994. This second edition has been significantly revised, updated and, in parts, completely rewritten as a result of the teaching experience in the first 3 NOHA years. The volumes of the second edition are:

Volume 1: International Law in Humanitarian Assistance
Volume 2: Management in Humanitarian Assistance
Volume 3: Geopolitics in Humanitarian Assistance
Volume 4: Anthropology in Humanitarian Assistance
Volume 5: Medicine and Public Health in Humanitarian Assistance

In addition to the second edition of the five basic modules, two new modules have been published:

Volume 6: Geography in Humanitarian Assistance
Volume 7: Psychology in Humanitarian Assistance

All modules have been written by NOHA network professors, teaching at either their home university or other network universities. All NOHA universities, both past and present, have substantially contributed to the development of the *Blue Book* series. For each module at least two network university professors worked together to ensure a certain homogeneity of the text, although each author was responsible for a specific part. The table of contents outlines the specific contributions.

Special thanks go to all the authors and in particular to *Dr. Horst Fischer* from the Institute for International Law of Peace and Armed Conflict (IFHV), Ruhr-Universität Bochum, who has undertaken the role of editor throughout the whole process of producing this second edition *Blue Book* series. His staff, and in particular, *Mr. Guido Hesterberg,* prepared the manuscripts and layout of the books.

Information on the NOHA network and the *Blue Book* series can be obtained by accessing the ECHO's internet homepage (http://europa.eu.int/en/comm/echo/echo.html) or the IFHV internet homepage (http://www.ruhr-uni-bochum.de/ifhv).

As the NOHA course seeks to bridge the gap between theory and practice, I hope that these reference books will help to improve the quality of work for those involved in humanitarian assistance, especially because efficiency in the field is measured not only in financial terms, but above all, in number of human lives saved.

Alberto Navarro
Director of ECHO

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CHAPTER 1
INTRODUCTION

> *"To observe and try to make sense of what I saw was a devise that spontaneously suggested itself to me as a way of convincing myself that my life was still of some value, that I had not lost all the interests that once gave me self-respect".*[1]

The words of *Bruno Bettleheim,* in reflecting upon his own experience as a survivor of the Dachau and Buchenwald concentration camps, presents the focus of this book in a better way than any other. This book offers a psychological approach to understanding the problems of people affected by collective disasters and the challenges of humanitarian assistance in social emergency situations. A psycho-social approach provides a way of learning about the thoughts, emotions and behaviours of individuals and groups within the social and cultural contexts in which they occur, not in isolation.

Contextual significance is clearly expressed by *James Appe,* a Ugandan refugee writer, who criticises the widespread tendency to confuse refugees with the situation they are in. This tendency

> *"overlooks the simple fact that refugees are ordinary people in extraordinary conditions. Their problem lies in their circumstances, the society they live in, the reaction of people to their presence, and the inhumane laws and treatment they are subjected to."* [2]

Understanding how people live, interpret and respond to these circumstances is one of the purposes of this book. In emergency situations, victims and also those trying to help interpret what is happening and respond to the situation according to the influence of the processes of enculturation and socialisation. Enculturation is the process of learning what is necessary to be competent in one culture, including language, rituals and values; that is to say, a process of shaping without deliberate teaching. Socialisation refers to the deliberate teaching and shaping of similar behaviours. Both the content (items of knowledge, skills or values) and the means or the method (for example, how children are reared) are influenced by socialisation and enculturation.[3]

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1 *Bettleheim* (1973), p. 105.
2 *Appe* (1989), 5, p. 22.
3 *Berry/Poortinga/Segall/Dasen* (1992).

Victims of disasters and political repression make sense of their experiences by relying on familiar interpretations learnt through enculturation and socialisation which are also used during normal life. In her work with Guatemalan war widows, *Zur*[4] describes how the villagers of a rural town attempt to place *la violencia* (violence) through categories of causes that are familiar to them. They rely on *costumbre* (Mayan traditionalism), on Catholicism, and on their direct experience. They also explain violence as a result of having organised themselves to obtain better living conditions when they are criminalised and accused of collaborating with so-called subversive groups. These widows also rely on explanations derived from cultural and social traditions, as well as day-to-day life.[5]

The underlying assumption of this book is that humanitarian interventions do not take place in vacuums, but in situations in which relationships between givers and recipients are affected by the history and the social network. Humanitarian interventions try to alleviate the suffering of people but despite this, humanitarian work has deep psycho-social implications. *Maslow*[6] presents a hierarchy of individual needs that encompass physical (e. g. water), social (e. g. education), communal (e. g. bonding), and even spiritual needs. This hierarchy is not universally recognised. For instance, in a language from Burundi, the same word is used for both spiritual and material wealth *(chantha)* or poverty *(hsinye). Aung San Suu Kyi* writes that material wealth alone is an adequate measure of human well-being, and that mental or spiritual poverty is as bad as, or worse than, the lack of physical goods.[7] *Aengus Finuncane,* director of an Irish NGO, comments on the difference between physical and non-physical needs as follows:

> *"[h]ealth services, food, shelter, and education can be described as basic physical needs. But the basic human need of refugees is the restoration of dignity. Dignity is the vital ingredient missing when basic physical needs are delivered in a mechanistic and impersonal way. Respect for human dignity is too often the first casualty in emergency responses to assist refugees".*[8]

Thus, a second aim of this book is to improve understanding of the psychological and social implications of providing humanitarian assistance. One important component of giving and receiving help in disaster situations (such as floods, tornadoes, or hurricanes) is that family, followed by friends and neighbours, are the most important factors in giving and receiving help, while strangers and service organisations play a smaller role.[9]

Humanitarian assistance is provided in situations where patterns of giving and receiving are already in place. *Milgram*[10] describes helpers, without regard to their status (professional or lay), as part of a dynamic phenomenon that reveals itself at a particular point in time; some receivers may even find themselves helping others in the course of their own coping efforts.

The aim of this book is not to provide readers with the psychological knowledge and tools to become specialists in the field of psychology within humanitarian assistance.

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4 *Zur* (1994).
5 See Annex.
6 *Maslow* (1970).
7 *Leopold* (1993).
8 *Needham* (1994).
9 *Neal/Perry/Green/Hawkins* (1988).
10 *Milgram* (1986).

More importantly, psychology is underpinned by Western assumptions of the self that are not always applicable, especially in different cultural contexts, in the non-western world. One example of such an assumption is the concept of individuality. *Clifford Geertz*[11] argues that,

> *"the Western conception of the person as a limited universe, unique, more or less integrated in the motivational and cognitive sphere, a dynamic centre of awareness, emotion, judgement and action organised into a distinctive whole and set in contrast against other such wholes and against a natural and social background is, however incorrigible it may seem to us, a rather peculiar idea within the context of world cultures".*[12]

Bracken, Giller and *Summerfield*[13] describe the limitations of this concept in the field of psychology. In Western thought, the concept of the individual shapes and defines political, cultural and medical discourse. Hence, emphasis is placed on the intra-psychic, on internal causes of illness and on individual client-therapist treatment. However, in less "egocentric" cultures, the intra-psychic field is not isolated but linked to the spiritual and social domains. The cause of mental illness may be attributed to supernatural forces or social agents and treatment may be carried out by religious leaders or healers.

Before proceeding to the presentation of the experience of individuals affected by social crises and the actions of the ones who try to help, the psycho-social nature of the crises in which humanitarian interventions take place is discussed.

A. The Nature of Disasters and Political Violence

Humanitarian interventions are prompted by events ranging from natural and man-made social disasters, including technological accidents (e. g. Bhopal and Chernobyl) to socio-political crises and wars. A widely accepted definition of disaster has been proposed by *Fritz*[14] who describes a disaster as any event,

> *"concentrated in time and space, in which a society or a relatively self-sufficient subdivision of society, undergoes severe danger and incurs in such losses to its members and physical appurtenances that the social structure is disrupted and the fulfilment of all or some of the essential functions of the society is prevented".*[15]

This definition focuses more on the shared social effects rather than the physical characteristics of disasters. Psychologically, the variety of events result not only in different effects but also in diverse interpretations and responses. Nature may cause harm unintentionally, while humans are capable of causing harm intentionally. This difference results in diverse interpretations. While in the case of natural disasters, individuals may begin to doubt that the world has any sense, victims of man-made disasters tend to view the world

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11 *Geertz* (1973).
12 *Bracken/Giller/Summerfield* (1995), p. 1074.
13 *Bracken/Giller/Summerfield* (1995).
14 *Fritz* (1961).
15 *Fritz* (1961), p. 655.

and themselves in a more negative light.[16] Natural disasters may kill, but they do not threaten people's self-respect, whereas human failure and violence do.[17] *Rieff*[18] pessimistically describes questioning his values after his experience in Bosnia:

> *"The truth is that a lot of dreams have died in the last two and a half years: the dream of a world with a conscience; the dream that Europe is a civilised place; the dream that there is justice for the strong and the weak. It shouldn't surprise us that the millennial dream that the truth shall set us free also died here."* [19]

From a psycho-social perspective, wars differ from natural and technological disasters because of the level of consciousness involved in armed conflict. There is a deliberate, conscious attempt by armed parties to subdue or inflict harm on individual members of opposition groups, to dominate or shatter the social structure of the "enemy", and/or to capture, damage or destroy their material resources. Warring parties also take deliberate steps to defend themselves.[20]

As the majority of humanitarian interventions take place in war situations,[21] it is important to understand the psychological and social tools of repression and civil strife. While 5% of all casualties in World War I were civilians, the numbers had climbed to about 50% during World War II. Currently, over 90% of casualties are civilians.[22] The involvement of civilians is not a secondary outcome, but the nature and objective of current wars whose intent is to affect the social fabric of a country as a method of gaining control. This is reflected, on the one hand by the lack of distinction between combatants and civilians, and on the other hand by the rape of women to ensure "ethnic cleansing" and the military targeting the way of life of entire populations. During the 1980s, a "scorched earth policy" destroyed over 440 peasant communities in rural Guatemala.[23]

Use of psychology has become a predominant method of fighting in modern warfare.[24] *Faúndez*[25] describes the most important aspects of psychological warfare used in Latin America as: torture, systematic propaganda, movement of the population and forced disappearances, political executions and assassinations, as well as planned actions such as blackmail, dismissal from employment and collective intimidation.

B. Psychological Approaches to Humanitarian Aid

In considering psychological issues in the context of humanitarian aid, it becomes evident that people form part of a larger social context, that they have their own resources

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16 *Janoff-Bulman* (1992).
17 *Weisaeth* (1994).
18 *Rieff* (1996).
19 *Rieff* (1996).
20 *Meyers* (1991).
21 Médicos sin Fronteras (1993).
22 UNHCR (1994); UNICEF (1986).
23 *Falla* (1992).
24 *Watson* (1982).
25 *Faúndez* (1994).

and that cultural differences exist. Interventions should be rooted in the local context[26] and be an exchange, not a top-bottom process of help. The role of psychology is not to transfer ideas, but to contribute a psycho-social understanding to humanitarian initiatives and to develop a working method alongside the affected population.

There is a tendency to believe that in times of emergency, material needs are the most important and that the psychological issues can wait until the post-emergency period. However, implementing an approach which addresses psychological issues from the outset has a multiplicity of advantages: it leads to an understanding of the behaviour and responses of the affected population; it helps to develop action plans and problem-prevention plans; it helps to understand the mechanisms and actions of mutual support expressed in emergency situations; and it helps to attain a holistic conception of humanitarian activity which is mindful of the physical, psychological and social needs of the community.

To underestimate psychological issues can lead to failure of the implemented actions or to a lack of understanding of the affected population's experience. This fact highlights ignorance or even fear, on the part of different agencies and governments who are trying to reach a more global approach to humanitarian action.

Understanding and responding to the psychological aspects of the experience does not necessarily mean developing psychological support interventions but adopting a more global model of understanding and action. For example, offering to build a house has, in itself, a psychological effect which provides physical and emotional security. Similarly, the decision to hand over the responsibility of food distribution to an expatriate, can result in a perception of distrust or of dependency on the part of the refugee population.

From a psycho-social point of view, some of the challenges which are raised in social emergency situations will be analysed in this book. In summary, the aim of this book is:

- To help to understand how individuals live with, and respond to traumatic experiences and extraordinary circumstances in which humanitarian interventions take place.
- To present an understanding of the social and cultural context in which these responses take place, so that coping mechanisms that are already in place can be recognised and fostered.
- To show a psycho-social approach to humanitarian interventions and to assist working with the affected individuals and populations.
- To suggest possible alternatives within the field of psycho-social interventions.

The second chapter describes the psychological and social implications of emergencies for communities and individuals. Chapters three and four provide description of aid workers and cross-cultural interactions which occur in humanitarian interventions. Chapter five describes and assesses the meaning and effects of "psycho-social" interven-

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[26] *Páez/Blanco* (1994).

tions. This book concludes by placing psychological understanding within the realm of human rights and prevention.

CHAPTER 2
THE EXPERIENCES OF PEOPLE AND COMMUNITIES AFFECTED BY DISASTERS AND SOCIO-POLITICAL CRISES

> *"We have lost more than our closest family members. We have lost our friends and the memories that we have spent a lifetime building up. In one go, all that has been destroyed. Almost all our friends have been killed. We have to start everything from scratch. Everything. Even our friendships. That aspect of our many tragedies is very difficult to bear."* [27]

This interview with a Rwandese woman, conducted in May 1994, powerfully describes her experience; the continuity of her life has been challenged. Humanitarian interventions take place in situations of collective disruptions which are characterised by material, social and cultural losses, by displacement and change. While humanitarian interventions take place during or after the event, affected individuals and groups have a personal, social and cultural history that provides them with a framework for making sense of the crisis and for coping with it.

The purpose of this chapter is threefold: to describe the experience of groups and individuals affected by disasters and violence; the reactions to these events; and the way people cope with them.

A. Responses to Violent Change and Disasters

Human behaviour in emergency situations is generally described as a "flight or fight" response. *Smelser*[28] describes different responses to disasters as a sequence of feelings of being trapped, of anxiety over the impossibility of escape and of the perception of threat and panic.

However, disaster research by *Fritz*[29] repudiated some of the common misconceptions of disaster behaviour by exploding the image of widespread panic, asocial and law-

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[27] African Rights (1995), p.1184.
[28] *Smelser* (1962).
[29] *Fritz* (1968).

less behaviour, emotional devastation and flight. Instead, he described responses as goal-directed and orderly. The "illusion of panic" is usually perceived because of divergent, uncoordinated rescue and recovery efforts by a number of responsible groups. It also results from the convergence of outsiders offering aid, searching for family members, and seeking information.

Collective emotions, such as fear, are frequently exhibited in emergency situations. Fear or mourning may influence the behaviour of the affected population in their evaluation of events, and the manner in which they confront reality.

De Rivera[30] has defined the emotional climate as a collective state of mind. It is more stable than an episodic collective emotion that arises in situations of natural disasters, but more variable than an emotional culture that characterises a society over a long period of time.[31] Fear is the usual defensive reaction in dangerous situations. The climate of fear isolates people, inhibits communication, conceals thoughts and feelings, and gives rise to apathy.[32]

Socio-political catastrophes usually provoke an emotional climate of fear that may be intentionally produced.[33] That is why, while the usual reaction to a natural disaster is one of acceptance, in man-made emergencies the most common reaction is one of aggression, since these events are seen as avoidable. Man-made catastrophes also produce more fear and distrust than natural or accidental disasters. Accordingly, man-made disasters cause withdrawal and social isolation that is more detrimental to well-being than the circumscribed anxiety arising in natural disasters.[34] On the other hand, affected individuals may also adopt new, positive reference points for their life, such as solidarity.

B. Mental Health in a Social Context

Reactions in crisis situations are usually described with reference to health.[35] The World Health Organization defines mental health as *"a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity"*. Mental health encompasses physical, psychological and social well-being.[36] It also refers to the ability to cope with problems and to the capacity to adapt. *Brody*[37] examines mental health from three perspectives: individual health, the health of populations and human rights.

Despite all this literature focusing on a positive and holistic concept, mental health is usually defined as referring to problems. Individual mental health, as usually described in clinical and psychiatric literature, focuses on the negative impact of disasters and socio-political crises, using terms such as "trauma", "symptoms" and "mental illness". The mental health of populations is usually described in terms of levels of employment or

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30 *De Rivera* (1992).
31 *Páez/Asun/Gonzalez* (1995).
32 *De Rivera* (1992); *Lira/Castillo* (1991).
33 *Zwi/Ugalde* (1989).
34 *Weisaeth* (1989).
35 The World Health Organisation (1987), in: *Brody* (1994), p. 62.
36 *Berry et al.* (1992); *Lazarus/Folkman et al.* (1986).
37 *Brody* (1994).

unemployment, levels of educational achievement, housing location, and community integration or disintegration. The human rights perspective refers to the concepts of "*the inherent dignity*" and "*the equal and inalienable rights of all members of the human family*",[38] rights that are often subsumed in emergency situations.

C. Individual Mental Health

Individual mental health is usually assessed in clinical ways and with clinical concepts. Understanding these concepts can be useful since they are used by mainstream clinicians. Identifying the frequency of symptoms is one way to check for problems and to assess the need to start with a psycho-social project. It is also a way of identifying individuals who need special care. However, there are limitations to its use and implications.

Firstly, the origin and definition of this approach is based on Western medicine and psychology. Secondly, it is underpinned by a health theory which centres on the individual. Thirdly, it may not be applicable to humanitarian emergency situations because of the collective and political nature of the experiences of the affected populations. Fourthly, it is still based on a definition of health as an absence of symptoms rather than the presence of well-being. Fifthly, it tends to pathologise the experience of individuals who, as a result, may be stigmatised and isolated from their group. Taking into account all these difficulties, we begin with brief definitions of these terms and their characteristics.

I. Trauma

The term *trauma* has been used to describe the effect of change and violent disruptions. For *Kebler*[39] three aspects are central to the experience of trauma: helplessness, which is the feeling of being at the mercy of others; a breakdown in one's own existence or the loss of security; and extreme negative stress.

Martín-Baró[40] describes three types: psychic, social and psycho-social traumas. *Psychic trauma* refers to a particular injury which has been inflicted on an individual by a difficult or exceptional circumstance. *Social trauma* refers to the way in which some historic process can leave the entire population affected. *Martín-Baró*[41] attempts to identify the relationship between individuals and their history (*lo histórico*) by proposing the term *psycho-social trauma* to represent the dialectical nature of the phenomenon. The psycho-social aspect refers to the socially produced trauma that feeds and maintains the relationship between the individuals and society.[42] Socio-political crises do not have a uniform impact on people. Rather, the level of injury depends on the particular social experience of each individual, an experience conditioned by his or her social background and de-

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38 United Nations (1948), Preamble, in: *Brody* (1994).
39 *Kebler* (1992), in: *Perren* (1996).
40 *Martín-Baró* (1989).
41 *Martín-Baró* (1990).
42 *Martín-Baró* (1990).

gree of participation in the event as well as other characteristics of the individual's personality and experience.

Arcel[43] describes the social experiences and the characteristics of the war in the former Yugoslavia, with reference to the concept of "potential trauma". He cites the great proportion of the population involved in the war, the perceived unpredictability of the crisis, the geographical centrality, the internal source of violence and the level of terror through mock executions and rape as some contributing factors to trauma.

Still, situations of serious social disruption do not always lead to a generalisation of important negative effects on the individual in the long-term. The majority of victims of acts of violence manifest some kind of negative effects but the extent depends upon the person and the intensity of the situation. It is said that the experience of crisis produces effects in approximately 25-40% of victims and perpetrators; this rises to 60% in cases of rape. Factors such as physical harm, the death of a partner, participation in atrocities, and witnessing killings, leave the greatest impact.[44]

II. Symptoms

Symptoms are ways of manifesting a traumatic or difficult experience. They are also indicators of the existence of a change to a pathological (abnormal) condition. For instance, sleep disturbances, fatigue or lack of energy, and difficulties in concentration are some of the symptoms of depression, although at some point in life, all individuals will experience these symptoms occasionally. In emergency situations or in atrocious experiences, both aid workers and affected population are likely to manifest these symptoms. However, as *Dr. Anica Mikus Kos,* a child psychiatrist from Slovenia stated: *"to be sad is not the same as to be sick".*[45]

The concept of stress is frequently employed to describe the effects of catastrophic situations and their causes. "Stress" describes a state of psychological and physical tension resulting from a threat, a challenge, or a change in one's environment (stressors).[46] Accordingly, the effects will be the result of the relationship between the impact of the stressors (losses, etc.), the protecting factors (the support one has, for example) and what people do to deal with it (coping).

According to other authors, people in traumatic situations are confronted by extreme experiences and challenges which they must cope with.[47] People frequently face feelings of rage, confusion, or guilt for what has occurred. For example, refugees who have left their country may feel guilty for having been able to escape while their relatives or friends died. This sense of guilt may be socially induced and may not have an objective basis, but it may also be an attempt to make sense of something which just cannot be rationally explained.[48] Although feeling responsible for what has happened can have very

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43 *Arcel* (1994).
44 *Davidson/Foa* (1991).
45 *Arcel* (1994), p. 11.
46 *Mitchel/Bray* (1990).
47 FASIC (1987).
48 *Janoff-Bulman* (1992).

destructive results, it may also encourage the sense of having some control over the situation they have survived.

III. Mental Health Problems (Disorder, Illness)

Disorders or mental health problems occur when individuals are prevented from functioning in everyday life due to the frequency and intensity of the constellation of symptoms. Situations of collective catastrophe or war can cause mental health problems and can aggravate those that already exist. Although anxiety and depression are the most common types of mental health problems, there are others such as psychosis or alcoholism. Depression is characterised by a sustained condition of irritable moods, disturbed sleep, fatigue and loss of energy, loss of interest in daily activities, difficulties with memory and concentration, frequent thoughts of death or suicide attempts, appetite changes and low self-esteem. Anxiety is an extended state of psychological tension and/or psychosomatic excitation. Its physical manifestations can include rapid breathing, an elevated heart rate, gastrointestinal disorders, nervousness or emotional tension.

The term Post-Traumatic Stress Disorder (PTSD) is also used to describe how individuals feel after a traumatic experience. The clinical characteristics of PTSD are:

- The existence of a stressor which produces significant symptoms of distress in almost everyone concerned.
- The reliving of the traumatic event through dreams, nightmares or intrusive recurrent memories.
- Affective anaesthesia in responses or in relation to the outside world combined with an avoidance of the stimuli associated with trauma.
- An alert state of mind with sleeping problems, difficulties concentrating, exaggerated expressions of surprise and irritability.

These characteristics are interlinked[49] and are discernible even after many months.[50]

The notion of post-traumatic stress has been criticised for various reasons: for focusing only on four dimensions of a static diagnosis; for a clinical emphasis based upon a medical and individualistic model;[51] for a lack of consideration of neither social support and the social significance of trauma[52] nor the political dimension of the damage done;[53] for adding to the danger of labelling people instead of increasing understanding of people's experiences and the conditions in which they ask for or need help.[54]

PTSD decontextualises refugee experiences and pays little attention to the nature of the stressor or the cultural background. *Eisenbruch*[55] notes that PTSD is a "*universalist*

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49 *Davidson/Baum* (1986).
50 *Horowitz* (1986); *Steinglass/Gerrity* (1990).
51 *Ingleby* (1981).
52 *Lira/Castillo* (1993).
53 *Becker* (1994).
54 *Becker* (1994).
55 *Eisenbruch* (1990).

solution to a relativist problem". Ager[56] and *Eisenbruch*[57] introduce the concept of cultural mourning that

> *"can minimise the likelihood of refugees being wrongly labelled as having psychiatric disorders while their symptoms reflect a profound communal suffering, the meaning and expression of which are culturally determined."*

D. Community Mental Health

> *"This is the bombing of my city. My friend's father's boat was totally burned, the only thing left was the propeller. The terrible war in 1991 has destroyed everything. The city was attacked from the air, from the sea, and from the land. My city was without life."* [58]

These words accompany a drawing. For *Mato*, the nine-year-old artist from Dobrodnikc, the destruction of the city or of the home is a symbol of the destruction of life itself. Situations of collective catastrophe and social emergency deeply alter the life of the people. Many material and human losses are caused, but there are also many deep social and cultural changes. For example, the loss of the land in rural communities does not only mean the loss of their livelihoods and social status, but also has an impact on people's identity and leads to cultural uprooting. In general, these losses lead to a worsening of living conditions, which may already be precarious. Poverty provokes disasters, and disasters exacerbate poverty,[59] increasing situations of social marginalisation.

The displacement of a population or the forced disorganisation of a community due to war carries with it the rupture of social networks and relationships. When populations are displaced, families and groups of reference are separated. Changes in the social structure may include the loss of services and traditional forms of organisation, and may lead to the forced creation of new forms of social organisation. For example, for refugee populations, life in the camps may imply changes in lifestyle, such as being submitted to new forms of authority, and involuntary cohabitation with other ethnic groups. Above all, in populations which must abandon their native country, or find themselves in otherwise threatening situations, cultural changes – such as the loss of symbols, traditions, rites, or even the concealment of identity – may occur.[60]

All of these collective effects are evidence of the impact on the communal mental health, altering social relationships. Individual traumatic experiences can affect the family and the community. For instance, sexual abuse and rape can produce not only feelings of humiliation, shame or regret, they can often constitute a social stigma and lead to difficulties in maintaining sexual relationships and in trusting members of the opposite sex. The women lose their trust in others, their sense of security and often social acceptance.[61]

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56 *Ager* (1993), p. 7.
57 *Eisenbruch* (1990), p. 673.
58 *Bonnet* (1994).
59 UNDP (1994).
60 *Martín Beristain / Valdoseva / Páez* (1996).
61 *Echeburua/Corral/Zubizarreta/Sarasua/Páez* (1993).

Certain social indicators such as family or group conflicts, scholastic problems, aggression, drug and alcohol abuse, are all signs of communities in difficulties. Alternatively, the presence of positive rituals such as harvest ceremonies or the commemoration of the birth of a community settlement (as happens with Guatemalan refugees in Mexico) are signs of identity empowerment and community well-being. Indeed, when faced with crisis situations, many individuals and groups react by drawing closer together, as a form of defence against suffering and social destruction. People often reveal hidden inner resources or manage to restructure their lives along new lines, which are more realistic and more humanising.[62]

Fritz[63] describes how natural disasters may actually have constructive effects on the social system. The shared sense of danger, the clear need for common remedial actions, and the interruptions of the *status quo* combine to eliminate status differences, encourage progressive change, and promote solidarity within the community. These unifying forces in the post-disaster phase facilitate an *"amplified rebound effect"* [64] in which the reconstructed community exceeds its pre-disaster levels of integration, productivity, social equity and capacity for growth. However, in many other cases, post-disaster difficulties in social reconstruction under poverty conditions, can lead to new traumatic experiences and hopelessness when facing the future.

E. Mental Health and Human Rights

Many of the consequences of these collective catastrophes correspond to social control mechanisms which have been utilised in a deliberate manner.[65] The violation of human rights is used as a social control strategy in many countries.[66] Whether it be in situations of open warfare, or in the case of authoritarian regimes which use general repression as an instrument of political control, the entire society is affected. The violation of human rights constitutes not only a consequence of confrontation, but also a political objective.

> *"Renamo captured an elderly woman who was trying to escape. She was brought before our group, which was training. The leader of Renamo pointed at Manuel and ordered him to kill her. He grabbed the bayonet and stabbed it in her stomach. The leader then told him to cut off her head. He did it, and they told him that he was very brave, and named him as the leader of our group."* [67]

This atrocious story, told by a child-soldier in Mozambique, shows to just what extent war promotes dehumanisation, utilising deliberate mechanisms such as training in conformity. In situations of war, negative prejudices are reinforced and beliefs in the superiority of one group over another are fostered. Such situations provoke confrontations between many people or groups, who never based their relationships in terms of an ethnic

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62 *Martín-Baró* (1990).
63 *Fritz* (1968).
64 *Darley/Gilbert* (1985).
65 *Omang* (1985).
66 Amnesty International (1996).
67 *Boothby/Upton/Sultan* (1991), p. 21.

component, as in the case of former Yugoslavia.[68] Ideological rigidity and extremism in applying value criteria and reality interpreting schemes are sustained by the call for discipline and loyalty which are characteristic of military bodies.[69] Insensitivity to suffering, opportunism, and disdain for human life can all be signs indicative of habitual violence and a change in associated values to scepticism and despair.

War inherently entails a physical, verbal and propagandistic aggression. Physical violence in personal or social relationships includes violence which is not associated with war, such as family or community conflicts.

At the same time, in warfare, violence can be used as a means of degrading human dignity, such as in the case of rape and torture. Sexual assault of women in front of their families is a frequent occurrence during war as a method of demoralising the "enemy" as a whole. Thai pirates purposely raped Vietnamese women in front of their entire families to ensure everyone's humiliation. A team of investigators from the European Union which visited ex-Yugoslavia in December 1992 came to the conclusion that a great many Bosnian women and adolescents had been raped in Bosnia-Herzegovina as part of a systematic campaign to spread terror.[70]

In addition to the personal humiliation and family ostracism a raped woman is faced with, husbands, brothers and fathers may also feel disempowered and responsible for the rape of a family member. While men and women who are injured or killed are given the status of a "hero" or "martyr", no such status is given to raped women. As such, it is more dehumanising to rape than to kill. This is similar to the situation of *desaparecidos (the disappeared),* where suffering of individuals and families cannot be validated.

The traumatic experiences of persecution, torture or killings generate feelings of hatred, revealing an element of reactive vindictiveness and a longing for justice which is for the most part entirely legitimate.[71] Hatred is also used as a political weapon, often under the pretext of a supposed need for security.[72]

Under conditions of political repression, violence is used to provoke terror. Whilst the violence itself brings about the physical elimination of the people that it targets directly, its capacity to terrify tends to paralyse all those who identify in some way with the victims. Behind the apparent senselessness of repression lies a clear rationale – to ensure that the threat it poses might be manifest to all sections of the opposition.[73] To avoid placing themselves in danger, people often adopt an attitude of silence and passivity even when witness to events to which they object. This leads to greater conformism and can provoke identity crises.[74]

But the question of human rights is not only raised within the context of war. Respect for human rights is not only an indicator of mental health, but also a requirement for humanitarian aid itself. *Brody*[75] writes that many assistance programmes for refugees

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68 *Summerfield et al.* (1993).
69 *Samayoa* (1990).
70 UNHCR (1994).
71 *Martín-Baró* (1990).
72 CONADEP (1985).
73 *Bettelheim* (1973).
74 COLAT (1982).
75 *Brody* (1994).

in countries of asylum are operated in an authoritarian way in which refugees are confined and maintained in a state of economic dependency, increasing rather than alleviating the effects of previous experienced events.

F. Evolution and Changes in the Effects

Nevertheless, many of the reactions and effects on the affected populations are often described in terms of symptoms or psychological problems, although they can be normal reactions to abnormal situations.[76] This is not to deny that problems exist, but to avoid reducing people's experiences to a collection of symptoms.

During an emergency situation, the top priority is to save lives, mobilise energy and focus all attention on facing the stressor. Thus, an alert state and a reactive behaviour of "flight or fight" are predominant.[77]

Immediately after a crisis, those who have experienced trauma may suffer from psychosomatic problems, repetitive recollections or nightmares, although the predominant sensation may be one of impotence or emotional confusion. Depending upon whether or not the stressing situation continues, the affected population may be able to overcome these difficulties within a few months. However, some severely affected people can reveal problems over a longer period of time, as we described in the individual mental health section.

G. Individual Mental Health

In many countries people have to frequently cope with traumatic experiences. The trauma experienced by refugees in Cambodia not only stems from the on-going civil war, but from the lack of food, water, shelter and even the raids on the camps themselves.[78] In many of the places where humanitarian aid is present, people were born and have always lived with socio-political crises which have marked their lives on every level, from the macrosocial through to the more private. There are various different traumatic experiences which are associated with these situations and which reinforce their effects. There may also be a kind of "getting used to" certain on-going or successive experiences similar to an adaptation mechanism.[79]

On other occasions, the fact of passing through the toughest experience does not necessarily lead to coping with the problem. *Hauff* and *Vaglum*[80] interviewed Vietnamese refugees resettled in Norway upon arrival and three years later. They found no decline in psychological distress. The main factors contributing to this distress were related to situations experienced in the home country (such as war experiences, being imprisoned, other dangers faced before flight, the separation from family) and negative events in

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76 *Perren-Klinger* (1996).
77 *Seyle* (1980).
78 *Mollica et al.* (1993).
79 *Becker* (1994).
80 *Hauff/Vaglum* (1995).

Norway (such as unemployment or heightened mobility, lack of a close confidant, and chronic family separation).

But most survivors of traumatic events, including survivors of extreme socio-political traumas such as concentration camps, can find themselves well-adapted years later.[81]

H. The Different Experiences of Affected Populations

The individual and social effects discussed above can differ according to the age group, gender, social background or the nature of the events experienced.[82]

Children, as well as suffering from their own traumatic experiences, are particularly sensitive to family breakdown and to the effects of war and political repression on their parents.[83] In Mozambique, for example, children orphaned by the war showed signs of apathy, regression, withdrawal and fear.[84] Many of the children of parents who had been tortured or disappeared have shown affective appetite and sleeping problems, have been falling behind at school or have revealed signs of escaping from reality.[85] Children who are recruited in armed conflict are separated from family members, have no access to schools, and lack vocational and training opportunities. The coercion in killing and maiming their victims results in a distortion of social and moral development. Children experience a process of war-based asocialisation in which their behaviour is determined by possessions of weapons and power by threatening others.[86]

However, those children who receive adequate support from society and from the family have, in the short term, less problems and symptoms even when confronted with highly stressful situations.[87] *Punamaki*[88] has pointed out that children are not only "innocent victims" and that in some countries such as Palestine, they have also found active ways of coping and resisting. But even in these cases inhibited behaviour and signs of emotional tension and fear (nightmares, rejection of food, psycho-motor relapse, and mother-separation anxiety) can be found. In the refugee experience, children's fear can persist for a long time afterwards or increase whenever the return home is mentioned, as in the case of the Mayan refugee communities in Mexico.[89]

In the case of communities which remain in exile for several years, the adolescent population may especially have to cope with constructing their identity in a transcultural context. In a war context, the process of forging an identity is, for the adolescents, in part influenced by group models who either identify with or reject violence and recruitment.

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81 *Janoff-Bulman* (1992); *Silver/Wortman* (1989).
82 *Martín-Baró* (1989).
83 *Desjarlais* (1993).
84 *Kanji* (1990).
85 *Weinstein/Maggi/Gomez* (1987); *Weile et al.* (1990).
86 *McCallin* (1995).
87 *Dawes* (1990).
88 *Punamaki* (1989).
89 *Melville/Lykes* (1992).

Depending upon the seriousness of the situation, the adolescents may, to varying degrees, show signs of problems such as aggression, alcohol abuse and suicide.[90]

Work distribution patterns, the occurrence of specific events or the need for adaptation can produce different effects amongst the adult population. Women may be more exposed to rape, to overwork and emotional burdens especially when they have to take responsibility for the family on their own, and have less social spaces available to them for participation. In the Hong Kong camps, women were found to be anxious, depressed, and with little hope for the future. Additionally, mothers were worried about how their children were experiencing living in detention camps.[91]

In some contexts, women may be able to cope better with the situation by concentrating on the tasks of daily living. Nevertheless, men may suffer more from the militarisation or the crisis of their role in the family, but they still have greater scope for social recognition and participation. For instance, whereas before the war 70% of admissions to the psychiatric hospital in Sarajevo were women, during the war 70% of admissions were young men aged between 25 and 44, the majority of which were admitted for stress related disorders. Many women said they would feel more prepared if they were able to do something to cope with the events and give sense to their experience instead of avoiding sniper impacts. Professor *Ceric* of the Department of Social Psychiatry in Sarajevo explained that if *"you are dealing with the children, preparing food from nothing, fetching water, heating without gas or electricity, you have no time for nerves"*.[92]

The elderly are physically less able, they are usually less capable of adapting to new and rapidly changing situations and may have difficulties living far from home. The loss of friends or family can affect them more, due to their greater need for support from the family and the community.[93] Still, the social position of the elderly varies according to different cultures and social contexts; they may find themselves in situations of marginalisation or become sources of protection as authority figures. Elderly people, with one war behind them, are protected by life experience.[94]

People with serious physical problems or mental illnesses are extremely vulnerable to conditions of social chaos, including the loss of support systems previously provided by the community or health services. For example, in Bosnia, families are now less able to care for relatives with mental health problems. This has led to the institutionalisation of many people in precarious conditions.[95] Living in situations of tension and sudden change can provoke crises which causes their condition to deteriorate or which places them in danger.

From different experiences of affected populations, we move now to normal ways of dealing with disasters and violent crises. How do people grieve and how can aid workers understand and assist in the process? We will focus on three aspects: the grieving process, ways of facing traumatic events, and social support.

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90 UNHCR (1994a).
91 Community and Family Services International (1993).
92 *Jones* (1995).
93 UNHCR (1994a).
94 *Jones* (1995).
95 *Jones* (1995).

I. Grieving Processes

> *"I became sad, and even now I cry for my son because he was my only child, and now I am alone. I don't eat. I don't sleep. I live in sadness for him, because losing a loved one is hard and painful, and no one fills our emptiness, except God. We live as traumatised people. Sometimes we pretend, and we laugh, but our souls are wounded because we lost our loved ones and that is hard."* [96]

Situations of collective catastrophe signify great human, cultural and material losses. How can people cope with those losses? How can aid workers appreciate and help within that process? In psychological terms, people cope with these losses through the "grieving process". *Jacobson*[97] has defined it as a gradual process which takes place at a time of grief and encompasses the following stages of emotion: denial, anger, negotiation, depression and acceptance. There are differences of opinion in the literature concerning the length of the grieving process; some estimate its length to be between one and a half to two years[98] while others estimate three to five years.[99] Controversy surrounds both the time period and its phases. *Silver* and *Wortman*[100] discovered that only 30 % of their sample went through a process of phases, half the people confronted the experience without passing through all the phases, and others expressed chronic or delayed grief.

These differences are not only personal but also cultural. In Mozambique, for example, people talk about and remember their dead for several months after which they no longer mention them.[101] However, in some indigenous cultures in Latin America, death is not conceived of in terms of an absence of life and the relationship to the ancestors forms part of daily life.[102] If these cultural norms are not taken into consideration, then helpers may end up causing offence, withdrawal or conflict with the community.

In cases of emergencies and catastrophes, very often those grieving processes are altered by the massive, sudden and brutal character of deaths, and feelings of senselessness, powerlessness, fear and isolation among survivors. Furthermore, the emergency situation, war or repressive social context can prevent ceremonies, public recognition of events and the opportunity for victims to regain their dignity. In other instances, the situation of uncertainty experienced by many survivors concerning the fate of their relatives (as in forced disappearances) can leave a permanently open wound.[103]

The grieving process brings with it complex tasks which acquire meaning within their own cultural frameworks. From a psychological point of view, the key components to coping with the grieving process seem to be: acceptance of loss through rituals or ceremonies; the expression of emotions relating to the person and to the traumatic situation; adaptation to the new situation by facing changes in family roles, or otherwise

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96 *Acafade* (1990).
97 *Jacobson* (1986).
98 *Pennebaker* (1990).
99 *Jacobson* (1986).
100 *Silver/Wortman* (1989).
101 *Harrell-Bond/Wilson* (1990).
102 *Solares* (1993).
103 *Lira/Castillo* (1991).

making sense of the world or one's own identity; to relocate emotionally with the dead by maintaining links with the dead and, of course, relationships with others.[104]

Survivors can often exhibit a range of different reactions which can be normal and should not be considered pathological if they do not persist over a long period of time. Some of these reactions are: denial of death or attempts to forget what has happened; profound sadness and pain; anxiety; anger; rage; recurring thoughts of the dead; nightmares; a sense of powerlessness and loss of appetite. Aid workers must be sensitive to these problems, understand and accept people's reactions as normal and non-pathological responses. But they should also learn to recognise those who may be at risk and may need more support. This category of people includes: anyone who cannot speak of the loved one without great sadness even long after they have died; those who feel constantly ill; those who see no sense in life; those engaged in self-destructive behaviour such as alcoholism.

J. Coping with Traumatic Events

When people are confronted with difficult experiences, they develop ways of coping with stressful issues which they perceive as dangerous and challenging.[105] According to *Laux* and *Weber*,[106] the main purpose behind confrontation is to resolve the problem, control emotions, protect self-esteem and manage social interactions.

Confrontation includes both cognitive and emotional processes as problem resolution behaviours.[107] The cognitive processes entail ways of thinking about problems, for instance, making plans to solve them, minimise problems or give them meaning. At the emotional level, people can share their experiences, relax, or suppress their feelings. Conductive confrontation refers to the process of coping with problems. For instance, searching for information, material support, or passivity. These categories are not mutually exclusive. For example, to speak about and share experiences implies both a means of looking for other people, an emotional expression of feelings and, at a cognitive level, a search for a meaning to the experience.

The same coping mechanism can be positive or negative depending upon the context, perception and individual characteristics.[108] Distrust can facilitate adaptation in a hostile environment such as a detention camp, but in a more violent context it can present an obstacle to obtaining help. To suppress feelings or try not to think about a particular event can, in the midst of a task or a catastrophe, help to save and support others.[109] *Teter*[110] describes the coping mechanisms of a group of survivors of the Chernobyl nuclear catastrophe, which included refusing more information and refusing to speak of the consequences of the catastrophe, as protection strategies against the uncertainty of

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[104] *Worden* (l991).
[105] *Lazarus/Folkman et al.* (1986).
[106] *Laux/Weber* (1991).
[107] *Vaillant* (1990).
[108] *Aldwin/Revenson* (1987).
[109] *Suls/Fletcher* (1985).
[110] *Teter* (1996).

the medium-term and long-term effects. Their behaviour also included passivity, desperation, and alcohol abuse.

Suppression of feelings over the medium or long term can block emotional expression and cause problems such as intrusive thoughts or nightmares, as well as expending energy on something which has stressful results.[111] According to *Pennebaker,* when inhibition is the norm, it becomes a form of "low thought", often automatic and subconscious. An extreme example of this would be the use of drugs or alcohol to avoid thinking or feeling. On the other hand, a high level of thought allows individuals to consider the complexity of problems and to be more aware of the facts and their own capabilities. Although the level of control over the stressor can be low, it will be an advantage to appreciate its different facets, the context and the possibilities of asking for help.

According to other research, people who emphasise the positive aspects of the experience – such as the value of things learnt, the sense of sacrifice or struggle – can ultimately find themselves in a better position than those who isolate or blame themselves.[112] Ideological or religious aspects can be used on a collective or individual level as a means of coping with, or protecting oneself, against stressors.[113]

Other researchers[114] make the distinction between passive and active confrontation. Traditionally it has been the active strategies which are thought to be more efficient. However, *Diaz Guerrero* has found that in Mexico, for example, adopting a less active attitude at an expressive level can prove to be a better strategy than that of confrontation. *Scott*[115] argued that whenever it is not possible for direct confrontation to take place, due to a position of weakness or dependency, people develop other opposing strategies. In his research, concerning the mechanisms of adaptation to working conditions on landowner's farms, he found that peasants worked more slowly, talked amongst themselves about their problems without pretending, or incorporated into their myths and celebrations ways of mocking their bosses. In many situations of political repression, imprisonment or torture, the victims also develop their own adaptation and defence mechanisms which, although they do not seem so, are active mechanisms.

K. Social Support and Social Networks

> *"Afterwards, little by little, we as a group began drifting farther away from them. It's like when mammals are separated from their mothers. At first they go for nursing four times a day. A few days later it drops to three. And later they keep taking them away more until they are totally separated. They wanted us to accompany them each night, but we didn't have much time, and it isn't good, anyway, because they become accustomed to it. So we kept doing this, until they gained moral strength."* [116]

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[111] *Pennebaker* (1990).
[112] *Fairbank/Hansen/Fitterling* (l991).
[113] *Ager* (1993).
[114] *Diaz-Loving / Diaz Guerrero et al.* (1981).
[115] *Scott,* in: *Berry* (1992).
[116] In: *Martin Beristain / Riera* (1992), p. 173.

Catastrophes are collective experiences which cause people to search for, and to offer social support, firstly amongst people affected and subsequently by looking for other sources of help. This social support can be informative, emotional, material-instrumental and social.[117] The support derives less from the mere existence of an objective network of social or personal relationships but more from the fact that this network is functional and perceived as a source of support and understanding.[118] The mere presence of humanitarian aid does not necessarily mean that people will feel that their needs are understood or that they will automatically trust that presence.

At an interpersonal level, sharing experiences is a way of coping with trauma since it helps to validate, recognise, comprehend and give it some meaning.[119] Those who do not share their memory of a negative occurrence with others reveal more intense physical and mental health problems.[120] For example, among the survivors of concentration camps, it was found that couples who had lived through the same situations and who shared their ordeal, experienced improved psychological adjustment.[121] Although other people who have lived through similar experiences may have a greater capacity for understanding, it can still be difficult for them to support one another due to different rhythms and styles of grieving.

On the other hand, sharing does not always diminish the tension.[122] When the stressor is present, sharing experiences may reinforce rumination and cause rumours to spread.[123] In difficult situations people may need to share negative news and this can lead to an exaggeration and distortion of reality.[124]

Social support is very important when it comes to coping with traumatic events and difficult situations, but it can be difficult to obtain. It may be difficult for those close to the person to listen, since sharing experiences with depressed people can induce a negative state of mind. People may also be at a loss about what to say; they may avoid talking or wait for the victim to take the initiative.[125] A group of Holocaust survivors explained how they had not shared their experience because they wanted to protect the others, because they did not believe they would be understood or because the experience was too painful to recall and they preferred to forget.[126]

Although situations of social catastrophe cause social networks to fall apart, often the communities themselves develop means of mutual support, both material and emotional, in crisis situations. Mutual support, organising communities and the defence of human rights are all forms of collective coping strategies. Even suffering can be transferred into an experience of organising, movements of mutual support and social demands as in the case of the Mothers and Grandmothers of the Plaza de Mayo in Argen-

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117 *Thoits* (1986); *Basabe/Valdoseva/Páez* (1993).
118 *Sarason/Sarason/Pirce* (1990).
119 *Davidson/Baum* (1986).
120 *Pennebaker* (1990).
121 *Janoff-Bulman* (1992).
122 *Davidson/Baum* (1986).
123 *Hobfoll/Parrish* (1990).
124 *Allport/Postman* (1952/1977).
125 *Pennebaker* (1990).
126 *Pennebaker/Barger/Tiebaout* (1989).

tina[127] and Disappeared Relatives Associations in many other Latin American countries. These experiences represent collective means of coping with the consequences of trauma, of reconstructing the social fabric and often of fighting against the causes of their suffering.

L. Conclusion

For humanitarian aid this presents a challenge that questions its own original meaning. It should avoid introducing a "foreign" element which destroys the existing networks or which causes conflict between them, for example, by creating parallel service networks or new groups which then compete with those already established in the community. One of the main objectives of humanitarian aid should be to strengthen the social fabric and support the expressions of mutual support within the community.

[127] *Kordon/Edelman et al.* (1986).

CHAPTER 3
AID WORKERS

> *"Humanitarian action, swift, simple, and specific, at least in comparison to political treatment, which is given to exotic problems, is presented in an easily accessible form which permits immediate evaluation: the victim-lifesaver tandem has become therefore one of the emblems of the end of the century."* [128]

In the humanitarian assistance field, crisis situations, as well as work experiences, have psycho-social implications for the groups and individuals involved. *Brauman*[129] examines the role of the media in times of crisis, and discusses the issue of how aid workers fill a symbolic mediating function in the native societies, which contributes to a representation of reality. The distortion and selective filtering of these images have definite consequences, both in the consideration of what is an emergency, and in the character of the actions. At present, the challenges which confront humanitarian aid have as much of a political as an organisational and personal dimension. Humanitarian aid has to contend with the risk of being used as a "fire extinguisher" for the effects produced by the politics of development, as was the case in Somalia,[130] or by being used by the State as a form of protection against its political inertia, pacifying its citizens' altruism or passivity.[131]

Humanitarian organisations and agencies work in difficult circumstances in which their roles may be ambiguous. Each day, aid workers face these challenges and difficulties. This can either undermine or give more meaning to their work.

A. Psychological Implications of Humanitarian Work

In humanitarian work, crisis situations as well as the demands of the job have psychological implications for the groups and individuals involved. The work of agencies, NGOs and individual aid workers takes place in contexts of emergencies, reconstruction and "development". Although the meaning of humanitarian aid is often taken for granted, in fact, we find many different kinds of agendas, priorities and activities. These do not only

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[128] *Brauman* (1993), p. 155.
[129] *Brauman* (1993).
[130] *Choussudovsky* (1993).
[131] *Hermet* (1993).

depend upon the needs of the people or the problems that arise out of the crisis, but also according to how aid is conceived. If humanitarian aid lacks an historical perspective and a sense of the future, the distinction between emergency and development risks imposing an inappropriate division between a precarious present and a future which will not come to pass on the lives of the people.

Most humanitarian initiatives involve work such as providing basic care to the affected communities, supporting organisation or training, and improving living conditions. Whilst the work is clear on paper, much confusion can arise out of the fact that each individual or institution often has different interests and priorities or agendas concerning the role of the affected populations in the implementation process.[132] *Jean*[133] describes how, in the case of humanitarian actions in Somalia, the differences between the NGOs and the UN were made evident in a rather blunt manner, that the justification of the protection of NGOs served to mask political objectives, and that confusion over what was "military" and what was "humanitarian" increased insecurity for the humanitarian organisations and reduced their work space.

There is a *naiveté* in the humanitarian world[134] which leads to thinking in terms of neutral specific action or which fails to look beyond the "helping" relationship. Aid workers with little ability to evaluate their situation are in danger of not being particularly aware of what they are doing and what influence humanitarian aid can have.

However, to develop their role sufficiently, aid workers require certain abilities and skills, such as the capacity to establish a humane relationship with the affected population, technical ability adapted to the local social and cultural context, socio-political knowledge of the situation and an understanding of the meaning of aid, and the capability to relate to the authorities and other groups under difficult circumstances.

Humanitarian work also shares similarities with the demands of other kinds of aid work. For many aid workers, the relationship to the population can be the most important incentive and the main motivation. But unrealistic expectations concerning the variety and the stimuli of the work can be far removed from the more monotonous responsibilities such as resource management, report-writing and other routine duties.

Humanitarian work falls within the remit of either NGOs, or international or governmental agencies which all have different structures, interests, responsibilities and psychological requirements. For instance, the international or governmental agencies tend to be more preoccupied with public opinion or institutional policies. Directors of NGOs may be more concerned with maintaining institutional relations or knowing their priorities for resource distribution. Aid workers on the other hand, especially those who live with communities for a long time, may be better informed concerning peoples' priorities and may be more sensitive to their needs. *Agger*[135] points out that commitment and professionalism in aid workers requires energy, but that these requirements may conflict with the demands of a large population, and with the need for the "visibility" of actions which is frequent in humanitarian organisations.

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[132] *Fisas* (1994).
[133] *Jean* (1993).
[134] *Prunier* (1993).
[135] *Agger* (1995).

The policy of contracts is an example of the way in which the criteria of any given organising culture may have psychological consequences in humanitarian aid.[136] The main approaches in the field and the dates fixed for the allocation of funds, have implications for the mobility of the staff and for the continuation of the projects. To work two months in Rwanda and then a few weeks in Haiti, or to perpetuate the uncertainty of whether a particular project can be continued when the work is only half finished, affects the health and commitment of the aid workers and the usefulness of the programmes for the population. To consider the immediate effectiveness of the work, without the necessary conditions for the work to be real, conceals the lack of suitability and the failure of many interventions.

B. Motivation and the Role of Aid

It is possible to understand how different agendas can coexist and can jeopardise the development and effectiveness of humanitarian aid. Although there is a debate going on between agencies, NGOs and governments concerning the motivations behind humanitarian aid, scarcely any research has been done on the relationship between the motivations and the way the work is done by organisations and helpers.

This usually means that there is a lack of interest and the aid workers and agencies refuse to think about the possible negative effects of their own actions.[137] But often this absence of critical awareness with respect to their own work and the assumption that they are "helping" causes significant problems to the population involved.[138]

For example, the criteria applied in the organisation of aid determines the attitudes and the pattern of relationships between the aid workers and the population. The organisation models used in refugee camps often result in the lack of access to information for the affected population and leaves the decision-making solely to the staff, similar to the situation which *Goffman*[139] describes in his analysis of total institutions. In this context, the relationships may be marked out beforehand, despite the motives or personal attitudes.

However, having unclear motives or using humanitarian aid to satisfy other kinds of personal needs – improving a *curriculum vitae,* looking for a sense of "adventure" or escaping from certain situations – involves significant risks for the development and reason for humanitarian initiatives. A lack of conviction in what one is doing makes people less sensitive to the needs of a population. Motives based on the need for social recognition end in disaster and meet with frustration when that recognition is not forthcoming. An idealistic conceptualisation which lacks a sense of reality may, when faced with experience, cause more disappointment than reward.[140]

On the other hand, personal attitudes can also influence the kind of relationship established with the population. The attitude of superiority is based upon presumptions

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[136] *Agger* (1995).
[137] *De Waal* (1987).
[138] *Harrell-Bond* (1986).
[139] *Goffman* (1961).
[140] *Stearns* (1993).

as to who has the knowledge (legal, technical) or the power (aid management) and places the people in a position of dependency. A paternalistic attitude often entails an idealisation of the "other" and of the work itself. Accompanying this are models of dependency based on the control of aid management and an underestimation of the people's own abilities. A co-operative approach suggests recognition of both the aid workers' and the population's abilities and an assumption of the respective responsibilities of both groups. It implies that aid workers are open to the possibilities of learning and of reciprocity, based upon respect for the population and motivated by a sense of social justice.

Although this co-operative view is almost universally accepted, the attitudes described above are not unusual. The tendency to believe oneself to be all-powerful (Jehovah complex) or to assume an over-caring approach (Magna Mother complex), can lead to overwork and confusion as to what one's role should be and reinforces the victimisation and passivity of the communities.[141]

C. Moral Dilemmas in Humanitarian Aid

Due to the ambiguities inherent in humanitarian aid situations, there are more and more challenges and moral dilemmas to contend with. The dilemmas which aid workers encounter in specific situations are part of the same problems facing humanitarian organisations, which also have a political dimension.

In the current climate, humanitarian organisations are having to contend with more difficult ethical and practical problems than ever before, such as: the use of aid by opposing factions in a war; the possibility of becoming accomplices to the atrocities by remaining in a particular place, or alternatively, by abandoning the most needy communities; whether or not to provide a testimony of atrocities witnessed when it leads to the danger of having to renounce humanitarian work; or to intensify humanitarian aid when it enables the State to shirk its political responsibilities.[142] This has meant, for example, that in 1995 the NGOs could not agree on their role in Rwandan refugee camps in Eastern Zaire, when witnessing the growing presence and control of the camps by the military who were preparing for new confrontations.

At a personal level, aid workers are faced with ethical dilemmas which are rarely openly discussed, such as having to decide who will receive treatment or food in situations of scarcity. These dilemmas can lead aid workers to ask questions, such as, "What is the significance of my role in humanitarian aid?" or "What am I doing here?"

Being present in situations of injustice can awaken a moral responsibility and arouse feelings of guilt. In an attempt to deal with these dilemmas, aid workers look for alternatives. These can vary from different levels of identification with the population, to adhering strictly to the limits of their role, to refusing to conform. In the eyes of the community, aid workers may represent people who can help them, extending their role as it is defined within the humanitarian aid programme. For the aid worker, this can require a greater commitment to the population, and contradict the mandate or the crite-

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[141] *Stearns* (1993).
[142] *Hermet* (1993).

ria of the humanitarian organisation. On the other hand, aid workers "represent" the Western world and the community can turn to them to explain their suffering, to make demands or to protest against unjust situations. In the case of the crisis and massacres in Rwanda, the Belgian aid workers who were in the country suffered the consequences of the anti-Belgium feeling present among the population.[143]

In many of these situations of moral dilemma, aid workers may feel powerless when facing massive problems and resent the inactivity of those who have the authority to resolve these problems. In such cases, many aid workers may ask themselves the question which concludes the following testimony taken from Vietnamese refugee camps in Hong Kong: Who is listening?

> *"At the beginning of 1989 some of us discussed our role in the camp. It was always a dilemma, whether or not it was better for us to be in the camps and to provide the refugees with essential but minimal services, and hoping that we were doing the right thing by taking that position. It was possible to be useful, for example, in passing on information which came from the refugees or to act as a mediator during the hunger strikes. The whole time we had strong feelings about the detention of these people and the unjust screening process which we witnessed. Of course I stayed there, but I used my contacts to send information to people outside Hong Kong and they were able to lobby against what was happening.*
>
> *The most difficult situation was when the refugees protested by cutting their stomachs open in front of one of us. This was something which had been going on for some time, before I was witness to it. A group of agency workers and staff from UNHCR decided to meet to discuss what could be done. Some Vietnamese heard about the meeting and three of them tried to force their way in. As they could not get in, they cut open their stomachs in front of the door. I will never forget how I felt when I was escorted away by the security guards irrespective of their wounds and in front of all the other people in the camp. You could feel the sense of powerlessness of these people in the air. There was despair in my heart. What affected me most was what I represented for them, the hope and the power of the West and yet I was completely powerless.*
>
> *I will never forget that other day in May 1990. They set off over 100 tear gas bombs in section five of the detention centre known as White Head. That day they refused to let us into the camp. When we were let in I was overwhelmed with petitions to tell the outside world what was happening. I told many people, but later I heard that last week, the 13th of April 1994, 557 tear gas bombs were let off. Who is listening?"* [144]

Moral dilemmas like these are evidence of how humanitarian actions should reveal different ethics. This ethical approach to humanitarian assistance must respect the dignity of the population they try to help.[145]

D. Stress in Humanitarian Aid

Humanitarian aid work is often carried out in situations which are stressful both for the affected population and for the aid workers. In humanitarian aid, the following inclusive terms are normally used to describe conditions: daily stress, accumulative stress, and stress related to suffering and death.[146]

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[143] *Sydor/Philippot* (1995).
[144] *Loughry*, Letter to RSP, April 1994.
[145] *Brauman* (1993).
[146] ICRC (1994).

Stress on a daily basis is related to the pace, the amount of work, the frustrations, or personal problems of adaptation to a different and often difficult context. If contained within manageable limits, this daily stress can prove to be stimulating and even help to give positive meaning to the humanitarian aid experience. Besides this daily stress, the living conditions, threats from the situation, difficulties in relaxing or in attaining social support, are conditions which can start to add up and, in time, give rise to accumulative stress.

On the other hand, to face situations of extreme poverty, pain and death is part of the *raison d'être* of humanitarian work, but it can also foster stress. This may result from dangerous disruptive events, such as the critical incident stress experienced by the people and which aid workers recognise or share in their work. This can, at times, create feelings of powerlessness or guilt.

Aid workers can find themselves vicariously affected[147] by the traumatic experiences of the communities they work with, especially when they identify with their history and their suffering. Furthermore, aid workers may remember or relive previous personal experiences which were traumatic for them. This is known in psychoanalytical terms as countertransferance.[148]

E. The Effects of Stress

> *"How can you work with people who have suffered unspeakable horrors? It is not easy, and it is overwhelming. Almost everyone on our staff suffered from nightmares in their first year. This was particularly prevalent after Tuesday, which is the day when we see a lot of patients. No one on the staff could get up on Wednesday morning."* [149]

Although aid workers do not usually face experiences which are as traumatic as those of the affected population, helping and witnessing collective catastrophes may result in signs of similar effects at a physical, cognitive, emotional, behavioural or spiritual level.[150]

The nature of the work, which requires quick decision-making and rapid completion of tasks, can make people feel stressed. As a result, they may experience difficulties in concentrating, inflexibility, preoccupation with certain problems or the inability to evaluate and make decisions. Stress can have a negative influence upon the way in which people work. It can lead to absenteeism, and taking refuge in easier or more repetitive tasks. Other manifestations can include abuse of medication or alcohol or even other dangerous behaviour. At an emotional level, stress can make aid workers feel pressured or cause them to lose interest in their work or in the people, and generate disillusionment, feelings of victimisation or distrust.[151]

In the face of situations of prolonged high stress, aid workers can find themselves without energy. This state has come to be known as "burn out" and is characterised by

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[147] *McCann/Pearlman* (1990).
[148] *Herman* (1992); *Wilson/Linay* (1994).
[149] *Mollica*, in: *Stearns* (1993), p. 3.
[150] *Hodgkinson/Stewart* (l991).
[151] *Cherniss* (1980).

fatigue, frustration, negative self-esteem and little interest in the people.[152] Different stages which aid workers go through in this burn out process include enthusiasm, blockage, frustration, and apathy.

Stress responses are not only individual, they are also present in the interaction between people. Tension can produce an increase in verbal aggression or exclusion of certain people. At a group level, it can cause negative reactions, such as avoidance of the problem, maintaining a proud silence or consistently overworking in an attempt to avoid having to think. When confronted with a difficult or uncertain situation, aid workers may apply the rules inflexibly or rely on prejudices. This kind of reaction can turn the helper group into a source of stress for aid workers instead of being a source of mutual support.[153]

F. Coping with Stress

I. Individual

The alternatives to stress are: to alter the source, diminish the consequences, or establish new coping strategies. In the previous chapter we described the fundamental issues relating to individual coping strategies such as the importance of social support. Most aid workers come from the West and are used to forms of coping such as regular physical exercise, monitoring eating habits, getting sufficient rest and sleep, relaxation and healthy enjoyment.

These can be positive sources of coping, but difficult to maintain in the field. In precarious conditions it may not be possible to have a bed or a private room or enough time to rest. On the other hand, aid workers tend to be aware of their needs but equally aware of the influence their behaviour can have on people. For example, to consume alcohol, when it is forbidden for the community, implies a certain insensitivity. Therefore, there needs to be a flexibility to the means of adaptation and a sensitivity to the environment.

Communicating with family and friends, even within the practical limitations that may exist, helps to maintain social relations, to share experiences and to have breaks to avoid being permanently focused on problems. Also writing about personal traumatic experiences has been described as a positive way of dealing with them, as long as it does not become an intellectual exercise or a substitute for action.[154]

Mutual support among the workers may help to improve stress management and contribute to making the experience more meaningful. For example, faced with serious decisions involving moral dilemmas, collective discussion and decision-making can help to lessen the sense of guilt, and improve the sense of responsibility.[155] Nevertheless, competition between organisations which work in the same place, for example considering

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[152] *Rawnley* (1989).
[153] *Martin Beristain/Riera* (1992).
[154] *Pennebaker* (1993).
[155] *Latane*, in: *Morales* (1994).

property of certain action territories, may diminish the possibilities of mutual support which co-operating people share, even though they may work for different organisations.[156]

II. Organisational

The organisational strategies that can be used to diminish the sources of stress or to improve stress management for aid workers are training, supervision, re-organising workloads and debriefing to cope with experiences. Sensitivity to psychological needs, and the degree of flexibility for innovation, are institutional factors which may or may not favour better techniques for coping with stress for aid workers.[157]

Training of aid workers can have a preventative role. The training needs in humanitarian aid include, on the one hand, general aspects such as knowledge of the country and of the political situation, cultural context, and technical preparation for the project and activities to be developed. On the other hand, training should place greater weight on the work done around the role itself, and on attitudes and coping strategies. A focus on stress within the training helps to reduce it, to increase technical competence. A greater understanding of the situation and a clarification of the role of the aid worker also help to diminish some of the causes of stress.

Having effective supervision means having access to a professional responsible for helping with difficult cases who can suggest alternatives for managing problems. This can provide great support to humanitarian actions. Effective supervision should help to improve the way in which difficulties are handled, increase self-confidence and be sensitive to the psychological needs of the people, providing feedback which helps to evaluate the work.

Rotating the most stressful jobs, and institutionalising rest periods, can also be a means of diminishing stress.[158] But this is not the only necessary organisational change. Clarification of the objectives of the mission and the various tasks of the different participants coupled with clear communication guidelines can diminish uncertainty and ambiguity.[159] Establishing mechanisms for self-evaluation and participation in decision-making within the humanitarian aid agencies can also improve the way in which difficulties are managed.

Still, the experience or even the stress produced by these situations can continue when the aid workers finish their work or return home. During re-entry to the home culture, problems can arise in both coping with situations and in social reintegration (e.g. finding a job or making friends).

After having experienced difficult situations and a long period abroad, aid workers may need to share what they have been through with those who can understand and who are capable of offering a warm welcome, such as relatives, friends or partners. This sharing can be made more difficult for a variety of reasons, some being: different

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[156] *Agger* (1995).
[157] *Wilson/Lindy* (1994).
[158] ICRC (1994).
[159] Stress Management Course (1994).

rhythms and styles of life; social changes that may have occurred; and the different importance assigned to the experiences. Aid workers returning home need to be aware of these difficulties, and avoid self-victimisation or personal overvaluation, in order to reintegrate in a more constructive way. Given this situation, aid workers face two culture shocks. The first, where humanitarian actions take place and the second, on return to the home culture which may initially seem banal and ethnocentric after the experiences in the field.[160]

Additionally, some aid workers may be afflicted after living through critical events or traumatic experiences and find themselves in need of more support. In these cases it can be useful to look for individual help or to share experiences in a group debriefing.

However, it is important that the support received responds to the needs of, and makes sense to, the aid workers. In cases where the helper has had to leave the field for reasons of detention, an increase in violence or threats, they may have a sense of an "incomplete" experience associated with injustice and the need for redress. Fear or anguish for people remaining there can be determining factors in these cases. As their experiences have social roots, aid workers can feel the need to do something at a social level that, on return, should have a positive sense to them – for example, giving a testimony – and should not only aim to resolve psychological difficulties.

Retrieving the meaning behind the work in a new context is a challenge for returning aid workers. Getting involved in trying to change things and sharing experiences at a social level are two activities which can combine the need for reintegration with the need for continuation in humanitarian work from another perspective. This can include political action aimed at helping to change the causes of suffering.

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[160] *Moghaddan/Taylor/Wright* (1993).

CHAPTER 4
TRANSCULTURAL INTERACTIONS

When *John Hardbattle,* a bushman from the Kwe tribe in the Kalahari was a child, his mother explained to him the varieties of people:

> *"God made all of us. We are all equal. But we are all different".*[161]

Whether it be the staff from aid organisations working in another country, the communities which are forced to flee or the multicultural composition of the organisations themselves, transcultural interactions are part of the daily reality of humanitarian actions.

Understanding these transcultural interactions and becoming aware of the symbols, ways of life and communication of the communities, can help us to behave in accordance with local rules, to promote culturally sensitive interventions and to reduce the potential stress of such interactions.

A. Stereotypes, Prejudices and Discrimination

Stereotypes and prejudices can influence cultural interactions. Stereotypes are means of organising information and describing the characteristics of a given social category. *Lippman*[162] described them as "images in our heads" which we have of other people or groups. For example, a common stereotype of refugees is that they are passive and powerless victims. Stereotypes can influence both the way in which humanitarian aid is organised and interpersonal relations.

Stereotypes encourage selective perception.[163] This means that we take certain things for granted, for example, that amongst the refugees in a camp there are no professionals or that those that do exist are not competent. In this way humanitarian aid tends to then import professionals instead of using those available locally.[164] Selective perception also makes us more sensitive to events which might confirm our particular stereotype. In this way, for example in food aid, the difficulties the affected population

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[161] IWGIA (1992).
[162] *Lippman* (1992).
[163] *Snyder* (1981).
[164] World Bank (1993).

show when using scales can be considered as our confirmation of their incapacity to distribute food which later leads to the description of refugees as passive people.

When these images are based on partial or biased information, they create a particular value judgement which constitutes a prejudice. The words "victim", "passive" or "powerless", imply negative value judgements which form the basis of a patronising attitude. Negative appraisals can take the form of discrimination, for example, by not employing refugees or by giving them menial jobs in working conditions which we would find unacceptable for ourselves.

We tend to deny that we use stereotypes or that we are in any way prejudiced. But our prejudices are usually subconscious, revealed in non-verbal behaviour and attitudes such as childish paralanguage and a funny voice. It can result in discrimination by failing to involve the community in decision-making or by eliminating the possibility of participation. This kind of discrimination is, for example, evident in the absence of representatives of the population affected by the decision of the Comprehensive Plan of Action in Asia. In this plan, governments and international agencies tried to repatriate asylum seekers without consulting them.[165]

Cultural interactions take place in contexts which are formed by power relations. The characteristics of power have been defined in terms of three criteria.[166] They are to be found in social relations, are based upon the possession of resources and have an effect upon the social relationship itself. Although the concept of power is used in very diverse ways and applied to very different realities, the imbalance in the relationship between international or governmental agencies and humanitarian organisations, with respect to the affected population, can constitute forms of power which influence transcultural interactions. If the aid is relevant to the needs of the population and enables real participation, then the forms of authority which arise out of the control of resources are less likely to occur.

In situations of collective catastrophe, stereotypes and prejudices between certain social or different ethnic groups may also be reinforced. The rupture of the processes of communal living and cultural exchange which were present in many multicultural societies, can lead to conflict and become the justification for violence, as in the case of Bosnia-Herzegovina.[167]

At a more global level, it may also be necessary to alter the stereotypes concerning the concept of humanitarian aid itself in the North. According to a survey carried out by NGOs[168] every second person interviewed maintained that Europe's relationship to the South is based on the South's need for aid.[169] The danger of stereotypes is that they make us think about situations of poverty as if they happen in isolation – through the establishment of "poverty culture" – and not as the result of the social system and the interna-

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[165] *Tang* (1995).
[166] *Martín-Baró* (1989b).
[167] *Rieff* (1996).
[168] ECS-CCE (1988).
[169] NGDOs Liaison Committee (1989).

tional relationships in which they take place. When we forget this historical framework, we do not look to society and the system for change, but to the poor themselves.[170]

B. Cultural Differences and Similarities

Transcultural interactions are also affected by cultural differences. There are different definitions of and approaches to culture. *Kluckhon*[171] discovered over one hundred. They refer to values, knowledge, rules and expressions of ways in which we understand life. Culture includes a combination of behaviours, emotional experiences and implicit knowledge, which people share as members of a group or community. Given its implicit nature, even those familiar with a particular culture may find it difficult to explain.[172]

One of the points of interest in the research of cultural differences and similarities is the study of values. *Hofstede*[173] identified four dimensions in which they operate: individualism-collectivism; masculinity-femininity; control; and distances of power and hierarchy.

Other researchers have also demonstrated the importance of the differences in values when explaining the kind of relationship between the person and the group, how they cope with problems more directly or by sharing them with others, or how they deal with the uncertainties in life.[174] The relationships between men and women or the relationship to authority are other expressions of the differences in values between different cultures.

In the industrialised countries of the North, the needs of the individual tend to be put before those of the group,[175] whilst in Asian and Latin American countries, there are more collective values[176] and a more stable relationship between the individual and informal belonging groups.

Rockeach[177] used a scale to measure and compare values and he noticed that there was a difference between Africans, who were viewed as collective, and Europeans who were viewed as individualistic. The Africans emphasised a peaceful world, salvation, national security, equality, and social recognition. The Europeans attached more importance to true friendship, family security, mature love, a beautiful world, and an exciting life. Although we need to be careful when generalising about the given values of such heterogeneous communities, these differences suggest that African people have more communal and social values, whilst Europeans focus more upon the people around them and making sense of their personal life. The influence of this more communal way of life can be seen in the way in which Africans discuss their problems, make decisions or the extent to which they share difficult experiences.

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170 *Martín-Baró* (1989a).
171 *Kluckhon* (1952), in: *Price-Williams* (1980).
172 *Taft* (1977).
173 *Hofstede* (1980).
174 *Diaz-Lowin/Diaz-Guerrero/Helmereich/Spence* (1981).
175 *Morales/Lopez/Vega* (1992); *Triandis* (1994).
176 *Hofstede* (1980).
177 *Rockeach*, in: *Morales et al.* (1995).

However, these cultural differences can also be the result of social systems in which people have lived. For example, the poorest sectors of Latin American society often demonstrate a certain social conformism. They accept their lives as something brought about by higher external forces, and therefore beyond their control. According to *Martín-Baró*[178] such "fatalism" is a result of colonial domination, in which any resistance was squashed. It reduces the need for stronger physical coercion to keep control.

C. Culture and Emotions

In the literature on cultural differences, another point of interest is how emotions are experienced and expressed. These issues are important to humanitarian aid both in terms of the way in which people collectively experience an event, and in terms of the different individual responses in crisis situations or even the ways in which mental health problems become manifest.

There seems to be a transcultural similarity between facial expressions, perceived changes to the body and behavioural tendencies.[179] For example, the attributes associated with sadness, happiness, anger, fear or annoyance are fairly similar in very different cultures.[180] But the subjective experience of the emotions and the way they are expressed verbally, how people cope with and control their emotions, are more variable.[181] In some collective oriented cultures, for example, people may feel more affected by being alone or without their family. For support they may be more likely to turn to the community and participate in certain collective activities or celebrations, than in the case in other cultures.

Another example of the variability of emotional aspects are the concepts or ways of symbolising and living one's experience. For instance, an emotional state such as depression is described and experienced at different levels according to the culture. In the West, the blame and the emotional-subjective symptoms are more communal. On the other hand, in Asiatic countries people are less likely to refer so much to subjective emotional responses as to speak of a wide variety of somatic and external symptoms.[182] In some indigenous cultures trauma is explained in terms of fright which needs to be extracted from the body. These differences are such that aid workers have to develop a cultural sensitivity in order to improve their understanding and their ability to support people.

D. Concept of Time and Space

Humanitarian interventions are based on given concepts of time and space, which influence both the organising criteria and the relationship to the population. Western cul-

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178 *Martín-Baró* (1989a).
179 *Páez/Vergara* (1995).
180 *Smith/Bond* (1993).
181 *Mesquita/Frijda* (1992).
182 *Marsella* (1978).

tures, where most humanitarian aid originates, have a divided and segmented concept of time which is used for the purpose of speed and productivity. According to *Grossin,*[183] in Western societies the relationship between time and work has changed with industrialisation. People do not eat when they feel hungry, but when it is lunch time; "time is money", and it should be spent in the best and most rational possible way.

On the other hand, collectivist cultures have a more global and "slower" concept of time and use it in relation to sociability.[184] In many peasant cultures, the concept of time is tied up with the nature cycles. This can mean, for example, that when the repatriation of refugees is programmed, the agencies find themselves more concerned with the calendar whilst the community itself is preoccupied by the timing of the harvest or with the moment when they can begin to work the land.

Ardila[185] found that the perception of time is "slower" among Latin Americans than among North Americans. For example, for a particular community used to certain decision-making processes, these may have nothing to do with urgency or efficiency in the immediate term which may be the priorities for humanitarian agencies and aid workers. Without this cultural sensitivity, short-term projects, even those which speak of participation, may establish a dynamic in which the people are not really able to take part, and thus become a subtle form of imposition.

On the other hand, at an interpersonal level this can mean that aid workers have no choice but to learn, through informal meetings or discussions, how time is managed in a way which is better adapted to the specific context. There are places where either no one has a watch, or the timetable is part of formal communication and established rules so when people talk about punctuality, what they really mean is arriving or coming one hour after the set time. In such contexts obsessive punctuality on the part of the aid worker fails to show consideration for the reality of the situation and can become a source of stress both for aid workers and people.

Other differences which can be important to the daily life of cross-cultural interactions are those related with space and intimacy.[186] In Latin American cultures physical proximity or touching between men and women can be seen in terms of a sexual interest and not as a gesture of support. In a place where there are no doors, the concept of intimacy is different, but that is not to say that it does not exist. An attitude of observation and respect for their use of "space" and for the way people relate to each other in it can help aid workers to adapt and to avoid conflict.

E. The Role of Communication

Humanitarian actions imply different kinds of co-operation and exchange which also have a communicative significance. From the way in which information is controlled, to

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[183] *Grossin* (1969).
[184] *Price-Williams* (1985).
[185] *Ardila* (1986).
[186] *Knapp* (1980).

training activities, and personal and organisational relations, communication forms part of humanitarian aid.

Establishing mechanisms and channels of communication which allow for feedback from the communities concerned can help humanitarian aid to consider the needs of the people.

Anthropological approaches have shown that when communication takes place between two people who do not share the same cultural reference points, the possibility of distortion increases. Culture helps us to move on from a denotative meaning (what the person says) to a cognitive meaning (what the person wants to say).[187] In many cultures assent does not mean agreement but an attempt to avoid displeasing. In Asia people tend to answer affirmatively, although they may not agree, as a way of adapting to the situation, especially when facing the so Western use of asking direct questions.

Communication is also an exchange process. Humanitarian aid workers should be aware of the meaning of exchange processes in a particular society. For example, giving and receiving food is a form of communication, which can imply support or which can be seen as a way of maintaining dependency.

In his analysis of communication processes, *Watzlawick*[188] argues for the need to pay attention to the issues surrounding the relationship. Too much emphasis upon what has to be said (the "contents"), without thinking about how it is said and the interaction with others (the "relationship"), can cause communication problems and conflict.

Habermas' [189] analysis of the act of communication supports this theory. He defined four key points which help to interpret the difficulties of communication: lack of intelligibility; disagreement over the problem; behaviour which does not adapt to the rules; or mistrust and lack of sincerity in the relationship. These points help to understand how a problem that begins with a lack of intelligibility can be interpreted as a disagreement, or how a behaviour which does not adapt to the rules of communication may be understood as though the person is only looking to satisfy their own interests.

The distortion of the communication process in the field of humanitarian aid can originate in: cultural differences and the situations in which there is an emotional climate of fear or tension; the difficulties inherent in communication at an interpersonal or organisational level; the lack of knowledge of local languages and the difficulties of working through translators. However, communication is crucial to the work of aid workers and humanitarian organisations, since it helps them to work better with the population and to resolve daily conflicts.

F. Cultural Shock and Deculturation Stress

When people move from place to place, they find themselves facing other cultures and differences become clear. This interaction can cause ambiguity and communication problems, and result in the need to learn how to react within this new culture. In the

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[187] *Bateson* (1976).
[188] *Watzlawick* (1967).
[189] *Habermas* (1989).

case of refugees, these problems may appear, especially in the first stages of relocation, depending on the distance and cultural identity, the attitude of the host population, and the relationships which are established.[190]

In cross-cultural interactions the "baggage" which both parties carry is a result of culturalisation and socialisation processes.[191] After displacement, both the affected population and aid workers are confronted with a new context and often with a new culture. This implies new processes of general learning (culturalisation) and specific learning (resocialisation).[192] These experiences can bring about a positive learning process for the people involved. Alternatively, they can cause variable levels of stress, known as culture shock or cultural stress.

The concept of culture shock was developed by *Oberg,*[193] and was defined as a general state of depression, frustration and disorientation amongst those living in a new culture.[194] Usually culture shock occurs when a person loses familiar points of reference which provokes feelings of confusion.

Culture shock can imply the following phenomena: tension or fatigue caused by the effort of adapting to a new culture; a sense of loss and deprivation of one's origins, and feelings of nostalgia; the sense of rejection felt by the emigrant from the host community or *vice versa;* confusion concerning roles and expectation of roles; a growing awareness concerning differences between the cultures, which is often difficult to deal with; and a feeling of powerlessness in not being able to act in a competent way.[195]

The concepts of cultural stress and culture shock overlap. The process of culturalisation can mean that people have to face new sources of stress and to activate certain coping mechanisms to deal with them.[196] Cultural stress is greater when migrations that take place imply forced cultural interactions.

There are individual variations in feelings of culture shock. In the case of aid workers, the ability to adapt to a new culture can be the result of previous experiences and knowledge of the local situation as well as personal attitudes and a perception of control over the environment.

Inter-generational conflicts may be frequent within the refugee population itself, given the different capacities and strategies of culturalisation. Children and young people may have a greater capacity and social space for learning adaptation strategies, although they are faced with the difficulties of building their identity in a transcultural context.

Transcultural interactions also imply an active influence upon the new culture.[197] In the case of displaced populations, settlement in a given place can have a cultural impact upon the local community. On some occasions, the humanitarian actions themselves, such as the creation of refugee camps, may stimulate population movements and cultural

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[190] *Berry* (1991).
[191] *Berry et al.* (1992).
[192] *Berry et al.* (1992).
[193] *Oberg* (1961), in: *Past* (1977).
[194] *Smith/Bond* (1993).
[195] *Taft* (1977).
[196] *Berry* (1992).
[197] *Westermeyer* (1991).

interactions due to the precariousness of the living conditions of the local populations, such as in the case of the transit camp of Menw Ditu in Zaire.[198] Coming face to face with the suffering of the displaced can incite some to be accepting and welcoming. However, there may be problems such as competition for work, or the perception that the newcomers are treated more favourably by international organisations. Aid should result in an improvement in the situation of both refugees and hosts by taking into consideration the so called "affected area" approach.

Humanitarian aid can also have a cultural impact upon the communities living where the programme is implemented. The very act of living with people from other countries, the presence of international organisations or the deployment of resources can be in contrast to the poor living conditions or the culture of the population. The methods used to involve people can prove to be another problematic issue. For example, paying people to participate in certain training activities introduces the concept of money to an activity in which it did not previously exist, and can create resentment and tensions within the community. How appropriate it might be to go straight to the women in a refugee community in Afghanistan to ensure the absorption of information on the prevention of diarrhoea, cannot be evaluated according to the Western criteria of participation. The social structure and the means of involving the men in the programme has to be borne in mind.[199] Cultural sensitivity amongst aid workers can have a preventative effect upon family conflicts and can lead to the involvement of men in child care.

One objective of humanitarian aid should be to improve cultural interactions. To achieve this, aid workers and humanitarian organisations must become aware of the differences, get to know the other culture and acquire the skills which enable them to function within that culture. The first step is recognising how many of the ideas we take for granted are simply wrong assumptions rooted in our Western culture.[200] Amongst these are: the concepts of normality; that the individual is the fundamental basis of society; speaking in abstract terms; lineal cause-effect thought patterns; that problems are faced directly; that problem resolution is more important than keeping good and balanced relations in the group; and that it is better to be helped by specialised systems rather than by informal relationships. Only when one is aware of such differences can one be open to change.

At a personal level, some things which can bring cultures closer together and improve communication are knowledge of the language, understanding non-verbal communication and being aware of stereotypes and prejudices. A knowledge of the historical, social and political context, the basic rules of conduct, and how to develop the necessary communication skills for that particular cultural context, are fundamental to the training and the positive attitude of aid workers and help to improve the cultural interactions which are very much a part of humanitarian aid.

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198 *Boulvain et al.* (1994).
199 *Sondorp* (1992).
200 *Pedersen* (1988), in: *Berry et al.* (1992).

CHAPTER 5
PSYCHO-SOCIAL INTERVENTIONS

> *"It is probably the first war ever where not only the physical and material needs but also the spiritual and the psychological needs of the traumatised people has been taken in consideration on a large scale."* [201]

A. Introduction

This quotation from *Arcel*[202] highlights the social and political context of psycho-social interventions and brings into question why a European war was needed to bring psychological needs onto the humanitarian agenda. In Croatia and Bosnia-Herzegovina there were 185 psycho-social programmes,[203] most of them operated by foreign agencies. *Kocijan-Hercigonja*[204] describes some of the problems resulting in the implementation of outside psycho-social programmes in Croatia.[205]

B. Prevention as a Political and Social Activity

The best approach to mental health should be preventative and proactive instead of implementing actions after the appearance of difficulties.[206] The goal of prevention is the elimination and reduction of conditions that produce mental health problems, and the bolstering of factors that support this goal.

Better mental health can be achieved by reducing conflicts, social injustice, poverty and forced displacement. *Criss* and *Johnson*[207] argue that an intellectual reconceptualisation of peace from reduction of conflict towards the active promotion of peace through, for instance, the achievement of social justice, is necessary. As most of the mental health

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[201] *Arcel* (1994), p. 20, on Psycho-social care in former Yugoslavia.
[202] *Arcel* (1994).
[203] *Agger* (1995).
[204] *Kocijan-Hercigonja* (1994).
[205] See annex.
[206] *Williams* (l991a), in: *Ager* (1993).
[207] *Criss/Johnson* (1994).

problems requiring attention occur in situations which have social and political causes, their prevention is also a political activity[208] but should not be restricted to politicians. A greater political understanding and commitment as well as a more active role for aid workers and mental health workers as advocates of human rights and as lobbyists in the countries of origin, are essential elements for prevention.[209]

Some stress factors for affected populations may be under the control of international or governmental agencies and NGOs.[210] For example, the conditions under which repatriation is carried out may instil fear in the refugees concerning how they will be treated, or insecurity due to lack of information or of land to work, etc. Some of these stress factors can be reduced if international and governmental agencies keep these problems under consideration, instead of basing their decisions on political interests or economic criteria.

The manner in which humanitarian assistance is conceptualised and implemented at the organisational and social levels may promote or reduce mental health. For instance, family reunification or reconstruction of schools improve well-being[211] by promoting social integration and alleviation of a state of limbo. Demilitarisation and re-integration of child soldiers that does not take into consideration that, for instance, children are returning to areas where there is inadequate provision of basic services and that their return increases the daily burden of the family and may influence their capacity to cope with the child, diminishes the likelihood of successful re-integration and well-being. Giving assistance to the families and communities involved needs to be included,[212] as well as psycho-social needs. Demilitarisation processes involve changes in the way of seeing life; in the manner of facing conflict situations; in relation schemes altered by war; in the reconstruction of one's identity (from soldier or guerrilla to peasant); and in peoples' relationships.

Ager[213] discusses some of the social stressors and ameliorative factors during various phases of forced migration (pre-flight, flight, settlement and re-settlement) and comments on how attention to the needs of organisations rather than the beneficiaries prevents the achievement of well-being.[214]

C. Mental Health Programmes

In addition to a global conceptualisation of aid, a psycho-social focus on humanitarian aid can carry with it specific interventions aimed at the mental health of the affected populations. Mental health programmes need to take into consideration both the preventative and curative aspects.

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[208] *Williams* (l991b), in: *Ager* (1993).
[209] *Buus/Agger* (1988); *Slim* (1995); *Summerfield* (1996); *Zwi/Ugalde* (1989).
[210] *Ager* (1993).
[211] *Tolfree* (1991).
[212] *McCallin* (1995).
[213] *Ager* (1994).
[214] See annex.

There has often been a differentiation between primary, secondary and tertiary prevention in settlements.[215] Primary prevention is aimed at diminishing situations of risk, and avoiding the occurrence of problems. Secondary prevention focuses on the most vulnerable groups to identify potential problems as early as possible. Tertiary prevention endeavours to prevent complications among the most affected groups.

At the level of primary prevention, the provision of clothing, toys, books and magazines is recommended. The establishment of athletic centres, centres to provide infant care, pre-school programmes, school programmes, adolescent activities, health facilities, the creation of jobs for the head of the family, and utilisation of indigenous leaders is advocated. At the secondary level, ongoing consultation is encouraged. Lastly, at the tertiary level, the establishment of a health clinic led by a local psychiatrist and the hiring of mental health workers to work with unaccompanied children is recommended. Although many mental health programmes combine different forms of approach, programmes differ according to their clinical and therapeutic focus or their community focus.

D. A Community Approach to Mental Health

A community focused approach aimed at social support and community integration is more beneficial than specific psychotherapeutic interventions. *Summerfield*[216] even questions the appropriateness of individual psychological treatment for problems that are clearly collective and have social and political causes. Similarly, a psychiatrist in Sarajevo commented that 70% of mental health problems could be managed at the primary health care and community level. He sees war as an opportunity to institute reforms in the mental health sector towards a more community based, multi-disciplinary care.[217]

Agger[218] describes community-focused approaches as having a mixture of preventative and curative actions, and having the following elements in common: the facilitation of group contact, discussion and sharing of experiences; practical assistance in areas such as child care and income generation; and the provision of more intensive, individual assistance (usually by referral) for those in need of it. For example, *Loncaveric*[219] developed a socio-cultural integration programme for Bosnian refugees in Switzerland, placing emphasis upon three main principles of work: the promotion of identity, psycho-social well-being, and social activation.

Those at greatest risk are people with previous psychological problems, families which have lost a family member, situations of deep family uprooting, people who have directly suffered violent situations, and those who have the least experience, and lack of personal resources, or social support. Many of these problems may not present themselves as mental health problems or as an increase in demands for assistance. Elements for this community focus may be provided by listening to what people say in other social

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[215] WHO (1981).
[216] *Summerfield* (1996).
[217] *Jones* (1995).
[218] *Agger* (1995).
[219] *Loncaveric* (1996).

contexts, or by contacting local leaders or other key figures within the community. For example, the training of teachers concerning aspects relating to trauma constitutes a strategy for improving the support for boys and girls, and the identification of problematic situations.[220]

A community approach should emphasis ideological, cultural and religious coping strategies which are already in place. It does not need to focus on the trauma. For instance, work in situations of conflict can help to overcome stereotypes, improve communication skills, and create positive social attitudes. Some authors have provided designs for working both with the general population, as well as with the vulnerable sectors.[221]

E. Therapeutic Approaches

Therapeutic approaches all feature the retelling of the trauma story. Their emphasis is curative and focuses primarily on the most affected individuals and families. A review of therapeutic approaches (such as testimony, psycho-dynamic psychotherapy, insight therapy, cognitive/behavioural approaches, pharmacotherapy, family or group therapies) with survivors of torture is offered by *McIvor* and *Turner*.[222] In general, these programmes recognise that the expression and reconstruction of one's experience and the re-framing of the experience can help to achieve a better state of well-being.[223] Different techniques such as role playing, individual communication, games and drawings, especially in working with children, are used. *Niati* and *De Clercq*[224] describe the role of a psychiatric team in the context of a catastrophe.[225]

Recently, a method called the "testimony"[226] or the trauma story[227] has been developed. It seems that effects can be diminished by the process that converts individual suffering into social testimony.[228] The testimony method produces a written record of the story and through the process of recording, writing and editing, the person is left with a permanent record that can be used for personal purposes or can be distributed. The person becomes an active participant in the therapy, and the therapist's role becomes that of clarification, encouragement and acting as a witness. As the testimony proceeds, psychological reactions such as guilt for having given names of friends and relatives, are addressed and reframed as, for instance, is inevitable when confronting pain and powerlessness.[229] When intervention is required in cases of rape or torture and altered grieving processes, the reconstruction of self-identity becomes a main objective.[230] *Agger*

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220 *Richman/Mucache/Draiba* (1996).
221 UNHCR/WHO (1992); UNHCR (1994).
222 *McIvor/Turner* (1995).
223 *Pennebaker* (1990); *Ager* (1994).
224 *Niati/De Clercq* (1996).
225 See Annex.
226 *Cienfuegos/Monelli* (1983).
227 *Mollica* (1987).
228 *Becker/Lira* (1989).
229 *McIvor/Turner* (1995).
230 *Barudy* (1989); *Vesti/Bojholm* (1990).

and *Jensen*[231] stress the importance of maintaining the person's political commitment during therapy.

Hielman and *Witztum*[232] discuss the role of "chaperones" (escorts from the person's culture who accompany the person to the therapist) in the context of cross-cultural therapeutic encounters. The authors argue that while most therapeutic encounters are based on the interaction between person and therapist, chaperones may fulfil important functions as cultural bridges and sometimes even become co-therapists. All sorts of sources such as spouses, holy men, priests, and shamans may take part in the healing process. Chaperones may assist persons to overcome "cultural distress" by providing legitimisation and helping the person in giving meaning to it. Other chaperones find themselves involved in the process of healing by encouraging the person to speak. Finally, some chaperones become active co-therapists by creating conditions in which the person could fit into after the therapy, by approving and providing cultural legitimisation. They remained active through the therapy and beyond in other places and contexts.

WHO and UNHCR[233] recommend some guidelines for relating to traditional systems in the field of mental health with displaced populations. However, *Ager*[234] comments that attempts to reconcile Western medicine and "traditional approaches" are usually conducted as a symbolic "reading" of traditional practices in a decontextualised way. This disregards the social function of traditional approaches within non-western societies and alternatively, does not recognise the same social function of Western medicine. There is also the risk that the dominance of Western medicine perpetuates the colonial status of the "Third World".[235]

F. Participation and Self-help: Empowering One to Face One's Own Life

The programme should have the objective of stimulating the initiative and the responsibility of people in their affairs.[236] Even though participation and empowerment are expressed goals in many programmes, in practice it usually means the involvement of the population in projects that outsiders have developed[237] without considering their needs. Community participation oriented towards empowerment of affected people and communities should be considered as an indicator of the quality of programmes and of reliability on decision-making processes.[238] In this way, when participation means empowerment, it should lead to better social support and the capacity for reconstruction.

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231 *Agger/Jensen* (1990).
232 *Hielman/Witzum* (1995).
233 WHO/UNHCR (1992).
234 *Ager* (1995).
235 *Berry/Poortinga/Dasen/Segall* (1992).
236 *Harrell-Bond* (1986); *James* (1992).
237 *Werner* (1989).
238 *Gedalof* (1991).

Self-help refers to how people can improve their conditions through sharing their problems and necessities, and to learn from others' positive experiences. The value of communication among equals has been argued for in research on traumatic events and in the experience of many social movements.[239]

Mutual help relies on: objectification and analysis of reality; mutual support; the awareness of hidden experiences and feelings; generalisation of experiences; the search and integration of solutions; development of common actions to cope with the problems; and the development of gratifying social activities.[240]

These mutual support groups do not necessarily have to focus on traumatic experiences. For instance, in Bosnia, *Marie Stopes* International has established a network of mutual support groups and centres for women that allows them to meet regularly in a pleasant setting and discuss various issues such as: is the husband the head of the family?; or does one need to get married to have children? This example shows that one of the main psycho-social effects of the war is women's changing perceptions about themselves.[241]

The reconstruction of existing health services should be a priority after disasters as a way of strengthening empowerment and participation.[242] It supports local professionals and provides continuity. On the other hand, the construction of parallel health systems takes competent professionals away from the state system and further weakens the reconstruction efforts. This was the case in Apronuc, Cambodia.[243] Furthermore, the presence of local professionals can overcome the cultural problems often inherent in cross-cultural communications. *Eisenbruch*[244] suggests to incorporate traditional healers into the health system. The incorporation of midwives in Bangladesh and traditional healers in Thailand resulted in successful projects because these individuals had the prestige and trust of the population and provided continuity.[245]

G. Memory and the Social Reconstruction Processes

In situations of socio-political collective catastrophes, part of the social reconstruction work deals with the recuperation of collective memory. The members of a group reconstruct their past beginning from their interests and present frame of reference.[246]

The collective memory vindicates the suffering and the sense of the experience of the people as the first step towards quitting the forced silence and the blame that both victims and their families came through. Empowerment and making sense of what happened are ways to regain dignity. The commemoration of a collective disaster allows it to

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239 *Hodgkinson et al.* (1991).
240 *Heap* (1985).
241 *Jones* (1995).
242 *Ugalde/Zwi* (1989).
243 *Biberson/Goemaere* (1993).
244 *Eisenbruch* (1992).
245 UNDP (1994).
246 *Halbwachs* (1950).

acquire meaning and public recognition. When this public recognition cannot take place openly, memory takes the form of oral traditions and historic archives.[247]

In history we can find many examples of efforts to reconstruct the memory in a distorting way, even blaming the victims. For example, according to *Daniel*, the belief among the majority of the German population over 40 that Jews were in part responsible for the Holocaust.[248] Silence is another common way of distorting reality. In interviews with children of Jewish survivors of concentration camps and with children of Nazi criminals, *Sichrowsky*[249] found that silence dominated. Frequently, it is the official story that states and encourages people to forget in order to reconstruct society.[250] For those responsible for the events, "forgetting" and maintaining the official version of events is a way to preserve a coherent image of themselves.

However, the social non-recognition of events leads to a privatisation of pain, to feelings of victimisation and to a lack of support that keeps them aware from a social framework for giving a positive meaning to their experiences.[251] Political processes aimed at reconstructing truth and recognising responsibility have been developed to counteract this tendency to distort memory and to forget. However, they have not always been associated with a reparation based on aspirations of justice for the victims.[252] In the case of the Report of the Truth Commission about El Salvador, recommendations included the separation of military men from the army, and civil servants from administration, disqualifications, judicial system reform, structural reform of the armed forces, the protection of human rights, and the material and moral repair of the victims.[253] However, only a few things have been put into effect.

Future generations are affected by traumatic experiences of the past. The children of Holocaust survivors are characterised by a greater anxiety when confronted with negative events. They are more worried about death and are more ambivalent when confronted with the expression of aggression.[254]

These distortions and "forgetfulness" have social consequences as well. For example, Europe has experienced a resurgence of right wing political movements, xenophobia and racism since prominent figures in nationalist movements have begun to be perceived as defendants of peace rather than instigators of war. The following text, from a song by the German musical group called "Endsieg", called *Final Victory* which is dedicated to the Turkish community, reveals this in a brutal manner.

> *"Chewing on garlic, they come to Germany,*
> *to dirty everything they touch.*
> *Let's put them in jail*

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[247] *Ibanez* (1992).
[248] *Daniel* (1992).
[249] *Sichrowsky* (1987).
[250] *Páez/Basabe* (1993).
[251] *Modell/Haggerty* (l991); *Pennebaker* (1990).
[252] *Tojeira* (1993).
[253] Comisión de la Verdad de la ONU (1993).
[254] *Solomon* (1990).

Let's put them in camps." [255]

Historic memory not only has a collective therapeutic effect but also a value as social recognition and justice. It can have a preventative role at a psychological, social and political level. According to *Pennebaker, Páez* and *Rime,*[256] traumatic events must be remembered in shared ways and expressed in rituals and monuments. However, collective memory must: be inserted in the past and future of the group; explain and clarify what happened; draw out lessons and conclusions for the present; give positive meaning and reconstruct what happened, emphasising those positive aspects for the social identity; avoid fixation on the past, obsessive repetition and stigma of survivors as victims. If this is not possible attention should be paid in non-interfering.

H. Conclusion

In this chapter we have made reference to the importance of considering the psycho-social needs of populations affected by collective catastrophes. Therefore, we have made reference to the prevention of problems in the planning of humanitarian actions and the development of specific mental health programmes. Whether it be through actions with a community focus, or the different forms of therapeutic intervention, the conceptualisation of mental health must avoid the victimisation or isolation of persons. The psycho-social viewpoint in humanitarian actions must be to understand the suffering of beneficiaries if it does not wish to become a technical element unlinked to their experience, and to accompany their efforts to reconstruct.

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[255] *Baeza* (1994).
[256] *Pennebaker/Páez/Rime* (1997).

CHAPTER 6
CONCLUSION

"All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood." [257]

In collective catastrophes, entire groups experience social emergency situations. Understanding the collective and individual experience in a holistic way is a first step to attending to the needs of the affected people.

Humanitarian actions take place in a social and historic context, and they have psycho-social implications. Humanitarian aid affects family communication, basic living conditions, and the legal situation, as well as providing and distributing aid. In fact, the international humanitarian system has an impact on the lives of persons by virtue of its presence alone. All impact of humanitarian aid is related to the hopes and needs of the people, listening to these hopes and attending to these needs is a way of changing the system of humanitarian aid.

A psycho-social approach to humanitarian assistance can highlight the risks of allowing political or military interests by involving ethical considerations of interventions, and values of the achievement of justice.

Although psychology is usually associated with an individualistic approach, in this book we have tried to show the need to focus on the community, identifying and encouraging existing coping strategies, and supporting available services.

In situations of crises, a psycho-social approach needs to consider not only treatment but also prevention. Education of the risk factors, how to deal with information, to avoid prejudices and panic, and how to facilitate mutual support, are benefits of this approach for both people and aid workers.

Emergency situations, particularly political ones, give rise to practical and moral dilemmas. Humanitarian actions take place in a historic context in which conflicts are previously designed and have global implications; wars do not just happen but are planned. Ideological rigidity, militarisation, and ethnic stigmas are part of this planning and produce a context for all violations of human rights. A psycho-social care approach helps to raise awareness of the mechanics involved in the preparation of war. Humanitarian aid cannot be implemented solely after violent events. Defence of human rights is not only part of the support to survivors but also part of the prevention.

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[257] Article 1 Universal Declaration of Human Rights.

Finally, a psycho-social approach implies thinking about reality in the country in which humanitarian interventions are planned. It is here where stereotypes of assistance held by governments, agencies and aid workers must change to match better with people's needs, not only for help, but also for justice.

CHAPTER 7
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