

**RETHINKING MENTAL HEALTH AND  
WELLBEING INTERVENTIONS IN DISASTER  
AND CONFLICT AFFECTED COMMUNITIES:  
CASE STUDIES FROM SRI LANKA, SUDAN  
AND MALAWI**

A thesis submitted for the partial  
fulfilment of the requirements of the  
University of Northumbria at Newcastle  
for the degree of Doctor of Philosophy

Janaka Saranasuriya Jayawickrama

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## ABSTRACT

This thesis examines the traditional knowledge and capabilities that disaster, conflict and unplanned development affected communities utilise to deal with uncertainties and dangers inherent in their lives. The key question is whether a model of individual care, core to the tradition of western disciplines, is appropriate for humanitarian assistance largely delivered to 'non-western' countries. The methodology uses both quantitative and qualitative techniques, and moves beyond a conventional science approach. Guided by a broader ontology and epistemology, it engages an evaluative judgement of three project based case studies in Sri Lanka, Sudan and Malawi. These evaluative judgements build on the adapted OECD/DAC criteria of relevance, efficiency, effectiveness and impact. The "lived experiences" of mental health and wellbeing for individuals amongst these communities are then further examined through their personal stories. The outcomes of this process are used to inform a discussion on mainstream interventions and to provide a basis for exploring improved practice in this field.

The scope of the study presented here was limited to Sri Lanka, Sudan and Malawi. These countries were selected based on their geographical locations, nature of the disaster, conflict or development problem and most importantly access to communities through Disaster and Development Centre's (DDC) research work with United Nations Refugee Agency (UNHCR) and Green Movement of Sri Lanka (GMSL). The researcher trained one colleague each from Sudan, Malawi and Sri Lanka to assist in the translation of Arabic, Swahili, Tamil and tribal dialects. This process was conducted by explaining the objectives of the research, refreshing basic interviewing skills, concepts of translation and addressing the research ethical framework.

The findings of the study indicate that most disaster, development and conflict-affected communities are positively dealing with uncertainties and dangers in life without outside 'expert' help. Although there are evident levels of mental health and wellbeing related issues that are visible to the outside view of a community, the inside view is that there are traditional knowledge systems, religions, cultures, attitudes and values that address uncertainty and dangers in a sophisticated though pragmatic manner. The conclusion of this research process is that suffering through danger and uncertainty is part of human experience; it is an attribute of the human condition. However, disaster and development experts, psychologists, psychiatrists and sociologists are occupied in documenting, describing, analysing and diagnosing risks, vulnerabilities, coping strategies, and post-traumatic stress. Along with the costs of murder, rape, torture, and

other forms of human malice, a deeper understanding of mental health and wellbeing in adversity is little understood. This is complicated by the varying nature of events that take place and the variable ways they are experienced by individuals and communities. The onset of uncertainty and danger are sometimes sudden, like the brutal attacks in Western Darfur. At other times they take the form of a continuous reign of suffering like the failed development, disaster reduction and conflict mitigation strategies witnessed in Sri Lanka. Even when suffering is not present in such striking forms, there can be slow deterioration of communities through policies that severely disrupt the lives of people, such as experienced by refugees in Malawi.

However, in the middle of the worst circumstances, communities continue to carry on with their livelihood regimes, to celebrate, and to enjoy. This is an achievement beyond everyday life. The thesis findings and conclusions point to the need for collaboration with disaster, conflict and unplanned development affected communities to retrieve their knowledge systems to improve their mental health and wellbeing. This can create new processes to deal with suffering, mindful of varied ways of dealing with uncertainty and danger. It can open doors for understanding and policies towards community owned mental health and wellbeing.

## **DEDICATION**

This PhD thesis is dedicated to Amma and Thatththa: Darwin and Hema – my parents, for loving, caring and supporting me enough to join in my voyage and work towards a deeper understanding for life. This PhD is a dedication to your hard work, tears and sweat as parents. You both gave me a sense of purpose and meaning to my life. This is your glory and your achievement.

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## DECLARATION

I declare that the work contained in this thesis has not been submitted for any other work and that it is all my own work. All information sources have been acknowledged.

**Name:** Janaka Saranasuriya Jayawickrama

**Signature:**

**Date:** July, 2010

## ABBREVIATIONS AND ACRONYMS

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ARC	American Red Cross
CCF	Christian Children's Fund
CWIS	Center for World Indigenous Studies
DAC	Development Assistance Committee
DDC	Disaster and Development Centre
DMIP	Disaster Management and Information Programme
DRR	Disaster Risk Reduction
ECOSOC	Economic and Social Council
EMDR	Eye Movement Desensitisation and Reprocessing
EU	European Union
FFE	Food for Education programme
GDP	Gross Domestic Product
GMSL	Green Movement of Sri Lanka
GoSL	Government of Sri Lanka
HDR	Human Development Report
HIV	Human Immunodeficiency Virus
HPI	Human Poverty Index
ICC	International Criminal Court
ICMSC	International Catholic Migration Commission
ICPR	International Commission for the Protection of the Rhine
IDP	Internally Displaced Populations
IFRC	International Federation of Red Cross and Red Crescent Societies
IMC	International Medical Corps
INEE	Inter-Agency Network for Education in Emergencies
IOM	International Organisation for Migration
IPCC	Intergovernmental Panel on Climate Change
IRC	International Rescue Committee
ISTSS	International Society for Traumatic Stress Studies
ITTP	International Trauma Treatment Program
JEM	Justice and Equality Movement
JHU	Jathika Hela Urumaya (National Heritage Party)
JM	Joint Mechanism
JVP	Janatha Vimukthi Peramuna (People's Liberation Front)

KOISP	Kindi Oya Irrigation and Settlement Project
LTTE	Liberation Tigers of Tamil Eelam
NECORD	North East Community Restoration and Development project
NEIAP	North East Irrigated Agriculture Project
NERF	North East Reconstruction Fund
NICE	National Institute for Health and Clinical Excellence
NGO	Non Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
PEST	Political, Economic, Social and Technological
PHC	Public Health Care
PTSD	Post Traumatic Stress Disorder
RADA	Reconstruction and Development Agency
SLMA	Sudan Liberation Movement/ Army
SLMM	Sri Lankan Monitoring Mission
SWOT	Strengths, Weaknesses, Opportunities and Threats
RET	Refugees Education Trust
TBA	Traditional Birth Attendant
TKS	Traditional Knowledge Systems
UPFA	United People Freedom Alliance
UK	United Kingdom
UN	United Nations
UNAMID	United Nations-African Union Mission in Darfur
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations Refugee Agency
UNISDR	United Nations International Strategy for Disaster Reduction
UNICEF	United Nations Children's Fund
USA	United States of America
WCDR	World Conference on Disaster Reduction
WCED	World Commission on Environment and Development
WFP	World Food Programme
WHO	World Health Organisation
WVR	World Vulnerability Report

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## CHAPTER ONE: INTRODUCTION

*“... the establishment of the National Trauma Programme and Centre in Kigali, sponsored by UNICEF, after the events of 1994. By 1996 over 6000 “trauma advisors” were reported to have received training (from outsiders), and 144,000 children contacted. Did ordinary Rwandans ask for this, given their pressing post-war problems, and given that “trauma” and counselling were entirely foreign concepts?”*

(Summerfield, 2005b, p.104)

### 1.1. THE PURPOSE OF THIS STUDY

The purpose of this PhD thesis is to analyse the nature of individually and communally focussed mental health and wellbeing interventions for developing country communities that are affected by disaster, development and conflict. In addressing these approaches relative to three distinct cases, the study engages traditional knowledge systems that have been used by communities to improve and maintain their mental health and wellbeing in contexts of uncertainty and danger.

### 1.2. BACKGROUND TO STUDY RATIONALE

This PhD study was started on the basis of four evaluations conducted by the author for the Disaster and Development Centre (DDC) in partnership with the Green Movement of Sri Lanka (GMSL) in Sri Lanka, and the United Nations Refugee Agency (UNHCR) in Sudan and Malawi. The explicit use of the research conducted for these evaluations<sup>1</sup> together with additional accompanying field work for this thesis has been endorsed by these institutions. Lunugamwehera – Kirindi Oya Irrigation and Settlement Project area, and the community-based psychosocial project locations in Batticaloa in Sri Lanka, were selected by the GMSL as part of their advocacy work. The psychosocial and community services programmes of UNHCR and its partner agencies in Western Darfur, Sudan and Malawi were selected by the UNHCR Head Quarters in Geneva as part of their response to the requests from Sudan, Malawi, Pakistan and Jordan for mental health evaluation and capacity building support (Refer to Appendices 1 and 2 for Approval Letters from GMSL and UNHCR).

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<sup>1</sup> Data from the GMSL and UNHCR evaluations are not presented in this PhD due to ethical boundaries and regulations of these institutions.

The reasons for using these locations for the PhD field research are to do with the issues of institutionalised humanitarian response and community knowledge that can be identified there, more specifically as follows:

- These research locations are heavily populated by United Nations agencies, International and local Non-Governmental Organisations (NGOs), which attempt to bring international policy into practice at local levels.
- Communities in these research locations are suffering through conflicts, disasters and unplanned development activities; therefore, they provide a broader range of information about uncertainty and danger.
- These communities are subject to mental health and wellbeing interventions by agencies. This allowed the study to examine the links between policy and practice of mental health and wellbeing programmes.
- These communities represent diverse social, cultural, political, economic and environmental backgrounds, allowing access to rich traditional knowledge systems related to wellbeing, whilst being engaged with uncertainty and danger.
- DDC partnerships with UNHCR and GMSL facilitated by the researcher have been considered as responding to real demand for in depth evaluation of disaster affected communities, also facilitating easier access to communities, logistical arrangements and other practicalities of conducting the field research for this thesis.

Evaluations of mental health and wellbeing programmes in Batticaloa and Lunugamwehera in Sri Lanka, Western Darfur in Sudan and Malawi provided critical information on interventions at community level. The information gathered engaged the theoretical basis, coverage, efficiency, effectiveness, community and sustainability of these mental health and wellbeing programmes. Beyond these aspects, additional research specifically for this thesis facilitated more in depth information gathering from community members on mental health and wellbeing, as well as their traditional knowledge systems. This research concentrated on interventions, not on impacts of disaster, conflict and development, emerging through the analysis of very different intervention programmes. Some based on materials (i.e. infrastructure) and others on people, activities in that neither provides the answer suggesting that the starting of project analysis is perhaps misleading.

Historically, mental health and wellbeing did not receive much attention in humanitarian or development interventions. However, since the mid-1990s the attention on trauma, psychosocial condition and Post Traumatic Stress Disorder (PTSD) has become one of

the key central themes in intervention programmes (Ingleby, 2005). This rise in interventions has not been supported by co-ordinated evaluations to have documented lessons learned or best practices at community level (Summerfield, 1995, 1999; ALNAP, 2009). Many of the individual agencies have produced evaluations for their own organisational purposes, but these have not necessarily been in depth or intended for broader learning.

The academic discourse on mental health and wellbeing has been largely focused on individuals; consequently social aspects including traditional knowledge systems have been given minimal attention (Diner, 1984; Sen, 1993; Young, 1997; Bracken, 2002; McFarlane and Norris, 2006). The development of the concepts of trauma, PTSD and wellbeing were developed in academic disciplines that research, observe and work with a particular group of people – namely western communities (Diner, 1984; Young, 1997; Travers and Richardson, 1997). Since the 1980s and 1990s the academic discourse of mental health and wellbeing moved to discussing alternative concepts and approaches including critiques of the former approaches (Bracken, 2002; Layard, 2005; Summerfield, 2005a; Kleinman, 2006; AFP, 2008; NEF, 2009).

This academic discourse has influenced policies such as the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007), National Accounts of Wellbeing in the UK (NEF, 2009) and child poverty perspectives (UNICEF, 2007). However, scholars such as Kusel and Fortmann, (1991), Das (1997), Korn (1997), Adelson, (2001), Smail (2005), and Kleinman (2006) argue that there is a vast gap between academic discourse, policy and practice in terms of mental health and wellbeing.

The academic and policy argument about a gap between academic discourse, policy and practice had a profound influence on this research study. The field information from the evaluations and unstructured interviews and focus group discussions with community participants proved such a gap to be real. It suggested the need for an innovative approach to engage with mental health and wellbeing at the disaster, development and conflict affected community level.

### **1.3. OBJECTIVES OF THE THESIS**

The overall objective of the research presented in this PhD thesis is to examine and query the nature and appropriateness of mental health and wellbeing interventions in

developing country communities affected by disaster, development and conflict. This involves analysis of traditional knowledge systems (please refer the Table 7.1 in page 168 for the definition / characteristics of traditional knowledge systems) that have been used by communities to improve their mental health and wellbeing including through times of uncertainty and danger. The research is based on examples of communities living with disaster, development and conflict in Sri Lanka, Sudan and Malawi.

The following specific philosophical, policy and practice objectives have been identified as needing analysis for this topic and are used to guide the focus of the study:

Analytical objectives:

- i. To identify existing academic arguments and theories in mental health and wellbeing related to disaster, development and conflict affected communities.
- ii. To understand community interpretations of uncertainty and danger in disaster, development and conflict in relation to those about wellbeing.
- iii. To reconsider recent academic influences in shaping mental health and wellbeing theories about and approaches to disaster, development and conflict affected communities.

Policy objectives:

- i. To identify existing policies on mental health and wellbeing that affect disaster, development and conflict affected communities.
- ii. To recognise traditional knowledge systems that define mental health and wellbeing amongst disaster, development and conflict affected communities.

Practice Objectives:

- i. To identify community knowledge systems that improves mental health and wellbeing in relation to the uncertainty and danger of disaster, development and conflict.
- ii. To examine the practical mental health and wellbeing implications of a more in depth understanding of community and humanitarian intervention.

#### **1.4. FURTHER RATIONALE TO THE STUDY**

This study emerged through an examination of academic discourse, policy and the practice of mental health and wellbeing programmes in Sri Lanka, Sudan and Malawi.

The gaps in this field are not being addressed by agencies. However, communities use their traditional knowledge systems to improve their mental health and wellbeing conditions in contexts of disaster, conflicts and unplanned development activities. Through review of academic, policy and practice of mental health and wellbeing literature it was apparent that there is a disconnection in concepts and implementation of activities. Consequently, concepts are not fully informed by implementation. A comprehensive study of this subject in the way presented by this thesis is pertinent for the following reasons:

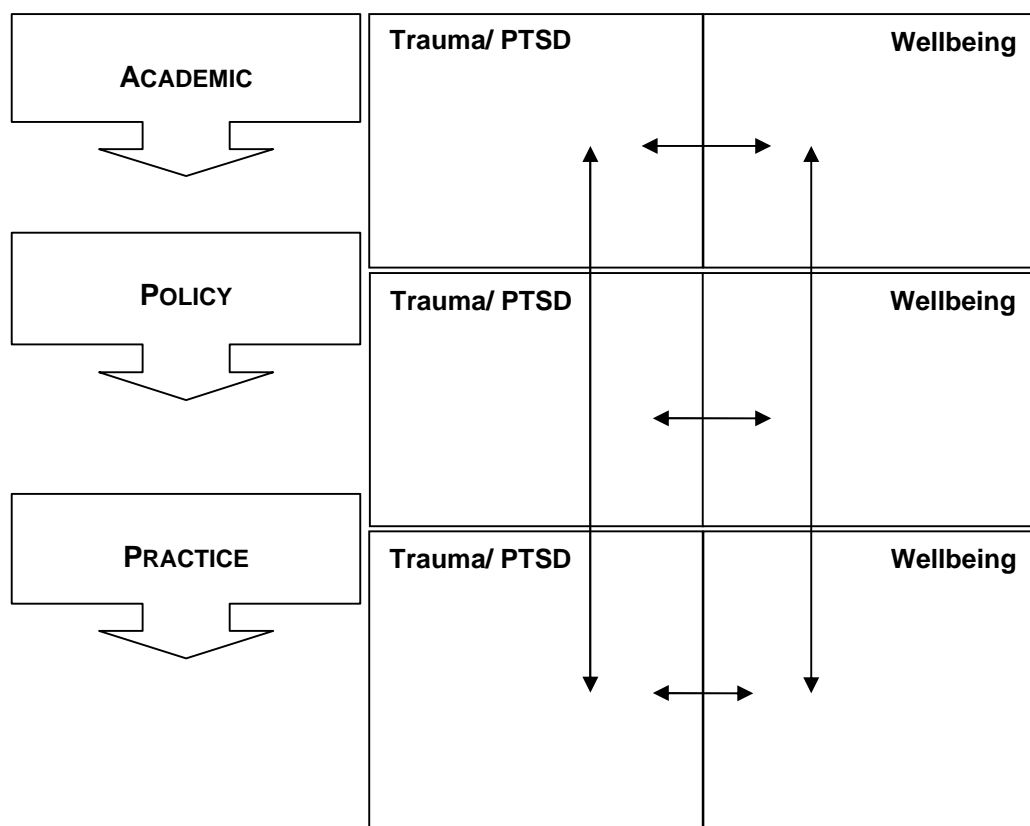
- Sri Lanka, Sudan and Malawi are nations that suffer from disasters, conflicts and unplanned development activities, which present major challenges to mental health and wellbeing policy and practice. International Agencies including the United Nations (UN) have identified how these challenges lack appropriate policies and interventions implying that evaluations are required that include further investigations of the traditional knowledge systems of communities.
- Existing trends in mental health and wellbeing are individual-oriented (Summerfield, 2005b; Smail, 2005; Kleinman, 2006). However, the societies in Sri Lanka, Sudan and Malawi are founded on community-centred cultures and because of this there appears to be disconnectedness between policy and practice.
- Communities in Sri Lanka, Sudan and Malawi have faced disasters, conflicts and unplanned development for centuries. Unplanned development in the sense that the development planners conduct development processes without transparency, accountability and participation of local communities. However, their cultures and traditions contain knowledge systems to deal with uncertainties and dangers that are oriented to improving mental health and wellbeing.

Furthermore, the researcher has been a member of a community that faces disasters, conflicts and unplanned development. The research adopts a position of both outsider and insider. Through this, the researcher has been subjected to different intervention programmes and has experience as a service receiver. The researcher used the opportunity to carry out this study to look for answers to the following longstanding question:

*What are the strengths and weaknesses of individual mental health and wellbeing interventions and their appropriateness in developing country, post-disaster and conflict communities?*

## CHAPTER TWO: LITERATURE REVIEW

This chapter presents a review of writings on trauma, PTSD, community mental health and wellbeing in academic, policy and practice levels to elaborate the existing academic, policy and practice discourse. Research, citations and abstracts, specifically in the areas of community mental health and wellbeing in disaster, development and conflict settings have emerged from this review. Additionally, articles in newspapers, professional journals and government publications on issues pertaining to conflict, development and disaster policy, programme and intervention, served as valuable secondary information (Figure 2.1).



**FIGURE 2.1: EXPECTED CONCEPTS**

(Source: Author)

In the review of electronic and printed publications, there appears a wealth of information on mental health and wellbeing at community level. Although organisations such as the United Nations, World Bank and Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) provide mental health and wellbeing evaluation frameworks, investigations on community-based mental health and wellbeing at global level are limited. Nonetheless, these accounts are central to this review process because more in depth scholarly work on the current status of

community mental health and wellbeing in disaster, development and conflict settings is yet to be built up. Evaluative work encouraged by the above institutional bodies does not engage the role of traditional knowledge systems which remains outside of mainstream mental health and wellbeing research. However, over the past ten years, community mental health and wellbeing research in conflict, disaster and development settings has steadily grown in some aspects of policy, programme and practice. This has resulted in a number of guidelines and research reports on the subject matter, such as IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) and Planning for the Psychosocial and Mental Health Care of People Affected by Major Incidents and Disasters: Interim National Strategic Guidance (UK, 2009).

The thesis leans heavily on the role of traditional knowledge systems in improving mental health and wellbeing among disaster, development and conflict affected communities. This is because observations and insights culled from the lived realities evident in the three case studies and a shortage of existing exploration and consequent publication on its importance in such contexts. By way of entry to the topic, this chapter reviews approaches that have been employed to determine the mental health and wellbeing within disaster, development and conflict at community level.

## **2.1. ACADEMIC LITERATURE**

This part of the literature review focuses on perspectives of trauma and PTSD for community mental health and wellbeing as represented in the academic literature. A section on clinical perspectives of trauma and PTSD focuses on the development, growth and definition of concepts through review of published work on trauma and PTSD at community level. This is followed by a section that explores wellbeing, focusing on concepts of wellbeing including quality of life, satisfaction, utility and welfare from social science, economic and psychology schools of thoughts.

Further, this extends through the capability approach to development that emerged in the literature accompanying the writings of oft cited scholars such as Amartya Sen. Capabilities aspects are very important in the context of this thesis as they form a core feature of the development and disaster reduction culture from which this thesis work has been contextualised. The fields identified here, and their critique positions this thesis within and between diverse debates.

### **2.1.1. CLINICAL PERSPECTIVES OF TRAUMA AND PTSD**

Research and academic literature on mental health effects of disaster and conflict has been developed in the USA and Europe. Since 1980 onwards there is a huge increase of psychological problems of disasters and conflicts such as PTSD and trauma of affected communities in the medical and psychological literature. However, it is not clear that these conditions existed before and did not get reported or lacked clinical definitions prior to 1980s. One of the ways to measure this attention is through the number of psychological articles or journal papers published in the academic literature that make reference to refugee communities. According to Summerfield and Hume (1992) and Ingleby (2005) there is a minor but sound interest in refugee communities from 1968 to 1977, which then increases radically until 1995, falling back slightly after that date. The significance of this increased focused is that the agencies that conduct intervention programmes for refugees and displaced communities started to conduct more and more PTSD/ trauma focus projects.

It is apparent that most of the psychological articles and journal papers in academic literature, that authors continue to be mainly focusing on the effects of past suffering of refugee communities. There is also a minor focus on the effects of forced migration and the problems of re-adjustment in new cultures (Summerfield, 1999, 2001, 2002). Since 1980s, psychological experts began to be sent to conflict and disaster affected countries to work alongside workers providing material assistance and medical care (Bracken, 2002; Ingleby, 2005). This is the beginning of the recognition of the concept of providing mental health interventions in disaster and conflict affected communities (Ingleby, 2005).

Most critics and scholars agree (Summerfield, 1999, 2001; Bracken, 2002; Ingleby, 2005) that the new conceptualization of traumatising is based on the experience of the Vietnam War. The Diagnostic and Statistical Manual of the American Psychiatric Association (DSM III, 1980) adopted a conceptualisation and notion of post-traumatic stress disorder (PTSD) in 1980 as a psychiatric classification. This provided the Vietnam War Veterans access to social security, which up until then they had mostly been denied. According to commentators such as Young (1995) and Summerfield (2001) this diagnosis of PTSD was meant to alter the focus of attention from the details of a soldier's background and psyche to the primarily traumatogenic nature of war. The existing diagnostic criteria for PTSD include "a state of the traumatising occurrence (actual or threatened death or serious injury) and the patient's response to it (intense fear, helplessness, horror), together with the following two characteristic symptoms"



(American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 1994, p.427-8):

- i. *“the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others;*
- ii. *the person's response involved intense fear, helplessness, or horror;”*

Further, according to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (1994), these symptoms have to be present and severe enough to create considerable damage (defined by the psychiatrist or psychotherapist) in social, professional or interpersonal aspects of the life of the person. Moreover, the symptoms must be present for at least one month.

Originally developed in the light of the experiences of Vietnam War veterans, the concept of PTSD also became widely identified with victims of domestic, sexual and gender violence, natural disasters and accidents, and organised violence (Kessler et al., 1995; Kangas et al., 2005; Nicholls et al., 2006). Trauma therapy has become a booming specialty, most treatments being based on some version of the notion of re-experiencing of the traumatising incidents such as cognitive behaviour therapy (Kangas et al., 2005).

David Ingleby (2005) found that the interest in the relationship between refugee communities and mental health issues is highly significant in that most authors were focusing on trauma rather than refugees. This suggests that it is psychology researchers who became interested in refugees rather perhaps than refugee researchers becoming more interested in mental health. This observation is reinforced through a series of publications by Sumerfield and Hume (1992), Summerfield (2001, 2002), Bracken (2002) and Ingleby (2005). Based on these observations both Summerfield (2001) and Ingleby (2005) argue that this is an indication that research in the field of conflict and disaster affected communities has been more theory driven than problem driven.

In many research reports, only information related to PTSD were collected: other ways of understanding refugee problems being omitted. Information was regularly collected using diagnostic methods that had never been validly used for the population studied. An example of this was a study in Sierra Leone, for which an online report explained that:

*“99 percent of respondents had scores on the Impact of Events Scale (IES) that indicated very high levels of disturbances, indicative of severe PTSD in Western Europe”*

(De Jong et al., 2000)

There have been disaster and conflict affected community members incapacitated by memories that have filled them with misery and sadness throughout history. However, only from the 1970s and 1980s, were people who were suffering with these memories being diagnosed as PTSD or trauma. Young (1997) again traces this difficulty to predominantly the condition identified for Vietnam veterans. More specifically, its beginnings were in the appearance of ideas about the unconscious mind and earlier expressions of memory of trauma, such as ‘shell shock’ or ‘traumatic hysteria’. In Young's view, PTSD is not a timeless or universally blanket experience newly discovered. Rather, it is a “*harmony of illusions*” (1997) a product of [western] culture. This was gradually put together by the experts, technologies, and narratives with which it is studied, diagnosed, and treated and by the various interests and institutions. However, Young's work on PTSD (1997) is mainly based on his fieldwork in 1986-7 at a U.S. Veterans Administration Unit for the diagnosis and treatment of Vietnam veterans suffering from PTSD. In this book, Young presents the ideas and policies of the U.S. Veterans Administration Unit as follows:

- *“It is clinically useful to distinguish between the core symptoms and secondary symptoms of PTSD.*
- *The distinctive feature of PTSD is the traumatic memory and the core symptoms it produces, that is, intrusions, avoidance behaviour, arousal symptoms.*
- *Psychodynamic therapy provides a uniquely efficacious way of working on the traumatic memory and, through it on PTSD's core symptoms. This therapy processes all of the treatment components – affective arousal, cognitive restructuring, and behavioural adaptation – needed to produce therapeutic change.*
- *Cognitive psychotherapies are a useful adjunct to psychodynamic therapy, but their effect is limited to managing PTSD's secondary symptoms.*
- *Anti-anxiety drugs are counter-therapeutic, because they interfere with psychological processing by allowing a patient to disengage from his traumatic memory.”*

(Young 1995, p.182)

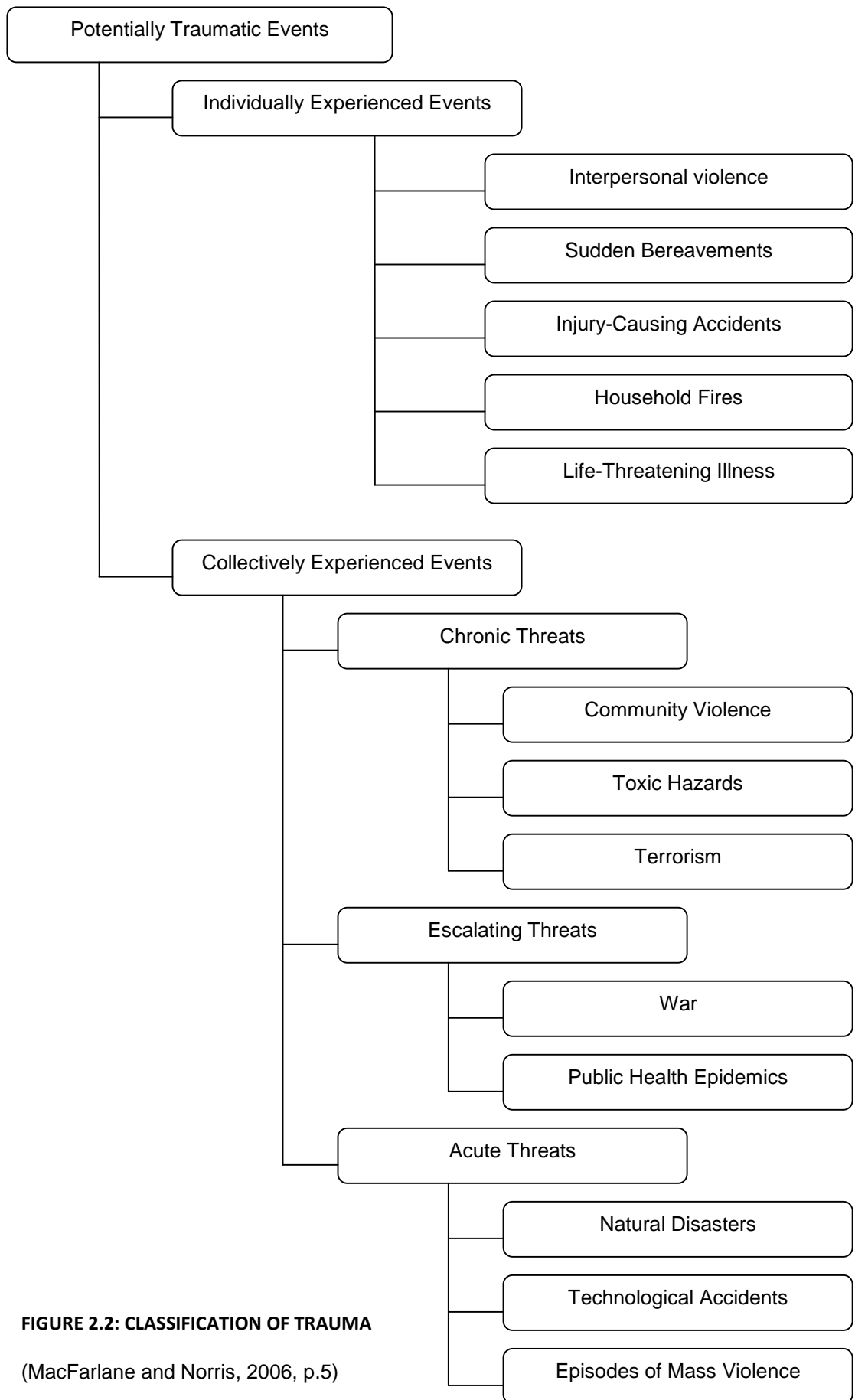
These somewhat academically derived findings and concepts have become central to existing PTSD and trauma discourse. They have heavily influenced the more clinically

related academic, policy and practice perspectives of mental health for disaster, development and conflict contexts.

Mental health researchers often think of disasters as a particular type of traumatic event (see Figure 2.2). It is important to note that disasters are not a synonym for trauma; rather, they have been treated as a category or an exemplar of trauma. By classifying disasters as traumatic events, mental health experts accord certain explicit meanings to them.

The definition of trauma by the American Psychiatric Association (1994) has then been used to define mental health issues among communities and individuals beyond western populations by clinicians and mental health experts (Norris, 2002; Norris et al., 2002; Bolton et al., 2003). Regardless of the cultural, social, political, economic and environmental background of the individual or the community, the experience of threat or injury to the physical integrity of self or others, the person's reaction of fear, helplessness or horror can lead them to suffer from PTSD.

According to many Western mental health experts, such as Livanou et al., (2005), Chae et al., (2005), Blanchard et al., (2005), and McFarlane and Norris (2006) (Figure 2.2), disasters and conflicts belong to a larger set of potentially traumatic events. In this argument their place in the overall epidemiology of trauma and PTSD has been considered as useful and important. Further, most of what is known about the mental health consequences of disasters has been derived from studies of specific groups of victims or workers or the communities in which they live, and does not provide insight into individualised interpretations and wider societal ones over longer time frames.



**FIGURE 2.2: CLASSIFICATION OF TRAUMA**

(MacFarlane and Norris, 2006, p.5)

Figure 2.2 divides potential traumatic events into individual and collective experiences. The individual experiences are categorised as interpersonal violence such as partner abuse, sudden bereavements such as death of loved ones through accidents, injury-causing accidents, household fires and life threatening illnesses such as cancer. The collective experiences are divided into chronic threats, such as community violence, toxic hazards and terrorism, escalating threats, such as war and public health epidemics, and acute threats such as natural disasters, technological accidents and episodes of mass violence.

According to Williams (1999, p.609):

*“Everything is subject to change. Our lives, the communities and societies we live in and the organisations we work for are all affected by waves of change. Some are gradual, others traumatic; some are of our own making, many are beyond our control. The effects of global recession, genetic engineering and the Millennium transition involve changes of unknown scale and complexity. All these changes can generate stress both for individuals and societies.”*

In these mental health approaches, coping with change and stress has always been fundamental to human survival. Transitions are the natural way in which humans respond to trauma and change. Further, Williams (1999, p.611) argues the following:

*“We have to go through several stages to fully adapt to major events in our work and personal lives... .. This process seems to affect everyone, in most cultures, after major life events. These occur 10-20 times in most people's lives. If understood and supported these events can be turning points and opportunities. If not they can lead to serious errors of judgement, depression, breakdown, broken relationships, careers and sometimes suicide.”*

This belief has created numerous professions such as counselling, psychotherapy and security as well as financial advice, insurance and risk reduction. In counselling and psychotherapy, there are increasing demands to answer questions that emanate from this outcome (Cooper, 2008).

Official recognition of PTSD as a legitimate psychological diagnosis in 1980 opened the way for more specialised research into the disorder. In the ensuing years PTSD research has produced a vast amount of information relating to its prevalence, cause, memory and information processing, predictors and risk factors, relevant brain structures and their functional changes, and underlying neurobiological and physiological factors (Kleinman, 1988).

### **2.1.2. PTSD AND TRAUMA AT COMMUNITY LEVEL**

The trauma experienced in conflicts and disasters has many parallels to PTSD criteria. This trauma experience provided a natural starting point for more specialised research into the disorder. Although of narrow focus, this provided a fertile field for researchers as prevalence rates of PTSD were found to be high in this population. For example, in Vietnam veterans alone, the lifetime prevalence of PTSD was found to be 31 percent, with more than half of the veterans still suffering from it twenty years later (Creamer and Forbes, 2004).

However, subsequent research has identified that PTSD is also prevalent in the general population (Brown et al., 2000) with sexual abuse being the highest cause of PTSD amongst women (Kessler et al., 1995). A substantial proportion of individuals who experience other types of major trauma such as a severe car accident (Blanchard et al., 2003), physical abuse (Nicholls et al., 2006), natural disasters such as floods (Livanou et al., 2005; Chae et al., 2005), human-made disasters such as terrorism (Blanchard et al., 2005), partner violence (Basile et al., 2004), or a diagnosis of a life threatening illness (Kangas et al., 2005) will also develop PTSD.

Refugees appear to be particularly vulnerable to the development of PTSD (Lie, 2002; Carlsson et al., 2005). Marsella et al., (1996) in their literature review of ethno-cultural aspects of PTSD report PTSD rates of 54 percent to 93 percent in Indochinese refugees and rates of 25 percent to 52 percent among Central American immigrants. Bosnian refugee children had similarly high rates of PTSD (65%) one year after settlement in the USA (Weine et al., 1995).

Currently, there is much information available about PTSD, which has been distributed by organisations such as the Medscape Psychiatry and Mental Health (2002) for public information after the September 11, 2001 attack on the New York Twin Towers. It also discusses the individual as a singular unit that experiences PTSD after being exposed to a traumatic event such as death, serious injury, or a threat to the physical integrity of the self or others.

The following is adapted from DSM-IV, American Psychiatric Association (2002) to clarify the clinical base and symptoms of PTSD:

*“PTSD is a psychiatric disorder that occurs in individuals exposed to a traumatic event. The rates vary with the event and can be as few as 2% or as many as over 50% who are affected.*

*PTSD follows exposure to a traumatic event involving death, serious injury, or a threat to the physical integrity of the self or others. The traumatic event must be persistently re-experienced in the form of distressing images, thoughts, perceptions, dreams, or reliving; intense psychological or physiological reactivity may also be present on being reminded of the event. Persistent symptoms of increased arousal should be present since the trauma and efforts to avoid stimuli associated with the trauma and numbing of responsiveness must be present following the trauma. The symptoms should be present for at least 1 month.*

*Symptoms of PTSD include: nightmares, flashbacks, memory and concentration problems, intrusive memories, startle responses, hyperarousal, hypervigilance, avoidance, feeling worse with traumatic reminders, emotional numbing, dissociative and out-of-body experiences, derealization, amnesia, fragmented sense of self and identity, anxiety and panic attacks, and claustrophobia. Individuals with PTSD are vulnerable to high levels of anxiety, depression, substance abuse, phobias, personality disorders, flashbacks, emotional numbing, and nightmares.”*

In this light the issue of trauma and PTSD at the community level in general is quite prevalent. Public health experts, mental health researchers and clinicians that are working with disaster, development and conflict affected communities identify trauma and PTSD at individual, family and community levels. Scholars such as Herman (1992), Shipherd et al. (2000), Watson (2002), Resnick et al. (2003) and Van der Kolk (2005) provide evidence about PTSD and trauma as a public health issue that is characterised by extensive co-morbidity as complex PTSD. Further, Van der Kolk (2005) has developed the concept of ‘Developmental Trauma Disorder’ for those experiencing the effects of complex PTSD or trauma, which is associated with different clinical profiles and demand for different treatment methods. However, these accounts fall short of considering how disruptive events may be negotiated by societies as part of their actions towards gaining wellbeing. Furthermore, detailed studies of the effects of other types of disruptive event, such as tsunami or landslides potentially presents a different view of what we mean by PTSD.

### **2.1.3. ACADEMIC PERSPECTIVES OF WELLBEING**

Many different conceptualisations of wellbeing have been provided by academic researchers. According to Gasper (2002), and Travers and Richardson (1997), the term wellbeing is a concept used to refer to whatever is assessed in an evaluation of a person’s life situation or being. In short, it is a description of the state of a person’s life

situation. A range of different terms has appeared in the research literature to label this situation. Along with wellbeing, the most common ones include quality of life, living standards and human development. Others such as Sen (1984, 1985, 1993, 1999), Nussbaum (2000), UI Haq (1995) and Qizilbash (1996) include welfare, life satisfaction, social welfare, capability expansion, well-living, utility, needs fulfilment, prosperity, development, empowerment, poverty, human poverty and, more recently, happiness. Some have distinct meanings, but there is usually a high degree of overlap in their underlying meanings. Individual studies tend to adopt a particular term, others use different terms interchangeably. Easterlin (2001), for example, goes as far as to accord similar meanings to happiness, subjective wellbeing, satisfaction, utility, wellbeing, and welfare. Similarly, McGillivray (2005) equates human wellbeing, quality of human life, human development and basic human needs fulfilment.

Until very recently, the two major bodies of social science literature on wellbeing – the psychological literature on wellbeing and the economic literature on utility – consistently remained separate from each other. Welfare economists learnt not to measure utility directly, but instead to understand it from behaviour. Following Samuelson (1938), the paradigm was to treat behaviours as revealed preferences. Utility is seen as involving trade-offs between leisure and work. Work is regarded as difficult but provides the resources for consumption, while leisure is regarded as pleasure. Individuals are seen as making different trade-offs, depending on their preferences for consumption and leisure; but essentially a happy person is seen as someone with a lot of free time and a bag full of shopping.

Wellbeing is a relatively new topic in psychology (Diener, 1984; Headey and Wearing, Argyle, 1987; 1992; Veenhoven, 1994; Diener et al., 1999). Traditionally psychologists followed a medical model, seeing themselves as researchers and therapists dealing with the causes and cures of pathologies, and not focusing on lightweight topics such as wellbeing and happiness. Empirical research on wellbeing only started in the late 1960s and 1970s at the Universities of Chicago (Bradburn, 1969) and Michigan (Andrews and Withey, 1976; Campbell, Converse and Rodgers, 1976). The early studies made two findings that are still debated but are accepted by the large majority of academic researchers such as Headey et al. (1993), Sen (1999), Diener et al. (1999) and Diener and Biswas-Diener (2002). These findings are of great importance to a more social economy based perspective:

- Happiness (wellbeing) or psychological stress (ill-being) has empirically separate dimensions with different causes; they are not opposite ends of the same



dimension. Wellbeing encompasses life satisfaction and positive feelings (e.g., liveliness and joy), or what psychologists identify as positive effects. Ill-being comprises anxiety, depression and other negative effects. People can experience both high levels of happiness or wellbeing and also quite high levels of psychological stress at the same time, but not depression (Headey, Kelley and Wearing, 1993).

- An economic variable, mainly income, seems to have little impression on either being happy or sad. This is part of a more general finding that objective circumstances of all kinds (employment status, gender and age) have only unassuming effects on subjective outcomes. Wellbeing turns out to be much more affected by personal relationships, personality traits, and social participation, and ill-being by personality problems, including unemployment, divorce and self-assessed health.

The agreed view in psychology is that objective economic conditions have a minor though statistically significant effect on wellbeing (Andrews and Withey, 1976; Campbell et al., 1976; Argyle, 1987; Headey and Wearing, 1992; Diener et al. 1999; Kahnemann et al., 1999; Diener and Biswas-Diener, 2002). This view has often been echoed by economists, usually referring to Easterlin's famous 1974 paper, 'Does economic growth improve the human lot?' However, the claim that money has little effect on happiness is almost entirely based on weak relationships between survey measures of income and measures of wellbeing. The single exception seems to be a paper by Mullis (1992) that was based on a sample of American men aged between 55 and 69 years of age. It showed that, for this group, income and wealth combined additively to affect scores on a combined index of pleasure with standard of living, housing, health, and life in general.

In the last five years or so economists appear to have begun to include more focus in psychological literature. A landmark paper, 'What can economists learn from the literature on happiness?' (Frey and Stutzer, 2002) appeared in the *Journal of Economic Literature*, setting out the case for calculating wellbeing and utility directly and reviewing recent research on the effects of unemployment, income, inflation and institutions on wellbeing (Oswald, 1997). Similarly, the UNICEF (2007), *Child Poverty in Perspective: An Overview of Child Wellbeing in Rich Countries*, (Innocenti Report Card 7, p.2) presented six dimensions to the wellbeing of children; though it can be adopted for adults as well:

- i. Material wellbeing
- ii. Health and safety
- iii. Educational wellbeing
- iv. Family and peer relationships
- v. Behaviours and risks
- vi. Subjective wellbeing

Bradshaw and Richardson (2009, p.32) argue that the above Innocenti Report Card can contribute to a wider discussion on the policy issues of wellbeing:

*“There is also a tendency for too many of the indicators to relate to the circumstances of older children because older children are the ones interviewed in the PISA and HBSC surveys. There is a great deal more work to be done testing out and developing this index. Other methods of combining, summarising and weighting the data could be tried. There is also a great deal more work to be done in attempting to explain these results.”*

In recent years, there has been a rise of alternative measurements of development, such as the concept of Gross National Happiness in Bhutan (AFP, 2008) and National Accounts of Wellbeing by the New Economic Foundation (NEF, 2009). Gross National Happiness (GNH) in Bhutan is an endeavour to describe quality of life in holistic conditions rather than by Gross National Product (GNP). Similarly, the National Accounts of Wellbeing aims to precisely and frequently measure people’s subjective well-being – their feelings, experiences and views of how their lives are moving – as a new way of assessing societal improvement.

Different scholars such as Eysenck (1990), Layard (2005), and Johns and Ormerod (2007) promote the concepts of wellbeing and happiness for inclusion in development measurements. Economic development has long been considered the important objective of development policy. But in recent years scholars such as Diner (2006) and Kahnman and Krueger (2006) have begun to dispute inclusion of economic development, claiming that such objectives have very little to do with wellbeing. According to Diner (2006, p.399), these arguments are “typically grouped under the rubric of subjective wellbeing”. Nevertheless the command of economic development objectives remains a somewhat open question in development policy. A variety of evidence points to a vibrant association between answers to subjective wellbeing and more objective measures of personal wellbeing. For example, answers to subjective wellbeing questions have been shown to correlate with physical evidence of affect such as laughing, heart rate measures, sociability, and electrical activity in the brain (Diener, 1984).

However, measurements of individual life pleasure are also correlated with other subjective assessments of wellbeing, such as independent evaluations by networks of friends, health, quality of sleep, and personality (Diener et al., 2006; Kahnman and Krueger, 2006). Subjective wellbeing is a function of both the individual's personality and their response to life events. One would therefore anticipate an individual's wellbeing to be somewhat steady over time, and precise measurements of subjective wellbeing to have high test-retest correlations (Eid and Diener, 2004). Self-reports of wellbeing have also been shown to be correlated, in the expected direction, with changes in life circumstances. As an example, an individual's subjective wellbeing typically rises with a new job and falling in love and falls while going through an unhealthy period of life or the death of a loved one.

Arguably a major influential wellbeing conceptualisation is the capabilities approach that is reflected in the work of Amartya Sen. A person's capability, according to this approach, reflects the alternative mixture of 'functionings' a person can accomplish, and from which they can decide a particular collection. Functionings, in turn, are the "parts of the state of person – in particular what he or she manages to do or be in leading a life" (Sen 1993, p.31). Wellbeing is assessed in terms of the capability to achieve valuable functionings. In contrast to much of the literature, Sen resists identifying a set of capabilities for wellbeing on the grounds it is a value judgement that needs to be made explicitly, in many cases through a process of public debate (Sen 1999).

### **2.1.3.a. Amartya Sen's Capability Approach**

One of the main questions about the capability approach is whether it is a defined theory, or a paradigm. Here the capability approach can be defined as a paradigm in its broader sense on the bases of three different levels of functioning:

- i. As a framework of thought to assess individual benefit and social activities.
- ii. As a critique of other approaches to evaluating justice and wellbeing.
- iii. As a formula to make interpersonal comparisons of wellbeing.

According to Sen (1993), the capability approach can be used for a wide range of purposes. As a framework of thought to assess individual benefit and social activities, capability approaches focus on information needed to make judgements. This may include individual wellbeing and social policies, but consequently can reject alternatives. For example, an evaluation conducted in monetary terms can be

considered normatively inadequate. Social constraints that restrict and influence both wellbeing and the evaluative exercises have been identified in the capability approach. Measuring poverty or inequality can be done through the capability approach. It is a perspective that can be used to evaluate efficiency. An interesting example of how the capability approach can be used as such a broad framework of analysis and evaluation is represented by Sen's collaborative analysis, with Jean Drèze, on development in India (Drèze and Sen, 2002). This provides an illustration of the causes of hunger; the role public action can play in alleviating hunger, and the Indian experience in this context.

There is a critique of the capability perspective mainly from the welfarist approaches in economics and resource based theories. The capability approach rejects welfarist theories mainly because, whatever the further specifications, these theories rely on utility and exclude non-utility information from moral judgements (Sen, 1979). However, Sen is concerned with the information that is included and excluded in a normative evaluation. Sen (1990) has argued that although there are important means to improvement, income can only serve as a brief substitute for the capability of communities.

Finally, community settings are the main base for linking wellbeing with capability approaches. Within a capability approach there is a critique that measuring wellbeing in terms of utility alone does not consider real situations. For example, Sen pointed to women who frequently exhibit adaptive capacity regard coping with an imposed second class status (Sen 1990, 1995). Analytical shortcomings, Sen argues, emerge when researchers tackle the theory with inequalities based on gender: for women's lives are determined by many different bases of wellbeing, including health, education, mobility and political participation. Further, no individual can become capable without social networks.

## **2.2. PTSD IN THE LIGHT OF TRAUMA AND WELLBEING POLICY AT COMMUNITY LEVEL**

There is increasing international interest in the concept of mental health in respect to its contribution to all aspects of human life. The World Health Organisation (2004) has declared mental health to be the foundation for wellbeing and effective functioning for both the individual and the community. It is defined as a state, which allows individuals to realise their abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their community. The capacity for mutually

satisfying and enduring relationships is another important aspect of mental health (WHO, 2001).

A further illumination of this perspective is represented in the following recent description from WHO as follows:

*“Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the WHO's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders”*

(WHO, 2008)

Building on its constitution of health as being a complete state of mental, physical and social wellbeing, the same WHO web resource as the one above explains that:

*“Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”*

Importantly, here mental health has been linked with the idea of wellbeing. In the above statements the WHO refers to mental wellbeing and a state of wellbeing in relation to explaining mental health.

This following part of the literature review focuses on policy perspectives of trauma and PTSD programmes and wellbeing. This presents different policies on mental health by influential organisations such as the American Psychiatric Association (APA) and International Society for Traumatic Stress Studies (ISTSS). Further, in relation to wellbeing, this section presents different approaches and methods to engaging it and a critique of the more mainstream policies.

### **2.2.1. POLICY PERSPECTIVES OF TRAUMA AND PTSD PROGRAMMES**

In the phase preceding the astonishing rise in the number of refugees during the late 1980s, the concept of humanitarian aid was restricted to the provision of the most basic necessities; food, water, shelter and basic medical care (Ingleby, 2005). These were the priorities of the relief assistance organised by agencies working with displaced populations (IDPs) and with refugees in the countries surrounding conflict and internally

disaster affected areas (Summerfield, 2001). In a sense, these remain the priorities for relief activities in any setting, because it is universally recognised that basic material needs have to be met before psychological and social problems can be properly dealt with.

However, for disaster and conflict affected communities who had sought refuge in Western countries, psychological help was also accessible (Ingleby, 2005). Once admitted to a country, refugees could make use of its mental health services. The numbers concerned were small and there is some data on the demand for services and their adequacy (Summerfield, 2001; Ingleby, 2005). Nevertheless, it is clear that one category of problems received special attention: physical and psychological disorders resulting from torture or exposure to other forms of violence (Ingleby, 2005). Treatment for these problems was often provided by professionals with prior experience in helping victims of the Second World War and other armed conflicts. This is the background of centres such as the Medical Foundation for the Care of Victims of Torture in Britain or Icodó and Centrum 45 in The Netherlands. Insofar as there was special provision for refugees in this period the mental health services viewed refugees primarily as victims of organized violence (Ingleby, 2005).

Until recently, international policy makers had neglected PTSD and trauma in disaster, development and conflict settings. However, food, health, shelter, water, sanitation and protection have been in the agenda for many decades and became strongly visible with the establishment of the Sphere project in 1997. Policy makers from different policy making bodies such as the American Psychiatric Association (APA), British Association for Counselling and Psychotherapy (BACP), National Institute for Clinical Excellence (NICE), International Society for Traumatic Stress Studies (ISTSS) and the United Nations (UN) have produced various different policies related to PTSD and trauma. Although, all these policy making bodies are based in Europe or USA, they have authority and influence in Africa, Asia, Middle East and Central and South America regarding mental health and wellbeing policies for disaster, development and conflict affected communities. As an example, Argenti-Pillen presents the membership distribution of ISTSS as follows:

*“The International Society for Traumatic Stress Studies (ISTSS) includes about two thousand mental health professionals, clinicians, and researchers from around the world and has been active for just over a decade. Today this organization is conceptualized as the mother organization of the European (since 1990), Australian, Russian (since 1995) and Africa (since 1997) Societies for Traumatic Stress Studies.”*

(Argenti-Pillen, 2003, p.170)

The critique is that these policy making bodies, based on their experience within a particular population – either US, Europe or Australian – develop their policies on PTSD and trauma within these limited contexts. Then these policies become visible and accessible to experts from Asia, Africa or the Middle East, after which they adopt them for populations in their own settings. The following are a combination of policies from various government and professional bodies on PTSD and trauma in relation to communities.

The National Center for PTSD of the Department of Veterans Affairs of the US Government reinforces the importance of normalising natural reactions to traumatic events rather than pathologising them:

*“It is important to help survivors recognize the normalcy of most stress reactions to disaster. Mild to moderate stress reactions in the emergency and early post-impact phases of disaster are highly prevalent because survivors (and their families, community members and rescue workers) accurately recognize the grave danger in disaster. Although stress reactions may seem ‘extreme’, and cause distress, they generally do not become chronic problems. Most people recover fully from even moderate stress reactions within 6 to 16 months”*

(NCPTSD, 2005)

The policy of NCPTSD implies that for the vast majority of people, such normal post traumatic stress reactions are temporary. That is, most people recover from traumatic experiences, but it usually takes them longer than would be expected for non-traumatic crises.

In the UK, the National Institute for Clinical Excellence (NICE) developed a policy of early intervention following traumatic events. They suggest that brief, single-session interventions (traditionally known as debriefings) that focus on the traumatic incident should not be regular practice when delivering services (NICE, 2005). Rather, where symptoms are mild and have been present for less than four weeks after the trauma, a

process of watchful waiting should be considered (NICE, 2005). For individuals at high risk of developing PTSD following a major disaster, they suggest that consideration should be given by those responsible for the coordination of disaster plans to the routine use of a brief screening mechanism for PTSD at one month after the disaster.

Where trauma-focused psychologists' treatment becomes necessary, NICE (2005) recommends that trauma-focused cognitive behavioural therapy should be offered. Such treatments should normally be based on an individual outpatient basis. They also recommend that all people with PTSD should be offered a course of trauma-focused cognitive behavioural therapy (CBT) or eye movement desensitisation and reprocessing (EMDR). Again they state that both these treatments should normally be based on an individual outpatient basis. In relation to such longer-term support, NICE states (2005) that services should be provided by those counsellors or clinicians who are adequately trained and supervised.

In terms of disaster planning, NICE suggests that plans should contain provision for a fully coordinated psycho-social response. This should include:

- Provision for immediate practical help.
- Means to support the role of affected communities in caring for those involved in disaster.
- Provision of specialist mental health, evidence-based assessment and treatment services.

NICE (2005) also states that it should be ensured that all healthcare workers involved in a disaster plan have clear roles and responsibilities agreed in advance.

According to the American Psychiatric Association (APA) (2009) in their 'Post-traumatic Stress Disorder of the Diagnostic and Statistical Manual of Mental Disorders', associated physical examination findings and general medical conditions of PTSD show that they are experienced directly as follows:

*"Traumatic events that are experienced directly include, but are not limited to, military combat, violent personal assault (sexual assault, physical attack, robbery, mugging), being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war or in a concentration camp, natural or manmade disasters, severe automobile accidents, or being diagnosed with a life-threatening illness... ... The disorder may be especially severe or long lasting when the stressor is of human design (e.g., torture, rape).*

(APA Section 309.81, 2009)



According to Robert Ursano, M.D., chair of the Work Group on ASD and PTSD (2004), these findings are based on the best evidence-based and clinical-practice knowledge that one could ever imagine assembling. He states that:

*"With the present concerns of the nation for terrorism and the need for all clinicians to be able to help those who experience the ravages of a motor vehicle accident, a rape, or a war, the guideline can assure practitioners that they are using the best possible treatments for their patients."*

(Ursano, 2004, p.24)

Further, the APA policy for treating PTSD and Acute Stress Disorder is divided into three parts: practical guidance and recommendations regarding the assessment and treatment of acute stress disorder and PTSD; review and synthesis of the research literature from which the recommendations are derived; and future research needs.

The introduction of the APA policy for treating PTSD and Acute Stress Disorder (2004, p.9) states that:

*Although 50% to 90% of the [US] population may be exposed to traumatic events during their lifetimes, most exposed individuals do not develop ASD or PTSD... .. Research and clinical experience show that those with high levels of symptoms early on, including those with ASD, are at risk of subsequent PTSD; ... .. Although research shows that individuals who are most highly exposed to a traumatic event are at greatest risk, there is still uncertainty about the patient – or trauma-specific factors that will predict the development of ASD and about interventions that will mitigate against the evolution of ASD into PTSD*

This policy is premised upon the assessment that there is a high level of traumatic events in the lives of communities (in the United States in this case) but that experiencing these traumatic events alone does not confirm the development of Acute Stress Disorder (ASD) or PTSD.

According to ISTSS trauma often leads to complex emotional harm (Turner, 2004). It has been related to the subsequent development of PTSD, although there is more to it than this. Eitinger (1964), following the Holocaust, drew attention to the differences between the immediate effects of extreme violence and the destruction of a whole social world, leaving many survivors without any form of anchorage. There are often important existential issues for survivors of torture to confront, and these may go well beyond the problems of PTSD. For some people, it can be a struggle simply to survive

in a world in which they have experienced the deliberate, systematic and malicious attempt by others to destroy them using torture.

Nonetheless, although responses are more complex than this, PTSD is also strongly predicted by experience of torture, even in low-income settings where there has been violent civil conflict (de Jong et al., 2001), such as Algeria, Ethiopia, Cambodia and Gaza. This is an important finding as it also helps to confirm that PTSD is not restricted to Western communities and cultures. It highlights the need for culturally appropriate and sustainable services in many parts of the world, a topic for which an ISTSS task force has produced some international training guidelines (Weine et al., 2002).

The above policies exemplify a focus on the individual with a general lack of integration of social, political, cultural, economic and environmental aspects of the effects of conflicts, disaster and development. Scholars such as Bracken, Giller and Summerfield (1995), Tolfree (1996), Argenti-Pillen (2003) and Jones (2004) criticise these policies and argue that the concepts of trauma and PTSD do not make sense to people in community-centred cultures or non-western societies. They argue that there are more important and broader issues for people who are affected by conflicts, development and disasters.

*“Moreover, the most significant factors affecting their mental health seemed to be rooted in the immediate environment in which they lived, rather than in the amount of trauma they had witnessed.”*

(Jones 2004, p.5)

When it comes to responding to the effects of disaster and violence, western style psychotherapy can have the effect of ‘individualising’ the suffering of the person involved. Psychotherapy of this style might be inappropriate, and indeed harmful, in more “socio-centric” countries (Shweder et al., 1982). Argenti-Pillen (2003) makes the point that the therapeutic strategies associated with the western discourse on trauma have only become available because of particular political developments during the past 20 years. The WHO consensus statement (Ommeren et al., 2005) on post-emergency mental and social health endorses social assistance as having a primary role, and questions the public health value of trauma programmes, particularly in non-western, low-income countries. It is important to note that in much of the world there is no clear demarcation to define ‘disaster’ or ‘emergency’ from ordinary times. For example, the deaths of millions of mothers and children every year from the diseases of poverty or hunger, or inappropriate development decisions, already risks not being considered an emergency, but ‘normal’.

Based on these criticisms of a lack of culturally appropriate and sustainable services, the World Health Organisation took this further in 2005 by rejecting the individual centred service delivery policies and suggesting a community-centred intervention policy.

*“Mental health care programmes during and after acute emergencies in resource-poor countries have been considered controversial. There is no agreement on the public health value of the post-traumatic stress disorder concept and no agreement on the appropriateness of vertical (separate) trauma-focused services. A range of social and mental health intervention strategies and principles seem, however, to have the broad support of expert opinion. Despite continuing debate, there is emerging agreement on what entails good public health practice in respect of mental health. In terms of early interventions, this agreement is exemplified by the recent inclusion of a “mental and social aspects of health” standard in the Sphere handbook’s revision on minimal standards in disaster response. This affirmation of emerging agreement is important and should give clear messages to health planners.”*

(Van Ommeren et al. 2005, p.71)

This has called for a different approach to practices on trauma and PTSD interventions at community levels in disaster, development and conflict settings. These practice implications and analyses have been provided in the practice section of this literature review chapter, specifically in Section 2.3.

### **2.2.2. WELLBEING FROM A DEVELOPMENT PERSPECTIVE**

Wellbeing through physical and mental health is becoming central to the health policy and practice of western communities. Meanwhile, UN organisations such as WHO and UNHCR are interested in wellbeing of refugees, displaced and disadvantaged communities through psychical and mental health. Psychological assistance, therapeutic services and clinical assessments are part of their day to day life. As an example, in the United States it is quite a common practice to go to a counsellor or therapist. Between 1968 and 1983, the number of clinical psychologists tripled, from 12,000 to more than 40,000, the number of clinical social workers grew from 25,000 in 1970 to 80,000 in 1990, and membership in the American Psychological Association grew from fewer than 3,000 in 1970 to more than 120,000 in 1993 ( Hogan, 1995; Nolan, 1998). This conceptual link between wellbeing and health has become a central theme in social policy in the United States since 1940. In 1940, in a speech delivered at the dedication of the newly established National Institutes of Health, President Franklin D. Roosevelt declared:

*“The defence this nation seeks involves a great deal more than building airplanes, ships, guns, and bombs. We cannot be a strong nation unless we are a healthy nation”*

(Quoted in Fallows 1999, p.68)

The idea is that physical and mental health and prosperity are the basis of community wellbeing. Such an idea challenges the notion of the human condition as being one of vulnerability when confronted with the uncertainty and danger of the world (Kleinman, 2006). Vice President Al Gore in an address at Emory University on June 1, 2000, pledged to wage war on cancer declaring that:

*“Within ten years, no one in America should have to die from colon cancer, breast cancer, or prostate cancer. . . The power to fight cancer comes from the heart and from the human spirit. But most of all, it comes from being able to imagine a day when you are cancer-free.”*

(Gore, 2000)

A further perspective comes through in the case of poverty prospects. Levitas (1998) discusses the themes of social justice and social cohesion, stakeholding, communitarianism, equality, and social inclusion and exclusion in the UK in relation to politics. The three thematic concepts of Levitas' argument are based on the linkage of social exclusion with poverty, through which a redistributionist discourse is invoked. The materiality of poverty and the conflation of cultural factors with social exclusion is downplayed and replaced by explanations turning on the characteristics of the moral underclass, and paid employment is the central pathway to greater inclusion. These three thematic concepts influenced the Social Exclusion Unit of the UK Government in terms of setting the standard in the debate over the precise social meaning and function of social exclusion (Bowring, 2000). Further, Bowring critiqued Levitas by arguing that there are serious limitations in the attempt to define social deprivation as shame-inducing exclusion from social norms (2000, p.307).

The other concept underlying western social policy on wellbeing is mental / emotional wellbeing. Edwards (2003, p.v) defines this as:

*‘The ability to develop psychologically, socially, emotionally, intellectually and spiritually as well as the ability to, initiate, develop and sustain mutually satisfying relationships, use and enjoy solitude, become aware of others and empathise with them, play and learn, develop a sense of right and wrong and to face and resolve problems and setbacks satisfactorily and learn from them’*

Emotional wellbeing, like physical wellbeing in western knowledge, can be judged on a variety of dimensions. Yet, in both realms, it is difficult to say which of these dimensions are vital for overall wellbeing raising a number of questions. Can someone say that they are in good physical shape because they are free of disease, or must they also have a surplus of energy and a great amount of strength? Does someone have emotional wellbeing if they are free from depression, or must they have a positive opinion of themselves and their life? Myers and Diener (1995) find that psychologists overwhelmingly focus on the negative aspects of individuals' lives rather than the positive side. It should be noted from the outset that the majority of people report positive affects most of the time (Diener and Diener, 1996). In a national U.S. survey, Andrews (1991) found that people from all age, socioeconomic and ethnic groups reported satisfaction scores well above neutral.

Further, environment and life situations have a clear effect on wellbeing; but receive less attention in social policy concepts in the west. Resources that can be most important for wellbeing have only a small effect according to research in many western societies. Resources such as income (Diener et al., 1992; Veenhoven, 1994), health (Okun and George, 1984), physical attractiveness (Diener, Wolsic, and Fujita, 1995), and intelligence (Emmons and Diener, 1985), have little effect on wellbeing.

On the back of these social policy concepts and arguments on wellbeing in the US and UK, the World Bank published a study claiming that the world's poor value wellbeing over material wealth (World Bank, 2000). *Voices of the Poor* (World Bank, 2000) is a major study of poverty in the poorest countries in the world, based on interviews with 20,000 poor people in more than 23 countries over the period 1992 to 1999. The view taken in this major trilogy sees development as: equitable well-being for all, putting the bottom poor high on the agenda, recognizing power as a central issue, and giving voice and priority to poor people (World Bank, 2000, p. 263). This was a major shift in international policy regarding wellbeing in relation to communities.

However, lobbying groups such as the International Food Policy Research Institute criticise this World Bank Report by arguing that:

*"The overall unreliability of the study methodology contrasts with the brash confidence of the study report in asserting that the poor desire a sense of wellbeing over material wealth. This suggests that the re-conceptualisation of development has been 'driven' more by the researchers' own opinions and preoccupations than by the poor themselves.*

*That the study was published and heavily promoted by the World*

*Bank illustrates how influential reservations about promoting material development for the world's poorest people have become. Yet the voices of the poor suggest that poor people have many material needs and desire still to be met. Now is not the time to start emphasising that 'all you need is love'."*

(Pender, 2001)

There are similar criticisms from development and economic scholars such as the Nobel Prize winning Prof. Joseph Stiglitz – former Senior Vice President and Chief Economist of the World Bank (2002), the Nobel Prize winning economist Prof. Amartya Sen (1999), Kahn (2000) and Walker (2006) regarding the methods used by the World Bank in terms of research and policy advocacy. In his book, 'Development as Freedom' (1999, p. xiii) Sen writes his thoughts about the World Bank:

*"The World Bank has not invariably been my favourite organization. The power to do good goes almost always with possibility to do the opposite, and as a professional economist, I have occasions in the past to wonder whether the Bank could not have done very much better"*

Kahn (2000) criticises the approach of the World Bank by arguing that its policies are confusing:

*"These days, it seems, only wild-eyed anarchists and third-world dictators believe capitalism is not the high road to a better world. Free markets, growth and globalization have been the economists' mantra since the end of the cold war. But at the World Bank, the high church of development economics, a widening schism over how to fight poverty is sending ripples around the world."*

Supporting this argument the Independent Evaluation Group of the World Bank (2006) states that the Bank has not done enough to tackle poverty and boost growth in developing countries.

Despite these development contexts and debates mainstream concepts of wellbeing that influence international policy are being developed through approaches that are applicable to individuals. Scholars such as Sen (1999), Nussbaum (2000), Stiglitz (2002), Bracken (2002), Van Eenwyk (2002), Smail (2003, 2005), Jones (2004), Summerfield (2005a) and Kleinman (2006) criticise and argue against their generalised application and there is a significant question about their relevance to non-western communities.

### 2.3. PRACTICE OF MENTAL HEALTH AND WELLBEING

Ever since the Rwandan genocide and the Bosnian conflict in the early-1990s, health professionals have been grappling with how to address the mental health needs of those affected by humanitarian emergencies (Summerfield, 2005a). Psychosocial and mental health interventions now draw increasing amounts of donor funding, although vigorous debates about the appropriateness and effectiveness of interventions are ongoing (Pupavac, 2002; Summerfield, 2005a). The recent synthesis of differing views by WHO (2005) concludes that there is no consensus regarding the appropriateness of Western-type interventions in non-Western settings. Jones (2004, p. 4), a child psychiatrist who worked in Bosnia after the war argues that;

*“after meeting children in Gorazde I came to believe that humanitarian programmes and mental health professionals were approaching the subject of war trauma and children [including communities] from the wrong direction.”*

This means that Jones from her own field work as a psychiatrist accepts that the existing medicalised trauma interventions needs re-thinking.

The question in terms of psychosocial or mental health interventions is whether this type of assistance is the kind local communities themselves were seeking? Were their voices heard? How appropriate are mental health interventions if people are losing their access to land, water, natural resources and social services?

On the other hand, the term development assistance or interventions continues to be linked with positive images of laughing children, satisfied farmers, and people who have been cured of disease (Kapadia et al., 2005; Leisinger, 2009). These images are justified to a considerable extent by the agencies such as World Bank and UNDP. Development interventions have indeed been responsible for some of the greatest developmental successes of the century: the eradication of small pox, the widespread availability of vaccines for measles, whooping cough, and tuberculosis, spectacular achievements in curing leprosy and breakthroughs in agricultural research that have increased food security in poor countries, among other things. However, development processes can be at issue in terms of hindering accountable governance; subsidising poverty and ignoring community wellbeing or their interests (Hancock, 1989; Kapadia et al., 2005; Leisinger, 2009).

### 2.3.1. MENTAL HEALTH PRACTICES (TRAUMA/ PTSD)

This section contains the various guidelines of different intervention agencies including the UN that guide practice on mental health activities for disaster, conflict and development affected communities worldwide.

#### i. Sphere Guidelines

One of the first milestones was the eventual inclusion of mental health into the Sphere Handbook in 2004 as mental health and psychosocial issues were omitted from earlier versions. Standard 3, 'Control of non-communicable diseases: mental and social aspects of health', states that "people have access to social and mental health services to reduce mental health morbidity, disability and social problems" (Sphere Handbook, 2004, p.291). This standard not only attempted to define "psychosocial" but also highlighted the following fundamental principles: the crucial need for accurate information, the need for respectful burials, the role of "psychological first aid", the need for the care of those with urgent psychiatric problems, and the essential role of community-based psychological interventions based on an assessment of existing services and an understanding of the socio-cultural context.

#### ii. United Nations Refugee Agency (UNHCR)

UNHCR does not have direct and specific guidelines on mental health, but their policy on responding to displacement is central to communities. According to Bakewell (2003, p.1), Community Services is the hybrid term for one of the 'sectors' of the international aid response to refugee and displacement crises co-ordinated by UNHCR. It used to be known as social services and focused on providing care for refugees whose needs were unable to be met within basic camp provision. Over the past decade its remit has expanded significantly and it has been at the forefront of UNHCR's move towards a community development approach in its programmes.

Despite its expanded role, community services are not in the same league of influence in the field or in funding as the priority 'life support sectors' of food, health, water and sanitation.

*"The community services function is a relatively neglected aspect of UNHCR's work with refugees, attracting significantly less international attention than many other of the organization's activities. And yet it is a function which seeks to meet some of the*



*most essential needs of refugees, especially those who are at greatest physical and psychological risk.”*

(Bakewell, 2003, p.113)

### Basic Principles

UNHCR's Community Services activities are based on certain fundamental principles about human beings:

- The dignity and worth of individual human beings.
- The capacity of persons to change no matter how desperate their situation.
- Inherent desire of all human beings to belong to and contribute to a larger supportive community.
- Every person has a right to live a full human life, and to improve his / her circumstances.
- Persons are entitled to help when they are unable to help themselves.
- Others have a duty to help those who are unable to help themselves.
- The ultimate goal of Community Services is self-help.

### The Goals of Community Services:

- Individual Level – to restore the refugees' sense of being human, to enable them to take decisions, and to start living again in a self-respecting way.
- Community Level – to restore a sense of security, create a sense of belonging and to rebuild a self-generating community.

(UNHCR Community Service Guidelines: basic principles and goals, 1996, p.14)

However, despite a previously low profile, during recent years the crucial role of community services and the need for a community based approach has gradually been recognised and UNHCR is moving towards this becoming the dominant ethos within UNHCR operations. This is in line with, and supports and complements, the principles of the IASC Guidelines. The recent UNHCR publication “A Community – Based Approach to UNHCR Operations” (June, 2007) outlines the values underpinning a community-based approach and provides detailed guidance in relation to the implementation of this approach in practice. As the UNHCR staff and partners are using this in their field operations, time will prove whether this is effective or not. It is also explicitly recognised that there are many institutional challenges to effective

community work and that there is a “need for attitudinal change” (p. 1) within UNHCR itself.

### iii. World Health Organisation (WHO)

The right to physical and mental health dates back to 1946 when the World Health Organization (WHO) adopted its Constitution. This recognizes that: ‘The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition’. It defines health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. This latter definition presents an integral vision of health, including body and mind that, as will be discussed below, has only now come to assume greater importance.

However, WHO is not an implementing organisation in the field of disasters, development and conflicts. According to its mandate the Organisation provides collaborative support to Member States, in partnership with other intergovernmental and non-governmental organisations (2009). For this reason, WHO does not influence the practice at field level in mental health response to disaster, development and conflict affected communities. However, during 2004 – 2007, WHO took the leadership in the Inter-Agency Standing Committee on Mental Health and Psychosocial Support in Emergency Settings, which developed international guidelines on mental health and psychosocial wellbeing.

### iv. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

The Inter-Agency Standing Committee for the development of Guidelines on Mental Health and Psychosocial Support in Emergency Settings included the participation of the following agencies:

- American Red Cross (ARC)
- Christian Children’s Fund (CCF)
- International Catholic Migration Commission (ICMC)
- International Medical Corps (IMC)
- International Rescue Committee (IRC)
- Mercy Corps
- Save the Children USA (SC -USA)

- Inter-Agency Network for Education in Emergencies (INEE)
- ActionAid International
- CARE Austria
- HealthNet-TPO
- Médicos del Mundo (MdM-Spain)
- Médecins Sans Frontières Holland (MSF-Holland)
- Oxfam GB
- Refugees Education Trust (RET)
- Save the Children UK (SC -UK)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- International Organization for Migration (IOM)
- Office for the Coordination of Humanitarian Affairs (OCHA)
- United Nations Children's Fund (UNICEF)
- United Nations High Commissioner for Refugees (UNHCR)
- United Nations Population Fund (UNFPA)
- World Food Programme (WFP)
- World Health Organization (WHO)

The Department of Mental Health and Substance Abuse of WHO co-chaired this Committee with the Christian Children's Fund. More than 500 NGOs, universities and other institutes participated in the development process. The Disaster and Development Centre of Northumbria University acted as a reviewer of these Guidelines and provided field comments through its network of communities.

Building upon the Sphere Guidelines and following an extensive development and consultation process, the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings were launched in September 2007. Being a highly significant milestone, these guidelines pose an immense challenge to all international relief organisations in terms of putting the principles into practice within complex emergency settings.

Development of the IASC Guidelines involved the participation of UN Agencies, International NGOs, Universities and Bi-lateral organisations. The purpose of these Guidelines is as follows:

*“The primary purpose of these guidelines is to enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an*

*emergency. The focus of the guidelines is on implementing minimum responses, which are essential, high-priority responses that should be implemented as soon as possible in an emergency.”*

(IASC Guidelines, 2007, p.05)

The following are the core principles of the Guidelines:

- Human rights and dignity
- Participation of affected communities
- Do no harm
- Building on available resources and capabilities
- Integrated activity support systems
- Multilayered support:                   Basic services and security; Community and Family support; Focused, non-specialised support; specialised support

(2007, p.9-12)

Mental health guidelines and policies in the humanitarian sector have improved since the Sphere Guidelines. However, the IASC Guidelines that are now at the forefront in mental health advice face the challenge of being translated into implementation for local settings.

### **2.3.2. TRAUMA AND PTSD INTERVENTIONS**

There are a range of therapeutic interventions that have been promoted for the prevention and treatment of PTSD. However, for the purpose of this thesis, only those therapies with sufficient empirical research to evaluate their effectiveness are included. Currently, the dominant interventions applied clinically and researched empirically are: psychological debriefing procedures, prolonged exposure/emotional flooding procedures, eye movement desensitisation and reprocessing (EMDR), cognitive behavioural therapy (CBT) and pharmacotherapy.

- *Psychological Debriefing Following Trauma:* Psychological debriefing is defined in broad terms by Kenardy (2000, p.1032) as being “a set of procedures including counselling and the giving of information aimed at preventing psychological morbidity and aiding recovery after a traumatic event”. These procedures are administered by either professionals or lay people trained in specific models such as critical incident debriefing. Debriefing procedures are commonly one-off

interventions, 24-72 hours after a traumatic event (Raphael, 2000). Due to the debilitating nature of PTSD, psychological debriefing has been used extensively over the years in an attempt to prevent its development and that of additional psychiatric disorders.

- *Prolonged Exposure / Emotional Flooding*: The rationale behind flooding is based on knowledge gained from fear conditioning procedures and learning theory. Repeated re-living of the trauma either through imaginal or in vivo experiences is claimed to promote habituation to the feared stimulus. The subject is exposed to the feared stimulus (i.e. trauma memories or trauma cues) in the absence of danger (e.g., in the context of a supportive therapeutic relationship) and instructed to put the trauma into words at the same time. This procedure is carried out for an extended period of time until anxiety reduces, thus promoting extinction of the fear response (Saigh, Yule and Inamdar, 1996). Zoellner, Fitzgibbons and Foa (2001) claim that research supports the efficacy of prolonged exposure with PTSD and advocate its use as an effective treatment for PTSD. Subsequent research supports their faith in the procedure (Rothbaum et al., 2000).
- *Eye Movement Desensitisation and Reprocessing (EMDR)*: EMDR is a procedure developed by Shapiro (1995) which, described simply, involves a PTSD subject tracking a stimulus with their eyes that is moving bilaterally, while at the same time holding an image in their mind of the traumatic event that triggered PTSD symptoms. Shapiro did not develop the therapy from a theoretical framework; but rather from random experience. As a result of the lack of theoretical underpinnings, the therapy has been received sceptically, with mixed reviews on its efficacy. There is some evidence that the procedure does indeed have a therapeutic benefit (Chemtob et al., 2000). However, Devilly (2002) in his review of EMDR concludes, whilst there is strong evidence that EMDR is better than no treatment, eye movements are a superfluous addition to the exposure techniques that also feature in EMDR therapy.
- *Cognitive Behavioural Therapy*: The major component of Cognitive Behaviour Therapy (CBT) is cognitive restructuring of dysfunctional beliefs and schemas that trigger a fear response to trauma related cues. PTSD symptoms are reduced through helping clients gather as much information as possible about the fear-invoking object or event (Dietrich et al., 2000). The gathered information along with counterarguments is then used to correct and restructure related dysfunctional beliefs and schemas (Massad and Hulsey, 2006). The other main ingredient in CBT is imaginal or in vivo exposure. Zoellner et al. (2001) provide an outline of cognitive-behavioural treatments of PTSD that explore this in terms of confronting the feared objectives and activities of the patient.

- *Pharmacotherapy*: Pharmacotherapy for PTSD is still in its infancy and at present no specific drug has been developed for the disorder. Neither is there a well-established treatment protocol for the use of available pharmaceutical interventions in the prevention and treatment of PTSD. However, of the various drugs currently available it would appear that serotonin selective reuptake inhibitors (SSRI's) are the most efficacious in reducing PTSD symptoms. Stein, Ipser and Seedat (2006) reviewed 35 randomised controlled studies (n = 4,597) of PTSD subjects treated with SSRI's, placebo or other types of medication. They concluded that, despite gaps in the evidence base, SSRI's should be the treatment of choice in PTSD as the data suggest that SSRI's have some efficacy in reducing core symptoms of intrusion, avoidance and hyperarousal.

Certain therapies developed from the outlined theories, such as exposure therapy and cognitive behavioural therapy, have been shown to be an effective treatment for PTSD. Research that explores this possibility may elucidate the critical determinants that underlie the development and maintenance of post-traumatic symptom clusters in PTSD and the development of safer, more effective interventions for the disorder.

One survey of American psychotherapists found that only four percent rated research literature as the most useful source of information on how to practice; with 48 percent giving a top rating to ongoing experiences with clients and 10 percent rating theoretical literature as the most useful source (Marrow-Bradley and Elliott, 1986). Further, when we look at particular psychotherapy methods, there is empirically supported research to promote Cognitive Behaviour Therapy (CBT). While CBT has been shown to be effective for numerous psychological difficulties such as phobias, panic, PTSD and bulimia, there is little evidence of effective therapy through an array of non-CBT practices (Cooper, 2008).

### **Communities and Mental Health/ Psychosocial Interventions**

The current humanitarian discourse has changed towards the assumption that conflict and disaster affected communities need psychosocial and mental health assistance. Pupavac (2001, p.358) suggests that "trauma is displacing hunger in Western coverage of wars and disasters". The mental health experts from the West argue that disaster-affected communities, including children, often have negative outcomes - including ill health, loss of motivation, and depression (Coddington, 1972; Vogel and Vernberg, 1993; Joseph, Williams and Yule, 1995).

The level of distinction between mental health and psychosocial interventions depends on the aid organisation but in general, a mental health approach focuses more exclusively on prevention and treatment of mental disorders through clinical and biomedical techniques, such as eye movement desensitization and reprocessing (EMDR) and use of antidepressants (IASC, 2007). Psychosocial wellbeing, in contrast, incorporates a much broader range and argues that those social factors that are normative mechanisms of the community, such as education and cleansing rituals, are integral to psychological healing and need to be reinstated as soon as possible alongside Western counselling support (Reyes et al, 2008).

Intervention is broadly defined to encapsulate research (e.g. by academics, practitioners) and strategies employed by humanitarian emergency relief agencies (e.g. needs assessments surveys by Médecines sans Frontières (MSF) and development organisations (e.g. therapy by World Vision International). Partnerships often exist across fields for mutual benefit. In 2003, Johns Hopkins University (Baltimore, United States of America) developed a culturally validated tool to measure depression in southwest, rural Uganda and had World Vision International supervise and conduct the interviews (Bolton et al., 2003). However, It is not clear the effects of this tool at the field level.

As discussed above, post-traumatic stress disorder (PTSD) - the most frequently diagnosed disorder in relation with disasters, conflicts as well as in development settings (road accidents, house fires, etc) – is an anxiety disorder that occurs in response to witnessing or experiencing “an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others” (Grinage, 2003, p.2402). Symptoms usually include: reliving the traumatic event (e.g. flashbacks), numbing of general responsiveness (e.g. loss of interest in activities), and heightened feelings of arousal (e.g. outbursts of anger) (Silove and Bryant, 2006). Given that refugees and IDPs are at increased risk of experiencing difficult events resulting in PTSD, such as sexual and gender-based violence for women and children, death, disappearances, and detainments for men (ICRC 2007), therapists and field workers presumably believe that such groups are most vulnerable to trauma-related disorders. Although PTSD assessments remain common in mental health and psychosocial interventions, some researchers caution against ignoring other, more potentially harmful disorders, such as “complicated grief, separation anxiety, somatoform disorders, anger, hatred and feelings of revenge, impulse control disorders, and drug and alcohol abuse” (Silove and Bryant, 2006, p.577). A common technique for identifying traumatic symptoms is through lengthy (Westernized)

questionnaires and interventions; but can also range from therapeutic medication to dance and art therapy. However, there is no conclusive evidence as to which mental health or psychosocial intervention is most effective (IASC, 2007).

Although limited, the current available information about mental health and psychosocial interventions has identified some inadvertent impacts of current programmes (Wessells, 2008). The following example provides a field experience that supports Wessells' argument:

*"In Kalmunai in the Eastern province [of Sri Lanka], a foreign group offered sessions that integrated drama and music therapy as a means of 'psychosocial release'. This psychosocial drama 'troupe', conducted a once-only psychosocial workshop with the children and young people of the affected communities (predominantly Muslim), involving expressive Western dance and song, in an area near a mosque. The vehement response by some community leaders and Imams of the local area to government authorities came swiftly."*

(Wickramage, 2006, p.164)

However, Summerfield (1999) and Jayawickrama (2008) would argue that locals who do not desire such intervention strategies should exit the Western intervention. No doubt this occurs and such actions minimize potential psychological harm; nonetheless, it still does not get to the root of the problem or prevent psychological harm to others:

*"One morning a team of 'psychosocial specialists' came to our camp. We were told that they are from the US and here to help us to provide psychosocial activities. All of us gathered in the community hall and through translation they told us the importance of sharing our sadness and grief about our losses from the tsunami. Then the man and the woman who came from the US started hugging us. I felt very uncomfortable and irritated. During the tea break I went home and told my mother and she told me to keep away from them."*

(Jayawickrama, 2008, p.4)

Among displaced communities in Sri Lanka, Jayawickrama (2008, p.3) did not find a specific wish for Western therapy. Adults instead requested assistance in rebuilding their houses and children expressed interests in returning to school. Similar responses were also expressed by children in Bosnia who called for "improved living conditions, more activities, supportive teachers, employment for their parents, and an end to corruption" (Jones 2004, as cited in Kienzler, 2008, p.222). Green and Honwana (1999) found that in Mozambique and Angola, some of the largest requests were finding family



members, creating economic prospects, and building schools. Building on a sentiment represented by these type of examples Korn (1997, p.2) goes as far as to point out that;

*“the body is to spirit like the land is to its people—the ground of life force. However there are predators — people, governments, and corporations, who exert power over others in order to take the resources of people and their lands. And because of their intimate interconnection, taking the land destroys a people, just as taking the rituals and ways of life destroys the land.”*

Further, to categorise affected communities as ‘traumatised’ and in need of psychological or psychosocial support on the basis of assumptions that owe nothing to the voices of the people themselves is to miss important opportunities to provide humanitarian assistance that will be valued by recipients. In a World Health Organisation commentary entitled ‘What exactly is emergency or disaster mental health?’, Summerfield (2005a) points out that:

*“It is a category fallacy to assume that, just because similar phenomena can be identified in various settings worldwide, they mean the same thing everywhere. Even the best back-translation methodologies cannot solve the problem, as it is not one of translation between languages but of translation between worlds. We need to remember that the Western mental health discourse introduces core components of Western culture, including a theory of human nature, a definition of personhood, a sense of time and memory, and a secular source of moral authority. None of this is universal.” (p.76-77)*

However, a blind fall in these universal attitudes and values of international mental health are closely related to the Zoe's Ark incident, which involved a Christian group removing 103 children from Chad to Europe (Marquand, 2007). Humanitarian organisations, even with the best intentions forget that disaster and conflict affected communities have their own values, cultures and traditions. Further, they forget or ignore that ‘what is good for us may not necessarily be good for them’.

### **2.3.3. DEVELOPMENT INTERVENTIONS AND WELLBEING**

Development interventions and wellbeing are linked at community level through poverty reduction activities by governments, International Financial Institutes (IFIs), UN and civil society groups. In many ways the end goal of development should be wellbeing. The Millennium Development Declaration placed poverty reduction at the height of development objectives (UN, 2008). According to the World Bank (World Bank, 2000);

“poverty is pronounced deprivation in wellbeing”, where wellbeing can be calculated by an individual’s possession of income, education, health, nutrition, assets, housing, and human rights (such as freedom of speech) in a society. Poverty is also about powerlessness, vulnerability and an absence of prospect. Poverty is truly multidimensional and therefore requires mixed policy interventions in order to improve the wellbeing of individuals and, hence, make them free from poverty (World Bank, 2000).

According to the Development Assistance Committee of the Organisation for Economic Cooperation and Development (DAC-OECD, 1996), the international development goals are established to provide objectives by which to measure poverty reduction. DAC (1996) argues that economic wellbeing, human development and environmental sustainability are the main indicators for poverty reduction. However, these approaches do not yet put significant emphasis on individual or mental health perspectives.

In 1999, the World Bank and International Monetary Fund announced the poverty reduction strategy paper (PRSP) approach to development interventions (U. S. Civil Society Coalition, 2002, p.9). The following section presents a summary of what is poverty and the reason to measure it based on this practitioner perspective:

*“Poverty is pronounced deprivation in well-being. The conventional view links wellbeing primarily to command over commodities, so the poor are those who do not have enough income or consumption to put them above some adequate minimum threshold. This view sees poverty largely in monetary terms. Poverty may also be tied to a specific type of consumption; thus someone might be house poor or food poor or health poor. These dimensions of poverty can often be measured directly, for instance by measuring malnutrition or literacy.*

*The broadest approach to well-being (and poverty) focuses on the capability of the individual to function in society. The poor lack key capabilities, and may have inadequate income or education, or be in poor health, or feel powerless, or lack political freedoms.*

*There are four reasons to measure poverty. First, to keep the poor on the agenda; if poverty were not measured, it would be easy to forget the poor. Second, one needs to be able to identify the poor if one is to be able to target interventions that aim to reduce or alleviate poverty. Third, to monitor and evaluate projects and policy interventions those are geared towards the poor. And finally, to evaluate the effectiveness of institutions whose goal is to help the poor.*

*To help countries think clearly and systematically about how the position of the poor may be improved, and to act in consequence, the World Bank favours the Poverty Reduction Strategy Paper (PRSP) process. Countries are expected to measure and analyze domestic poverty, and to identify and operationalize actions to*

*reduce poverty. The PRSP process requires strong technical support.”*

(Source: Poverty Manual, 2005)

To a measurable extent, development interventions have been accountable for successful increase in community wellbeing. Examples include programmes concerned with health care services for mothers and children, provision of water for drinking, wastewater schemes and for washing and bathing, and health education (Leisinger, 2009). Successes have been accomplished in the area of infrastructure such as road and bridge construction projects, electrification, and development of communications networks. Development interventions have continued to play considerable roles in education in all disciplines, and in technology transfer. Publications produced by institutions engaged in development are full of empirical evidence of such achievements (Kapadia et al., 2005).

However, development has also been ridden with scandal (Hancock, 1989). This is not surprising given that development interventions are provided by different donor agencies, with a wide variety of motives, to a very broad range of recipients (Leisinger, 2009). Fantastical stories of despots with delusions of grandeur using embezzled development funds to purchase beds made of gold, and sons of negligent government officials collecting Ferraris in the south of France circulate as anecdotes, both extraordinary and absurd (Hancock, 1989; Leisinger, 2009). Most development in developing countries is urban, but not rural. Also, what is visible is that the development is unplanned in the market place. But the problem is that the development planners are unable to understand their authority is eroding and planning seems inappropriate.

The PRSP approach developed within the context of a growing recognition that growth-based development alone was not trickling down to the masses as it was expected to, and some explicit acknowledgement of the needs of the poor is required on the basis of transparency, accountability and participation (Kapadia et al., 2005). Although, the PRSP approach to development interventions aimed at achieving community-owned development and wellbeing, it has drawn much criticism from civil societies and communities in countries that have adhered to the approach. Kapadia et al., (2005, p.13-14) identify some of the main critiques from their experience in Sri Lanka and elsewhere, as follows:

- The PRSP is basically designed by the IFIs, and many civil society groups and communities complain that their inputs are not incorporated in any meaningful way in PRSPs.
- In spite of enormous differences in the cultures, traditions, histories community factors and trajectories of development between countries, there is an incredible standardisation in policy directions in PRSPs.
- While some consideration is being paid to issues of social empowerment, the policy instructions are in many ways similar. As Craig and Porter mention (2003, p.54): “(the) ordering of priorities has a certain logic which is worth reiterating: global economic integration first, good governance second, poverty reduction following as a result, underpinned by limited safety nets and human capital development.” Such a method to development has been harshly discredited, not just by community groups, but by leading economists (and formerly senior staff at the World Bank and IMF) such as Joseph Stiglitz, Ravi Kanbur and Jeffrey Sachs.
- Concepts such as “ownership”, “participation” and “partnerships” are very general and unclear. As Piron and Evans (2004, p.5) suggest; “these principle seems to call for some consensus between national actors, beyond the state elite, but it remains open which actors should be paramount.”
- The PRSP approach treats development interventions as technical rather than political issues. There is still a devastating importance on income-based measures for evaluating poverty reduction programs.

The argument here is that existing development approaches by IFIs do not promote wellbeing at community level and increase powerlessness and hopelessness (vulnerability) among communities. The following section shows growing poverty despite increasing economic growth among communities in Uganda in 2000:

- *During the 1990s, growth in Uganda was accompanied by falling rates of poverty, but, since 2000, economic growth has not reduced poverty. Despite increases in average real expenditure per capita, the poverty headcount in Uganda went up between 1999 and 2003.*
- *Not only are the numbers of poor rising, but the poor are also getting poorer. Spending by those at the bottom of the income distribution curve has fallen, as has consumption of items such as meat, fish and salt that are sensitive to poverty. Wages that are also down.*
- *The causes seem to lie in a: slow-down of agricultural growth; a fall in food prices between 2001 and 2002, that hit Uganda’s poor, most of whom are net food producers; and perhaps also reduced cooperation within households, as more individualised consumption norms spread, especially among men.*

- *Uganda's Chronic Poverty Research Centre suggests the following responses: social protection to reduce the vulnerability of the poor and enable them to keep participating in markets; the improvement of education retention rates by school feeding and post-primary education scholarships for the children of chronically poor households; the introduction of legislation to strengthen women's rights to land, assets and inheritance; and the support of smallholder agriculture.*

(Sources: Bird and Shepherd, 2006 and Chronic Poverty Research Centre – Uganda, 2005)

The above case shows that despite the economic growth in 1990 and early 2000, the levels of poverty are increasing in Uganda. Slow-down of agricultural growth and a fall in food prices are some of the reasons. However, additionally the communities' helplessness and powerlessness within poverty has risen and the Chronic Poverty Research Centre (CPRC) suggests that the communities are in need of social protection, improvement of education, strengthening of human rights including women's rights and support for smallholder agriculture. By doing so, the CPRC in Uganda expects to reduce the vulnerability of the poor.

This vulnerability or being powerless and hopeless within communities seems to be ignored within existing development interventions. Narayan et al., (2000, p.235) argue that:

*"Powerlessness leaves most poor people having to choose between one bad thing and another. In the face of agonizingly constrained choices, poor people are remarkable for their tenacity, resilience and hope. For them the will is there but often not the opportunity. The challenge for development professionals, and for policy and practice, is to find ways to weaken the web of powerlessness and to enhance the capabilities of poor women and men so that they can take more control of their lives."*

This powerlessness has also been created by unplanned development that is driven by donors and not by communities, as presented by Kapadia et al. (2005, p.13-14) in their critique of the PRSP approach. Korn (1997, p.2) suggest that this unplanned development is an invasion and argues that it creates disconnection between land and people:

*"The invasion of "development" disconnects people from their land and its plenitude of resources just as rape leaves an individual disconnected from her and others and in somatic, psychic and spiritual pain."*

This argument by Korn advocates that the existing development approaches are not necessarily linked with the wellbeing of communities. This means that the current development interventions need further thinking and involvement of communities. As we understand community mental health to be a function of more grounded interpretations of wellbeing, the overlap between western development discourses and actions, and mental health intervention become more apparent.

## 2.4. CONCLUSION

In reviewing the academic and policy aspects of mental health and wellbeing in disaster, development and conflict, the conclusions represented in Figure 2.3 can be made.

<b>ACADEMIC</b>	<p><b>Trauma/ PTSD</b></p> <ul style="list-style-type: none"> <li>• Concepts are being developed in the west and the analysis of effect is individual</li> <li>• Diagnosis is objective and subjective experiences of uncertainty and danger are not incorporated</li> <li>• Therapeutic and medical approaches are considered necessary to treat</li> </ul>	<p><b>Wellbeing</b></p> <ul style="list-style-type: none"> <li>• Assessment is individually centred and developed by western academics</li> <li>• There are diverse arguments and theories</li> <li>• Wellbeing and justice is evaluated</li> <li>• The importance of social networks in individual capabilities is recognised</li> </ul>
<b>POLICY</b>	<p><b>Trauma/ PTSD</b></p> <ul style="list-style-type: none"> <li>• Major western influence</li> <li>• Widespread and frequent</li> <li>• High level of disagreement between academics as well as policy makers about the origin, research basis and policy</li> <li>• No focus on cultures and traditions</li> </ul>	<p><b>Wellbeing</b></p> <ul style="list-style-type: none"> <li>• Emphasises avoidance of uncertainty and danger in life</li> <li>• Defines social deprivation as shame-inducing exclusion from social norms</li> <li>• High level of disagreement</li> <li>• Wellbeing is gained from happiness not from materials</li> </ul>
<b>PRACTICE</b>	<p><b>Trauma / PTSD</b></p> <ul style="list-style-type: none"> <li>• Presence of series of guidelines from UN, International agencies and professional bodies</li> <li>• Individually based interventions</li> <li>• Is taking over basic needs approach</li> <li>• High level of disagreement among practitioners, policy makers and academics</li> <li>• Community needs and problems are different</li> </ul>	<p><b>Wellbeing</b></p> <ul style="list-style-type: none"> <li>• Poverty is identified as deprivation in wellbeing</li> <li>• Economic wellbeing, human development and environmental sustainability are the main indicators</li> <li>• Brings good outcomes, but also associated with negative outcomes</li> <li>• High level of disagreement among practitioners, policy makers and academics</li> </ul>

**FIGURE 2.3: SUMMARY OF CONCEPTS**

(Source: Author)

The influences of academic and research literature on policy documents are quite visible and have shaped the policies of the United Nations. The perspectives of WHO in 2005 have been changed by scholars such as Summerfield (2002, 2005a), Pupavac (2002, 2006), and Kleinman (2006). Further, these academic influences have been visible in the Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) developed in participation with UN agencies, INGOs, Universities and Bi-lateral Organisations. However, the practical implementation of these policies remains on the whole questionable. As an example, during 2007 there were efforts to move forward by the Inter Agency Task Force to field test the Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Between February 20 and 21, 2007 a field testing workshop was conducted in Sri Lanka. The following comment from a UN staff member in Sri Lanka sums up the implementation of academic concepts and policies at this field level:

*“The workshop was filled with presentations and should have been done in a more participatory manner. I don’t think that one could become really qualified to implement even parts of these guidelines after a two day workshop. Also, they expect us to give feedback about the effectiveness of these guidelines within two or three months. Well, this is too much pressure and rushing. There were no discussions per say about how Sri Lanka could adopt these guidelines into local realities. Then the workshops they conducted in local languages had so many errors with bad translations. I think that this will not produce anything effective as there is no support mechanism in Sri Lanka to assist field level problems and I am not aware about any monitoring process”*

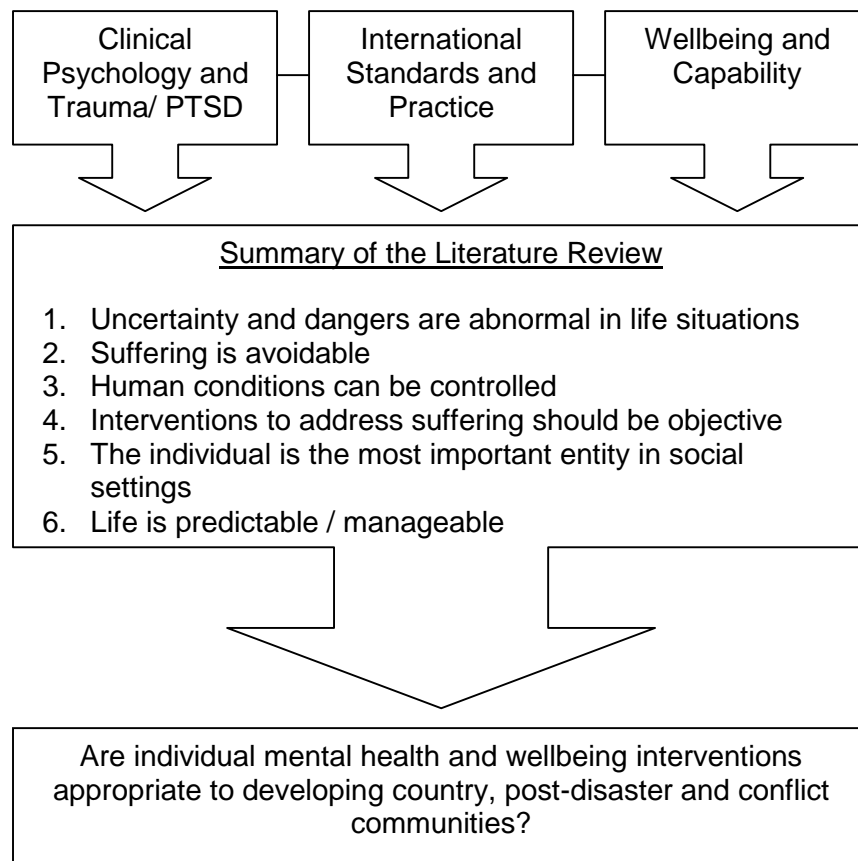
(A Sri Lankan UN staff member that works on mental health -  
Direct Discussion with the Researcher, March 2007)

This further exemplifies why a significant outcome of this literature review is to raise the following question:

*What are the strengths and weaknesses of individual mental health and wellbeing interventions and their appropriateness in developing country, post-disaster and conflict communities?*

The following chart reflects three strands of thinking, the basic concepts and tacit assumptions that come from this literature review, producing this resultant question.





**FIGURE 2.4: STRANDS OF THE LITERATURE REVIEW**

(Source: Author)

This Figure 2.4 shows that the clinical psychology perspectives on trauma and PTSD, international standards and practice, as well as theories and practices of wellbeing, point to six main arguments, which represent the normal or “acceptable” paradigm.

However, these arguments are disputed through the work of various academic, researchers and practitioners (Sen, 1993; Pupavac, 2001; Stiglitz, 2002; Van Eenwyk, 2002; Smail, 2005; Summerfield, 2005a; Kleinman, 2006). These have in turn guided this literature review through the underlying area of inquiry researched in this PhD Thesis.

### CHAPTER THREE: METHODOLOGY, METHODS AND CAVEATS

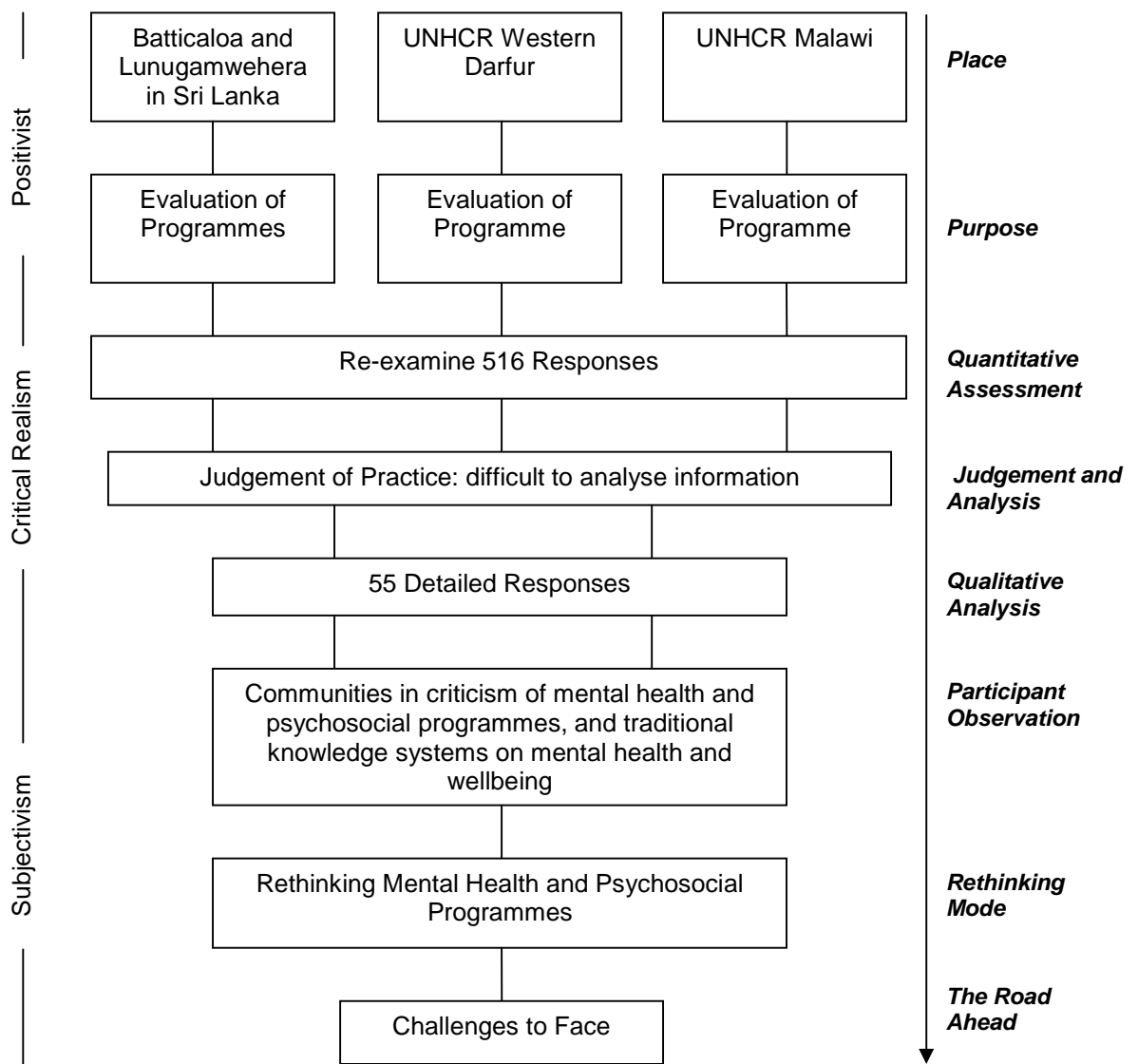
This chapter presents the broader methodology of the research process, methods and tools used for investigation and caveats of the research such as ethics and limitations.

There are a significant lack of reviews and evaluations of mental health and psychosocial programmes for conflict and disaster affected communities (Summerfield, 1995, 1999; ALNAP, 2009). This has created a situation where lessons learned from past psychosocial or mental health programmes, best practices of activities and evaluation tools, have either not been developed or owned by individual organisations and agencies for their own development purposes. The recently developed IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) does not focus on evaluation as a major activity.

Although there is a lack of evaluative reviews of mental health and psychosocial programmes, these operations have entered humanitarian assistance discourse, in addition to food and shelter (Pupavac, 2002; Summerfield, 2005a). For example, a PLAN International article on Children and Disaster Risk Management (CRINMAIL 777, 2006) points out that “thousands of children died in the Kashmir earthquake and countless others have died or suffered terrible trauma in other less high profile disasters.” Soon after the 2004 tsunami in Sri Lanka communities observed a flood of trauma counsellors and ‘traumatologists’ from Western countries to help traumatised victims (Jayawickrama, 2006).

The research was conducted initially as collaborations between DDC and UNHCR in Sudan and Malawi and DDC and GMSL in Sri Lanka. In both the collaborations the DDC component led by the researcher of this PhD was brought in as a partner to evaluate programmes on mental health and wellbeing for conflict and disaster affected displaced populations, refugees and development affected communities. Based on the information received in these quantitative evaluations, the researcher then conducted qualitative key interviews with communities to gather more in depth specific information on mental health and wellbeing to facilitate his thesis.

The following Figure 3.1 presents the research process of this PhD and explains the researcher’s journey from a positivist quantitative approach to a subjective qualitative approach, in order to access detailed information from communities on mental health and wellbeing.



**FIGURE 3.1: THE PHD RESEARCH PROCESS**

(Source: Author)

Two main paradigms to research development are reviewed here: positivism and subjectivism. Central to the debate of these two contrary paradigms are the relative merits and demerits of each of them. The positivist paradigm takes an epistemological position known variously as traditional, conventional, scientific, experimental, (Bryman, 2001), empiricist and hypothetico-deductive. The subjectivist approach takes an epistemological position known variously as naturalistic, humanistic, constructivist, interpretivist, post-positivist, holistic-deductive and alternative (Clarke, 1999). The positivist paradigm tends to adopt the quantitative methodology while the subjectivist tends to adopt the qualitative methodology.

A critical realist step was helpful to the learning process for this thesis in that the evaluation information gathered through the positivist approach would be less helpful

for making a judgment about the lives of the participants in this research process. Ultimately, the research adopted a subjective approach to complete the field research. Critical Realism purports that there exists a reality independent of our representation of it, but it acknowledges that our knowledge of reality is subject to all kinds of historical and other influences. It draws a clear distinction between reality and our knowledge of reality (Bhaskar, 1978, 1979, 1986, 1991).

As presented in the Figure 3.1, a broader methodology was used to examine the policy frameworks of ongoing interventions in the field. Through the positivist quantitative approach the research process managed to gather information from 516 community members in Sri Lanka (Batticaloa and Lunugamwehera), Western Darfur in Sudan and Malawi. By adopting a critical realist approach the research process involved a principled judgement on the practice of mental health and psychosocial programmes in these countries; while aiming to improve upon the inadequacy of information surrounding community mental health and wellbeing. Alternatively, a subjective qualitative approach was used to gather information from 55 key informants about mental health and psychosocial programmes. This was to inform about additional traditional knowledge systems used to improve mental health and wellbeing in disaster, development and conflict. In rethinking mental health and psychosocial programmes, in the light of these examined traditional knowledge systems, new challenges are exposed in the field.

The World Health Organisation (WHO) being a non-active organisation in field interventions and the United Nations Refugee Agency (UNHCR) being responsible on deliverables are struggling with policy frameworks when it comes to assisting disaster and conflict affected communities. Finding a strong link between academic, policy and practice was therefore difficult. There was a need to build the research from the reality of interventions going on in this field, and hence the use of project evaluations as a way into the topic at field level. The findings of the first phase of the research which demanded a critical realist approach were also essential and fundamental in addressing aspects of quantification within the overall qualitative approach of this thesis.

### **3.1. EPISTEMOLOGICAL AND METHODOLOGICAL DEVELOPMENT OF THE RESEARCH**

Even though some scholars (Homans, 1967) set aside the need to tackle the underpinning philosophical assumptions on which a given project is based, it is claimed in this thesis that researchers must understand the epistemological commitments they

consciously or unconsciously make within their work (Crotty, 1998; Bryman and Bell, 2003). How the researcher approaches the research, the questions they ask, the way they assess the application and the value of methodologies are influenced by epistemological and ontological persuasions. Further, such interpretations and commitments represent an indication of the relationship between both the research participants and researcher (Johnson and Duberley, 2000; Denzin and Lincoln, 2003).

The research process described here started from positivism, moved on to critical realism and then to subjectivism. Section 3.2 summarises the positivist paradigm in a way indicative of its application in an initial part of this research. Its role in relation to social science epistemology more widely is addressed in the next three paragraphs.

Positivism plays a large role in the wider history of contemporary social science research. The positivist paradigm typically conceives of reality existing independently of the mind or of any possible human response to it. As such, social researchers are able to access and claim empirical knowledge about the concepts and truth of such a reality in an objective and matching way (Lincoln and Guba, 1985; Bryman and Bell, 2003). In this sense, the tradition assumes that the researcher or subject is dualistically separate from the object of investigation, with the relationship between them being value-free and clear from the motivations and process of observation (Johnson and Duberley, 2000). Accordingly, and parallel to the natural sciences, such an outlook has led to an emphasis on empirical methods and the eager tendency to utilise quantitative methods and analysis through a hypothetico-deductive form of enquiry.

It is not possible to contemplate epistemology without first, locating the epistemology (how we know what we know) in ontology (what the world is like), for if epistemology is not located in ontology, one is simply left with method. The most common position in social sciences is to assume a critical realist stance to ontological issues, meaning that the world exists beyond what can be experienced, whilst adopting a critical rationalist approach to method. This was helpful in this research process and explains the development from a positivist approach to a subjective approach. The former largely uses hypothetico-deductive approaches to falsification. Even with such a position, it is not really feasible to move an examination beyond fabrication to a stage of verification. In short, the quantitative methods understood by a critical rationalist approach are suited to the recognition of similarity (i.e. a pattern of things) which then require verification by other techniques, particularly those of a qualitative nature. Specifically in this research process the quantitative information was not helpful in making an evaluative judgement of the condition of disaster, development and conflict affected

community. This is because the questions posed required understanding more in depth experiences of agency interventions and the usefulness of traditional knowledge systems in improving mental health and wellbeing.

Ontology is defined in the 1996 Oxford Compact English Dictionary as: “the branch of metaphysics dealing with the nature of being.” The researcher’s ontological analysis of the world undertaken in this particular research study is, therefore, one of critical realism. Adopting realist ontology within the context of critical realism involves occupying a branch of philosophy that uses concepts to identify specific causal powers and liabilities of specific structures that are realized under specific conditions (Johnston et al., 2000). This stress on specificity of description, places a critical realist view of causation in direct contrast with the overarching and globalising generalisations of positivism and empiricism, which can in particular confuse numerical correlation with causality. This is an important consideration in this research because communities in Sri Lanka, Sudan and Malawi are experiencing specific problems and interventions that are unique to their situations and positivism would not grasp these local realities.

However, the caution assumed with a critical realist position contributes care with the research question of this thesis as to whether individual mental health and wellbeing interventions are effective for developing country, post-disaster and conflict communities? Because the study is an open system, the researcher began with evaluations of mental health, psychosocial and poverty reduction programmes at the receiving end. This focussed on the disaster, development and conflict affected communities, rather than the agencies. The researcher finds the realist’s perception to be the most comfortable with which to work because the field information from programme evaluations of communities and field agency staff members provided an independent base for evaluative judgements. The researcher was against this background able to conduct detailed interviews from 55 community members in Sri Lanka, Sudan and Malawi using qualitative methods.

Fundamentally, the positivist tradition is grounded in reductionism, incorporating its extreme atomisation of phenomena, by shrinking the world into a singular isotropic plane with a series or incidences of scientifically proven explanations and predictions of space-time events. In contrast, adoption of realist ontology enabled the researcher to explore a world which encompasses a multi-tiered ontology inclusive of mechanisms and structures as well as events (Johnston et al., 2000). As such, critical realism allowed the researcher to design a diversity of methods incorporating both quantitative and qualitative approaches. It is important to note however, that if a social scientist’s

focus is too concentrated on research design and methodology, it may overly sanitise the research process. This might result at worst in the failure to produce findings, or at best weaken and thereby hamper the identification and delivery of any potential research contribution (Stewart, 2009). Berger (1963, p.13) sums up the dilemma: "...since in science as in love a concentration on technique is quite likely to lead to impotence." Dow (1990) explicitly determines that harnessing such a philosophical stance means that diversity of method need not entail diversity of methodology and expands upon this by explaining:

*"...since reality is so complex (and open), and cannot be perceived objectively, truth realism is subject to considerable uncertainty in Keynes's sense. The solution then, is in effect to...employ different methods of analysis and sources of information which, combined with conventions of their academic community etc., generate theoretical and empirical propositions"*

(Dow, 1990, p. 353, cited by Jefferson, 2006)

### **3.2. POSITIVISM AND USE OF QUANTITATIVE RESEARCH METHODS**

The academic discourse on the influence of positivism, despite its long journey, is still alive today. First proclaimed by Auguste Comte in the 19<sup>th</sup> century, the positivist approach has developed various mutations and is associated with a number of contrasting philosophical schools of thought (Hughes and Sharrock, 1990). Hughes and Sharrock (1990) refer to positivism as orthodoxy because its authority was unquestioned for some time. Endorsed by John Stuart Mill, Herbert Spencer, Emile Durkheim, and Karl Marx, albeit through various versions, there was a belief that society could follow the same logic of enquiry as that employed by the natural sciences (Hughes and Sharrock, 1990). In other words, the social world can be studied according to the same principles, procedures, ethos and laws as the natural sciences.

As social processes are seen as being subject to informal laws, applying objectivity, rationality and thorough scientific methods of examination to establish truth, it is assumed that the researcher can discover regularities and causal relationships of social phenomena. Based on the assumption that the researcher is objective and remains disconnected from phenomenon under study; the research process starts with a hypothesis (Clarke, 1999). Testing the hypothesis to either accept or disprove it involves collecting evidence, while the hypothesis remains fixed throughout the research process. To achieve this, survey methods and experimental designs are employed, which limit the interaction that takes places between the researcher and the

researched (Clarke, 1999). Research instruments are decided in advance, such as highly structured questionnaires or interview schedules, which contain predetermined, standardised categories into which individual's responses, are fitted.

### **3.3. RESEARCH FRAMEWORK**

The research was conducted to evaluate mental health and poverty reduction programmes using UNHCR and GMSL partnerships with DDC, which led to the evaluative judgements of mental health and wellbeing interventions presented in the case-study chapters of this thesis. (See Appendix 1 and 2 for UNHCR and GMSL approval to use research information) These evaluative judgements were made by adapting the internationally recognised OECD evaluation criteria to assess mental health, psychosocial and poverty reduction programmes, their coverage, efficiency, effectiveness and impact, including ownership and responsibility by the community and programme sustainability (Table 3.1).



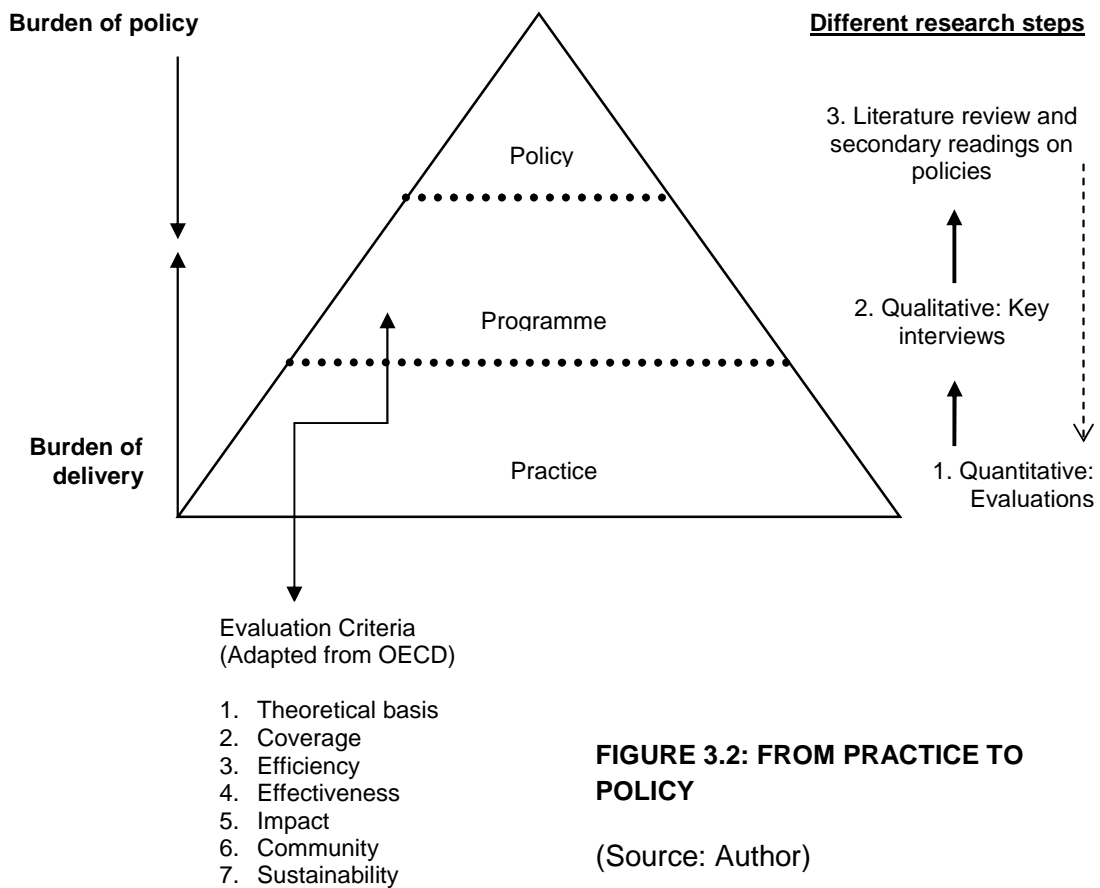
**TABLE 3.1: EVALUATION CRITERIA**

<b>Criterion</b>	<b>Aspect Measured /Assessed</b>	<b>Source of Viewpoint</b>	<b>Method</b>
1. Relevance/ Theoretical basis	Developed by insiders/ outsiders/ collaborations	The target group, community, stakeholders and society at large	Review of documentation, Interviews and discussions
2. Coverage	Appropriateness in relation to policies, needs and priorities	The target group, community, stakeholders and society at large	Interviews, observations
3. Efficiency	The delivery of project	The Implementers	Interviews, observations
4. Effectiveness	Achievement of objectives	The target group	Interviews, observations
5. Impact	Intended and unintended positive and negative effects	The target group, community, stakeholders and society at large	Interviews, observations
6. Community	Ownership and responsibility of the project	The target group, community, stakeholders and society at large	Interviews, observations
7. Sustainability	Likelihood of benefits to continue	Projected	Interviews, observations

(Source: Author, 2009 – Adapted from ODI, 2006)

The evaluation activities took place at field intervention and programme level to inform policy. It was necessary to evaluate policy at the field intervention level as ultimately it is this level which forms the foundation for the design and development of legislature by policy-makers. Based on the evaluative judgements made on field information from 516 community members in Sri Lanka, Sudan and Malawi by using the above criteria (Table 3.1), the researcher then conducted 55 key interviews to facilitate identification of community viewpoints. This gathered information on community mental health and wellbeing and people's traditional knowledge systems.

In summary, the research was carried out in three parts as outlined in Figure 3.2. (i) evaluations for UNHCR and GMSL under DDC partnerships; (ii) key interviews from 55 community members; and (iii) literature review on existing policy frameworks in the field of mental health and wellbeing. Similarly, the research was concerned with identifying the power relations between policy and delivery of mental health and wellbeing.



**FIGURE 3.2: FROM PRACTICE TO POLICY**

(Source: Author)

### 3.4. HOST ORGANISATIONS

This PhD was conducted as part of the Disaster and Development Centre's (DDC) partnership research activities with the United Nations Refugee Agency (UNHCR) and Green Movement of Sri Lanka (GMSL). These partnerships assisted the field information gathering for this PhD, by facilitating access to communities and documents, and helping overcome logistical issues in the field. The following subsections provide pertinent information showing the role in this research of the different institutions.

#### i. United Nations Refugee Agency (UNHCR)

After a critical discussion period beginning in 2004, the Community Development Unit of UNHCR, part of the Community Development, Gender Equality and Children Section Division (CDGECS) of the International Protection Service (DIPS) commissioned the Community Wellbeing Programme of the Disaster and Development Centre to conduct a psychosocial assessment in Western Darfur, Sudan. This activity took place in 2005

and was followed by a similar exercise with refugees in protected situations in Pakistan and Malawi during 2006. The following results were produced:

- Assessments of existing psychosocial responses needs and gaps in Western Darfur, Sudan, Malawi and Pakistan.
- Concepts of Care manual for understanding communities and psychosocial programming.
- Draft guidelines to conduct psychosocial programmes in Western Darfur.
- Establishment of a framework that can be adopted in IDP settings in Western Darfur with participation of more than 14 UN agencies and INGOs.
- Built capacity of 60 community based practitioners in Sudan, Malawi and Pakistan.

In addition to the various project documents produced, in September 2006 the UNHCR and DDC partnership presented their work from Western Darfur at the International Mental Health Third Annual Conference at King's College, London. The presentation widely engaged supportive academics and practitioners from the international mental health field and was recorded by Reuters. Throughout this collaboration, both parties shared a common value of community ownership, participation and responsibility in community wellbeing. Whilst the prime focus has been on improving the process of recognising and responding to issues amongst the displaced people of concern to UNHCR at the local level, the Community Wellbeing Programme also seeks to pave the way for a wider impact on the effectiveness of international humanitarianism more widely. This included through the review of IASC guidelines on mental health and psychosocial support for emergency settings.

In 2007, the partnership managed to implement activities in Jordan. Although Syria was part of the original plan, logistics only allowed being in Jordan. The following activities were conducted in Jordan:

- On the job training for staff members on art work, storytelling and basic concepts of working with survivors of torture and violence.
- Background information to develop Standard Operational Procedures for torture survivors.
- Assistance in structural changes for the Community Services and Outreach Unit.
- A framework to establish a Practitioner's Forum for mental health and wellbeing in Jordan.

- Providing personalised assistance to staff who are working with survivors of torture and violence.
- Assessment of refugee and host communities on mental health and wellbeing.

Apart from these activities, the partnership conducted two regional workshops in Nairobi (September 2007) and Amman (November 2007) for staff members from UNHCR and Implementing Partners in Africa and the Middle East.

Please refer to Appendix 1 for the UNHCR ethical framework approving the field information to be used in this PhD research. Further, please refer to Appendix 4 for the framework for quantitative research for the DDC/UNHCR evaluations.

## ii. Green Movement of Sri Lanka (GMSL)

The Green Movement of Sri Lanka (GMSL) is a consortium of 147 civil society organizations in 22 districts of Sri Lanka, with collaborations from 78 international organizations, universities and government ministries and UN agencies. Their work focuses on environmental conservation, consumer rights and sustainable development.

Established in 1998, GMSL is motivated to achieving natural resource based sustainable development through empowerment of the poorest and sustainable livelihoods, focusing on current environmental problems and providing solutions utilizing collective efforts. Activities launched by GMSL with people's participation envisage the emergence of vibrant, environment-friendly communities throughout the island.

In 2003 the Executive Board of GMSL expanded its focus by integrating disaster management into the sustainable development activities of the network. Based on this decision and collaboration with the Disaster & Development Centre (DDC), the Disaster Management & Information Programme (DMIP) was established in April 2004 as the disaster management unit of GMSL. The Disaster Management and Information Programme (DMIP) provide a conceptualization of the relationship between disasters and development. This new conceptualization has been growing in the academic and practitioner communities over the last few years and is a major philosophical foundation of the Green Movement of Sri Lanka.

The Disaster Management and Information Programme (DMIP) of the Green Movement of Sri Lanka (GMSL) have been collaborating with the government since

January 2004. After the tsunami on December 26, 2004 the DMIP collaborated with the Prime Minister's Office for the Government's Reconstruction and Development Agency (RADA). Since 2004, the DMIP of GMSL has responded to all recorded disasters to have occurred in Sri Lanka through its community-based network and has continued to co-ordinate closely with the Government. Furthermore, the DMIP of GMSL is among other civil society members in Sri Lanka that provided comments and suggestions for the 'Road Map of Disaster Risk Management' for that country. Through field-based activities the DMIP has conducted disaster risk reduction workshops for health professionals in 13 districts.

Currently, the DMIP of GMSL establishes a strong relationship with the Ministry of Disaster Management and Human Rights and National Disaster Management Centre based on the Memorandum of Understanding (MOU) signed in 2007.

Please refer to Appendix 2 for the GMSL approval of using field information in this PhD research. The evaluation framework referred to with the GMSL was based directly on the OECD/ DAC evaluation criteria.

Both of the above collaborations have produced opportunities that helped feed information into the analysis of this thesis.

### **3.4.1. SETTING AND POPULATION**

The scope of the study presented here was limited to Sri Lanka, Sudan and Malawi. These countries were selected based on their geographical locations, nature of the disaster, conflict or development problem and most importantly access to communities through DDC research work with UNHCR and GMSL. The researcher trained one colleague each from Sudan, Malawi and Sri Lanka to assist in the translation of Arabic, Swahili, Tamil and tribal dialects. This process was conducted by explaining the objectives of the research, refreshing basic interviewing skills, concepts of translation and addressing the research ethical framework.

#### **i. Selection of communities**

Communities in specific locations in Sri Lanka (Batticaloa), Sudan (El-Geneina in Western Darfur) and Malawi (Lilongwe) were selected for participant observations. Selected community members were identified for group discussions and interviews. Their selection was based on:

- Verifications of their problems and issues by UNHCR and GMSL and observations of the researcher in their communities.
- Being community leaders, elders, traditional healers and traditional birth attendants (TBA).
- Availability and willingness to participate in an interview or group discussion.

ii. Gathering information

This study adapted a combination of tools to gather information; unstructured qualitative interviews, researcher designed instruments such as storytelling, and participant observation (LeCompte and Preissle, 1993, p.158). It was important to gather information from a wide cross section of disaster, development and conflict affected communities to ensure reliability and validity of information gathered. The research process involved purposive sampling, with a snowballing effect to gather relevant information from which conclusions were drawn. It was not necessary or feasible to study the entire population.

Primary data were collected from a variety of sources, including UNHCR and GMSL reports on protection, community services, development issues and mental health. Documents from other UN agencies such as UNDP, UNICEF and governments in Sri Lanka, Sudan and Malawi were found to also be pertinent to this research. The use of each method is as follows:

- Interviewing: This research relied on informants for their source of field data. There were two types of informants; casual informants and key informants. The former provided generalised knowledge while the latter provided more specialised knowledge. Casual informants in this research tended to be the humanitarian workers and community leaders. Key informants among communities included elders, traditional healers, men, women, youth, and people with disability, traditional birth attendants and elders. This research process utilised unstructured and informal interviews.
- Group Discussions: The incorporation of group discussion into this research was influenced by the advancement of participatory research methods in rural sociology. The duration of the group discussion was generally for a short period of two to three hours focused on a particular topic. The discussion groups were small homogenous categories of people. As a qualitative research method, the objective of the group discussion was not to quantify but to track down all possible responses. The strength of the group discussions lied in the fact that group

members could validate each other's responses. Thus, data validation can be accomplished simultaneously with data collection.

- Stories (Narrations): Stories were valuable in providing first-hand information from a cultural point of view. The life of a particular culture bearer is reflective of the overall processes unfolding within the culture area where the culture bearer belongs. I gathered three life stories of community members from Sudan and Malawi. In the process, the world views of these community members were revealed to me as the researcher, but also to the reader of this thesis. The collection of these stories would have been impossible without first establishing a relationship of trust with these community members. It needs to be emphasized that the determination of authenticity and veracity within such stories cannot be derived from an exclusive "outsider" perspective, or from externally-generated sets of criteria. Rather, it needs to be rooted fundamentally within the ontological system of the community from which it comes.

### iii. Informed Consent

The researcher conducted informal sessions in Sri Lanka, Sudan and Malawi in community settings, shops or houses where the community members were in a familiar environment. Prior to embarking, explanation sessions of at least 30 minutes took place highlighting the following:

- a brief overview of the researcher;
- the purpose of this research;
- the objectives of the research.

Signed documents from community research participants were avoided as people prefer not to use them for political reasons, and because there had been previous negative experiences from signing documents for research.

### iv. Administration of information gathering

In Sudan and Malawi, all the interviews and group discussions were conducted through a colleague from UNHCR who translated for the researcher. After the explanation of the research process, the colleague managed to establish a general discussion with the community member or community group, where they would identify their mental health and wellbeing issues and their strategies to deal with them. In these sessions, the researcher became an observer to minimise the disturbances in the process. After

each session the colleague would translate the information and then the researcher would get to ask any questions for clarification. These question and answering sessions also helped in analysing information as well as validating the reliability of information. In Sri Lanka, information gathering was made easy because the researcher could conduct interviews in his own language.

### **3.5. SUBJECTIVISM: QUALITATIVE RESEARCH METHOD**

Ethnography can be referred both to an explanation of a particular community, society, or establishment and the process by which that explanation is produced. It is best viewed as a process that incorporates a diversity of field information gathering methods and approaches for interpreting between theory and information. Ethnography, in turn, indicates a perception on human nature and how best it can be studied, which is distinctive in the social sciences. This guides ethnographers in selecting and modifying approaches to local situations and research questions (Pelto and Pelto, 1978; LeCompte and Schensul, 1999).

The importance of the ethnographic approach to this research is as follows:

- i. Ethnographic research is conducted in a community's own environment rather than in a laboratory, or other manufactured environment (LeCompte and Schensul, 1999, p.2-3). Certainly, ethnography is the opposite to controlled environments permitting depth and width of insight that can surface through fieldwork. Interviews are normally conducted in the interviewee's familiar environment. This is an important aspect of this research because the sense of security of communities can be easily disrupted. Ethnography has historically required intimate and prolonged face-to-face interactions between the researcher and members of the community. Such intimacy results from prolonged personal engagement by the researcher in the lives of other people, allowing them to encounter the community in multiple environments.
- ii. Ethnography provided a suitable space for this research involving long-term fieldwork and engagement in the environments to be understood. Not all researchers that follow ethnography remain in the field for prolonged periods, but fieldwork conducted over months of field exposure is common. Long-term fieldwork means that even seemingly static snapshots of social settings include history. The fieldwork for this research built trust between the researcher and communities so that sensitive topics were able to be discussed and it was possible to observe people under different conditions. Knowledge that seemed



clear in the initial period of fieldwork became more complex with more time and deeper levels of sharing information took place. However, a repercussion of prolonged fieldwork in natural social environments is that researchers encounter countless ethical issues and dilemmas that cannot be fully anticipated prior to starting out (Fuehr-Lobban, 2003; Whiteford and Trotter, 2008). For most ethnographic researchers, sensitivity to such issues and social life of communities is an essential skill.

- iii. Ethnography is dedicated to discovery; therefore, the researcher assumes the position of a learner struggling to determine the right questions. This differentiates with other social science perceptions that would highlight the researcher as a specialist who already knows the questions. Although ethnographic researchers become familiar with relevant literatures about classifications of people, current issues, and social theories, they assume that there is something of hidden importance that can only be discovered through systematic fieldwork. The ethnographic approach is inductive and recursive, using multiple forms of quantitative and qualitative information to clarify and model local environments and knowledge. Generalisation is regularly avoided in understanding the situations being researched. For example, researchers who have anthropology backgrounds, differentiate between “emic” groupings that make sense to the communities being studied and “etic” groupings used within a scientific community to describe human nature (Headland et al., 1990).

Ethnography as a method of this research was also considered more than field information gathering techniques. Field information and, finally, interpretations, are produced by researchers who participate in scholarly communities. The anthropological framework of ethnography is representative, such that sociologically trained ethnographers draw upon a somewhat different disciplinary tradition. Perry (2003), for example, argues that anthropology has developed around five basic concepts that anthropologists concurrently adopt and argue: “evolution”, “culture”, “relativism”, “structure”, and “function”. Positions vis-à-vis these concepts are reflected in the formulation of questions or problems that ethnographers investigate, how they collect data, and the way they typically frame analyses and interpretations. In addition, anthropology also offers certain theories that can motivate new questions.

The starting point for the ethnography used for this thesis was a form of participant observation, which was “less a specific method than a strategy for field information gathering”, especially at the beginning of fieldwork (Agar, 1996; Schensul et al., 1999, p. 91). It can also become the primary approach for field information gathering in an

entire research process. Participant observation includes living with the participant community, observing social environments and the activities that occur within, and participating in people's lives. Researchers differ in their preferences for active participation and reflective observation, and the situations of fieldwork limit the opportunities for either, particularly in working with survivors of disaster, development and conflict. Regardless, participant observation dismisses any claims that researchers are neutral and impartial scientists standing apart from the action. Actually, by positioning oneself within activities and lives of communities as well as studying the contexts of social life, the researcher develops the relationships necessary for fieldwork and sensitivity to cultural rules. The researcher's experiences influence interviews and observations, and the trust that encourages the people being studied to deem him or her worthy of their attention, and personal information.

The interviews allowed the researcher of this PhD to gain understanding of what communities think they are doing and should be doing. Interviewing began with loosely structured, open-ended interviews that sounded almost conversational as they proceeded (Spradley, 1979). These did not pursue the rules of traditional turn taking and were carefully structured to allow for basic cultural characteristics of approaching people in the field areas. The unstructured interviews were presented around requesting lists. For example, 'how are you dealing with the loss of your husband' or 'how do you access food from the agency', and narratives of experience such as 'tell me what you did last time you were displaced'. This is an approach described by Schensul, et al., (1999, p. 137-138) to conduct unstructured interviews.

Unstructured interviews were helpful for particular areas, usually recognised through participant observation and conversations, allowing the researcher to investigate replies in more depth. They were used to further investigate culturally specific domains that are relevant to the goals of the research process and for further data collection. These lie at the crossroads of investigative and descriptive phases of the research. Such interviews are carefully structured, but at the heart of semi-structured interviews was the ability to spontaneously probe an interviewee in order to extract more detailed information and to follow up on emerging themes. Probing is important because it places the researcher in the role of attentive learner and helps generate information that is prominent to the interviewee. This was very helpful when the interviewees were describing their experiences of uncertainty and danger in disaster, development and conflict in this research process.

Ethnographic investigations were only the final step in an often lengthy process of discovering the categories that are salient to people in their immediate environment. Cultural domain analysis contains mechanisms used to thoroughly study how communities “think about lists of things that somehow go together” (Bernard, 2006, p. 299), as well as the characteristics and the principles of categories (Werner and Schoepfle, 1987). Both ethnographic investigations and cultural domain analyses represent the conclusion of the researcher’s role as learner in those settings, and they allowed the researcher to get at the “emic perspective”: categories that make sense to a native of a culture. Listening and learning from folk stories during the field information gathering of this PhD, the researcher managed to understand concepts of mental health and wellbeing that make sense to local communities.

Observation was treated as a very important aspect of this research process. An interview conducted with just the right community member can successfully condense weeks or even years of possible observation into minutes or hours. However, interviews provide a thin and potentially distorted understanding of social life, especially if they focus on the question of what communities do or did. There is a possibility that community members may lie. Also, memory can be selective, and not all behaviour can be verbalised. Interview-based accounts of human nature can present a more rational perspective than is really the case. The improvisations that characterise everyday life are exposed through observation. The latter is not dominant, but, rather, it is by investigating how verbalised descriptions overlap with observable actions that ethnography’s potential to deliver insights are realised. The researcher in considering this process spent time observing communities during the field information gathering, especially family relationships and how people dealt with disputes.

However, this research did not use any recording or visual display technologies with the participants due to difficult conditions in the field, including security, lack of electricity and facilities. Also, methodologically this arguably allowed the researcher more time and openness to establish closer connections with communities using direct observation.

As mentioned above, a common outcome of the fieldwork approach adopted for this research was to develop close relationships with people in communities. Living and working with people over long periods of time can foster intimate bonds that come with the obligations of friendship. The researcher in particular developed close ties with the key informants: those people who took on the role of sponsor and gatekeeper, introduced the researcher to other members of the community, and shared their own

insider information about the community. Key informants are those special people who like to talk, who know the community and environment, and who understood the researcher's mission.

Informants can also place themselves at risk by disclosing information about their private lives. In this PhD research with disaster, development and conflict affected communities, the researcher was particularly concerned about the risk communities might face in talking with him about their experience of violence, state terror and humanitarian and development organisations. Most of these communities live in dangerous situations, disaster prone areas and depend on humanitarian and development organisations. For the case of Sri Lanka, in order to avoid any risk, the researcher maintained their anonymity and recorded conversations in Sinhala (mother tongue of the researcher) then wrote up in English. In Sri Lanka the researcher also used drawings and art as a form of documenting instead of using Sinhala or English. The researcher shared his notes with communities to incorporate their reviews, modifications, and feedback. In turn the researcher honoured any objections they voiced about their narrations or stories and removed any points they found to be different.

The very subject of the social world is itself vibrant and changing. With new incidents and situations frequently arising, ethnographic research methods are unavoidably mixed. In many ways, exactly what methods make a research process ethnographic may be debated. One implication of this debate is that a researcher may use one or more of the ethnographic methods without "doing ethnography,"

This research found that ethnographically orientated analysis took a characteristic "direct" form in which research problems were initially defined, or investigated and then transformed; "the process is toward both greater precision in description and conceptualisation and inclusion of contextual characteristics that helped explaining what is being observed" (Agar, 1996, p. 183-184). Ethnography also proceeds by verifying assumptions by using multiple information sources such as religious leaders, traditional healers and community members in this research. Analysis is continuous throughout fieldwork, and began with identifying patterns and developing "sensitising concepts" that suggest avenues for further exploration (Miles and Huberman, 1994). Researchers continued by developing typologies that distinguish between pre-existing analytical constructs used in the social sciences and the local categories (i.e., cultural domains) that are recognised and organised by cultural "insiders". "Analytical induction

underlies theory building in ethnography, although not all ethnography is concerned with developing or testing theories” (Hammersley and Atkinson, 1983, p.204).

Ethnography as a process eventually results an ethnography, in which writing has a central role. In this research the ethnographic process was a challenge as there was an inherently reflexive affair in which forms of expression are not neutral and cannot be taken for granted (Clifford and Marcus, 1986; Geertz, 1988; Van Maanen, 1988). Ethnographies are texts, and, as such, where the researcher had to employ specific organising principles that are implicated in the very representation of behaviours and settings described in this research process; this process was far from a simple “writing up” of findings. Hammersley and Atkinson, for example, describe ordering principles for writing ethnography as follows:

*“as the natural history of the fieldwork; chronologies, such as developmental cycles or moral careers; and using micro- and macroscopic ‘lenses’ to shift the writing from particulars to generalities”*

(1983, p. 215-220).

### **3.5.1. SUBJECTIVE APPROACH**

*“Any philosophical view that attempts to understand in a subjective manner what at first glance would seem to be a class of judgements that are objectively either true or false – i.e.: true or false independently of what we believe, want, or hope.”*

The Cambridge Dictionary of Philosophy, 2006, p.885

The subjectivity in a research process need not emerge to allow it to be as simple as controlled variables in quantitative research. However, scholars such as Mucchieli (1979) propose sustaining subjectivity at a minimum level by yielding to the text that is analyzed, thus determining an understandable link between qualitative and quantitative research through a search for objectivity, in other words a near-positivist point of view (Rennie, 2000). On the other hand, many researchers endorse making use of subjectivity to improve understanding of the community under examination (Rennie, 1994; Schneider, 1999). For these researchers, separating themselves from the community through the use of standardised or semi-standardised methods would keep the community at a distance (Patton, 1990).

Such an effort can also present some risks including the prediction of the researcher’s own blind spots, and a sometimes unclear differentiation between subjectivity and

misconception (Kahn, 1996). The question then, is how to use subjectivity in research while avoiding these difficulties. In this PhD, the researcher attempted to understand a way in which to employ the use of subjectivity (Kobayashi, 2003). To better use subjectivity is to understand and own one's subjectivity. This not only validates how subjectivity can influence this research but also suggests that what the researcher found may be nothing more than what the researcher was specifically looking for, sometimes without even knowing it. The following Figure 3.3 shows the experience of the researcher as a member of a disaster, development and conflict affected community, but also as a service delivery worker in different parts of the world.

This experience has created a sense of frustration and distrust about mainstream mental health interventions that are based on concepts such as PTSD and trauma. However, this frustration and distrust was not being addressed well within the mainstream concepts and interventions, where the researcher kept questioning them.

**1994:** Volunteering at a Government Youth Counselling Service. Confusion without guidance and with many questions about social, family, relationships and sexual problems of clients. Humanistic (Carl Roger's) approach to problems were found not useful and refused by clients.

**1995:** Assistant Counsellor for a children and youth oriented counselling programme. Mainly worked with conflict affected and orphaned children and youth. Theoretically, these children and youth were supposed to suffer from PTSD and trauma, but their problems were different, including education, schools, abuse by carers, worries over their siblings and futures. I didn't have any answers to these and my skills from humanistic counselling were inadequate.

**1996:** Senior Counsellor of a national NGO working with conflict affected communities in the North East of Sri Lanka. I quite enjoyed this work as I got to travel and live with communities in North East Sri Lanka. However, communities and field staff challenged the organisational assumption of trauma, stress and PTSD. They were not particularly looking for counselling or stress management, but economic, social and personal support for their tangible problems of being displaced. Further, there were many torture survivors that needed some sort of mental health support, but they were eager for legal aid assistance to access justice. Within the organisation children were treated as severely affected by the conflict and aimed to provide psychological support. As part of this I developed a stress management booklet for caregivers of children in conflict affected areas, and mainly provided some skills such as play and games. This was not received well by the expert community as it is not technically sound and theoretically displaced within trauma discourse. The two workshops described below summarise my experiences in learning at local level.

- Workshop 1 – Psychological support for sexually abused children: This two day workshop was designed to teach local counsellors and carers about psychological impact of child sexual abuse. Examples were given from Norway. I couldn't relate to these theories and experiences and couldn't understand much of the English. According to the evaluation by others this was a very effective and useful workshop
- Workshop 2 – Counselling Skills: This three day workshop aimed at training local counsellors to build confidence in their jobs. I was surprised when told not to be friendly with clients and treat them as different due to ethical concerns. In the field I live and work with communities, I found this quite confusing. However, the standards were from the American Psychological Society (APA).

**1998:** By this time I was frustrated and wanted to learn more about psychology and counselling. I applied to the All India Institute for Counselling, Psychotherapy and Human Relationships in Vellore, India and was accepted to study on their post-graduate programme in counselling and psychotherapy. This was a very good experience as they were more localised in their teaching. I participated in many skills learning processes. Unfortunately, they were still using the same Western modalities – a framework to provide counselling.

**1998-1999:** Project Advisor for the largest psychosocial project conducted by the largest national NGO in Sri Lanka. I was providing basic training for field colleagues on communications, basic organising and selected mental health skills such as care and relationship building. We conducted play and games for children. However, this approach was not being accepted by my employer and by this time I had had enough of trauma, PTSD and conflict-related mental health. I left mental health work altogether by 1999.

**FIGURE 3.3: LIFE EXPERIENCE**

(Source: Author)

Whilst the personal positionality of the researcher has affected the research area and methodology (Figure 3.3), its influence on the research process is more difficult to assess. During the work of the researcher as a community care practitioner during the years 1995 to 2004, and then as an academic researcher, the researcher has experienced personal frustration and confusion about the role of mental health research and has even questioned the role of this field. This must surely have an influence on how the researcher behaves towards communities, especially where communities themselves echo that sentiment. In order to understand this, the researcher has studied the interview transcripts with a view to pinning down responses the researcher made and exploring their influence.

Avoiding the question of subjectivity altogether would invite it to have a more restrained yet very important impact on how the researcher conducted the research and its outcomes. This would make research more complicated and that was a fundamental consideration of the field information analysis. Devereux (1980) also clearly demonstrates this when he suggests that the scientist tries by all means to defend themselves against anxiety by overlooking certain data or meanings, overanalysing others, forgetting certain major or minor concepts, or giving unclear or vague descriptions of their findings. These difficulties, often referred to in social science research as self-deceptions (Salner, 1999), are the result of the researcher's use of defence mechanisms.

Another defence mechanism used by the researcher is projection. Projection can be defined as dealing with clashes by incorrectly attributing feelings, impulses, or thoughts to others. A researcher often makes use of projection when "confronted by an object by whom he feels *threatened* or to whom he feels some affinity" (Perry, 1990, p.19). An in depth scrutiny of the effects of projection can be found in Neck, Godwin, and Spencer's (1996) study of decision making processes and in the later replies by Kahn (1996) and Godwin and Neck (1996). Finally, although many other defence mechanisms can be of possible influence in a research project, two more seem to be often overlooked: reaction formation and omnipotence.

Perry (1990) defines reaction formation as dealing with conflicts by "substituting behaviours, thoughts, or feelings that are diametrically opposed to the unacceptable thoughts or feelings" (p.35), while omnipotence refers to the researcher's response to emotional conflict by acting superior to others, as if they possessed extraordinary capabilities. For example, apprehension and a feeling of not having complete control over the object of a study or over specific fundamentals involved in the study may be



replaced by a feeling of delight and of complete mastery. According to Goleman (1985), self-deceptions tend specifically to overstate the researcher's impression of control as well as their self-esteem. These risks would be more important when (a) the researcher is already "devoted" to a certain understanding or stance, (b) when certain meanings rising from the information may make this stance uncertain and (c) when the researcher feels nervous when confronted with these difficulties. A review led by Rosenthal (1978) of 345 studies seems to confirm these factors.

As the researcher wanted to make effective use of subjectivity, many precautions were taken to overcome these problems. For these reasons and as suggested by Slama (1986), Caspar (1995), and Goldberg (1994), it was important that the researcher used his own subjectivity to undertake contemplative work through a personal deliberation process. As such, many other precautions are often suggested in the literature. For example, the researcher maintained personal journals of thoughts and difficulties as well as of all adjustments of this PhD research process (Salner, 1999).

The following steps were taken by the researcher to avoid the limitations of this subjective research process:

- i. Sharing the research with peers and other experts for comments and review:

Apart from Dr. Andrew Collins (the PhD supervisor from Northumbria University) and Dr. Derek Summerfield (the technical supervisor from Institute of Psychiatry at King's College), the following academics, policy makers and practitioners provided critical comments about the research plan, field information and final drafts of the thesis:

- Dr. John Van Eenwyk: John is a clinical psychologist and Clinical Director of the International Trauma Treatment Program, USA. He is also a clinical instructor at the School of Medicine, University of Washington. John has been working with conflict and disaster affected communities in Gaza, Costa Rica, the Philippines, Switzerland, Zimbabwe, Ethiopia, South Africa, and Sri Lanka over 20 years.
- Dr. Alison Eyre: Alison is a medical doctor and Associate Professor of the Department of Family Medicine at University of Ottawa, Canada. Alison has been working with conflict and disaster affected communities in Sri Lanka, Canada and Haiti for more than 15 years.
- Professor Phil O'Keefe: Professor of Economic Development and Environmental Management at Northumbria University. Phil has been conducting research,

evaluation and assessments of conflict and disaster affected communities as well as humanitarian organisations including the United Nations since the 1970s.

- Ramani Jayasundere: Ramani is a gender and development researcher and activist from Sri Lanka. She has conducted research about marginalised communities in disaster and conflict situations, humanitarian assistance and women and development issues in Sri Lanka.
- Communities from Sri Lanka, Malawi and Sudan: The researcher has engaged the comments and suggestions from the communities involved in the field research, especially in the design of field information collection. Some of the community members who had e-mail access provided comments and suggestions in response to the final drafts of the PhD thesis.

All the above experts and communities were honest and brutal with their comments and suggestions. This gave the opportunity to check the realities of this research process constantly. Furthermore, this review process of the research design, field information and research drafts assisted the researcher to be clear about descriptions of findings and avoid personal reaction formation and omnipotence.

- ii. Doing the data analysis in respective communities in order to obtain consensus:

In Sri Lanka, Malawi and Sudan, the researcher managed to analyse data with the communities who participated in the research. By doing that, the research process obtained consensus from the communities and avoided misinterpretation of the field information. Although this was a tiring and time consuming process, the end results provided confidence in the research findings and outcomes.

- iii. Validity and reliability precautions:

In this case, the research process received assistance from senior colleagues of UNHCR and GMSL to confirm the validity and reliability of field information. There were lengthy discussions between the researcher and colleagues from Community Services Units of UNHCR in Western Darfur and Malawi as well as the senior programme team of the GMSL regarding this field information. As all these colleagues were working with the same research communities, the researcher provided them with the field information descriptions without personal information about the respondents to protect their identities.

The researcher also reviewed parallel research literature, as well as historical evidence about the communities in Sri Lanka, Malawi and Sudan to confirm the validity and reliability of field information.

- iv. Presenting the results of a more objective analysis before proceeding with subjective analysis (Mucchieli, 1979):

Before finalising this PhD thesis, its findings were presented (as part of a larger DDC research project on community wellbeing) at the 3<sup>rd</sup> International Mental Health Conference in 2006 at King's College, London and the International Conference of the Royal Geographical Society/ Institute of British Geographers in London during 2008. Because of the nature of these conferences, field information and analysis were presented in an objective manner. The comments received from these two sessions were helpful in the subjective analysis of this PhD research.

- v. Making use of a discussant during the research process (Lincoln and Guba, 1985):

The discussant is primarily the role of the two supervisors of this PhD. They insured self-reflection and guided the research process towards new possibilities. Also, both the supervisors are trustworthy, maintained confidentiality of the information and are professionally recognised in the subject matter and research activities.

### **3.6. PRACTICAL CHALLENGES OF CONDUCTING RESEARCH IN CONFLICT, DISASTER AND DEVELOPMENT AFFECTED COMMUNITIES**

For the reasons mentioned in the previous sections, finding a suitable methodological pretext was a challenge. Being an interdisciplinary field, it is possible to design many contrasting study designs. To allow for a participatory research environment, the research process allowed for questions relating to the why, who, what, when and how of the main research question. The 'who' entailed selecting a population in Sri Lanka, Sudan and Malawi: the construct which led to understanding the mental health and wellbeing of disaster affected populations and their social, political, cultural, economic and natural environments. The 'when' referred to points in time at which the constructs were assessed. The 'how' pertains to logistical considerations in gathering information. The techniques employed were participant observations, organisational consulting and engagement, unstructured interviews, storytelling and art work with communities.

According to Silverman (2005, p.111) “qualitative researchers also argue that observation is not a very reliable data collection method because different observers may record different observations”. On the other hand observational studies have been fundamental to much qualitative research. Beginning with the pioneering case studies of non-Western societies by anthropologists such as Malinowski (1922) and Redcliff-Brown (1948), observational methods have often been the chosen method to understand another culture or sub-culture. Moreover, activities such as observation and interviewing are not unique to social research. For instance the observation of the prisoner has been at the heart of modern reform (Foucault, 1977), while the method of questioning used in the interviews reproduces many of the features of the Hindu scripts such as Bughavad Geeta, Buddhist philosophy (Rahula, 2003) and modern psycho-analytical consultation (Silverman, 2005).

Community members were selected to be participants in this research through social network settings on a snowballing basis whereby a lead to some suitable households and community members were initially provided by DDC partner agency field workers. From these few households and community members, leads to others were established based on the information provided by these initial community participants. The sample was therefore not random but tended toward being purposive, in that word of mouth exposed those displaced people who had survived what were commonly considered as challenging circumstances. These were on the whole people who would fit the Western psychosocial classification of ‘likely traumatised’, and in many instances more obviously so. For example, the majority of women interviewed in Sudan had been raped. Whilst a strictly statistical approach to calculating samples of people was avoided for this research, the overall large numbers of people that were engaged in information gathering suggests a reasonably strong level of representativeness of displaced people living under the gaze of UNHCR, GMSL or other humanitarian programmes.

#### i. Ethics

According to Kellehear (1993, p.14) “ethics is always about fair and honest dealings”. This graceful and simple statement covers the fact that research dealing with sensitive issues such as torture, violence and atrocities requires a continual process of reflection and reassessment, demanding constant alertness to the changing situation of the research, in order to ensure that it remains ethical.

From the perspectives of both community care practitioner, as well as researchers working with refugees and displaced populations, this research also had to take into account the differing needs, expectations, ethical stances and power relationships of all the parties. This included UN agencies and their Implementing Partners (IPs), professional associations and their ethical frameworks, the University and its ethical committees, communities and the researcher's own positionality. What was new for the researcher was the complexity of the socio-political and interpersonal ethics involved and the responsibility of the author in leading and implementing the field research.

The standards and references of the Northumbria University Research Ethics and Governance Handbook (2005-2006) provided a baseline; as they recognise that social research is characterised by "messiness and complexity" (Bond, 2004, p.9). Based on that, community ethics and special considerations and responsibility for care in the community have been taken into account throughout this research process.

## ii. Community Ethics

The experience of this research is that refugee and displaced communities in Sri Lanka, Sudan and Malawi have, through history, been sensitive to being exploited by outsiders, including academics or those who might not be in sympathy with their situations and values. Finding communities who were willing to take part in this research, therefore, involved ethical considerations not only around this specific process but also around repairing the damage, which had occurred during previous research.

Initial interactions with communities were crucial in building trust and rapport to establish a genuine relationship to enable the research to be effective (Janesick, 1994). Each community needed to meet and talk to the researcher to make sure that they would feel able to work with him and be confident in his style and motivation. In addition, given the fears expressed earlier, they needed to satisfy themselves that the research would not be exploitative and that it would be of use to them in their futures. This first phase, which included developing and modifying the research design and clarifying the expectations of participants, occupied a period of time totalling 14 months. Although the initial negotiations were lengthy, they were critical to establish mutual confidence and understanding. Once consent had been given, communities entered wholeheartedly into the process, playing a major role in design, implementation and reflection. Maintaining a harmonious approach was essential in developing this

base condition as open, genuine and consistent to all the people with whom the research process was working (Hawtin, 2000).

### iii. Special Considerations

As Lee and Renzetti (1993) have pointed out, any research that seeks to explore personal experiences and perceptions must be regarded as a highly sensitive process. Communities who experience rape, torture, violence and various forms of atrocities lose any sense of physical and mental safety; they may be wary of trusting others and lack a sense of personal integrity. If research is to be carried out ethically in these circumstances, it can never use a quick approach, but one, which respects these situations and seeks to build mutual confidence.

The information gathering process was planned for a forty eight week period, which meant being present in communities for long periods during the day and evening. This enabled communities, as well as humanitarian workers, to talk informally. Communities and workers became accustomed to the research team, resulting in informal discussions and additional feedback as they became more relaxed about talking to me.

### iv. Responsibility for Longer Term Care of Research Impact

In any research there should be a responsibility of care towards participants, requiring awareness and sensitivity both during and afterwards of the research process (Bond, 2004). Not only may research participants reveal information that they had not intended to disclose, but the process may result in an unexpected impact, either during the information gathering or later. In view of these possibilities, the researcher explored the existing support mechanisms in their environments and took the details of the available internal and external support systems, which could be passed on as necessary.

This responsibility of care also applies to the research team. Difficulties and problems can be caused by the sensitivity of the data gathered, the dilemma of how to respond and the pressure of constant ethical choices, particularly when being trusted with potentially damaging information (Kelly 1988; Chatsifotiou, 2000). Difficulties were however minimised in this case as within the group of researchers, there were a substantial amount of people with experience of mental health programmes as well as humanitarian responses in general.

#### v. Use of interpreters

Field colleagues from UNHCR and GMSL assisted the field information gathering by interpreting Arabic, Swahili, Tamil and local tribal dialects from Sudan, Malawi and Sri Lanka. Beyond language, the following are the implications of adopting a perspective that acknowledges differences in the way the social world is seen by different communities. Theorists and researchers have elaborated a range of ways of understanding people as social actors; including interpretative or social constructionist views (Berger and Luckmann, 1991). Researchers who see the social world in these terms do not subscribe to the view that there is only one correct way in which to describe it. They argue that the researcher and the research participant are both producers of accounts. Their social location in the world influences how they come to experience and describe it. People have particular histories and occupy social positions, which mean they do not see the world from another's standpoint – although they may understand each other across difference through dialogue (Young, 1997). Therefore, honest and transparent communication was crucial in this research process.

The strengths of qualitative research lie in its attempt to carry out this dialogue, and to record and reconcile complexity, detail, and context. A critical appraisal of this was conducted through the integration of reflexivity – the researcher's ability to take stock of his actions and his role in the research process, and to cross-examine systematically research relations (Steier, 1991; Hertz, 1997). In this research process, the colleagues from Sudan, Malawi and Sri Lanka were involved in this field information gathering beyond translating the words. They assisted understanding the cultural meanings of the language, social contexts and community knowledge systems that help communities to deal with uncertainties and dangers in disaster, conflict and development. Simon (1996) shows that the interpreter is involved in discussing concepts rather than just words, and that context is all important in deciding equivalence or difference in meaning. It is not a case of finding the meaning of a text from a culture. Simon describes the problems with such an approach:

*“The difficulty with such statements is that they seem to presume a unified cultural field which the term inhibits; the translator [interpreter] must simply track down the precise location of the term within it and then investigate the corresponding cultural field for corresponding realities. What this image does not convey is the very difficulty of determining “cultural meaning”. This meaning is not located within the culture itself but in the process of negotiation which is part of its continual reactivation. The solutions to many of the translator's dilemmas are not to be found in dictionaries, but rather in an understanding of the way language is tied to local*

*realities, to literary forms and to changing identities. Translators must constantly make decisions about the cultural meanings which language carries, and evaluate the degree to which the two different worlds they inhabit are “the same.” These are not technical difficulties; they are not the domain of specialists in obscure or quaint vocabularies. They demand the exercise of a wide range of intelligences. In fact the process of meaning transfer has less to do with finding the cultural inscription of a term than in reconstructing its value”*

(1996, p. 137-138)

In this research process, the colleagues from UNHCR and GMSL managed to prove that language is an important part of conceptualisation, incorporating values and beliefs, not just a tool or technical label for conveying concepts. It carries accumulated and particular cultural, social, and political meanings that cannot simply be read off through the process of translation, and organises and prepares the experience of its speakers. It speaks of a particular social reality that may not necessarily have a conceptual equivalence in the language into which it is to be translated (Bassnet, 1994).

Overing (1987) argues that one should not be over-anxious about this loss of ability to translate words literally but should be concerned about the scope that then opens up for the use of perspectives that are alien to the people who actually used the words. Further, Overing (1987) argues that “It is not the ‘word’ about which one should be anxious, they should be concerned, instead, about an ‘alien’ framework of thought which is based upon an ‘alien’ set of universal principles about the world” (1987, p. 76). Applying our own set of views about the world to other people who may hold alternative beliefs, sets up an over-arching and supreme framework of understanding. Language is the medium for promoting claims to a dominant and correct perspective.

In relation to these arguments, colleagues from UNHCR and GMSL who assisted in the process of interpreting are pivotal to the final research product. By talking with these colleagues who were communicating directly to others for the researcher, the researcher was able to gain an impression of the extent to which he was imposing his framework of understanding. Some scholars have begun to look at ways in which we could investigate perspectives in cross-language research (Temple, 1997; Edwards, 1998). The use of a particular language or form of language can be an important element of identity, and aspects of identity, such as gender, ethnicity, religion, sexuality, as well as moral status, constructed and ascribed in the process of using language.



'Speaking for' others is also a political issue (Alcoff, 1991; Back and Solomos, 1993; Wilkinson and Kitzinger, 1996); especially in Sri Lanka, Sudan and Malawi. Spivak establishes links between language and identity in a way that does not fix or privilege either when she states that;

*"Language is not everything. It is only a vital clue to where the self loses its boundaries. The ways in which rhetoric or figuration disrupt logic themselves point to the possibility of random contingency, beside language, around language"*

(1992, p.178)

The concept of boundaries provides a useful tool for understanding the multiple and simultaneous positioning around 'us' and 'them', and various scholars have used the concept as a way of discussing belonging and otherness that is situated in the politics of location (Anzaldúa, 1987; Simon, 1996; Brah, 1996; Temple, 1999). Brah (1996), for example, defines borders as simultaneously physical and metaphors for "the psychological, sexual, spiritual, cultural, class and racialised boundaries" (1996, p. 198). She builds on feminist debates on the politics of location, and argues against a universal essentialist position at a border and for:

*"multiple semiotic spaces at diasporic borders, and the probability of certain forms of consciousness emerging [that] are subject to the play of political power and psychic investments in the maintenance or erosion of the status quo"*

(1996, p.208)

What is understood in this research process is that communities that participated in it, the colleagues from UNHCR and GMSL and the researcher, have all presented constructions of our own identity borders during interactions. Significantly for this PhD research process, the colleagues from UNHCR and GMSL (interpreters) are also involved in producing identity borders for those whose words they work with. This PhD argues that it is important to include interpreters as active in research, rather than as existing in the background and treated as irrelevant other than as transmitters of messages.

### **3.7. LIMITATIONS OF THE RESEARCH**

The following are the limitations of this PhD research process, which are based on many unavoidable conditions and availability of resources.

- **Gender:** Most of the research participants among the key informants are women. Being a man in his early 30s presented the challenge of establishing early trust, mutual understanding of the information gathering process and equal respect. Especially in the culture of Western Darfur, this was quite difficult as women are not necessarily supposed to communicate with strangers directly. Among most female participants from Malawi and Sri Lanka, this was less of an issue. However, the researcher managed to overcome this issue through colleagues from UNHCR and GMSL who assisted me in translation. In Western Darfur the female colleagues from UNHCR were very helpful in overcoming this situation.
- **Language:** The researcher was not familiar with Arabic or Swahili, the common languages of Western Darfur and Malawi. As explained above, by establishing mutual respect and understanding with the colleagues from UNHCR and GMSL the researcher managed to overcome this problem. In Sri Lanka this was not necessarily a problem at all as the researcher speaks the local languages. However, translations from Arabic and Swahili is challenging, especially concepts such as individuality, PTSD and trauma.
- **Religion:** Being a Buddhist the researcher's view is an advantage in many places. However, not having a 'soul' or 'god' was quite a problem especially in Malawi among both Christians and Muslims. They felt that the researcher was from a different place and most of the research participants felt sorry for the researcher. On the one hand this was an interesting starting point for discussions and establishing trust, but on the other it could be distracting. The researcher had to take time to explain his own understanding of Buddhism and make the distinction between being a Buddhist and being an atheist. Among communities that have strong traditional belief and knowledge systems, it was very important to overcome this barrier so that they would understand the researcher as a person from a community with its own tradition and cultural knowledge.

### **3.8. CONCLUSION**

As an important aspect of mental health and wellbeing policy and practice, the positivist approach used for an initial part of this research brought insight regards the role of investigating community experiences through a subjective approach. This chapter

outlined the full research process, methodological framework, planning, approaches, practical challenges and limitations of achieving this thesis. For the research to adequately inform mental health and wellbeing, it meant attending to conceptual, philosophical and practical challenges including ontological, epistemological and methodological concerns. This study adopted a mixed methodology by using a quantitative approach at the beginning and qualitative approaches thereafter. Chapters Four, Five and Six present the findings from Sri Lanka, Sudan, and Malawi together with an initial analysis of their importance, which is then drawn together later in the thesis.

One overriding conclusion from this Chapter is the need for a clear, honest, and self-conscious need for genuine incorporation of reflexivity and subjectivity into the research process.

They are structured to systematically provide the following information:

- Place descriptions
- Project descriptions
- Evaluative conclusions
- Missing elements to project evaluations
- Qualitative interviews
- Themes emerging from the experiences of engaging with this topic at these field locations

## CHAPTER FOUR: SRI LANKA

### 4.1. BACKGROUND

Sri Lanka is an island in South Asia, located off the southern coast of India. Because of its location in the path of major sea routes, Sri Lanka is a strategic naval link between West Asia and South East Asia, and has been a centre of Buddhist religion and culture for centuries. The country remains multi-religious and multi-ethnic, with more than a quarter of the population following faiths other than Buddhism, notably Hinduism, Christianity and Islam. The Sinhalese form the majority of the population, with Tamils, who are concentrated in the north and east of the island, forming the largest ethnic minority. Other communities include the Muslim Moors, the Malays and the Burghers (mixed descendants of Sinhalese, Tamils, American, Portuguese, Dutch and English).

After more than two thousand years of rule by local kingdoms, parts of Sri Lanka were colonized by Portugal and the Netherlands beginning in the 16<sup>th</sup> century, before the British took control of the entire country in 1815. Nationalism took hold in the country in the early 20<sup>th</sup> century with the aim of gaining political independence. This was achieved after peaceful negotiations in 1948. However, independence created a division between the Sinhala and Tamil communities, which developed into a full scale civil conflict in the late 1970s (De Silva, 1981, 1998; Gunawardena, 2003; Meyer, 2003).

### 4.2. PLACE DESCRIPTION: THE TEAR DROP IN THE INDIAN OCEAN?

To understand the role of community mental health and wellbeing in Sri Lanka it is important to first reflect on its history.

#### i. Conflict

The Sri Lankan independent movement was dominated by the Sinhalese (De Silva, 1998). As an outcome, the leaders of the majority Sinhalese attempted to reconstitute Sri Lanka as a Sinhalese state. The lion in the national flag is a symbol of Sinhalese fight against the British colonialism. The single strip of orange on the left part of the flag represents Tamil communities and many of them consider this to be a symbol of their marginalisation (Meyer, 2003).

When the Official Language Act was enacted in 1956, the law mandated Sinhala as the sole official language of the country, the language spoken by over 70 percent of Sri

Lanka's population (Rajasingham, 2009). Whilst the majority Sinhalese saw it as an attempt to distance Sri Lanka from its colonial masters, the immediate consequence was to force large numbers of Tamils in the civil service to resign as they could not meet the language requirement (Rajasingham, 2009). During the colonial period, the British favoured the Tamil and excluded the Sinhalese. Consequently, after gaining their freedom Tamils were found to be at the receiving end of hatred from many of the majority Sinhalese. This influenced the belief among the Tamils that they deserved a separate nation-state for themselves (Rajasingham, 2009).

On May 19, 2009, the President of Sri Lanka officially claimed an end to the civil war and the defeat of the LTTE, following the death of Velupillai Prabhakaran and much of the LTTE's other senior leadership (Peace and Conflict Timeline, 2009; Government of Sri Lanka – Peace Secretariat, 2009).

## ii. Economy

Being a British Colony in the 19<sup>th</sup> and 20<sup>th</sup> Centuries, Sri Lanka became a plantation economy, exporting rubber, tea and cinnamon. However, tea remains a trademark national export even today. The development of ports as a British Colony raised the strategic importance of Sri Lanka as a centre of trade and economic activities. From 1948 to 1977 socialism, influenced the government economic policies (De Silva, 1981; World Socialist Website, 2009). A welfare state was established by destroying colonial plantations and nationalising industries. Sri Lanka's economy suffered from inefficiency, lack of investment and slow growth of economy, but the standards of living and literacy improved significantly. In 1977, the government changed its policies from being socialist to capitalist by promoting private enterprise through privatisation and deregulation (De Silva, 1981). Sri Lanka has moved increasingly towards a capitalist economy with the development of fodder processing, textiles, finance and telecommunications. At the same time the traditional export of tea, rubber and sugar remained important. By 1996 plantation crops made up only 20 percent of export, and further declined to 16.8 percent in 2005, compared with 93 percent in 1970 (Official web portal of Government of Sri Lanka, 2009), while textiles and garments have reached 63 percent. The GDP grew at an average annual rate of 5.5 percent during the early 1990s, until a drought and a deteriorating security situation lowered growth to 3.8 percent in 1996 (Official web portal of Government of Sri Lanka, 2009). The economy responded in 1997-2000, with average growth of 5.3 percent (Official web portal of Government of Sri Lanka, 2009). Then in 2001 there was the first recession in the country's history, as a result of power shortages, budgetary problems, global economic

problems, and continuing conflict (World Socialist Website, 2009). Signs of recovery reappeared after the 2002 ceasefire. The Colombo Stock Exchange reported the highest growth in the world for 2003. Currently, Sri Lanka has the highest per capita income in South Asia (Official web portal of Government of Sri Lanka, 2009). This shows that even within the conflict and disaster situation the Sri Lankan society continued its efforts for economic development, which has been identified as an important underlying factor in this research process. The collaboration between insiders and outsiders as well as insiders and insiders within an organic process is the core of this situation. The vast financial contributions from the Tamil (Sinhala and Muslim) Diaspora (Human Rights Watch, 2006, p.25), GoSL contribution to families in the South through the salaries of Military personnel (Dunham and Jayasuriya, 1998) and projects and jobs provided by International NGOs are some examples of this situation.

In April 2004, the government stopped its programme of privatisation and began subsidising utilities and enterprise (Official web portal of Government of Sri Lanka, 2009). Its rationale was to support the rural and suburban small and medium enterprises and protect the domestic economy from external influences, such as oil prices and pressure from International Financial Institutions. According to statistics from the Sri Lankan Central Bank, the economy was estimated to have grown by seven percent last year, while inflation reached 20 percent. This is despite parts of Sri Lanka, particularly the South and East coast, being devastated by the 2004 Asian Tsunami (Official web portal of Government of Sri Lanka, 2009). This helps to illustrate the unique political and economic context of Sri Lanka, which seemed at least in the short term to sustain economic growth alongside or within a war time economy.

#### **4.3. THE HUMANITARIAN RESPONSE TO THE SITUATION**

The humanitarian response to Sri Lanka's war is defined by particular trends in humanitarian action. Although the main war began before 1983 during the Cold War, Sri Lanka's troubles were incidental to the interests of the global political and economic powers such as the US and Europe. However, with 62 million Tamils living in the state of Tamil Nadu, India also has taken a keen interest in the conflict. Following Rajiv Gandhi's assassination by the LTTE, India's involvement reduced, but it has nonetheless remained an interested party (Peace and Conflict Timeline, 2009; Government of Sri Lanka Peace Secretariat, 2009). The UN, World Bank, Asian Development Bank (ADB) and the European Union (EU) are all involved. Norway has played a vital role as peacemaker and mediator, helping to broker the 2002

Memorandum of Understanding (MoU) and facilitating the peace talks in the early part of this decade (Peace and Conflict Timeline, 2009; Government of Sri Lanka – Peace Secretariat, 2009). A Sri Lankan Monitoring Mission (SLMM) was established by the Scandinavian countries to monitor the ceasefire. Norway continued to act as the mediator for the GoSL and the LTTE in an effort to maintain the ceasefire and encourage the possible resumption of peace talks.

Over the years Sri Lanka has received relief and development assistance (Peace and Conflict Timeline, 2009; Government of Sri Lanka – Peace Secretariat, 2009).

*“Improvements in security since the ceasefire have allowed a greater amount of assistance to be spent in the war affected areas. This has come in the form of relief items for returning refugees and internally displaced persons (IDPs) as well as development assistance for the reconstruction of infrastructure, roads, power lines, irrigation tanks, schools and hospitals.”*

(Peace and Conflict Timeline, 2009)

Two approaches have been adopted by the donor community since the start of the 2002 peace process; “one has been to try to make aid conditional to progress in the peace process; the other to support peace through the rehabilitation and development of the war-affected communities” (Reliefweb, 2009). North East Reconstruction Fund (NERF – the fund established at the Oslo Peace Support Meeting) required both the GoSL and LTTE’s joint agreement to become operational. No agreement was ever reached and it has been on hold since April 2003 (Peace and Conflict Timeline, 2009).

*“The Tokyo Declaration was a direct attempt to provide a financial incentive for continued progress in the peace process: ‘Assistance by the donor community must be closely linked to substantial and parallel progress in the peace process towards fulfilment of the objectives agreed upon by the parties in Oslo.’”*

(Peace and Conflict Timeline, 2009)

However, seven months before the Tokyo Donor Conference, the ADB, World Bank and European Union had committed about US\$ 300 million in aid (Government of Sri Lanka – Peace Secretariat, 2009). US\$ 150 million was being implemented and the remainder was in the ‘pipeline’. Without any progress in the peace talks, money would continue to be spent on relief and development activities. Most donor countries and agencies make financial commitments of aid over several years, making it possible for a donor to make a new promise, when the pledge had in fact been made some years earlier and was already in the pipeline.

After the tsunami, “a second attempt was made by the donors to pressure the LTTE and GoSL to cooperate over aid” (World Socialist Website, 2009). Another donor conference was held, this time in Kandy, again without the LTTE. Similar figures were agreed upon in Tokyo:

*“a commitment of US\$ three billion was made. In that US\$ two billion had been pledged before the conference, and the additional billion included US\$ 300–350 million debt moratorium granted at the Paris Club, International Monetary Fund’s (IMF) US\$ 150 credit support and a US\$ 350 million credit line from China”*

(Government of Sri Lanka – Peace Secretariat, 2009)

The deal involved the LTTE and GoSL agreeing on a Joint Mechanism (JM) for the disbursal of the aid. This was opposed by the JVP and the JHU – the JVP pulled out of the UPFA over the issue. It was eventually signed, only to be suspended, pending a judicial review, before the defeat of the LTTE in 2009 (Peace and Conflict Timeline, 2009).

In reality no aid was ever withheld. “Despite NERF being on hold, and there being no progress in the peace process, aid to Sri Lanka doubled between 2002 and 2003” (Rajasingham, 2009).

*“The ADB’s North East Community Restoration and Development project (NECORD) spent US\$ 19.3 million between 2002 and the end of 2004 on rehabilitation projects in the war-affected areas. While the World Bank’s North East Irrigated Agriculture Project has spent US\$ 34.2 million on North East Irrigated Agriculture Project (NEIAP I) and has released a further US\$ 64.7 million in credit for NEIAP II which started in 2004”*

(Official web portal of Government of Sri Lanka, 2009)

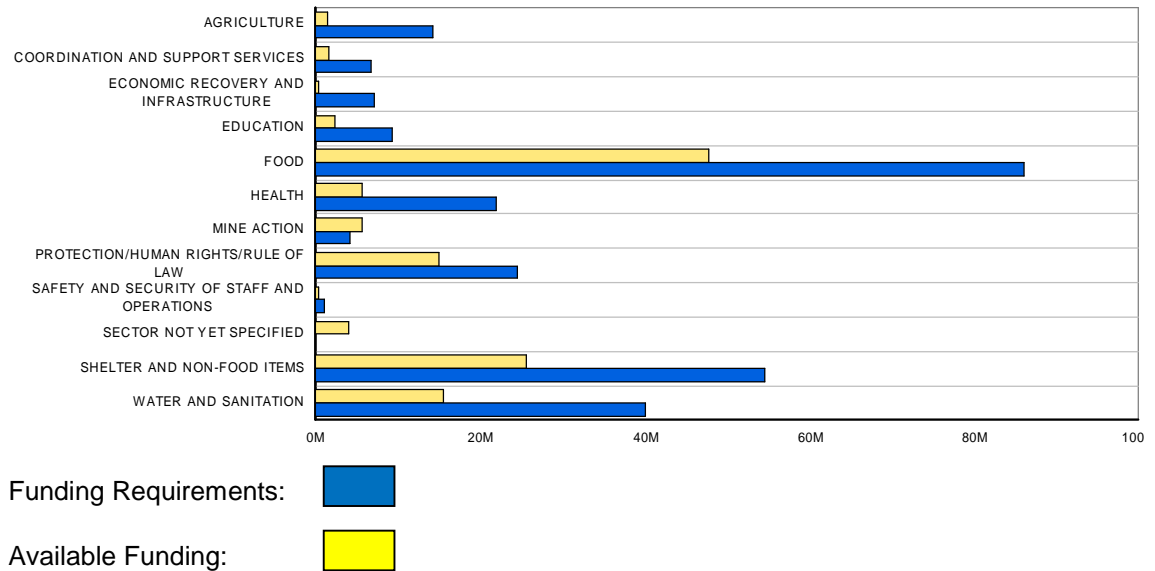
It was understood that the donor countries were most committed to building peace in Sri Lanka through the provision of development assistance rather than aid conditionality.

With the end of the civil war in 2009, there are about 280,000 Tamil civilians in displacement (Reliefweb, 2009). The Sri Lankan government has responded to the situation; however there are major disagreements between the Government and NOGs, including the UN, in relation to humanitarian co-ordination, response and long-term development. The question then arises as to whether peace can be supported through development of the war-affected areas?



These situations affect the mental health and wellbeing of communities directly and indirectly. Therefore, it is important to present this information at the beginning.

The following Figure 4.1 – shows the Humanitarian Action Plan for Sri Lanka – 2009, where health, which includes mental health, has received less attention compared to food, protection, shelter and water and sanitation.



**FIGURE 4.1: SRI LANKA HUMANITARIAN ACTION**

(Source: Appeal launched on 12-February-2009 - <http://www.reliefweb.int/fts>)

This Figure shows the requirements, commitments/contributions and pledges per Sector as reported on 24<sup>th</sup> August, 2009.

The main focus of this Common Humanitarian Action Plan 2009 (Figure 4.1) is the 280,000 displaced communities in the North of Sri Lanka due to the conflict. However, this Plan also focuses on the conflict affected communities in Eastern Sri Lanka as well as communities below the poverty line in the country.

Compared to sectors such as food, human rights/ rule of law, water and sanitation and shelter, the health sector (which includes mental health) has less funding allocation and receives less.

#### **4.4. THE PROJECT DESCRIPTION: DO NOT HARM**

##### **4.4.1. BATTICALOA**

Batticaloa is one of the regions of Sri Lanka that has been most severely affected by the ethnic conflict between the Government of Sri Lanka and LTTE (Sri Lanka Virtual Library, 2009). The conflict in this part of the island dates back to 1983, sparked by riots and inter-community violence. After the 2002 ceasefire agreement<sup>2</sup> broke down, violent confrontation between the Government of Sri Lanka, Karuna Group (a breakaway group of the LTTE) and the LTTE has increased (Peace and Conflict Timeline, 2009). This has led to the death and injury of countless civilians and to numerous human rights abuses including disappearances, arbitrary arrests and torture. The population of Batticaloa District is almost exclusively composed of Hindu and Christian Tamils and Muslims, although the region includes a small Sinhala minority (Sri Lanka Guide from OneWorld.net, 2009). Members of these two groups tend to live apart due to ethnic cleansing in 1990s, either in separate villages or in distinct neighbourhoods within bigger towns. Nevertheless, over the past two decades there have been regular episodes of violence between the two communities (Peace and Conflict Timeline, 2009).

Today Batticaloa is an amalgamation of government and Karuna group (Peace and Conflict Timeline, 2009). Civilians living in the Batticaloa district have suffered particularly from the lack of infrastructure, economic opportunity and difficulties of mobility. Most importantly, they have suffered through the instrumental use of terror to control civilian population by the GoSL, LTTE and community relations. Furthermore, armed groups have put them under pressure to support the military efforts. Due to heavy fighting there are more than 150,000 displaced people in the Batticaloa district, adding to the tsunami displaced and affected communities (Rajasingham, 2009).

The civil war has led to extreme poverty in the region (World Bank, 2005; Practical Action, 2009), which in turn has led to the widespread out-migration of individual family members (Rajasingham, 2009). A large number of these are women and men – including many mothers and fathers – who, in many cases, end up working as domestic servants and construction workers in the Middle East. Within villages and towns community cohesion is often severely weakened by suspicion and animosity arising from the different ways in which individual families have engaged in the conflict,

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<sup>2</sup> This agreement was between the Government of Sri Lanka and Liberation Tigers of Tamil Eelam in 2002, facilitated by the Norwegian Government

particularly in their relationship with the armed groups. Cases of alcoholism and suicide have risen, fuelled by the despair felt over a worsening situation (Rajasingham, 2009). In such an environment children may often lack adequate care and attention from parents or other caregivers and youth are vulnerable to social, cultural and political problems including street children and child sexual abuse (Silva, 1996).

According to UN OCHA (2009) there are more than 23 organisations in Batticaloa conducting psychosocial or mental health projects for the conflict and tsunami affected communities.

#### **4.4.1.a. The Psychosocial Project**

An external evaluation of a psychosocial project was commissioned by the Green Movement of Sri Lanka (GMSL) in 2007. The project was conducted by one of their network members (an NGO) in Batticaloa<sup>3</sup>. This was part of a larger evaluation of GMSL projects with the objective of understanding their effectiveness and developing new advocacy tools as necessary. The Disaster and Development Centre (DDC) was contracted for this wider evaluation, which was conducted in April and May of 2007.

According to the NGO in Batticaloa, most of the tsunami-affected communities are psychologically unstable – long-term alcoholism, child abuse, violence against women, broken relationships within families and lack of social order. This conclusion was reached by field visits and observations of the different behaviour of some of the displaced people there, as compared to the host communities with which they are now living. This was thought to be backed up by comments from neighbours and field volunteers, requests for help by family members and direct contact with communities. The majority of the people needing assistance were school children living within the communities that this NGO had been working with. The project concluded that the problems of these students had to be addressed in order to continue its general programme. Sequentially, the NGO started their psychosocial activities in 2005 to help them recover from psychosocial problems. These initial activities were specifically aimed at the progress of school children.

In 2006, this project was extended to five villages in Batticaloa, and the beneficiaries were not only students, but other members of the community who had identifiable problems. These problems ranged from increased levels of alcoholism; violence

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<sup>3</sup> The name of this NGO is not mentioned in this research for the reasons of confidentiality of communities as they are closely linked to this local NGO.

against women and various relationship difficulties; to lack of confidence and low self-esteem (NGO Project Reports – inception and mid-term, 2004 and 2005). Furthermore, these problems were reducing the social, economic and cultural impact of the NGO's wider programme within the communities. The selected villages were Tharmapuram, Kurukkalmadam, Mankadu, Kaluthavalai and Kaluwanchikudy in the Batticaloa district. In order to implement psychosocial activities with the participation of the community, 25 young females, consisting of five from each village, were trained in psychosocial activities. The selection of women by the NGO corresponded to the traditional perception of them as being innately caring and attentive to people's problems. These volunteers would visit each house in their villages, talk with the affected members and submit reports to the field staff of the NGO. The NGO Staff members would provide them with necessary assistance in this respect. Fifty cases were identified in 2006, with ways found for solving their problems. The NGO had established psychosocial committees in five villages during 2006 consisting of three to five volunteers, along with youth members in each committee. They help identify cases that need further treatment. Furthermore, the cases that needed further assistance were referred to other experts in government agencies and INGOs.

#### **4.4.2. LUNUGAMWEHERA – KIRINDI OYA IRRIGATION AND SETTLEMENT PROJECT (KOISP) AREA:**

The KOISP is situated in the dry zone in the South Eastern Sri Lanka. In supporting the Government of Sri Lanka's 1980s agricultural development policy, a proposal was generated to improve production, income and employment in the South Eastern region by supplementing the existing irrigation facilities in the Kirindi Oya River basin, the main irrigation project undertaken in the southern part of Sri Lanka (Official web portal of Government of Sri Lanka, 2009). This whole project is an example of unplanned development processes conducted by International Financial Institutions and governments, without the involvement of communities.

Before this settlement proposal, the Kirindi Oya River and the river basin's five tanks provided irrigation water for 10,000 acres of paddy (rice) (ADB, 2009). Cash crops - including vegetables, were grown using ground water. Traditional shifting cultivation was still practiced by communities, as was cattle rearing, fishing and prawn cultivation. Many uses were made of available water, and the basin supported 6,300 families (ADB, 2009). Agriculture was the main source of employment of communities. Women in these communities were engaged in home gardening and curd making, and the men had access to additional sources of income through fishing. The project proposal was

intended to improve these opportunities, with a focus on new, high-value cash crops, and settling more communities in the newly developed areas.

#### **4.4.2.a. The Poverty Reduction Project**

In March, 2007 GMSL commissioned a situational evaluation in the Kirindi Oya Irrigation and Settlement Project area in Lunugamwehera to develop advocacy tools to lobby community owned poverty reduction and development policies with the Asian Development Bank and Government of Sri Lanka. The Disaster and Development Centre (DDC) was also contracted for this evaluation which was conducted during March – May, 2007.

The Kirindi Oya Irrigation and Settlement Project Loans (324-SRI [SF], 612-SRI [SF], and 794-SRI [SF]) were meant to develop underutilized land in the dry zone of Sri Lanka (ADB, 2009). Their main aims were to increase food and fibre crop production and create gainful livelihoods for people to, at a minimum, cover their subsistence needs (ADB, 2000). The Project included the construction of the country's largest earth dam with a gated spillway and canals to irrigate 8,400 hectares (ha) of newly developed land. Additional water would allow cropping intensity to increase from about 135 to 200 percent on an existing area of about 4,600 ha irrigated via traditional water reservoir tanks (ADB, 2000). With dependable irrigation, yields were expected to increase considerably. A 1977 feasibility study had assembled the preparatory work undertaken by the Government of Sri Lanka, supported by limited technical assistance from the ADB (Oxfam Community Aid Abroad, 2001). From the options considered by the Government, the one proposed under the feasibility study was driven by political necessity. The Government wanted to demonstrate its concern for people's welfare in an economically depressed area that had recently experienced civil disturbance.

A total of 4,924 families were settled under the Project. These included 1,450 families displaced by the dam and irrigation development with the balance selected from other areas of southern Sri Lanka (ADB, 2000). Appropriate settlement infrastructure was provided, including safe drinking water. For many farmers resident in the new irrigation area, family income remains low, a survey conducted for the Government's project completion report indicating an average income of US\$135 per capita in 1994, just below the US\$140/capita poverty line (1991 prices) (ADB, 2000).

The KOISP was designed and implemented without a proper cost-benefit analysis. It was started without an Environment Impact Assessment (EIA), and the basin was sited

badly, sacrificing the most fertile soil to the reservoir in return for infertile fields (Oxfam Community Aid Aboard, 2001). This has affected the wellbeing of communities and increased a sense of uncertainty that affects their mental health due to unplanned development.

Following the dam's preliminary closure, it became clear that availability of water was considerably less than assumed in the proposal. Therefore the irrigable land would be 77 percent of the original estimates (Oxfam Community Aid Aboard, 2001).

*“Salinity has increased alarmingly in the project area, and negative environmental impacts have been observed in the Bundala National Park, Sri Lanka's only Ramsar wetland site. Prawn fisheries have been wiped out in the Malala Lagoon. The number of fishermen working there has reduced from 400 to less than 10. The economic losses have been estimated at up to four million rupees annually.”*

(Oxfam Community Aid Aboard, 2001)

According to community leaders the initial planning and implementation of the project did not involve any participatory decision making, though there was an attempt to remedy this situation in Phase II. However, at no point in the entire project process were settlers consulted in planning and/or conceptualisation. Community participation was confined to employment in unskilled and semi-skilled positions, relating to the infrastructure construction. Furthermore interviews conducted by Oxfam Community Aid Abroad (2001) had shown that communities never received opportunities to input in to project planning. They felt that they were only consulted during crises, to minimise the damage caused by short sighted policies. The farmers in the KOISP area provided various examples where they had proposed practical solutions to urgent problems, which in a few cases had resulted in halving the water used in cultivation. However, each time, once the immediate crisis was over, consultation was suspended. This would resume until the next crisis. This suggests that there is a lack of community ownership and responsibility over solutions to development induce wellbeing issues.

The original 1978 agreement involved the demolition of a number of small "tanks" - artificial lakes, many constructed over a thousand years ago - in the construction of the Lunugamvehera dam. This was conducted in two phases, the first completed in 1989 and the second in 1994. There were 32 small tanks. According to farmers from the KOISP area, before the construction of the dam, many of these small tanks reached spill level every rainy season (Oxfam Community Aid Aboard, 2001).

The original estimates for land irrigation, family resettlement and increased agricultural production were inaccurate. The planners had overestimated the available water supply by 33 percent. The settling of 4,924 farm families under the KOISP was only 59 percent of the original target for relocation. The project cost US \$99.3 million, and remains the most ambitious irrigation scheme in the south of Sri Lanka (ADB, 2000).

A peculiarity of the project is that a mostly unwritten agreement was entered into with residents of the area irrigated by the five tanks (small reservoirs) comprising the Ellagala system. The agreement was that they would have permanent priority to water under the project, overriding all other considerations (Oxfam Community Aid Aboard, 2001). There appears to be no rationale for this other than the political and economic influence exercised by this community group. In effect this has created two different community classes within the project area, which has created a community conflict over water.

Actually, water distribution during the period 1986 to 1994 provides a clear inequity of allocations between Ellagala and the new areas. In the Ellagala scheme receiving 62 percent of the total water distributed, while the new areas received only 38 percent (Oxfam Community Aid Aboard, 2001). This is regardless of the fact that the irrigable land in the former area is half of the latter. This has resulted in the comparative cultivation percentages for the period 1987 -1993 of 88.3 percent to Ellagala, and 48.5 percent to the New Areas (Oxfam Community Aid Aboard, 2001). Of the reduced area allocated for paddy cultivation, those resettled under the KOISP scheme were only able to cultivate less than half. The more privileged earlier residents in the area cultivated nearly twice that percentage of land. In the words of a fourth generation farmer, relocated as result of the reservoir:

*“Due to the shortage of irrigation water in the newly developed areas, men and women had to move out of their villages in search of employment. Many women go to the Ellagala and other water fed areas to work as farm labourers, where they are paid Rs125 per day compared with the men's Rs 200 per day. Some women have also sought employment in the Middle East as domestic labourers, where many have become victims of severe exploitation and work under very harsh conditions.”*

(Personal communication with the researcher, April, 2007)

In many homes it was reported that children's education was disrupted because of family disputes. Alcoholism and domestic violence have also increased in the poor areas of the Right and Left banks, which women attribute to increased unemployment caused by inadequate water available for cultivation. There have been reports of

women having gone to Colombo to become sex workers in order to earn income for their families (Oxfam Community Aid Aboard, 2001).

The scale and breadth of the impacts on the environment, and on local people's livelihood practices suggests that project planners have considered water for direct cultivation the priority. All other considerations - including the environmental and social – have received scant attention.

In the words of a former Deputy Director (Hydrology Division), Irrigation Department:

*"It will surprise many when told that the water shortage at Lunugamvehera is in fact a creation by consultants who grossly over-estimated the water that would be available and so recommended the construction of a reservoir with a capacity far greater than the annual yield. The result of this grave error has been the creation of an erroneous impression in the minds of ordinary people that there is a water shortage at Lunugamvehera while great hardships have been caused to those settled under the project and politicians also subjected to awkward situations. Regrettably, this over-estimation was accepted by the Irrigation Department without questioning, apparently through ignorance of the incompetence of many of these foreign consultants secured for assignments in this country."*

(Personal communication with the researcher, March, 2007)

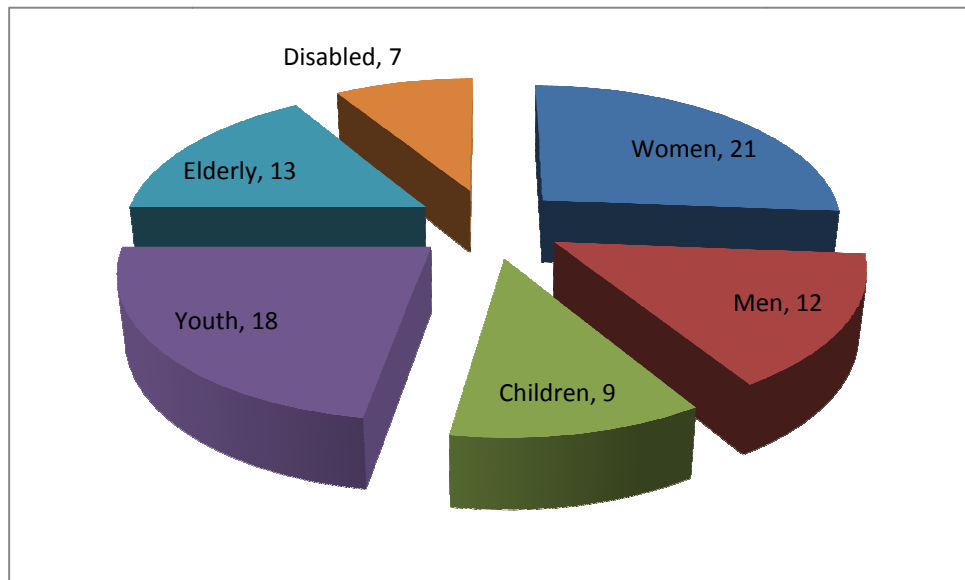
When communities are not consulted or involved in a development project that becomes harmful to people and they suffer through the adverse effects. The community in Lunugamwehera are suffering through uncertainties due to this unplanned development project.

#### **4.5. SERVICE PROVIDERS AND RECIPIENT JUDGEMENT**

##### **Batticaloa**

The evaluation process conducted 80 interviews of the recipients of the Psychosocial Project and further interviewed the six field staff of the NGO. The following Figure 4.2 presents the distribution of the 80 community members in Batticaloa:





**FIGURE 4.2: PARTICIPANTS FROM BATTICALOA**

(Source: Author)

- Children: Male – 05 / Female – 04
- Youth: Male – 10 / Female – 08
- Elderly: Male – 04 / Female – 09
- Disabled: Male – 05 / Female – 02

These community participants were randomly selected by an evaluation process, with the assistance of the NGO Field Staff members. The evaluation team conducted unstructured interviews with the community participants to understand the efficiency, effectiveness and impact of the psychosocial project. Further, the Field Staff members were interviewed to understand the theoretical basis of the project and other arrangements. Further, women and youth represent the largest numbers due to being carers of the children. Table 4.1 presents the interventions and activities identified by communities in Batticaloa.

**TABLE 4.1: INTERVENTIONS AND ACTIVITIES FROM BATTICALOA**

<b>Population</b>	<b>Interventions/ Activities organised and conducted by the local NGO partner of GMSL under a psychosocial project</b>
Batticaloa: Tsunami and conflict affected community members	<ul style="list-style-type: none"> <li>• Listening and discussions with each group to understand psychosocial problems and develop plans for solutions</li> <li>• Organisation of volunteer groups to help each other</li> <li>• Monthly discussions to assess progress</li> <li>• Referral mechanism to health services</li> <li>• Co-ordination with government and non-governmental organisations to access necessary services such as education and livelihood support</li> <li>• Training activities for volunteers on psychosocial issues, human rights, child and women’s rights, conflict resolution and community organising</li> </ul>

(Source: Author)

According to the NGO psychosocial staff, psychosocial wellbeing for them is:

*“to understand the differences and difficulties of a person’s behaviour and catalyse them to overcome those differences and difficulties. This means to assist conflict and disaster affected communities to develop life skills to increase their social, economic and cultural status”*

(Discussion with NGO field staff members, April 2007)

This definition set the objectives of the psychosocial project:

- To understand the differences and difficulties that communities are facing.
- To catalyse communities to overcome their differences and difficulties.
- To provide opportunities and assist with a life of better changes.

Based on the above objectives the NGO field staff and community members identified the interventions and activities presented in Table 4.1.

These interventions and activities are mainly centred on children, and do not allow their adult family members to receive much support. However, the NGO field staff members conduct activities beyond the project activity outline; because they feel that it is not reasonable to just assist children without their adult family members.

The following are the key findings of the evaluation conducted by the DDC for GMSL:

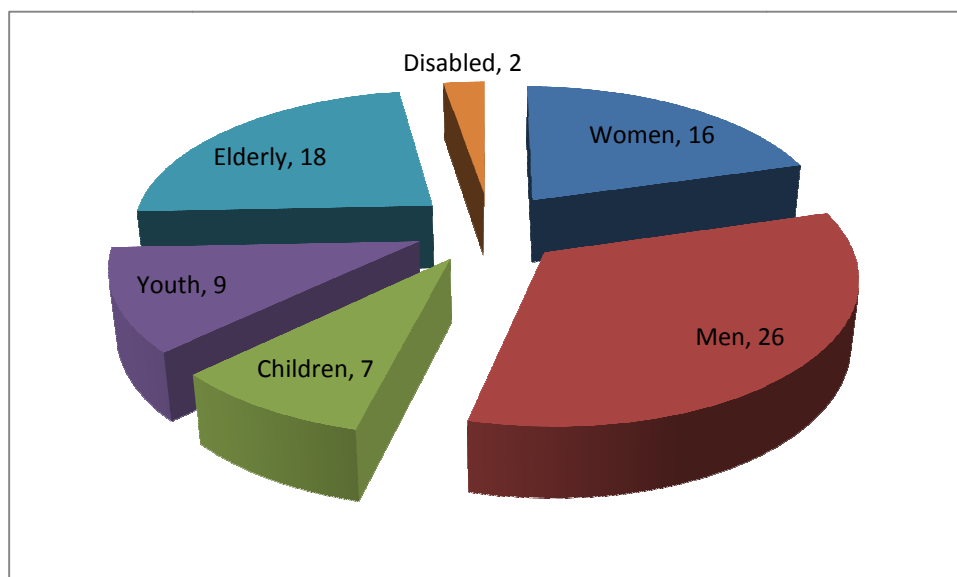
- The NGO psychosocial project had offered much valuable knowledge and skills to the target community. The NGO staff and volunteers had been efficient in increasing their knowledge about the importance of wellbeing and effects of the conflicts and disasters in children and youth. Further, these had helped them not only to understand the children and young people, but also their own reactions to disaster events and losses. Field information suggested, however, that there was a need to improve the professional supervision and monitoring for those who are working under this project.
- Most of the community members mentioned that they had utilised the skills they received from the project with their children. About a third of all participants agreed that children and young people in the community need specific support other than education. This is due to the high level of family violence, alcohol abuse of fathers and the everyday violence of the Batticaloa district.
- Most community members agreed that it is important to consider children and young people as part of the community and provide community based psychosocial support. However, as the NGO project was supposed to focus on children and young people, it was a barrier to working with the wider community.
- Communities generally had positive experiences with listening, discussions and trainings conducted by NGO staff and volunteers. The training and discussion processes had been useful in extending the knowledge of children and young people as well as adults about the influence of the conflict and tsunami on communities.

- Most of the community members mentioned that they have someone they could contact to seek advice or assistance regarding their problems. The referral process of this psychosocial project provided assistance in contacting a psychiatrist or health expert to seek advice whenever necessary.
- The main constraints of the psychosocial project were community issues and social problems, including high levels of alcohol use among male populations, poverty among community members, and ongoing security and protection issues. Furthermore, the staff and volunteers of NGOs find the lack of training for staff and volunteers to be the biggest constraint they have.
- Observations by the researcher, as well as suggestions by the NGO staff, were that the project lacked a structural framework. In the future it would be more effective to use a mixed method approach that allows the staff members to carry out their work with communities without an agenda. The project had been developed quickly to respond to tsunami affected children and youth. It had missed the opportunity to work with the wider community.
- The final observation was that the NGO psychosocial project did not employ many available cultural tools, which were available within communities. Though there were collaborations with religious and traditional bodies within the project, it was unclear about their involvement in project activities.

### Lunugamwehera

In Lunugamwehera the evaluation team conducted unstructured interviews with 78 community members, who were beneficiaries of the Kirindi Oya Irrigation and Settlement Project. The leaders of the Village Welfare Society assisted the evaluation team to access the community members. The focus of the evaluation was to understand the impact of project activities.

The following Figure 4.3 presents the distribution of community members in this evaluation:



**FIGURE 4.3: PARTICIPANTS FROM L'WEHERA**

(Source: Author)

- Children: Male – 04 / Female – 03
- Youth: Male – 07 / Female – 02
- Elderly: Male – 11 / Female – 07
- Disabled: male – 02 / Female – 00

Being a farming community, men represent the largest group of this evaluation. Traditionally and culturally they are the bread (or rice) winners of their families and are arguably the most affected by poverty.

Table 4.2 presents the interventions and activities identified by the community:

**TABLE 4.2: INTERVENTIONS AND ACTIVITIES FROM LUNUGAMWEHERA**

<b>Population</b>	<b>Interventions/ Activities</b>
Lunugamwehera: Development affected community members	<p>Interventions and activities are planned and executed by the Government of Sri Lanka with financial assistance from Asian Development Bank under the banner of the Irrigation and Resettlement Project.</p> <ul style="list-style-type: none"> <li>• Resettlement into project area with farm land provided</li> <li>• Infrastructure development</li> </ul>

(Source: Author)

Apart from the identified activities, the community indicated that the ADB and GOSL were trying to keep away from assisting them because the project had failed. The

community complained that the ADB and GOSL had not taken responsibility for their failures.

The following are key findings of the evaluation:

- The project plans failed and the ADB and GOSL do not provide any further assistance to the community. The creation of social structure within the community was not organic and was established on the basis of being farmers. However, this social structure has been negatively affected due to non-farmers receiving land due to their political affiliations.
- The upper water shed of the water tank was destroyed during the initial project development process and cannot hold any water. Whatever water the tank gets evaporates due to the heat and warm weather in the dry zone of Sri Lanka. This has created a situation where even community members do not have any drinking water.
- The community does not have any other training for livelihoods other than for farming. They are disabled without water and poverty increases every day. Due to this social, political, cultural and environmental issues are increasing within the community. Illegal alcohol and activities, family violence, drug abuse and community disputes are at an all-time high.
- Although basic infrastructure such as roads have been built, accessing market, schools and health facilities is difficult; The main market, two schools and hospital are located about 20 km away from the village. This has increased malnutrition, infectious diseases, school drop-outs and economic difficulties within the community.

#### 4.6. EVALUATIVE CONCLUSIONS: OWNERSHIP AND RESPONSIBILITY MISSING

The evaluative judgements of both the evaluation processes conducted by the researcher on behalf of the DDC in Sri Lanka are presented in Tables 4.3 and 4.4. They have been presented under the categories of; theoretical basis, coverage, efficiency, effectiveness, impact, community and sustainability.

**TABLE 4.3: BATTICALOA EVALUATIVE JUDGEMENT**

<b>Criterion</b>	<b>Aspect Measured /Assessed</b>	<b>Source of Viewpoint</b>	<b>Methodology</b>	<b>Assessment Analysis</b>
1. Theoretical basis	A gap between community ownership and mechanisms and tools created by the Norwegian Youth Group. However, the psychosocial project has objectives developed by the NGO field staff.	NGO Field Staff, Board Members	Interviews and review of project reports	Project based policy framework, which does not allow for judgement.
2. Coverage	5 villages and 50 cases prioritised by the NGO. However, the community thinks that there are more cases.	NGO field staff and target communities	Interviews and observations	Funding based and limited to selected beneficiaries.
3. Efficiency	50 cases solved, but there are more cases.	NGO field staff and target communities	Interviews and observations	Relatively low as the project is funding base.
4. Effectiveness	Skills used by communities to deal with children. But there is a need for specific support beyond education.	Target communities	Interviews and observations	Relatively low with an education focus.
5. Impact	90% beneficiaries are satisfied and use referral systems and increased knowledge. Due to lack of strategies and appropriate professional support, the larger problems remain.	Target communities	Interviews and observations	Impossible to assess the large community.
6. Community	Community is depending on the NGO field staff members and no visible ownership of project activities. However, there is a community involvement in psychosocial committees at village level. Enhanced levels of certain types of ownership.	Target communities	Interviews and observations	Community ownership is more important than the project.
7. Sustainability	Lack of the usage of available cultural tools creates a barrier to sustainability.	Target communities	Interviews and observations	No links to other ongoing programmes.

(Source: Author)

The psychosocial project in Batticaloa was found to be influenced by a Norwegian Youth Group, which changed the original project into a westernised project. Because of this the project is not sustainable and not owned by the community. In terms of coverage, efficiency and effectiveness the project has a satisfactory level of achievement. Although most beneficiaries are satisfied with the project's impact, they think that the project does not deal with larger issues.

**TABLE 4.4: LUNUGAMWEHERA EVALUATIVE JUDGEMENT**

<b>Criterion</b>	<b>Aspect Measured /Assessed</b>	<b>Source of Viewpoint</b>	<b>Method</b>	<b>Assessment Analysis</b>
1. Theoretical basis	Project developed by the ADB and GoSL in 1977. Started without an EIA.	GoSL Officers and target communities	Project documents and community interviews	No policy framework by the GoSL or ADB.
2. Coverage	4,924 families and 1,450 displaced. Lack of drinking water and farming water.	Target communities	Interviews and observations	Limited to the relocated village.
3. Efficiency	Lack of water, fertile land and other livelihood facilities	Target communities	Interviews and observations	Relatively low because of lack of investment.
4. Effectiveness	The original objectives failed.	GoSL Officers and target communities	Project documents and community interviews	Questionable as development is not community owned.
5. Impact	No positive changes. Increased poverty, lack of water and farm land, malnutrition and social issues.	Target communities	Community interviews and observations	Disastrous with lack of water.
6. Community	No community ownership of the original project. However, they are involved in growing bananas and brick making. Community is organised to overcome the problem and advocacy to lobby with the GoSL.	Target communities	Community interviews and observations	Community structures are more important than the GoSL.
7. Sustainability	No sustainability of original project activities.	Target communities	Community interviews and observations	Neither non-sustainable nor linked to other ongoing development activities.

(Source: Author)



The theoretical basis of the project has been developed by the ADB and GOSL without community consultation or participation. Although there is wide coverage of the project officially, almost all the community members do not have access to clean water. That has caused project efficiency, effectiveness, impact and sustainability to fail.

### Reflections on the Evaluative Judgements

Both the evaluations by the DDC for GMSL produced internal reports, which were highly appreciated by the GMSL, their network members and communities. The GMSL used these reports to improve programming and develop advocacy tools. However, the evaluation processes were limited to gathering information for these purposes, for the following reasons:

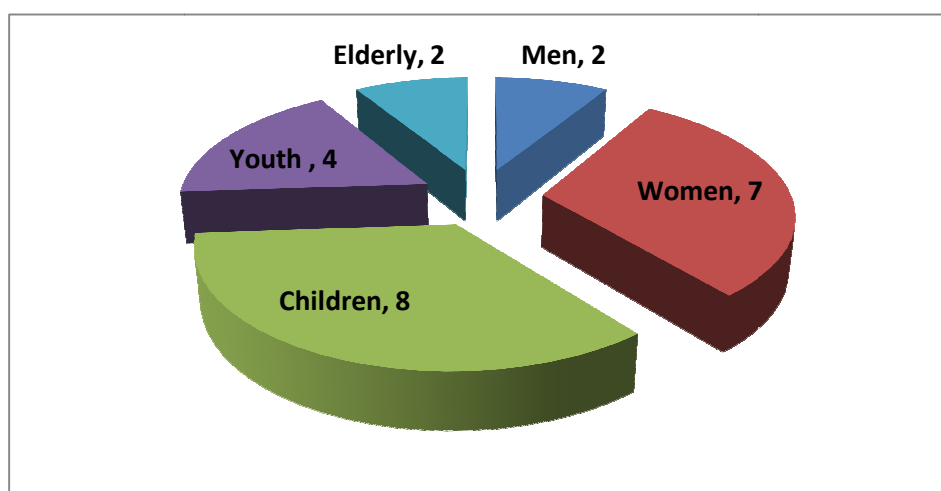
- i. Project plans: While the Batticaloa intervention was a psychosocial project, Lunugamwehera was a poverty reduction project. Both the projects had specific activities and plans that did not include mental health and wellbeing. However, due to unplanned project management cycles, both the projects do not have the desired effects on communities. Although the projects are different in nature – material based and social based – the community issues are the same. Due to outsider involvements the projects are not successful.
- ii. Boundaries: The evaluations had to be conducted within project plans where the evaluation team couldn't access information on mental health and wellbeing of community members. However, the community issues are wellbeing and mental health related issues on social, political, economic, cultural and environmental aspects of life. These factors were not built in to both the projects, but comparatively the project in Batticaloa is better than Lunugamwehera.
- iii. Community ownership: Both the projects lack community ownership where the community could bring their strengths, traditional knowledge systems and cultural tools. Due to lack of community ownership the projects are not sustainable and effective at community level. Community suffering has not been addressed in the projects.

Further, both the evaluations did not produce any information about community wellbeing. The communities were focused on commenting about project activities. Therefore, within evaluation processes, they did not have space to discuss their life situations, suffering, uncertainties and dangers, all of which affect their mental health and wellbeing.

Against this background, this PhD research went on to engage in detailed interviews on mental health and wellbeing topics with the community members in Batticaloa and Lunugamwehera.

#### 4.7. QUALITATIVE FIELD INFORMATION

The detailed interview process interviewed 23 community members from both Batticaloa and Lunugamwehera: 10 from Batticaloa and 13 from Lunugamwehera. The following Figure 4.4 presents the distribution of participants:



**FIGURE 4.4: PARTICIPANTS FROM SRI LANKA**

(Source: Author)

The information in this section is divided into two: information from Batticaloa and information from Lunugamwehera. Therefore, the following coding system was used for each interview:

- i. B/SL: Batticaloa/ Sri Lanka
- ii. L/SL: Lunugamwehera/ Sri Lanka

These two communities were selected on the back of the evaluation and assessment work with the Green Movement of Sri Lanka (GMSL). Mainly because of the direct evaluation and assessment did not provided narratives of mental health and wellbeing.

The information from these interviews presented the complexity of individual and group oriented issues within communities that are indicative of mental health and wellbeing issues.

i. Batticaloa Field Information

**B/SL – 01: Children without parents**

Before 2004 these children (girl – 07, boy – 02) were living with their parents. After the tsunami they had to move in with their maternal grandparents. During this period the father started drinking heavily and eventually became an alcoholic. This led to arguments between the father and mother. In turn these arguments led to violence within the family as the father would beat his wife and children. One day he came home and burned his wife in front of the daughter. The mother died and the father was taken in by the police and is currently on bail. The daughter is scared and does not want to see her father. The children are living with their grandparents in a very small hut. Also, both the grandparents are very old (over 80 years) and have no income. They do not receive any poverty reduction assistance (Samurdhi) nor are they included in the two-tsunami housing schemes in the area. Although, they have received some financial support for the damaged house in their original village, (Nawaladi – the place these children used to live with their parents before the tsunami) it was helpful for building only half of their house. Their grandparents are determined to send them to school and take care of them; but they are worried for their grand-children's futures after their deaths.

**B/SL – 2: 14 years Jaya**

Jaya has four sisters. Her father is a labourer and her mother is a housewife. When she was an infant she had a heavy fever (according to doctors this would have been typhoid) and after that she used to show abnormal behaviour and reactions. According to doctors, the fever has affected her brain and neurons. She prefers to walk on her toes; cannot talk clearly; is always removing her clothes and bathing at any time. Sometimes she gathers garbage in her dress. Sometimes her eyes go up and she turns her neck around and runs here and there– but she does not always show these. The most dangerous aspect of her condition is that if anyone asks her she will go with them. Being an adolescent, this is a worry for her parents and sisters. Also, when she goes like this, she cannot find her way back home. The parents took her to the psychiatric clinic in the hospital, but due to their poor living conditions they find it difficult to continue. They want to send Jaya to a mental health home.

### **B/SL – 03: A 5 years old boy called Arjun**

According to Arjun's parents he had a small penis when he was born. When they took him to the doctors they said that he has a smaller hole to urinate through than the normal and suggested an operation when he is about five. Due to their poor living situation they cannot take Arjun for the operation now. Arjun protests by saying that he wants to face the operation. The mother is already pregnant and the Arjun sister is two years older than him. The family finds it very difficult to deal with Arjun as he is now getting angry and upset about his situation. After the tsunami things have become more complicated as his parents do not have any work to do and no proper income to the family. They are worried that Arjun will suffer with his problem as an adult.

### **B/SL – 04: Shiva**

Shiva is 14-year-old boy from a family in which the father is making illegal alcohol. One day he fell down in the school and a teacher asked him whether Shiva had drunk what his father is producing. After this sarcastic comment Shiva dropped from the school. He hates his teacher and does not want to go to school again. No matter how much his parents and elders try to convince him to go to school, Shiva keeps to his decision. Now he is quite aggressive and wants to do a job. Whenever he sees the staff of the agency he runs away and does not want to speak to them.

*"I work as a helper to the builders in the area. They give me good money and I am happy with that. I do not want to go to school again as no one is friendly with me. They treat me like a bad person. I am angry with everyone in this area including my parents. They do not understand me and my situation. I hate this place. As soon as I save enough money and grow old enough, I am planning to leave this place to find a better job. When I leave I will never come back to this area.*

*If the tsunami did not happen things would have been different. The school I used to go before the tsunami was good and teachers loved me. They thought that I am a good student and helped me. Also, I had lots of friends. But I know that I will never get to go back to that same life again"*

### **B/SL – 05: Velu**

Velu is a five-year-old boy who was born with a different anatomy to his shoulder and facial deformity. The parents and community thinks that he is disabled. When they took Velu to the doctors they were told that a successful operation could not be guaranteed. Now the family do not know what to do and worry about Velu.

### **B/SL – 06: Chithra**

Chithra is a 22-year-old married woman with a two year old child. After the tsunami her brother and his wife came to stay with them. After two or three months there was a rumour that Chithra's husband and her sister-in-law were having an affair. There were so many arguments within the family because of this rumour. One day both Chithra's husband and her sister-in-law went missing. Chithra and the family thought that they had run away. However the sister-in-law came back after a while and said that she did not know anything about Chithra's husband. Up to now he is still missing.

Chithra's brother and wife were separated for a while and are now back together. They blame Chithra for making up stories for their separation. Chithra is worried about her husband and still loves him. She keeps looking for him, but without success. For a living she used to sell illegal alcohol and one day the man next-door beat her up for selling alcohol to his relatives. Now she has a small shop, but the people next-door steal from her shop. Chithra does not want to go abroad, or to another area of the country, to find a job, so that her child would lose its mother's love. She wants to be in her home and wants to have her husband back as she is determined that her child needs the love of a father. Chithra thinks that the tsunami brought a curse to her; she's angry about everyone around her.

### **B/SL – 07: Magdalene**

Magdalena is a 31-year-old woman with two daughters. When her mother passed away, her neighbours helped her and her father. Among these neighbouring communities there was a man who became closer to Magdalena and after sometime they started an affair. Although he is a married man, he promised her that he would divorce his wife as soon as she comes back from abroad. They had a child and he gave his name as the father on the birth certificate. When Magdalena was pregnant with the second child, the wife of her partner came back and he went back to live with her again. Currently Magdalena's partner is still living as a neighbour with his wife. He is also a famous NGO leader in the community. Magdalena was upset and frustrated. She spent many sleepless nights crying about the situation. After a while she knew that she could not go on like this and had to take care of her life and children.

After that Magdalena went abroad to make some money for her family and her father used to look after her children. Now the father is old and he cannot look after them any longer.

She has not informed her children about the truth of their father. She has told them that he is dead. She does not feel that there is a need for a legal case or social battle as it will bring shame to her family and children. However, Magdalena is worried that her children do not have the love of a father. Her only determination is to get her children a good education and make them good citizens.

### **B/SL – 08: Two Young Women**

There are two young women, who lost their parents and elder sister to the tsunami in 2004. These two sisters are 28 and 30, live alone, and run the small family farm. The problem is that they have not yet reached puberty; therefore they have been unable to get married. They are unhappy and frustrated about their situation. They find it difficult to eat and sleep. They do not want to be friends with anyone and keep to themselves. According to their neighbours they do not come out from the house for days or sometimes weeks.

Communities in Batticaloa deals with conflict and disasters as presented in above interviews. However, the following community interviews from Lunugamwehera present a development induced disaster.

#### ii. Lunugamwehera Field Information

### **L/SL – 01: Kumara – the Spokes person for the affected community**

This is a soft loan from the Asian Development Bank that we [Sri Lankans] have to repay within forty years. Apart from this Germany and Canada also granted loans for this project. Loan money had been spent before the completion of the project. Since relocation we received enough water in 1988 to farm. In 1992, due to pressure from our community, a technical committee was formed – representing government officials, farmer representatives and experts. This committee developed a plan that everyone will receive water according to their needs, but the problem now is that there is no water. The reason for lack of water is that the upper watersheds are being polluted and forests are being destroyed. It is all about corruption, lack of proper planning and inappropriate national policy implementation. In these situations we can only hope that our younger generation would be healthy and productive. According to the health department in 2002, 49 percent of children in this area are suffering from malnutrition. Village schools do not have enough teachers, children are becoming labourers and we cannot guide them to become good citizens. Ninety percent of our farming lands are

not in use at the moment. There are also huge problems of social and moral significance among these communities. If these problems continue we are going to produce criminals and people with anti-social behaviour from these areas. The depressing fact of this whole story is that almost all the farmers who are in the area were better off and wealthy before they came here. Some of them even came to this area as vehicle owners and now they do not have a bicycle.

I think that being a farmer and not being able to farm is a torturous experience. Most people in this place feel hopeless and helpless due to this situation. They are proud to be farmers, but that has been taken away by this water problem. The Government and the Asian Development Bank are responsible for this development induced disaster and we as a community curse all of them for this.

### **L/SL – 02: Shattered Dreams**

[Sepala – 25]

I was a little child when I first came to settle down here with my parents and four siblings. We are a traditional farming family. But we have been twisted due to lack of water. We are now very poor and I had even stopped going to school due to our financial problems. Now I am just a worker doing odd labour work. I want to do a good job, build a house, marry a woman and have children. These are just dreams that I have, but I do not see any ways to make these a reality. No one is interested in giving us a solution. This is really frustrating and I am quite angry with the government and the donor agency to this project. But, I think that the time may solve our problems and I am determined to find a solution. I work hard and expect to overcome this poverty one day.

### **L/SL – 03: I can't afford to live**

[Manjula – 28]

Since 1989 we are trying to make a living through making bricks, though we are traditionally farmers. We cannot even make a decent living through the brick industry, as we do not receive enough water at least for drinking. I had to leave school without completing my education due to all these problems. After my wife gave birth to my daughter within 28 days we realized that the mother and the child have to leave this area; simply because lack of water. For more than two years my wife and the child have lived with her parents. Although they are now back, I am sad and frustrated about

this water problem. At the same time I think and talk to everyone I meet, so that I can find a solution to overcome this situation.

**L/SL – 04: I am suffering from high blood pressure!**

[Dayawathi – 72]

I used to be a pre-school teacher. I came in to this area as a young mother of three children. I continued to be a pre-school teacher in this area and was the bread winner of this family, as my husband could not farm due to lack of water. Ten years ago he became paralyzed, which made us poorer. At age 69, I am working continuously to keep my family going. My elder son who was very good in studies had to stop his education due to all these problems. I am now old and weak. I have high blood pressure, which makes it more difficult to work. I cannot struggle with eleven other families to get water from one water pipe once in two days. I think that this is bad kamma that I am dealing with now. So, I try to be good to others and do good deeds, where I will get a better chance in my future lives. My only hope is to die in a tiled house, but I know it is just a hopeless dream.

**L/SL – 05: What can we do?**

[Chandrani – 43]

I came into this area with my husband as a newlywed bride with lots of dreams. I was proud that my husband is a farmer like my father. It is a proud thing to be a farmer. Since 1988 up until now we are in a situation where we cannot be proud of being farmers. We cannot even do dry farming, as we do not receive water. We receive drinking water once every two days. That is the water we are supposed to drink, use for cooking and washing, as well as now for our home garden. I have four children who are going to school. I receive some support from my parents for their education and my brother comes to see me sometimes. We do not have any relatives in this area as my home village is far away. I want to go to see my parents frequently, but with this poor financial condition we try at least to go to see them once a year. My only hope is to educate my children and I am determined to do that somehow.

**L/SL – 06: I hope that my hopes are not just hopes**

[Dhammika – 42]

I came to this village in 1988. As any new bride I had my ideas to have our own house, successful paddy, children who study well and a life that keeps us happy. At the moment we are living for the sake of living. I want my daughter, at least, to study well



and find a good job. However, there are not enough teachers in the village school. I am suffering through this life, though I want to enjoy life. We are in a living hell without water. I want to go back to where we were in our lives. I expect that someone like a politician or an influential person would come and help us.

**L/SL – 07: Why we don't have toys as the children in the TV?**

[Kumari – 11]

I want to be a doctor, but my mother says that they can't afford to get me into a better school. Most days we eat two times a day, but that is not enough. I see these children in the TV and they seem to have everything they want. They got nice toys, they look happy and their parents seem to have everything. But we don't have anything those people got. I sometimes get angry with my siblings as they could be the reason that I don't have what I want. I was better off before they were born. I just want to be away from all of this.

**L/SL – 08: I want to be an engineer**

[Saman – 12]

After seeing engineers around this area, I want to be an engineer. But I don't like school. I got to the better school in the town, but my friends laugh at me, because I wear old and dirty clothes. My parents don't have enough money to buy me new clothes and there is less water for washing. After school I help my father to make bricks and that needs lots of water; water I can use to wash my school uniform. But I do not want to give up; I will continue to go to school and study well.

**L/SL – 09: I don't know why we are poor**

[Pradeepa – 15]

If I get to continue my studies then, I want to become a doctor or a nurse; if not I too have to work as a labourer like my parents. I do not really like that, but I know that I do not have a choice. I am curious about this society. My favourite subject is social studies. According to my knowledge for some reason we do not get enough water for farming. Both my parents are working really hard to educate their children. But, my school is poor. We all are poor. I think that there should be a solution, but I am too small to find that as a 15-year-old girl.

**L/SL – 10: I want to get married and leave this place**

[Suba – 18]

As a child it was difficult for me. Although my parents provide me enough food always, they couldn't manage to provide me with education. I did go to school until the Ordinary Level, but couldn't get through that exam, because my parents didn't have money to send me to extra classes. At the moment my plan is to find a good partner, get married and leave this place.

**L/SL – 11: I am angry with everyone**

[Sumith – 16]

My family is poor. Our whole community is poor. Everyone says that if we have enough water to farm then we would be wealthy again. My father always talks about good old days where he had a car and lots of money. But I don't trust him. We are so poor that they can't even buy a loaf of bread sometimes. As soon as I become 18 I am going to go to the city and find a job. I am not going to even come back again. I am very angry with everyone in this place.

**L/SL – 12: Got to do something**

[Nishantha – 17]

This is like a hell. No water, no money and no opportunities. But I think that we got to do something. I am helping my father with brick making and started my own banana farm. If everything goes well, I will have enough money to start my own business soon. Then I can take care of my parents and little brothers and sisters. I am determined to give my siblings a better future than this.

**L/SL – 13: Continued existence**

[Garthies – 58]

In 1985 the Government officials told us that if we come in to this area we would be able to achieve our dreams and wealth. They convinced us by telling that we will not have enough time to stop farming, as there is enough water. Before we came here we never bought rice from the market, we produced our own food. Now the shame is that we have to go to market to buy our own food, with the little money we earn through odd jobs. I am living here with my wife and two sons. My children are well educated. They have dreams to become wealthy citizens in this area. I too want to see them doing

good jobs. But as we have become so poor due to lack of water, we cannot even think about our home gardens. The worst thing we are experiencing at the moment is that the drinking water supply has been restricted. Water in these lands is salty and we do not have the technology to purify water. So, now we are living day to day. We do not have any more dreams about our future or our children. I simply think that this is cheating.

I think that we are suffering from our own decisions to trust the government and officials as well as bad kamma. In my life I have experienced many good things and bad things. This is the cycle of living and not only happening to us here. I have read articles in the paper about poor people in India and African countries. We at least have food and are living in our own houses. Sometimes, I think that we have to live like this till something changes – like electing a better leader to this area or we find some other ways to make money. I am not ready to give up and I will keep trying till the day I die. Although I am not angry, I get frustrated with myself and this situation. Then I think of those people who are suffering more than me in this world. I try to be happy with what I have and continue my life. At least I have healthy children and a good wife. As a family we try to do good deeds and help others. We find our happiness through that, which keeps us going.

#### **4.8. THE MISSING ELEMENTS OF EVALUATION AND EMERGING THEMES FROM LISTENING TO INTERVIEWEES IN SRI LANKA**

The comments provided by the interviewees cited in the previous section indicate that the information gathered through evaluations were not sufficient to make final judgements on community mental health and wellbeing. However, listening to the stories of these individuals suggested the following themes as being important and valued by communities in terms of affecting their mental health and wellbeing. Table 4.5 summarises these themes:

**TABLE 4.5: EMERGING THEMES FROM COMMUNITY INTERVIEWS – SRI LANKA**

<b>Population</b>	<b>Emerging Themes</b>
Batticaloa: Tsunami and community affected community members	<ul style="list-style-type: none"> <li>• Uncertainty and dangers are part of life</li> <li>• Suffering is part of being human</li> <li>• Importance of family and community</li> <li>• Value of religion</li> <li>• Ownership and responsibility of interventions</li> <li>• Helplessness and powerlessness</li> <li>• Sadness and desperation</li> <li>• Worries about the future</li> <li>• Lack of freedom (due to the conflict)</li> </ul>
Lunugamwehera: Development affected community members	<ul style="list-style-type: none"> <li>• Importance of family and community</li> <li>• Worries about the future</li> <li>• Religious concepts (i.e.: kamma)</li> <li>• Suffering through uncertainty is part of life</li> <li>• Poverty</li> <li>• Ownership and responsibility of interventions</li> <li>• Hope for a better future</li> <li>• Sadness and anger over local situations (felt cheated by the government and ADB)</li> <li>• Neglect of the government</li> <li>• Actions to deal with suffering</li> </ul>

(Source: Author)

Table 4.5 suggests that the community draws on traditional and cultural mechanisms in dealing with suffering and uncertainty and to address danger, as well as to improve wellbeing. Their worries, hopes, dreams and aspirations are *positively* and negatively affecting their mental health and wellbeing in terms of past, present and future. A separate process has been established by the community to re-convey ownership of their lives and their more in depth issues, and to finding solutions.

In both these communities, there are traditional and cultural mechanisms in use, to make sense of their problematic situations as well as improve wellbeing. Religions such as Buddhism and Hinduism, folk stories and traditional healing / medicine play a key role in maintaining wellbeing among these communities (Reviewed in Chapter 7, Section 7.1).

Although the communities receive certain levels of support from the mental health and psychosocial projects, such as skills to deal with children's issues and a referral system in Batticaloa, they do not have ownership of these project activities. Further, the lack of

the usage of available cultural and traditional mechanisms distances the communities from project activities.

The Kirindi Oya Irrigation and Settlement Project in Lunugamwehera has increased poverty, suffering and social problems for the community, against the expected outcomes of the original project. However, despite the stories of local frustration and struggle apparent in the accounts people provided, the community have organised themselves to overcome these problems, lobby the Government of Sri Lanka (GoSL) and deal with their lives as best as possible.

#### **4.9. CONCLUSION**

The case study from Sri Lanka suggests that conflicts, disasters and unplanned development are not extraordinary and short-lived events to be seen as extrinsic to the way a society has to function in 'normal' times. They have become a given, something internal that colours the whole web of political, socio-economic, environmental and cultural relations across a society. Both in Batticaloa and Lunugamwehera, communities have provided examples of their dealing with suffering and steps to improving wellbeing through existing traditional knowledge.

What emerged from this exercise was that communities consider suffering through uncertainty and dangers to be part of the human experience. They deal with these sufferings by using religious, cultural and traditional values and receive practical support from their families and community to do so.

## **CHAPTER FIVE: SUDAN**

### **5.1. BACKGROUND**

Accounting for 2,505,813 square kilometres of North East and Central Africa, Sudan is the largest country of that continent. It consists of a huge plain bordered on three sides by mountains: to the east the Red Sea Hills, to the west Jabal Marrah, and on the southern frontier the Didinga Hills and the Dongotona and Imatong mountains. In the south-central region of this vast plain are the isolated Nuba Mountains and Ingessana Hills, and far to the southeast, the lone Boma Plateau near the Ethiopian border. The plain of the Sudan includes from north to south large regions with distinctive features - northern Sudan, Western Sudan, the central clay plains, eastern Sudan, the southern clay plains, and the Jabal Hadid, or Ironstone Plateau, and southern hill masses (Jayawickrama and Brady, 2005).

### **5.2. PLACE DESCRIPTION: THE WORST HUMANITARIAN CRISIS OF OUR TIME**

The conflict in Western Darfur began on the 2<sup>nd</sup> February 2003. There are various estimations on the number of human casualties to this conflict. One side of the armed conflicts is composed mainly of the Sudanese military and the Janjaweed, a militia group recruited mainly from the Afro-Arab Abbala tribes of the northern region in Sudan. These tribes are mainly camel-herding nomads. The other side is composed of rebel groups, notably the Sudan Liberation Movement/Army (SLMA) and the Justice and Equality Movement (JEM), recruited primarily from the non-Arab Muslim ethnic groups – mainly Fur, Zaghawa, and Masalit. The Sudanese government publicly denies that they support the Janjaweed, but locally and internationally they have been accused of providing financial assistance to the militia, and of participating in joint attacks targeting civilians (Jayawickrama and Brady, 2005; Islam Online, 2009).

While many governments including that of the USA have described the conflict as genocide, the UN has not recognised the conflict as such. On the 31<sup>st</sup> January 2005, the UN released a report claiming that while there were mass murders and rapes of Darfurian civilians, they could not label the atrocities as "genocide" because "genocidal intent appears to be missing" (Jayawickrama and Brady, 2005). The activist organisations such as the Enough Project and Save Darfur Coalition point to statements by former United States Secretary of State Colin Powell, referring to the conflict as genocide. Other activist organisations, such as Amnesty International, while calling for international intervention, avoid the use of the term genocide. In May 2006

the Sudan Liberation Movement/Army (SLMA), signed a peace agreement with the Sudanese government. The other faction of the SLMA refrained from signing the agreement (Islam Online, 2009).

The United Nations Security Council approved Resolution 1706 on August 31<sup>st</sup>, 2006, which called for a new 26,000-troop UN peacekeeping force called United Nations-African Union Mission in Darfur (UNAMID) to supplement a 7,000-troop African Union Mission for the Sudan peacekeeping force. The Sudanese Government strongly objected to this resolution and said that it would see the UN forces in the region as foreign invaders. The next day, the Sudanese government military launched a major offensive in the Darfur region (Islam Online, 2009). In March 2007 the UN mission accused Sudan's government of planning and taking part in "gross violations" of human rights in Darfur and called for urgent international action to protect civilians there (Pronk, 2008).

On the 14<sup>th</sup> July 2008, the International Criminal Court (ICC) prosecutor filed ten charges of war crimes against Sudan's President Omar al-Bashir. These charges included three counts of genocide, five of crimes against humanity, and two of murder. The ICC's prosecutors have claimed that al-Bashir "masterminded and implemented a plan to destroy in substantial part three tribal groups in Darfur because of their ethnicity" (Pronk, 2008). On 4 March, 2009 the ICC issued an arrest warrant for president al-Bashir, without the genocide charges (Islam Online, 2009). In February 2009, Darfur's UNAMID attempted to convince the rebel group Justice and Equality Movement (JEM) and the Sudanese government to sign a peace agreement (Islam Online, 2009).

### **5.3. THE HUMANITARIAN RESPONSE TO THE SITUATION IN SUDAN**

According to UNHCR staff members (in direct discussions with the researcher during 2005), humanitarian access in Western Darfur is primarily determined by a combination of two factors:

1. The degree of general insecurity, which may require the United Nations and other humanitarian partners to suspend or limit operations in certain unsafe areas for a certain amount of time;
2. Random targeted attacks on humanitarians and their assets, including hijacking of cars and abduction of personnel, physical violence directed towards

humanitarian workers, road ambushes, destruction of NGO assets and armed break-ins in humanitarian compounds/centres.

Darfur in general remains the world's largest humanitarian relief operation with over 14,700 national and international aid workers. Some 80 NGOs and Red Cross/Crescent Movement and 14 UN agencies continue to support the affected populations in Darfur (Darfur Humanitarian Profile, UN OCHA, 2009).

In 2007, WFP and ICRC assisted 3.4 million people in Darfur with food (OCHA, 2005). Up to 75 percent of WFP's resources were used to meet the immediate food needs of Internally Displaced Persons (IDPs) and vulnerable communities, preventing a drastic deterioration of their nutritional status. Insecurity was WFP's main operational challenge, often impeding access to targeted beneficiaries. The number of intended beneficiaries who were not reached due to insecurity peaked at 200,000 people in October 2007, with over 110,000 people not reached on average per month during the year. WFP, ICRC and partners maintained assistance to 2.6 million Darfurians on average each month, with a peak of 3.4 million people during the hunger season. (Darfur Humanitarian Profile, UN OCHA, 2009).

According to OCHA (2009) in 2008, further expansion of the Food for Education (FFE) programme was planned in partnership with the State Ministries of Education in Darfur. Through the FFE programme, children in food insecure areas receive additional support with one meal a day at school, to encourage enrolment and attendance.

In 2007, coordinated efforts by humanitarian agencies working in the water and sanitation sector led to increased access for the conflict-affected people to safe water and excreta disposal systems. The Annual Emergency Food Security and Nutrition Survey indicated that 76 percent of conflict-affected people have now access to safe water, up from 73.3 percent in 2006 and 62.5 percent in 2005. Likewise, 67 percent of conflict-affected people have now access to latrines, up from 60.1 percent in 2006 and 57.6 percent in 2005 (Jayawickrama and Brady, 2005).

There is a need to take this effort further, which can create space for communities to participate in programme planning, implementation, monitoring and evaluation as equal agents of change. Table 5.1 shows a UN Consolidated Appeal for Darfur with health being the largest need, of which mental health is a part.



**TABLE 5.1: UN CONSOLIDATED APPEAL FOR DARFUR**

<b>2004 Appeal Requirements (UN Consolidated Appeal for Darfur Refugees)</b>	
<b>Sector</b>	<b>Funds Required (US \$)</b>
Emergency Education	531, 818
Child Protection	425, 614
Emergency Health and Nutrition	846, 808
Health	3, 938, 933
HIV/AIDS	193, 182
Water and Sanitation	840, 909
<b>TOTAL</b>	<b>6, 777, 264</b>

(Source: OCHA, El Geneina, 2005)

The health sector receives the largest allocated financial assistance in Darfur with the largest amount being earmarked for vaccination programmes such as Polio and treating diseases such as Hepatitis B, malaria and TB (OCHA, 2005). Consequently, resource allocation for mental health receives less attention.

#### **5.4. THE DARFUR PROJECT DESCRIPTION: TOO MANY TOO LITTLE**

Local tribal communities remain the fundamental societies of rural Western Darfur, whether they are fully settled, semi sedentary, or nomadic. Varying in size but never very large, such communities formally interact with others of their social group in either hostile or symbiotic fashion, raiding for cattle, women, and slaves or exchanging products and sometimes intermarrying (before the conflict started). In Western Darfur the Islamic religious orders are important. Islamic religious leaders acted as mediators between local communities. Despite these influences, however, the local village or nomadic community was the point of reference for most individuals. Theoretically, “descent-group<sup>4</sup>” societies are cohesive units whose members act according to group interests (Jayawickrama and Brady, 2005). In practice, however, individuals often had their own interests, and these sometimes became paramount. An individual might use the ideal of descent-group solidarity to justify his/her behaviour, and ambitious people might use the descent-group framework to organize support for themselves (Jayawickrama and Brady, 2005). In summary, it can be emphasised that communities in Western Darfur always have experienced a good deal of change, either for reasons such as Islamic Law, or as a result of dynamics within the groups themselves. This has created a society with various positive and negative impacts relating to reactions to trauma and catastrophes. For example, special prayer sessions and traditional healers

<sup>4</sup> A group defined on the basis of descent from a common ancestor or ancestress. The group can consist of children of the same father/mother, of grandchildren of the same grandmother/father, great-grandchildren of the same great-grandparent or of the descendents of these persons.

are used when there is violence as a way of feeling positive impacts. Abandoning rape victims and survivors of other abuses are seen as negative impacts.

Most of the population in Western Darfur is Muslim. However, at least one-third of the Western Darfur population is still attached to the indigenous religions of their forbearers. In Western Darfur law and order is based on the sharia (Islamic law). Attitudes and values of the communities in Western Darfur are therefore largely shaped by Islam and indigenous religions. Their ways of life, livelihoods, family relations and views of violence are based on these religious interpretations (Jayawickrama and Brady, 2005).

In Western Darfur, the extended family provided social services. Traditionally, the family was responsible for the old, the sick, and the mentally ill, although many of these responsibilities had been eroded by urbanisation or by displacement. Whether in rural or urban society, however, the burden of these social services fell upon the women and the youth within the family (Jayawickrama and Brady, 2005).

In Western Darfur there are more than 21 INGOs and 13 UN agencies (OCHA, 2005). The UNHCR identified the following agencies as conducting mental health or psychosocial projects:

- i. United Nations Children's Fund (UNICEF): Psychosocial project for children and women.
- ii. World Health Organisation (WHO): Technical assistance on psychosocial wellbeing through a Geneva based consultant.
- iii. United Nations Office for the Co-ordination of Humanitarian Assistance (UNOCHA): Co-ordinating psychosocial projects.
- iv. INTERSOS – Italy: Children centres in camps and women's mental health through protection centres. .
- v. SCF (US): Psychosocial activities for women through vocational training and literacy classes. .
- vi. OXFAM: Children and women centres.
- vii. War Child – Holland: Psychosocial wellbeing for children and youth through play and sports activities.
- viii. Tearfund: Children and play/ games for psychosocial wellbeing.
- ix. Mercy Malaysia: Women's psychosocial wellbeing through literacy classes.
- x. Help Age: Psychosocial wellbeing of elderly through discussion groups.
- xi. Med Air: Providing mental health medication.

- xii. TDH – France: Psychosocial wellbeing for women and children through literacy classes.
- xiii. Concern: Psychosocial wellbeing for women and children through feeding programmes.
- xiv. International Committee of Red Crescent (ICRC): Psychosocial first aid for rape victims.
- xv. Triangle: Psychosocial wellbeing for women through groups discussions and vocational training and counselling.
- xvi. MSF – Switzerland: Mental health support for rape victims.
- xvii. CARE International: Children and women health including mental health.
- xviii. Mercy Corps: Women’s psychosocial wellbeing through group discussions and counselling.
- xix. Amel Centre for Treatment and Rehabilitation of Torture Survivors (Khartoum): Counselling and human rights documentation.

Despite the 19 institutions listed here, there are no agencies that are considered by the UN to be providing a range of psychosocial activities designed to meet the needs of the communities. The agencies who are providing something or who wish to provide psychosocial activities lack clarity in respect of what is required (Jayawickrama and Brady, 2005). These programmes are by and large donor led and it seems that they might generally find it is easier to obtain funds for activities that have a psychosocial component in name. No one consulted for this research had a clear idea as to what these programmes should consist of within the current context and there was little evidence of community consultation in looking at what would be considered as appropriate intervention. This lack of clarity meant confusion arose in defining goals and outcomes, which in turn inhibits effective monitoring and evaluation. Without clarity it is difficult to identify good practice and support appropriate priorities (Jayawickrama and Brady, 2005).

A number of agencies stated that they were looking for a specific psychosocial programme, which could be implemented within the various settings that they work in (Jayawickrama and Brady, 2005). The blanket approach to working with people who are affected by conflict was considered inappropriate as there is an assumption that everyone will require psychosocial support, which discriminates against the fact that communities have their own strengths and skills to deal with their own psychosocial problems (Jayawickrama and Brady, 2005).

There was also an issue relating to the psychosocial support of children and the capacity of the agencies working directly with children as caretakers themselves are unable to exhibit the resilience and resourcefulness expected of them. Due to compromised<sup>5</sup> staff capacity, workers stated that they encourage children to talk about their experiences. However, at the same time they discourage them when they begin to relate stories of abusive experiences for fear of community repercussions. This was also based on a lack of experienced and trained staff members. For example, at a child protection working group meeting in May, 2005 it was agreed by those providing psychosocial care that they would be unable to work individually with children due to their lack of expertise. This was compounded by unsuitable and unsafe environments for large numbers of children to gather and play in and a lack of materials for children to play with (Jayawickrama and Brady, 2005).

There was no established working relationship at the moment with the Ministry of Social Welfare. This institution would clearly play a key role in the continuation of services to groups with special needs over the longer time frame. In the interests of sustainability it would have been worth looking at how their capacity might be developed (Jayawickrama and Brady, 2005).

There were few national NGOs to work with within the South Darfur area but not in Western Darfur due to lack of capacity and skilled staff members. However, one group; SOAT (Sudanese Organisation Against Torture) provides a range of psycho social support in Nyala as well as further referral to their partner agency, the Amel Centre, who offer a range of psychiatric services and social support in Khartoum (Jayawickrama and Brady, 2005).

### The Project

In January 2005, the Community Services Unit of UNHCR in Geneva commissioned the DDC to conduct a field assessment of trauma and psychosocial situations in Western Darfur. The assessment was conducted from April to July, 2009 by the DDC team led by the researcher for this thesis.

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<sup>5</sup> The colleague who worked with me in the field was a trained and experienced Community Services Assistant. However, such skills were treated as irrelevant in her job as translator for foreigners, as guide for field trips and as interpreter for other agencies. The same lack of recognition for her skills were mirrored from members of the communities who do not see her as a “valuable” official from UNHCR.

UNHCR operations were initiated in response to a sudden influx of refugees who have fled their countries of origin because of persecution, conflict and other types of violence. UNHCR also operates in situations where conflict and violence have created displacement of a segment of the society within the country and in situations where refugees who had been residing out of the country for a considerable length of time are returning to start life afresh. The common element in all the situations mentioned is the displacement and resulting changes in ways of conducting life, which require immediate and exceptional measures to avert life threatening conditions. The overall drive here is to re-establish normality in the situation.

The basic rationale to the approach adopted for this work was that while availing food, shelter, clothing medical and sanitation services is very essential to save life, it is also important to understand the emotional and social condition of the affected communities in order to support them in addressing their psychosocial needs in an appropriate manner.

For an effective rehabilitation of the affected population, UNHCR believes that it is crucial to understand the structure of the community. This applies in particular to the values and cultural practices its members apply in response to social problems. This is approached by establishing good relations and conducting participatory assessments with the community in order to assess existing levels and impacts of stress and trauma.

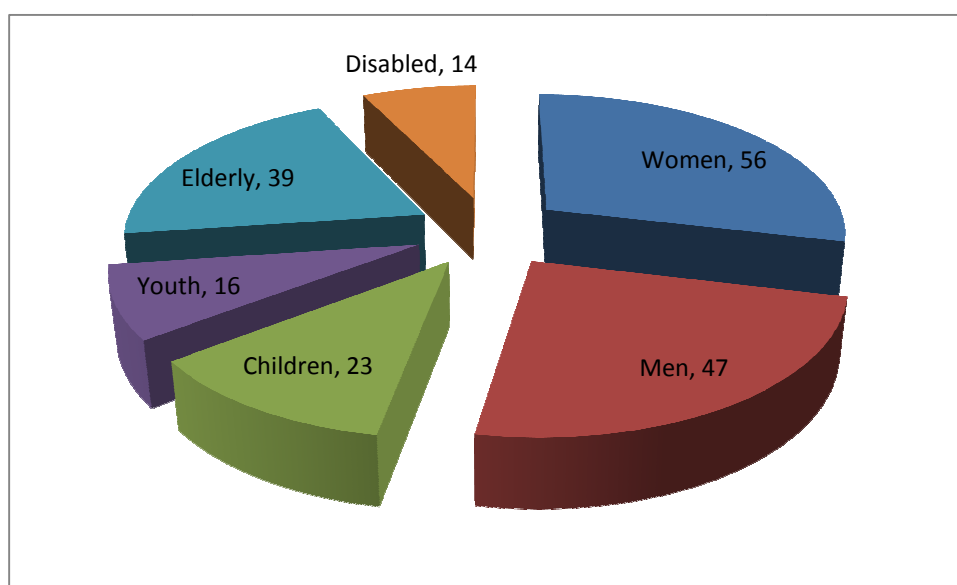
There are number of reasons for the ineffective psychosocial programmes in Western Darfur. This includes: the inappropriate or absent experience of aid workers who were tasked with supporting the community in conducting participatory assessment and analysis; insufficient inability to identify and harness resources, including traditional community-based resources. .

In order to reduce the effects of trauma and stress in emergency situations, experience taught us that three measures need to be taken. These are (1) the immediate identification and establishment of special community-based services for groups with specific needs, (2) the coordination of all services, and (3) participation of all sectors to prevent family separation, and strengthen mutual support. This can be achieved by establishing social and psychological support mechanisms and by building the capacity of the community for self support. Programmes initiated in the absence of a proper situation assessment and active involvement of the concerned community, with uncoordinated delivery of services, impede the achievement of tangible results. Instead frustration increases, heightening the negative impact on the community's psychosocial

wellbeing of the community. The DDC assessment in Western Darfur was commissioned on the basis of this understanding of the situation from UNHCR.

### 5.5. BENEFICIARY AND SERVICE PROVIDER JUDGEMENT IN WESTERN DARFUR

The DDC Assessment Team comprising two DDC researchers working in collaboration with UNHCR field staff members conducted focus group discussions and unstructured interviews with 195 community members in Western Darfur. The following Figure 5.1 presents the community distribution in this assessment process:



**FIGURE 5.1: PARTICIPANTS FROM DARFUR**

(Source: Author)

- Children: Male – 16 / Female – 07
- Youth: Male – 10 / Female – 06
- Elderly: Male – 18 / Female – 11
- Disabled: Male – 08 / Female – 06

Throughout the Assessment process, the DDC team focused on obtaining community comments about psychosocial interventions and activities in Western Darfur. This information was gathered and analysed in order to assist UNHCR to strengthen their activities in Western Darfur, as well as re-shape their policies on psychosocial wellbeing.

The following findings were achieved from the accounts of community members and national staff members of agencies, of interventions and activities under psychosocial wellbeing programmes conducted by agencies in Western Darfur. (Table 5.2)

**TABLE 5.2: IDENTIFIED INTERVENTIONS IN WESTERN DARFUR**

<b>Population<sup>6</sup></b>	<b>Interventions/ Activities</b>
Western Darfur: Conflict affected displaced communities	Assessment conducted for UNHCR by DDC: <ul style="list-style-type: none"> <li>• Children’s play groups for ‘traumatised’ children as identified by agencies</li> <li>• Women’s discussion groups for rape survivors</li> <li>• Handicraft activities for young women</li> <li>• Women’s literacy classes</li> <li>• Child care centres</li> <li>• Training activities on gender, human rights, child rights and emotional care</li> <li>• Sports activities for youth and children</li> <li>• Awareness raising on psychosocial wellbeing through posters</li> <li>• Child and mother care services</li> <li>• Vocational training for youth</li> </ul>

(Source: Author)

These identified interventions and activities were only for women, children and young women. The communities or national agency staff members could not identify any psychosocial activities that had been tried for men.

The following are key findings of the Assessment process, which are also further discussed, debated and finalised in a larger internal report produced by the author for UNHCR in Geneva.

- Psychosocial projects were not grounded within communities own frameworks. They are generally funding oriented, such that communities were not being consulted in developing the projects.
- It was assumed that everyone in the community who experienced, saw or heard about violence is traumatised. In certain cases, some agencies claim that 99 percent of community members in some camps are traumatised. However, the labelling of trauma does not guarantee that these ‘victims’ receive any support.
- The view from the community regarding the above point was that they are dealing with an illusion of Khwajas (white people, or internationals in this sense). The most senior community leaders and religious leaders confirmed that, in their tribal languages, there is not a word for trauma.

<sup>6</sup> Yet depending on how the actions are undertaken they may help or hinder mental health outcomes.

- There is a lack of training opportunities for staff members on community organising, links between protection and community services, basic communication skills and concepts of care, and monitoring of guidelines for conducting psychosocial programmes in Western Darfur.
- Opportunities for men were lacking in all community and psychosocial projects. This created frustration and anger among men, which may be a cause of increased violence against women within camp settings.
- National agency staff members and community volunteers were generally not considered significantly important within psychosocial projects. The international staff members were conducting each and every activity in these projects, which did not allow the national staff members and community volunteers to develop their confidence.
- Agencies that work on psychosocial wellbeing do not co-ordinate with each other. In certain camp settings the same children were participating in three or four different psychosocial activities.

#### **5.6. EVALUATIVE CONCLUSIONS FROM DARFUR: HELPING LOCALS WITHOUT LOCALS**

The Assessment process generated information indicated by the following evaluative judgements across the subheadings; theoretical basis, coverage, efficiency, effectiveness, impact, community and sustainability. (Table 5.3)



**TABLE 5.3: EVALUATIVE JUDGEMENTS FOR THE CASE OF DARFUR, SUDAN**

<b>Criterion</b>	<b>Aspect Measured /Assessed</b>	<b>Source of Viewpoint</b>	<b>Method</b>	<b>Assessment Analysis</b>
1. Theoretical base	Developed by agency headquarters and consultants visiting Western Darfur. No involvement of local field staff or communities	International staff, field staff members, communities and UNHCR policy makers	Interviews with International staff, field staff and communities and review of UNHCR documents	No formal and long-term policy framework to judge the results.
2. Coverage	All the displaced communities that are registered with UNHCR (around 50,000), but in terms of needs and priorities there is a gap between agencies and communities	Communities and agency field staff members	Interviews and observations	Limited to formal camp settings, but no involvement of the host community.
3. Efficiency	Delivered through partners with a lack of understanding of the community needs and priorities. Local staff members are not involved as it is delivered through International staff	Communities, UNHCR and partner staff members (International and local)	Interviews, observations and UNHCR agreement documents with partners	Relatively inexpensive because of low capital requirement.
4. Effectiveness	Quantitative objectives are achieved. No criteria for qualitative objectives and certain partners do not have any.	Communities, UNHCR and partner staff members (International and local)	Interviews, observations and UNHCR agreement documents with partners	Questionable as quality is not recognised.
5. Impact	Communities feel that they are being used and treated without respect for their dignity.	Communities	Interviews and observations	Impossible to assess.
6. Community	The community does not have any ownership and responsibility over activities.	Communities	Interviews and observations	Community structures are more important than agency.
7. Sustainability	Lack of the usage of available cultural and traditional mechanisms. No plans for sustainability beyond project periods.	Communities and UNHCR and partner organisations	Interviews, observations and review of project documents	Non-sustainable.

(Source: Author)

According to the Table 5.3 the theoretical basis of all the psychosocial and trauma projects are developed in agency headquarters in Geneva, Paris, Oslo, Washington D. C., and New York. Further, the projects that are being developed in Western Darfur are done so by international consultants. In terms of coverage there is a gap between agencies and communities. It seems that whoever gets a registration card with UNHCR will be able to participate in project activities. The international staff

members who conduct the activities do not have the necessary understanding of local norms and culture, which affects the efficiency of projects. Although quantitative targets of psychosocial projects – numbers of children who participate in activities – are being achieved, the quality of activities remain repetitive and not up to the satisfaction of communities. For these reasons, communities think that they are being used and cheated by agencies, which minimises, or negates altogether, the impact of psychosocial projects. Ultimately the projects are not sustainable, because communities do not have any ownership or responsibility over the activities with which they are involved.

### Reflections of the Evaluative Judgements

The Assessment Report presented by the DDC team was highly appreciated by UNHCR staff members in Western Darfur and Geneva. This report was influential within UNHCR Geneva, in its decision to participate in the Inter-Agency Standing Committee on Psychosocial and Mental Health Interventions in Emergency Settings. However, in terms of mental health and wellbeing information, the Assessment process was limited for the following reasons:

- i. Project plans: As the projects were developed by outsiders to Western Darfur, the project plans were limited when achieving quantitative targets and labelling communities as ‘traumatised’ or suffering from ‘PTSD’. They were not broad enough to create spaces for local languages and ideas. The implication of this type of project planning is that it is not transparent and accountable. Communities are been judged by an outsider who may or may not have direct contacts with them. Due to this the real problems are not necessarily been addressed as seen by the community.
- ii. Boundaries: Psychosocial activities of agencies were conducted by international staff members who had little or no knowledge about local situations. Therefore, in the projects which were assessed, traditional knowledge systems and cultural tools were shunned. Communities in Western Darfur are not used to western type closed door counselling or play activities. When their traditional mechanisms are not part of psychosocial wellbeing projects, the communities find it confusing and not relevant to them.
- iii. Community ownership: None of the projects assessed by the DDC team had community ownership or responsibility. Communities were treated as ‘un-educated’ and national staff members only carried out translation activities between communities and international staff members. Communities participate

in these 'psychosocial activities' because there is food and incentives. They will not continue these activities beyond project periods as well as not treat them as organic processes that help them to improve psychosocial wellbeing.

Further, the terminologies such as psychosocial wellbeing or trauma did not have any specific meaning for the communities. This was problematic in terms of understanding community concepts of mental health and wellbeing.

For these reasons, the researcher could not access substantial information about the mental health and wellbeing of communities in Western Darfur. Therefore, more detailed information gathering was conducted under the auspices of this PhD thesis.

### 5.7. QUALITATIVE FIELD INFORMATION IN WESTERN DARFUR

Seventeen community members participated in a detailed field information gathering process, which involved unstructured interviews and focus group discussions. Figure 5.2 shows the age and sex distribution of these participants.

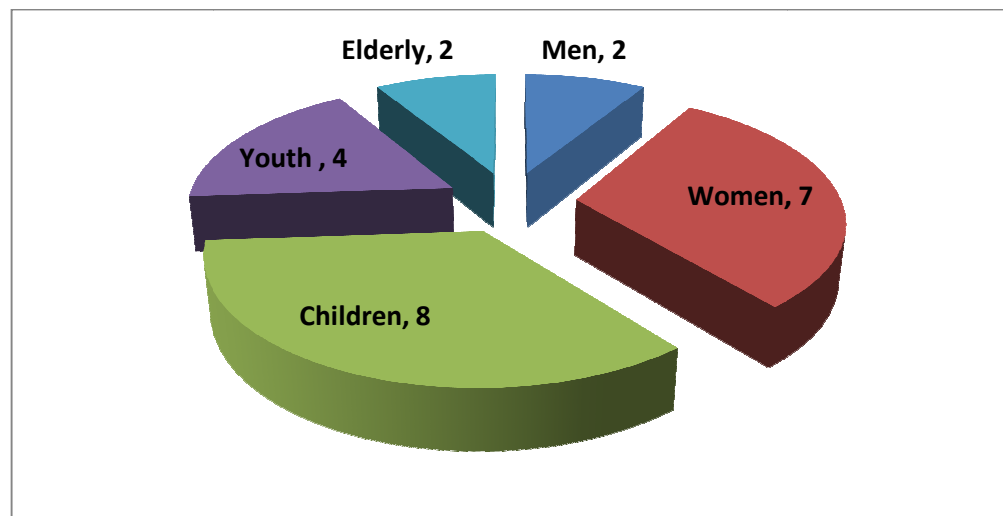


FIGURE 5.2: AGE AND SEX OF PARTICIPANTS IN DARFUR

(Source: Author)

For the participant accounts that follow, the field information has been coded as Western Darfur – WD.

## WD – 01: Committed Life

Amina looks like a Nun from Missionaries of Charity – a Roman Catholic Religious order established in 1950 by Mother Theresa of Calcutta (Kolkata). Although she is a devoted Muslim that was how I felt when I first met her. Her calm, polite kindness made one relaxed to talk to her. She always seemed to be smiling; her colleagues said that they had never seen Amina angry. Amina is a traditional birth attendant from Western Darfur. She has been a traditional birth attendant since she was a teenager. As she is 'illiterate' in the 'modern' sense, Amina could not tell me her exact age or the length of time she'd been in her profession. Our discussions were translated by my colleague, Beatrice, who speaks Arabic and English well. During my stay in Western Darfur, I had many conversations with Amina, where I learnt from her wisdom. According to our calculations, Amina has helped to deliver more than 2,000 babies. Her comments on herself included the following:

*"I learnt this skill from my mother. She used to be the only traditional birth attendant in my village. People loved her and she was a respectable woman. Although I have many sisters and brothers, I am the only one who is interested in this service. My father is a useless person – he used to drink and beat my mother and us children. So, I found my peace and understanding of life within this service. This service satisfies me. Helping a mother, then the child (some cases children), a father and a whole family or a community makes me smile. When I come home to my children and husband, I can easily take their problems and issues because of this. Otherwise, I would become a useless woman. Also, Allah has been kind to me – I have a good husband and wonderful children. Without them I could not do this service."*

Further, Amina also acts as a collective local memory for her community. All the medical NGOs and the United Nations come to her to get information about the community. She is well respected by the community, as well as religious leaders. Amina has a balanced view of this position.

*"I think that I am blessed by Allah (God). That is why I get this much respect from people. Because I know some of my friends in other villages and cities that are traditional birth attendants, but they do not get what I get. So, I think that this is a special situation. I have to be very careful and down to earth if I am to continue with this service. This is an honourable service and one has to be honourable to receive honour."*

Amina sometimes works with medical NGOs to assist doctors who come from other countries. Her experiences with these outsiders are not always peaceful or honourable.

*“Sometimes I meet very good doctors and health people from other countries. We share our experiences and knowledge as I do with you. Sometimes I get very difficult people to work with. They think that I don’t know anything about my service. I agree that sometimes they know some new knowledge, but the problem is that most of the time one cannot practice this new knowledge, because we do not have electricity and other facilities. One time there was a lady who came from America and she wanted to provide training to me and my colleagues. Then she came with a TV [computer and multimedia] and did not speak any Arabic and had no translator. She got really angry with us and from a colleague who understands English we learned that she told that we are a stupid lot as we do not read or write. I think that this is part of my service, some time I meet good people who like me and sometimes I meet people who hate me”*

Amina hoped that the conflict in Darfur would go away one day and the people would get to live their lives. According to Amina’s understanding, this conflict is part of natural order created by God. These conflicts happen when rulers are bad and corrupt. They are a reminder to all human beings that they should be good, kind and courageous.

*“When rulers are bad and corrupted as in Sudan now, this type of conflict is unavoidable. It is the innocent women, children and men who have to pay for these injustices. It is Allah’s (God’s) way of reminding all of us to be good, kind and courageous during these difficult times. If we all work hard, we can overcome this situation. Throughout this conflict situation I never got into trouble as many other woman whom I work with – they get raped, tortured and assaulted. I think that because I am doing my good service to people, I am protected by my good deeds. So, if everyone was doing good deeds they would be protected. But the problem is that most people in our communities don’t understand that.”*

When I asked Amina about her own experiences with violence and the community’s experience with atrocities, she told me that there are problems. But she rejected the word ‘trauma’ and explained to me why she thinks that way. Amina talked to me with an absolute confidence, which one would not necessarily see in academic discourse.

*“I have heard this word [trauma] you mentioned. I have heard this word many times with outsiders I meet. What they think is that mind is a body part like a hand or leg. So, they think that when the mind gets wounded it needs treatments like a hand or leg. But I do not think so. My understanding is that mind is like a huge tree. There are many parts to it like roots, branches and leaves of the tree. Mind has social, cultural, political, economic and environmental parts to it. These parts have been built by our own experiences, religion and attitudes and values, which are like the sunlight and water for a tree. A tree doesn’t need a doctor or an outsider to come and fix its broken branch. It happens naturally. Likewise, when we experience violence and atrocities, it is painful and difficult. I have seen people who’ve got many problems due to*

*their bad experiences. They know how to overcome their pain and problems. They only need care, love and physical support like financial assistance, security and peaceful surroundings. Like a tree needs water and sunlight. All this support is social, political, cultural, economic and environmental. Not medicine. When people have this support their mental health is improved and overall wellbeing is secure. I do not think that one has to be an expert like me to deal with these problems. Some of these problems are with the government, some are with the community, some are within ourselves and some are with the environment, which we live. This is not an easy environment – it is too hot and there are few resources we have to share. So, if we are not wise enough to share these with each other then we are in trouble.”*

According to Amina life is too short to worry too much. It is better to be satisfied with what is available. She is satisfied with what she is doing and what she has got. Throughout our conversations, I never heard Amina complaining or being upset about all that is happening in her community.

## **WD – 02: Traditional Healing**

Moussa has been a traditional healer (Fakhie) in the area since 1989. He received his training from his father and other renowned traditional healers in Sudan. According to the community in the area, Moussa has a very good reputation for healing people, especially when women and men get raped and tortured. However, I met Moussa at an International NGO office in the area, where he is working as a security guard. He is a pleasant middle-aged man. He wears clean clothes and reads lots of books. On the morning of our meeting, there was a meeting in the INGO office to discuss available mental health support in the community. All the internationals claimed that there were none. But, as my colleague Beatrice from South Sudan explained, there was Moussa – a traditional healer with a speciality for healing those who have been raped and tortured. I sat down with Moussa to learn from him.

Fakhie Moussa’s guidance is through the Al-Quran and other secret books found in the Middle East and other African countries. Generally all these books are based on Islam. Before Islam arrived in Sudan, there used to be traditional Gods and Goddesses, but, most of these traditions, Moussa said, were destroyed by the Muslims. However, according to him, there are still certain levels of belief about traditional Gods and Goddesses, such as Ra in the northern part of Sudan. Even in the area where Moussa practices, there is a special stone where women and men who want to have children would go to pray.

Fakhie Moussa said that men and women come to him when they have problems in their minds. According to the tradition he does not charge them, but sometimes people leave him gifts. Before the conflict, Fakhie Moussa used to receive goats, sugar and millet. But as people are getting displaced, poor Fakhie Moussa does not receive much these days and that is why he is working as a security guard for the INGO office. Fakhie Moussa has two wives. His second wife is displaced somewhere in Darfur or Chad and he cannot find her. However, he claims that his life is happy due to the service he provides to his community.

The healing ritual used by Fakhie Moussa involves verses from Al-Quran and other secret books being written onto wooden pallets; he uses a special ink that is made from rose water, herbal glue from a specific tree, sandal rose and some other secret remedies. The combination of which differs according to the situation. According to Fakhie Moussa the ink has various medicinal values as well. Then Fakhie Moussa prays for the person with the problem for a period of time and washes the wooden pallet with clean water. The water is then given to the person to drink.

According to Fakhie Moussa, there was a girl (about 16 years old) in the village who was raped by the Arabs one day. Her family took her to the hospital run by an International NGO. The doctors managed to treat her physical wounds but the girl did not speak. The doctors informed her parents that she would start speaking again after a while. Many days passed and the girl did not speak. She also stopped eating and sleeping. The family was worried so they came to Fakhie Moussa. After listening to the whole family, Fakhie Moussa decided his special medicinal ink could help the girl. He wrote the following verse in the wooden pallet and sat down near the girl to pray with her:

*“This is to prevent this girl from the powers of black magic. She has done nothing wrong and innocent. If there are physical or mental problems may Allah (God) takes care of this girl. The men who did wrong things to this girl should become an outlaw (haram) and receive necessary punishment from Allah. This girl should receive healing from Allah”*

Fakhie Moussa did this ritual in the morning, noon and evening for seven days. Then he washed the pallet with water and got the girl to drink this holy water for another seven days. At the same time he advised the parents, family members and community to be kind to her, talk to her and get her to do small chores around the house. Now after about two months the girl is talking to her mother and father and eats and sleeps well.

According to Fakhie Moussa helping people makes him happy and takes away his sad thoughts about his displaced second wife and children. He thinks that, by taking away some of his family, Allah (God) has punished him for something wrong he has done, but of which he has no knowledge. He tries his best to be good to everyone and he thinks that Allah will forgive him one day.

*“If I continue to do good things for other people, then one day I would find satisfaction. I will then be able to be happy with my wives and children. So, I try to be good to everyone I meet and treat. Even by doing that I find myself less sad and happier”*

Further, Fakhie Moussa explained that, according to his healing traditions, mental problems or illnesses happen because of possessions from evil spirits. Possessions occur because of black magic or people’s bad lifestyles. Sometimes people who have bad life styles can affect innocent people like the above girl. The aim of the healing process is to rid the person of the evil spirit. Apart from holy prayers, he also uses herbal medicines to strengthen the power of the exorcism.

### **WD – 03: Group of Men**

Abdul (approximately 38) and Mohamed (approximately 41) were smoking cigarettes outside a training hall when I met them. I sat down with them and, through my colleague Beatrice; I asked them whether I could talk to them. They agreed and I explained to them the process. They said to Beatrice that they were happy to talk to me and explained that they were not interested in giving me any statistical information such as years, numbers or figures, because they did not know of those things. They had never been to school and got quite annoyed when researchers like me came to get figures from them. I explained that the purpose of this discussion was to listen to their stories and nothing else.

Abdul and Mohamed had come to the city about two years ago, when their village was attacked by the militia one evening. They were both badly beaten up by the militia and got to the city with the support from the other members of their community. Mohamed’s wife was killed during this incident. He married again and his second wife looks after himself and his three children. Abdul has two wives and five children.

Since coming to the city Abdul and Mohamed have tried to find work, but the people in the city do not trust them and don’t want to give them any work. Further, they both said that, due to head counts and surveys conducted by agencies in the camps, their wives



have much better opportunities to find some work, as well as receive more attention from agencies for literacy and skills training.

*“Our past is horrible, but our worries are with the present and future. In the past we were the heads of our families and everyone respected us. Although we had many terrifying and bad experiences with the militia groups, we had some authority over our lives. But now, we cannot go outside from our camps, because there are possibilities of getting beaten up. Many of our friends have had that experience. Further, we do not get to make many decisions about receiving support from agencies, because they always want our wives and women to make decisions. Women and children get to participate in literacy classes, play groups and skills trainings. But we – men -- do not have any of those opportunities. Also, when women go to these activities there is no one to cook or take care of children around the place. We get really mad when these little ones start crying and we’ve got to take care of them.”*

My colleague Beatrice confirmed this situation and I asked them how they spend their time.

*“We get up for the breakfast and then go out to sit with our friends. We play cards or just chat with each other. Then again go back for lunch to come back again to sit under a tree. Sometimes we sleep or play more cards. By the evening most of us go to have some local alcohol before the dinner and then sit around till we feel sleepy. When there are surveys or meetings we go for those, otherwise, this is how we spend our days. We do not want to spend our time like this, but there are no other opportunities. However, there are some of our friends who managed to find work in the market and construction, but they are very few. We think that we have lost our authority and responsibility over our women, children, families and communities. We are not earning or providing any food to them. This is very frustrating and sometimes we get angry and beat our wives or children to get this frustration out. People call us drunken men and we do not know what to do”*

According to Abdul and Mohamed their main problems are the security and lack of work opportunities. They think that agencies are not interested about them and by the time the conflict is over their wives, families and communities may not need them.

#### **WD – 04: Group of Women**

Beatrice and I met with Fathima, Lyla and Shada who were sitting outside of a women’s centre in the city after lunch. We approached them and asked them whether we could talk to them. They were not that interested in talking to us. When we asked them why, Fathima, who seemed to be the elder woman in the group, said that they have had enough talks with people like us, but nothing had happened. Further, she

said that they have been interviewed by a foreign woman sometime back about their needs and that this person also wanted to set up a centre for them.

*“When all of us went to this women’s centre when they [the International NGO] set this up, the foreign woman who was there told us that they have managed to fill the numbers of women they want for the centre. She told us that when there is a space she will let us know. So, when we can’t work we come here and watch others doing activities at this women’s centre.”*

When Beatrice and I explained to Fathima, Lyla and Shada that we were not there to help them or provide any services, but to listen to them, they were happy to talk to us a little. Further, I explained about the research and the end result of this process; they thought that it is good to help a student who was going to school. (I had chosen to tell them that my school teacher had asked me to talk to men, women, children and others in Western Darfur. I felt this was the best way to explain my work—a PhD was not a familiar concept there.)

Fathima, Lyla and Shada might have been in their mid-thirties, but they were not sure of this. They married so young that each of them has more than five children. Many others had died when they were born. They all came from a far away village when it was attacked by the militia. They all came to the city with their husbands, children and relatives. Since they came to the camp their lives have changed and their husbands are different.

*“In this place, we have to do everything. Work to earn, take care of our husbands, children and relatives and all that. Our husbands do not have opportunities to work. When agencies come to get our information they always want to talk to us not to our men. We do not want them to go outside the camp as they would get killed by the militia. We do get beaten up by militia most of the time and sometimes get raped. It is a common experience for all of us, but they rarely kill women. The bad thing is that our husbands are doing nothing and we do everything. So, they sometimes get angry with us and beat us. That is fine as that is the only way they get to take their anger out and almost all of them drink local alcohol. If there is security and work for men, we are confident that this situation would change.”*

When I asked them about their fears and experiences of violence and rape, they all laughed.

*“Do you think that we have time to think about these things? We are busy and there are families to take care of. It is of course difficult and we all have spent sleepless nights about going to collect firewood, where we mostly get caught. But this is life and*

*this is the wish of Allah (God). Who are we to question this situation other than facing it? Our biggest worries are our children and their future. If this conflict continues like this, what will happen to them? We always talk about this situation and sometimes we cannot sleep or eat well by thinking this problem. We can go through any hardship and difficulty if we can see a solution to this problem.”*

#### **WD – 05: Group of Children and Teenagers**

Beatrice and I met eight children and teenagers who were sitting under a tree one afternoon. They were quite happy to talk to us even without our requesting it. Rasha (14 years old), Fathima (13 years old), Mohamed (14 years old) and Abdul (15 years old) were looking after their younger brothers and sisters – Amna (8 years old), Nuzreth (6 years old), Moussa (5 years old) and Haleem (6 years old). As these teenagers were the carers of these children, Beatrice explained to them what we were doing and asked them whether they were comfortable speaking to us. She also explained that we were not there to offer them any services or gifts after the discussion. They agreed and started talking.

*“Our mothers are collecting firewood and doing other work and fathers are at work in the market or construction or playing cards with their friends. We do not get to work as the original community in this place are also poor. They cannot afford to give us any work. So, all of us are going to school, which has classes up to standard six. We take our younger siblings to school with us as there is no one to take care of them. We sometimes see dreams about our future as well as nightmares about militia trying to kill our families.”*

All the teenagers dream about their futures and what they want to do when they grow up. Fathima and Mohamed want to become teachers while Rasha wants to be a doctor and Abdul an engineer. They all want to help their families and the community when they grow up.

*“By receiving good education we can achieve our expectations and then we can take care of our parents, siblings and the community. Then we can protect them. We are scared about our parents and the community. The militia is everywhere and we always worry that they would kill someone we love. We want protection and better education opportunities. Education is the only way to get out from the difficult situation we are in.”*

Amna, Nuzreth, Moussa and Haleem are worried that their parents will not come back home. They also worry about their elder siblings going away. They always try to be with them, even when they're asleep. They want to make plans and be happy.

None of the children and teenagers wants to go back to their village. They think that the militia would kill their parents and families, as well as lose everything they love.

#### **WD – 06: Two Elderly**

Beatrice and I managed to meet Lyla and Kadeeja after an Older People's Committee (OPC) meeting at an IDP camp. They were treated as the elderly women at this camp and after explaining what we wanted to discuss they were willing to speak. They speak in abstracts and the following is a summary of what they said:

*“Before being displaced we were treated well within our communities. We received food, goats and other support from our communities, regardless of being our relatives. Always the younger generation came to consult us before they do something important like marriage, building a house or circumcision of a boy. Now the agencies and young foreigners have taken up this role and our community consults us less and less. We are not very important to our community and we are totally depending on agencies for food and other needs. Also, as this camp is not natural to our living places and people are poor, the level of marriages is going down. Parents cannot afford dowries for their children. We think that because of that the prostitution is high in this camp. We are worried that one day our communities would not have any culture or tradition.”*

## 5.8. THE MISSING ELEMENTS AND EMERGING THEMES – WESTERN DARFUR

The above field information provides the following themes important to this research and valued by communities, and which are evident as affecting their own views of mental health and wellbeing. The Table 5.4 tabulates these themes:

**TABLE 5.4: EMERGING THEMES FROM DARFUR**

Population	Emerging Themes
Western Darfur: Conflict affected displaced communities	<ul style="list-style-type: none"> <li>• Uncertainty and dangers are part of life</li> <li>• Suffering is part of being human</li> <li>• Importance of family and community</li> <li>• Value of religion</li> <li>• Abuse and threats</li> <li>• Helplessness and powerlessness</li> <li>• Lack of social engagement</li> <li>• Worries about the future</li> <li>• Loss of traditions and cultural practices</li> <li>• Dreams and hope about the future</li>   <li>• Value of religious concepts (i.e.: God)</li> <li>• Lack of social activities by agencies</li> <li>• Experience of torture, violence and disasters</li> <li>• Traditional healing</li> <li>• Social interactions (i.e.: firewood gathering)</li> <li>• People suffer when the leaders are bad</li> <li>• Eating and sleeping but doing nothing</li> <li>• Mindfulness through uncertainty and danger</li> <li>• Dreaming to go back to old life styles</li> <li>• Security and protection</li> <li>• Needing help</li> </ul>

(Source: Author)

Table 5.4 indicates community concepts, ideas and practice on mental health and wellbeing for the case of this cohort of people. However, these aspects are not incorporated into psychosocial wellbeing projects conducted by agencies, especially the value of traditional knowledge systems and cultural tools including religions. It is reasonable to also argue on the basis of the accounts of the people in this area that some of these mental health and wellbeing issues are created by agencies, whilst some are due to the conflict.

Further, the refugee communities are using their own traditional knowledge systems as well as cultural mechanisms from Sudan to deal with suffering and improve wellbeing. In a country where health care, including psychiatric services is minimal, these

traditional knowledge systems provide them with much relief. They use folk stories, traditional healing / medicine and religious structures as part of their traditional knowledge system (Reviewed in Chapter 7, Section 7.1).

## **5.9. CONCLUSION**

Throughout the DDC/UNHCR assessment process and the PhD field work, it was observed that the existing psychosocial and trauma discourses in Western Darfur were falling short of accounting for the social and political aspects of mental health and wellbeing with respect to the actual suffering of IDP communities. The result was that rape victims, sexually abused children and people who experience violence are becoming more helpless, in terms of the weakening of social, cultural, political, environmental and economic settings, within their own communities. The existing support projects aim to provide 'help' for people to deal with violence. This threatens to erode culture-specific mechanisms for the containment of, and coping with, future violence. Once these helping mechanisms fail to function, communities may become defenceless to a cycle of further widespread violence.

The findings are consistent with the view that in referring to 'community' it is important agencies are aware of the limitations of predominantly western notions of what 'community' actually is. However, regardless of precise definitions of community, it is advocated by the DDC/ UNHCR Assessment, and more in depth by this study, that damage in the form of the mental health of the individual is damage with community repercussions. For example, the rape of Fatima is the rape of her father, brother, uncle, mother, children and everybody else associated with her. Destruction of community, kinship, the extended family, or simply the interconnectedness between people living in the same area, is easier interpreted if thought of as destruction of the fabric of society. Interventions targeting at risk individuals should therefore extend to addressing the whole social impact on a group of people, to be able to better address the needs of those individuals.

Traditionally and in terms of local culture communities that participated in this research accepted that suffering through dangers and uncertainty is part of their human experience. Religion provided them with a framework for dealing with these suffering, to help each other and value kinships.

## **CHAPTER SIX: MALAWI**

### **6.1. BACKGROUND**

The Republic of Malawi is a landlocked country in southeast Africa that was formerly known as Nyasaland. It is bordered by Zambia to the northwest, Tanzania to the northeast and Mozambique, which surrounds it on the east, south and west. The country is separated from Tanzania and Mozambique on two flanks by Lake Malawi. Its size is over 118,000km<sup>2</sup> with an estimated population of more than 13,900,000. Its capital is Lilongwe and the biggest city is Blantyre (Government of Malawi, 2009).

Malawi is among the world's least developed and most densely populated countries. The economy is heavily based in agriculture, with a largely rural population. The Malawian government depends heavily on outside aid to meet development needs, although this need (and the aid offered) has decreased since 2000. The Malawian government faces challenges in growing the economy, improving education, health care and environmental protection and of becoming financially independent. There have been several national programs developed since 2005 that focus on these development issues, and the country's outlook appears to be improving, with economic growth, education and healthcare seen in 2007 and 2008 (Human Development Report, 2007/08). However, Malawi has a low life expectancy and high infant mortality. There is a high prevalence of HIV/AIDS, which is a drain on the labour force and government expenditures, and is expected to have a significant impact on gross domestic product (GDP) by 2010 (Human Development Report, 2007/08). The country's human development situation is driven by underdevelopment issues and therefore mental health and wellbeing issues are not necessarily being recognised.

### **6.2. MALAWI: THE LAND OF HOSPITABLE PEOPLE**

Malawi has continued to enjoy a peaceful environment. In 2004, though fraught by a few demonstrations, a new Government was elected under peaceful conduct and the country continues to enjoy stability. However, Malawi is rated as one of the poorest countries in the world. About 65 percent of the population live below the poverty line (Human Development Report, 2007/08). The poor state of the country's economy is evident in the poor living conditions of the surrounding villages where the refugee camps are situated. This affects the delivery of assistance to the camps as per UNHCR standards without creating marked disparity between the two communities.

Malawi is party to a number of International Instruments, such as the 1951 Convention and its 1967 Protocol. It has also ratified the 1969 OAU Convention, The Universal Declaration of Human Rights of 1948 and Economic and Social Council (ECOSOC) amongst others (Jayawickrama et al., 2006). Malawi has also enacted a Refugee Law which guides the implementation of activities related to asylum seekers/refugees in the country. The existence of these legal instruments has greatly facilitated the work of UNHCR in Malawi on matters related to refugees and asylum seekers.

The nine reservations made to the 1951 Convention by the Malawi Government however placed several impediments to implementation of UNHCR activities in the Country (Jayawickrama et al., 2006). Such challenges for refugee communities have thwarted efforts towards implementing local integration activities including wage earning, freedom of movement and employment. The proper conduct of businesses in urban centres is also being frustrated by the authorities.

Malawi's proximity to the countries of conflict of the Great Lakes Region renders it a gateway out of there to other Southern African states with more promising lives for the future as compared with these war-torn countries. This has been a further pulling factor for asylum seekers transiting through Malawi (Government of Malawi, 2009).

The generous asylum policy in Malawi permits many of the asylum seekers to enter the country without much difficulty. However, for some, the ultimate aim would be to transit through it. This was observed during the head count exercises conducted in August 2003 and the verification exercise that was conducted from September to December 2004, showing significant reductions in the registered asylum seekers compared to actual figures obtained from the exercises (Jayawickrama et al., 2006; Government of Malawi, 2009).

Despite the foregoing, a number of genuine asylum seekers see Malawi as their final asylum destination as some of those who arrived in 1994 and later are still living at the Dzaleka Camp. The Malawi population is equally receptive to the asylum seekers and refugees (Jayawickrama et al., 2006). This is evident through the harmonious co-existence of refugee settlements in Dzaleka and Luwani with the surrounding local population. Despite the high population density of Dowa district where Dzaleka camp is established, no conflicts have arisen as a result of refugee presence in the area. The majority of the displaced people or caseload in terms of people of concern to UNHCR, in Malawi comes from the Great Lakes Region. Many of the refugees arrived from early 2001 with the highest peak in late 2002 and early 2003 following the continued conflict



in that region and application of the cessation clause for Rwandan Refugees in Tanzania in 2002. However, UNHCR has noted a reduction in the number of asylum applications from 2004 to-date (Jayawickrama et al., 2006).

The refugee populations in Malawi originate mainly from Rwanda, Burundi and the Democratic Republic of Congo (DRC) since 2001. According to the official statistics as of 2005, the total population of refugees in Malawi is 9,571. Of these 8,089 reside in camps while the rest (1,482) live in urban areas (Jayawickrama et al., 2006). The large majority of the refugees live in the following locations:

- Dzaleka camp has a population of 5,462, of which female refugees constitute 50 percent and children below 18 years old 48 percent.
- Luwani camp has a population of 2,627, of which 42 percent are female and 48 percent are children.
- Urban contexts (Lilongwe) where there are 1,482 refugees of whom 34 percent are female, and 57 percent children. However, there are refugee communities living in other cities of Malawi as well.

(Source: UNHCR, 2006)

### **6.3. THE HUMANITARIAN RESPONSE TO THE SITUATION IN MALAWI**

Malawi's major humanitarian needs lie in the areas of food security and addressing HIV/AIDS (UN OCHA, 2009). The country remains chronically vulnerable to a complex set of issues, such as food insecurity, HIV/AIDS and weakened government capacity.

At the root of the humanitarian crisis in Malawi, along with tough policy issues, erratic weather and chronic poverty, is the HIV/AIDS pandemic, which is threatening the lives and livelihoods of millions of people, especially women (UN OCHA, 2009).

An estimated 70 percent of hospital deaths are now reported to be AIDS-related and more than 300,000 children have been left orphaned by the disease (Jayawickrama et al., 2006). The adult prevalence rate is lower than in many other countries in the region but is still estimated to be at least 16 percent amongst adults (Jayawickrama et al., 2006).

Family bread-winners have either been lost to HIV/AIDS or are too weak to work in their fields and hundreds of thousands of families cannot afford to buy food. Early contributions from international donors and a unique consortium of partner non-

governmental organisations working in the country in 2006 ensured that almost three million people have received crucial food aid assistance.

Strong donor support also enabled the distribution of two million agricultural starter packs containing vital seeds and fertilizers to farmers throughout the country, while Government provided an additional one millions packs. Compared to last year's rainy season, the number of cholera cases has plummeted by some 75 percent due to tireless monitoring and water sanitation interventions by the World Health Organisation and UNICEF (Jayawickrama et al., 2006).

Malawi's background information provides a basis for trying to understand the mental health and wellbeing of refugee populations living there. Also, it provides a way into potentially explaining the conditions of mental health and wellbeing of Malawian communities who play the role of the host community, affected by poverty and diseases.

Table 6.1 shows the features of the UN consolidated appeal for Malawi in 2005:

**TABLE 6.1: UN CONSOLIDATED APPEAL FOR MALAWI**

<b>2005 – Appeal Requirements (UN Consolidated Appeal for Malawi)</b>	
<b>Sector</b>	<b>Funds Required (US \$)</b>
Agriculture	7, 811, 083
Education	558, 730
Food	37, 348, 634
Health	9,868,811
Protection/ Human Rights/ Rule of Law	400, 000
Sector Not Yet Specified	167, 238
Water and Sanitation	1, 659, 341
<b>TOTAL</b>	<b>57, 813, 837</b>

(Source: Locally held OCHA data from Malawi, 2006)

This consolidated appeal was targeted to assist the communities in Malawi including refugees. The health sector, which is the second largest appeal, was planning to cover health infrastructure, professional training, equipment and awareness raising on health issues (UN OCHA, 2009). However, mental health including psychiatric services receives minimum attention in comparison to larger infectious disease problems in Malawi.

#### **6.4. MALAWI UNHCR PROJECT DESCRIPTION: THE POOR HELPING THE POOR**

The UNHCR Country Office in Malawi takes the leadership in providing services and protection to refugee and asylum seeker communities. The following Implementing Partners were conducting the field level activities.

- Malawi Red Cross Society
- Department of Poverty and Disaster Management
- Ministry of Health
- Jesuit Refugee Service
- World Relief Malawi

UNHCR's main durable solution for refugees in 2006 was to prioritise local integration and promote agricultural activities among refugees (Jayawickrama et al., 2006). As such, the irrigation project within Luwani Camp was foreseen as the best way to promote agriculture in that area to also bring about self-sufficiency. The main objectives/goals of the irrigation project was to increase and improve refugee family self reliance through enhancing the productivity of land resources availed to the refugees in the camp and this would ably be achieved by:

- Optimising the use of available agriculture land, which otherwise lies idle during the dry season,
- Improving the delivery of domestic water services with a view to reduce time spent in collecting water, thus releasing the drawers of water for other economically beneficial activities.

(Source: UNHCR, 2006)

It should be noted that food, which is provided by WFP, had not been factored into the MOU for this study because it was signed between UNHCR, GoM, Malawi Red Cross Society and WFP and ended in December 2005 (Jayawickrama et al., 2006). As part of the strategy for the gradual phase out of the Dzaleka Camp, WFP was gradually cutting down food rations to refugees by half while maintaining the same rations in Luwani Camp. It should be noted however, that increased food productivity in Luwani was not only relying on the irrigation project but also on the provision of supplementary agriculture inputs that UNHCR had been providing such as starter packs (Jayawickrama et al., 2006). Also UNHCR was providing assistance to combat HIV/AIDS among the refugee population, securing environmental protection and optimal resource utilisation (Jayawickrama et al., 2006).

Following extensive needs assessments at the field level by both UNHCR and its partners, the projected funding requirement for the 2006 UNHCR Malawi Refugee Program amounted to approximately US\$2,004,500 of which UNHCR committed US\$ 1,632,000 (Jayawickrama et al., 2006). This however was a constraint to achieving the huge infrastructural development required to make Luwani camp fully operational. Note that, Dzaleka camp already has the entire necessary infrastructure including a fully functional primary school within the camp and easy access to secondary education in the surrounding area.

The capacity-building activities for both the Government and key implementing partners of UNHCR remain one of the most important activities. These activities also include psychosocial issues (Jayawickrama et al., 2006).

### The Project

Based on the Western Darfur assessment process, UNHCR Malawi<sup>7</sup> requested their Geneva headquarters to conduct a similar assessment. The DDC team conducted the assessment. This was to be combined with extensive capacity building activities on community-based programming including psychosocial wellbeing with the Malawi Red Cross Society and Jesuit Refugee Service, which had indicated they were already conducting psychosocial projects.

Based on this understanding the DDC team conducted its assessment together with a capacity building process in Malawi from July to October 2006.

## **6.5. BENEFICIARY AND SERVICE PROVIDERS JUDGEMENT OF THE SITUATION IN MALAWI**

During this assessment process the DDC Team (comprising one male and one female) conducted unstructured interviews and focuses group discussions with 163 refugee community members in Malawi. Table 6.2 shows the countries of origin of assessment participants and Figure 6.1 the age and sex distribution of participants:

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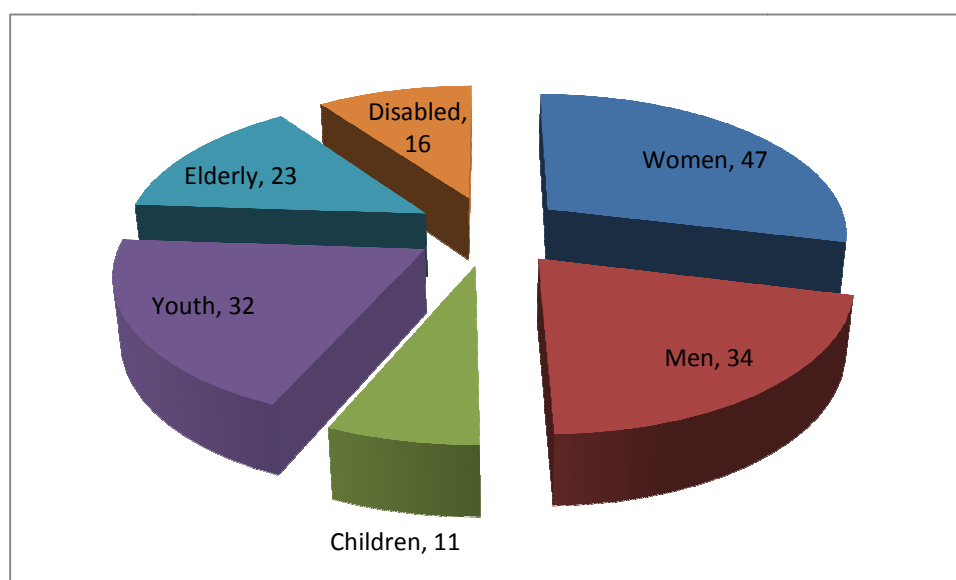
<sup>7</sup> A similar request was made by UNHCR Pakistan and a separate assessment was conducted with Afghani Refugees in parallel to the Malawi assessment and capacity building process.

**TABLE 6.2: COUNTRIES OF ORIGIN OF PEOPLE INVOLVED IN THE ASSESSMENT PROCESS IN MALAWI**

Country	Men	Women	Children	Youth	Older People	With Disability	Total
Rwanda	14	26	1	13	8	7	69
DRC	4	7	8	12	6	3	40
Burundi	9	11	2	6	9	6	43
Sierra Leone	3	2	0	1	0	0	6
Somalia	3	1	0	0	0	0	4
Sudan	1	0	0	0	0	0	1
<b>TOTAL</b>	<b>34</b>	<b>47</b>	<b>11</b>	<b>32</b>	<b>23</b>	<b>16</b>	<b>163</b>

(Source: Author)

Figure 6.1 shows the community distributed as parts of the whole sample.



**FIGURE 6.1: AGE AND GENDER OF PARTICIPANTS IN MALAWI**

(Source: Author)

Throughout the Assessment process the DDC team focused on obtaining community comments about psychosocial interventions and activities in Malawi by the two UNHCR partners indicated earlier. Information was gathered and analysed to assist UNHCR in strengthening their activities in Malawi as well as re-shaping their policies. The refugee communities and national agency staff members identified the following interventions and activities, which have been conducted under the banner of psychosocial wellbeing in Malawi (Table 6.3):

**TABLE 6.3: PSYCHOSOCIAL AND WELLBEING IDENTIFIED INTERVENTIONS AND ACTIVITIES IN MALAWI**

<b>Population</b>	<b>Interventions/ Activities</b>
Malawi: Conflict affected refugee communities	<p>Assessment conducted for UNHCR by DDC</p> <ul style="list-style-type: none"> <li>• Counselling</li> <li>• Vocational training for youth</li> <li>• Women’s education and vocational training</li> <li>• Mother and child care</li> <li>• Children’s play groups</li> <li>• Accessing health care facilities</li> <li>• Legal aid</li> <li>• Trainings on human rights, gender, child rights and psychosocial issue</li> <li>• Housing and livelihood projects</li> <li>• Identification for resettlement</li> <li>• Community meetings (with UNHCR)</li> </ul>

(Source: Author)

These identified interventions and activities were only for women (all ages) and children. The refugee communities or national staff members of agencies could not identify any psychosocial activities for men.

The following are the key findings of the assessment process, which were discussed, debated and finalised for a larger internal report of UNHCR in Geneva:

- Inclusion of refugee voices in refugee care activities including the psychosocial project is weak. The field information gathering processes do not focus on receiving refugee ideas, thoughts and suggestions. All the projects are developed by foreign consultants and refugee communities and national staff members of agencies are not included.
- Activities and services including food and nutrition, habitat, health (particularly HIV/AIDS), water and sanitation, protection and services do not have an integrated care aspect. These activities and services are conducted without care, politeness and kindness, qualities which affect the psychosocial wellbeing of refugee communities.
- As national staff members are not involved in developing psychosocial projects, there is no capacity building process. Training and educational opportunities are lacking.
- Active participation of refugee communities in overall project development, implementation and monitoring is lacking. This has created a situation where

refugee communities do not have any ownership or responsibility over projects and activities.

## 6.6. EVALUATIVE CONCLUSIONS FROM MALAWI ASSESSMENT: THINK GLOBAL ACT GLOBAL

The Assessment process generated information for the following evaluative judgements on the theoretical basis, coverage, efficiency, effectiveness, impact, community and sustainability of the intervention in Malawi. (Table 6.4)

**TABLE 6.4: EVALUATIVE JUDGEMENTS FROM THE MALAWI ASSESSMENT**

<b>Criterion</b>	<b>Aspect Measured /Assessed</b>	<b>Source of Viewpoint</b>	<b>Method</b>	<b>Assessment Analysis</b>
1. Theoretical basis	Developed by foreign consultants and staff in Geneva.	UNHCR Staff members and policy documents	Interviews and review of documents	No formal policy framework to judge
2. Coverage	Quantitative coverage of refugees. However, there are many gaps in qualitative coverage.	Refugee communities and field staff of UNHCR partners	Interviews and observations	Limited to formal camps
3. Efficiency	Social, political, cultural and economic problems in project delivery.	Refugee communities and field staff of UNHCR partners	Interviews and observations	Relatively low due to lack of human resources and finance
4. Effectiveness	Objectives set by UNHCR are not agreed by partners.	UNHCR Staff, Refugee communities and field staff of UNHCR partners	Interviews and observations	Questionable as "recover" not equal to cure
5. Impact	No changes to refugee conditions in terms of policy or practice.	Government of Malawi, UNHCR Staff, Refugee communities and field staff of UNHCR partners	Interviews and observations	Impossible to assess
6. Community	No ownership or responsibility over activities.	Refugee communities	Interviews and observations	Community groups more important than the UNHCR or government
7. Sustainability	Short term planning. No concepts of sustainability.	Government of Malawi, UNHCR Staff and field staff of UNHCR partners	Interviews , observations and review of documents	Not liked to mainstream and long-term programmes

(Source: Author)

According to the above Table 6.4, the theoretical basis of psychosocial projects has been developed by foreign consultants with no involvement of refugee communities. Due to this fact the quantitative targets of projects are given more importance, such as for example the numbers of refugee women that participate in counselling, whilst ignoring quality considerations. Lack of quality creates social, political, cultural and economic issues in refugee populations. Receiving counselling, for example, has been regarded as a negative factor within refugee communities (Jayawickrama et al., 2006). The effectiveness and impact of these psychosocial projects is at a minimum because project objectives are not suited to refugee communities where their more practical situation remains unchanged. As refugee communities do not have any ownership and responsibility over activities, sustainability of psychosocial projects cannot be assured.

### Reflections of the Evaluative Judgements

The Assessment Report presented by the DDC team was influential in UNHCR Geneva, in making policy changes for community involvement in UNHCR field activities and development of the UNHCR Manual on a Community Based Approach in UNHCR Operations. However, in terms of mental health and wellbeing analysis this assessment process was limited for the following reasons:

- i. Project plans: As the projects were developed by outsiders to refugee communities and Malawi, the project plans were limited to achieving quantitative targets and labelling communities as 'traumatised' or suffering from 'PTSD'. They were not broad enough to create spaces for local languages and ideas. Due to this the quality of project activities was low and there was no capture of qualitative information about the effectiveness of activities.
- ii. Boundaries: Agency psychosocial activities are conducted by international staff members who had little or no knowledge about local situations. Therefore, traditional knowledge systems and cultural tools were shunned in projects which were assessed. The implication of this is that the local staff members are not involved in these activities and their capacities were not been built to conduct activities.
- iii. Community ownership: None of the projects assessed by the DDC team had community ownership or responsibility. Refugee communities are treated as 'un-educated' and national staff members only translate between communities and international staff members.



Further, terminologies such as psychosocial wellbeing or trauma did not have any specific meanings for communities. This was problematic for understanding community concepts of mental health and wellbeing. As in Western Darfur, substantive information about the meanings communities attach to mental health and well being was unavailable. Therefore, field research was carried out in order to obtain this information.

## 6.7. QUALITATIVE FIELD INFORMATION

Sixteen refugee community members participated in the research process for which unstructured interviews were conducted in order to access information. Figure 6.2 shows the age and sex distribution of the participants:

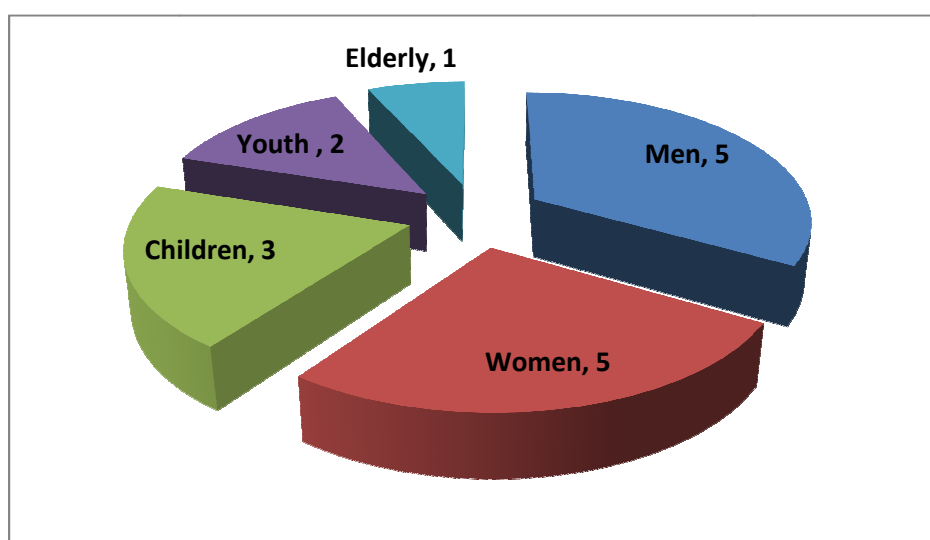


FIGURE 6.2: PARTICIPANTS IN THE PHD RESEARCH PROCESS IN MALAWI

(Source: Author)

The field information from Malawi has been coded as M (Malawi).

### M – 01: The Dark Tunnel

Age: 32  
 Country of origin: Rwanda  
 Living status: Living with three children

I met Caroline on a sunny day in the city of Lilongwe in Malawi. She had met with Angela, my colleague, before in the street and wanted to meet with us. Caroline is the only person I met who wanted to tell her story independently of an agency programme

or activity. We arranged to meet at one of the UNHCR supported community centres in Lilongwe. Caroline had met with the counsellor in this community centre before, but did not continue her sessions because she felt that he had wanted to hear about her feelings and emotions, rather than listen to her story.

Caroline was in her early 30s and dressed in nice clothes. She looked like a middle class person and somewhat different to people I had met in other refugee communities in Malawi. She spoke good English and greeted Angela and myself with a smiling face. However, I noticed that Caroline was tired and sad. Underneath her smiling face there was some deep sadness and insecurity.

Caroline was quite excited to know that I was from Sri Lanka where there is conflict and expressed that she felt comfortable chatting with Angela and me. I explained to Caroline about the process we follow and gave her the option to decide which language she wanted to tell her story in. She said that she was comfortable talking in Kiswahili and Angela agreed to be the translator. Further, Caroline said that her story was a very disturbing one and that she would try her best to tell it without crying.

What follows is Caroline's story. I wrote it down as Angela translated. There were no questions from me; Caroline just told us her story. At the end she read through the notes I had taken and corrected some of them, before agreeing that we had managed to respectfully record her story.

Caroline is from Rwanda. Her parents were from two different tribes – her father was a Hutu and her mother was a Tutsi. They were a happy family and her parents loved each other very much. Her father was a business man and they had enough money to provide a good life for their four daughters. In 1994 the violence started and a group of people came into her house. Caroline's parents and three sisters were killed. However, a member of the gang didn't want to kill Caroline; he wanted to marry her. She was unsure what this was, but agreed to marry this man who had taken a part in killing her family. After a while they had a daughter and lived a life together.

However, Caroline's maternal uncle didn't like the fact that she survived. He wanted to claim her father's entire property for himself. As her uncle was a powerful man within the tribal system, he managed to kill her father-in-law and imprisoned her brother-in-law. Caroline's husband ran away without knowing that she was pregnant again. Caroline continued to visit her brother-in-law in the prison, as he was the only relative who had been kind to her. Her mother-in-law kept accusing her of bringing bad luck to

the family. Because of these unbearable accusations, Caroline somehow found a way to help her brother-in-law escape from prison. The day he escaped, her uncle came with the police and arrested her. The police tortured her – they burnt her chest and beat her head till she bled. After pleading to her uncle, they released her on the basis of her daughter's welfare. But Caroline's friend, who was married to another powerful man in the system, managed to inform her that they were going to kill Caroline and her daughter. The friend helped Caroline escape to Tanzania in 2002. Caroline gave birth to a baby boy on her way to Tanzania.

In Tanzania Caroline and her children were treated very badly because of their mixed ethnicities. Her wounds from the torture were still present and she suffered a lot. Somehow, Caroline managed to find her husband; however he did not want to see them. He used to beat her and the children. One day he beat her up so badly she ended up in hospital. One day he came to the hospital to give her two choices: one was to go to Rwanda where her uncle could kill her; the second was to live in Tanzania, but that he was planning to leave. Caroline asked him why he had saved her on that first meeting. He could only apologise to her and explained that he could not deal with her mixed ethnicity. He elaborated, saying that Caroline's uncle had found out that she was with him again and had threatened to kill his mother if he helped her. After much pleading from Caroline and further beatings from him, he brought them to Malawi in early 2004.

When they arrived in Malawi, Rwandan refugee communities became suspicious about Caroline. They thought she was spying for her uncle, who was now a very powerful man in the Kagame Government in Rwanda. This led her husband to move them from the refugee camp to a house in Lilongwe city. He did not allow her to leave the house and her suffering continued. After sometime Caroline's husband changed a bit – he found a better house and started a small business. They had a good standard of life and Caroline realised she was pregnant again. This was the time she heard from a neighbour that her husband was having an affair with another woman. He stopped caring about Caroline and the children – he didn't bring any food to the house and sometimes did not come home for days. Caroline thought if they were to survive she must develop friendships with the local community and learn the language. However, as gratitude for saving her, she continued to care for her husband.

One night Caroline gave birth, alone, in the house. Everything went well and her husband came later on to take her to the hospital. After she came back from the hospital her husband left her again. He did not come home for months. Caroline and

her children were supported by the friends she found in the local community. One night she came out from the house to go to the toilet. There were two men outside. They took her back into the house and raped her. The rape and beatings lasted for hours. After the men left, her eldest daughter went to help Caroline. She was on the floor, covered in blood and unable to move. Her daughter kept asking her what had happened and wanted Caroline to laugh with her so she could confirm that Caroline was alive. After about 30 minutes Caroline's husband came back. He refused to believe she had been raped and accused her of having affairs with other men. He told her that he did not want to be with her anymore and left the house. She has never seen him again. Next day Caroline went to the police to make an official statement about her rape, this would also enable her to go to the hospital. In the hospital they treated her and tested her for HIV/AIDS. Caroline was negative. After three months they tested her again and she was still negative.

She started her life with her children again. Her friends in the Malawian community are helping her and she has heard that her husband left Malawi in 2006 with his second wife. Caroline is struggling with no job or plans for future. However, she does odd jobs to keep her family going and tries to be positive about the future. Caroline thinks it is a worthwhile struggle. One day she will find good educational opportunities for her children and they will live a good life. She is not worried about her husband or what has happened. Caroline thinks that it is God's will that she has to suffer and is happy to accept this. She thinks that towards the end of this dark tunnel of suffering, she will find the light of satisfaction and happiness. She finds that she is now much happier than she was with her husband and enjoys her time with her children, but she spends sleepless nights and worries about the following problems:

- Fear for the security of her children as the Rwandan refugee communities are angry with her as they think that she is a spy for her uncle.
- Because of this security problem Caroline cannot leave her children at home so as to get a job.
- Caroline wants to find asylum in a country where there are no Rwandan communities.
- Worry about her children's education and future.
- Finding help for her present and future problems. She finds it very difficult to deal with all the agencies she meets that want to discuss her feelings about her past.

**M – 02: Bembe**

Age: 29  
Country of origin: DRC  
Living status: Living with three children

Bembe's husband and a daughter were killed, and she was tortured and raped, by a group of people in 2003. She came to the refugee camp in the same year with her remaining three daughters. She complains that the same group of people who were responsible for her situation are also in Malawi. She worries about her security and, if these people kill her, that of her daughters. In 2005 she filed a police report and submitted it to UNHCR. Bembe finds it very difficult to sleep, eat or get involved in any activities. However, she thinks that time, and praying to God, will solve the problem.

**M – 03: Danial**

Age: 28 / 29  
Country of origin: DRC  
Living status: Alone

Danial was a teacher and civil society activist in his own country. As they were supportive towards rebels, Danial's family was killed and he has been poisoned and tortured by the authorities.

There are no opportunities in Danial's current life to become part of any worthwhile activity. He has been accused by his neighbours of being strange and conducting witchcraft. He complains of a lack of valuable involvement (meaningful framework) in his current life, and because of this has problems sleeping, eating and maintaining social relationships. Danial does not have any relatives in the Camp. He wants to be involved in a useful activity and be a valuable member of the community in which he lives.

**M – 04: Michael**

Age: 39  
Country of origin: Rwanda  
Living status: Alone

Michael ran away from his country when the current government requested he be a part of their political campaign in 2002. He was a student activist and completing his PhD at that time. He was also married with a child, but he had to leave them behind if he was to avoid getting caught. When he was caught for the first time they threatened him and his family. Since he left Rwanda, Michael has had no clue about his family.

Now Michael is living in the camp, still dreaming of completing his PhD and getting involved in something useful for the community. Michael thinks that he cannot do anything to change this situation and thinks that he should just wait and see. He worries about his family's future without education. He has problems sleeping and gets nightmares whenever he falls asleep. Also, the stress of being rejected by the community has caused a rash on his body.

**M – 05: Lukogo**

Age: 25  
Country of origin: Burundi  
Living status: Alone

Lukogo received a head injury when, scared of the police, he jumped from a moving vehicle. He received treatment and the wounds healed. But, he complains of a pain in his head and that he can't sleep at night. When he shared this with doctors at the clinic, they referred him to the psychiatric ward at the nearby hospital. Lukogo sometimes gets blackouts and becomes violent; however, Lukogo thinks his problems are not mental but physical.

Lukogo used to be a trained carpenter, but his current situation has left him unable to work. He wants to receive proper medical attention, so that he can start working again.

**M – 06: Mohammad**

Age: 23 / 24  
Country of origin: Sierra Leone  
Living status: Living with mother, sister and brother

Mohammad came to Malawi in 1997 with his mother, sister and brother. They have been recognised as refugees by the UNHCR; however, at that time his mother was a United Nations Volunteer (UNV). Their father had passed away in Sierra Leone and when his mother was tested positive for HIV, they realised how their father died. Mohammad's mother is now suffering from cancer and his sister tested HIV positive last year. He and his brother are the only two remaining members of his family without HIV/AIDS. Mohammad is studying in a theological school and a fellow countryman is helping him pay for his studies.

Mohammad is not sure about his future and he is worried about his family. He is a bright student and wants to complete his advanced studies. He thinks that God will solve his problem one day.

**M – 07: Derek**

Age: 16  
Country of origin: Somalia  
Living status: Alone

Derek came to the refugee camp in 2004 with his elder brother. His parents were killed in Somalia. One night a group of people (which he assumes were the same group who killed his parents) beat him and his brother. After that, his brother ran away and Derek doesn't know where he is. Derek has a heart problem, but he does not have the diagnosis documents made by his doctors in Somalia. He gets chest pains at nights, which are linked with his worries about his brother and his future; whenever he thinks about his brother and the future he gets this chest pain. Derek's ambition is to be a journalist when he grows up and to learn about different countries. But he is not sure about his ambition, as the school is not providing the appropriate education.

**M – 08: Carol**

Age: 31  
Country of Origin: DRC  
Living Status: Living with the daughter and two children without parents

Carol left her country because armed groups were looking for her husband. She left DRC for Malawi, when they took him away in 2003. Carol was in the camp with her autistic daughter, but there were no facilities provided for her. She came to the city, through a friend. She is doing handicraft for a living and does not receive any support from agencies. Back in DRC she had five children, four of whom went missing during the conflict. Also, she says that when the armed groups took away her husband, they had raped and tortured her. Currently she is also taking care of two more children who have lost their parents in DRC.

Carol is really worried about her daughter and how to educate her. Although there is a special school for children with disabilities, she cannot afford to send her daughter there. She works hard so that one day she will make enough money to take her daughter and other two children to a better country.

**M – 09: Joshua**

Age: 15  
Country of Origin: Rwanda  
Living Status: Alone

Joshua came to Malawi about two years ago and settled in the camp. After seeing his parents and siblings killed by armed men, he ran away and walked till he came to Malawi. He still finds it very difficult to sleep because he dreams about his parents and siblings getting killed. He does not go to school and hangs around the camp with other young men. Joshua does not see any value in going to school or getting a job. The only thing he wants to do is go back to Rwanda and kill the men who killed his family.



### **M – 10: Grayson**

Age: 09  
Country of Origin: DRC  
Living Status: Living with parents and two elder brothers

Grayson was born with a wound on his head. The doctors were able to cure him. However, when he was 07 months old Grayson contracted malaria and started having frequent fits. These fits have continued and, according to his father, become regular when Grayson is sad, hungry or upset. The parents think that Grayson is mentally retarded.

However, Grayson likes going to school and has lots of friends. His favourite subject is English language and when he grows up he wants to travel around the world to meet different people. He loves his family so much and worries about his parents. According to Grayson, he gets these fits when someone scolds him or when he is upset. The seizures also happen when his father shouts and beats his mother. After the fits he gets a pain in his body.

### **M – 11: Merlin**

Age: 14  
Country of Origin: Burundi  
Living Status: Alone

Since Merlin has lived with her foster mother she has never been able to remember her parents; she was so little when they came to Malawi that she has no memory of anything before it. Now Merlin's foster family has resettled in Australia without her: Merlin did not have the proper legal papers to go with them. Merlin lives by herself now. She is not worried about this as she thinks that after her studies she will become a journalist, and then she can visit her foster family as well as see the world. In the meantime, Merlin is worried about her life in the refugee camp for other reasons: such as the men who try to abuse her, or that she will not be able to complete her education.

**M -12: Rose**

Age: 59  
Country of Origin: DRC  
Living Status: Living with Husband and Middle Aged Son

'Camp life is hard; there is not enough food,' Rose said. She was sick with skin sores and when she had gone to the hospital they had given her Paracetamol. Rose wanted to kill herself, but with her husband and son needing her, both of whom suffer from diabetes, she decided not to. The Camp Management Committee has given Rose and the family some materials to build a house and with assistance from her neighbours they managed to build it.

Rose thinks that if she was in her home country she would have had a better life. But now she is taking care of her husband and son, who are supposed to take care of her. Rose finds it very difficult to sleep at night and worries about this all the time. She prays to God and expects that something will happen to change her and her family's lives.

**M – 13: William**

Age: 46  
Country of Origin: Rwanda  
Living Status: Living with Wife

William was a postal worker in his country. When the conflict happened in Rwanda in 1994, armed men came to his house and killed all his children. They raped his wife and attacked him. Somehow, William and his wife managed to get out and when they came to a safe place, he realised that both his legs were wounded very badly. They arrived in Tanzania and while in hospital the doctors removed both his legs. It took another four years for him to get a wheel chair. As refugee policies changed, William and his wife went back to Rwanda, to find that there were still armed groups looking for him and they arrived in Malawi. With all these frustrations, William tried to commit suicide twice without any success. His health declined and his wife now takes care of him full time. They are living by charity from agencies and neighbours. William is frustrated and angry at himself as he could not save his children and protect his wife. Thinking of himself as useless, he prays that God will take his life.

#### **M – 14: Mary**

Name: Mary  
Age: 37  
Country of Origin: Congo Brazzaville  
Living Status: Alone

Mary's mother was a Congolese and she went to school in DRC. Her father, a teacher, was a Tutsi who ran from Rwanda in 1964. When Mary was about seven years old she developed polio and during the conflict she ran away from DRC to Congo Brazzaville, then to Lusaka, and onto Malawi in 2001. The community does not like Mary because of her mixed tribal background. Someone had told the police that Mary is a spy from Rwanda. This resulted in her being sent to prison for seven months in 2004. Although Mary is living in the camp, she does not have any friends or support system. She is sad and upset about her situation. Because of her disability no one wants to marry her and she thinks that she has no future. Mary goes to Church every Sunday and tries to find a solution through religion.

#### **M – 15: Bernard**

Age: 15  
Country of Origin: Burundi  
Living Status: Living with Mother and Two Sisters

Soon after Bernard's family arrived in Malawi in 2000, his father was killed by someone unknown to them. His mother says that it was done by a rival tribe. Since then, his mother worked hard to provide food for Bernard and his sisters. She wanted them to go to school and study well. About three years ago, Bernard's mother had an accident; she was in hospital for many months. At this time Bernard became the head of the family. He stopped going to school and came out of the camp. He became an assistant in a shop in the city, He cleaned, carried and everything else. After saving up, Bernard opened his own shop in the camp in 2006. The business was good, but the Camp Management Committee did not like his enterprise, so they complained to the authorities about Bernard's shop. The authorities threatened Bernard and he closed down his shop. He is now in the city again, doing odd jobs. Bernard is worried about his two sisters who are going to school. He wants to become a successful business man one day, in order to take care of his sick mother and two sisters. He is worried that the community will not allow him to achieve his dream.

## M – 16: Christine

Age: 18  
Country of Origin: Rwanda  
Living Status: Living with Two Sisters

Christine and her sisters came to the camp in 2000. They ran away from Rwanda in 1996, when her parents were killed by an armed group. When they arrived in Malawi, they stayed in the camp for two years. But Christine was determined to get her sisters into school and left the camp. Now she is employed by a Malawian woman to make pancakes. From time to time she goes to the camp to collect her ration from the agency. As Christine is a determined woman, the host community help her and she has managed to get her sisters into school. They are studying well and Christine is happy with their progress. Christine is, however, worried about repatriation by the Malawian authorities; she does not want to go back to Rwanda.

### 6.8. THE MISSING ANALYSIS BASED ON FIRSTHAND ACCOUNTS FROM MALAWI: BEYOND THE ASSESSMENT

The above accounts reveal information on the following important themes (Table 6.5) valued by refugee communities in Malawi, which affect their mental health and wellbeing.

**TABLE 6.5: EMERGING THEMES FROM MALAWI**

<b>Population</b>	<b>Emerging Themes</b>
Malawi: Conflict affected refugee communities	<ul style="list-style-type: none"><li>• Uncertainty and dangers are unavoidable</li><li>• Suffering is part of being human</li><li>• Not taking action to deal with suffering</li><li>• Taking action to deal with suffering</li><li>• Helplessness and powerlessness</li><li>• Sadness and unhappiness</li><li>• Needing help</li><li>• Going back to old life styles</li><li>• Moving on and planning for a future</li><li>• Worry about the future</li><li>• Importance of community and family</li><li>• Value of religious support (i.e. God)</li><li>• Experience of torture and violence</li><li>• Community support</li><li>• Security and protection</li></ul>

(Source: Author)

Table 6.5 provides insights on the community's own concepts, ideas and practice for mental health and wellbeing. However, none of these are incorporated in psychosocial wellbeing projects conducted by agencies. The value of traditional knowledge systems and cultural tools, including religions, that might be considered most important to the people giving this information are not a part of the intervention projects.

The refugee communities are using their own traditional knowledge systems as well as cultural mechanisms from Malawi to deal with suffering and to improve wellbeing. In a country where health care, including psychiatric services, is minimal, these traditional knowledge systems provide them much relief. They use folk stories, traditional healing / medicine and religious structures as part of their traditional knowledge system to deal with uncertainties and dangers (Reviewed in Chapter 7, Section 7.1).

## **6.9. CONCLUSION**

The accounts from refugees in Malawi suggest that it is very important that refugee communities receive opportunities to become active participants in planning, implementing and monitoring projects conducted by agencies. This is because their complex backgrounds, current circumstance and future aspirations need to be at a minimum known about, understood or empathised with. By doing so, agencies could create a space for refugee communities to bring their traditional knowledge systems, cultural tools, skills and sense of coping to improve their mental health and wellbeing.

The refugee communities in Malawi are dealing with suffering through uncertainty and danger through traditions, cultures and religion, and perhaps other ingredients of human personality we are yet to fully understand. Based on these values and frame works they accept that uncertainty and dangers are part of human life. Further, they are receiving support from their social networks and relationships such as families, communities and relatives.

## CHAPTER SEVEN: DISCUSSION AND ANALYSIS

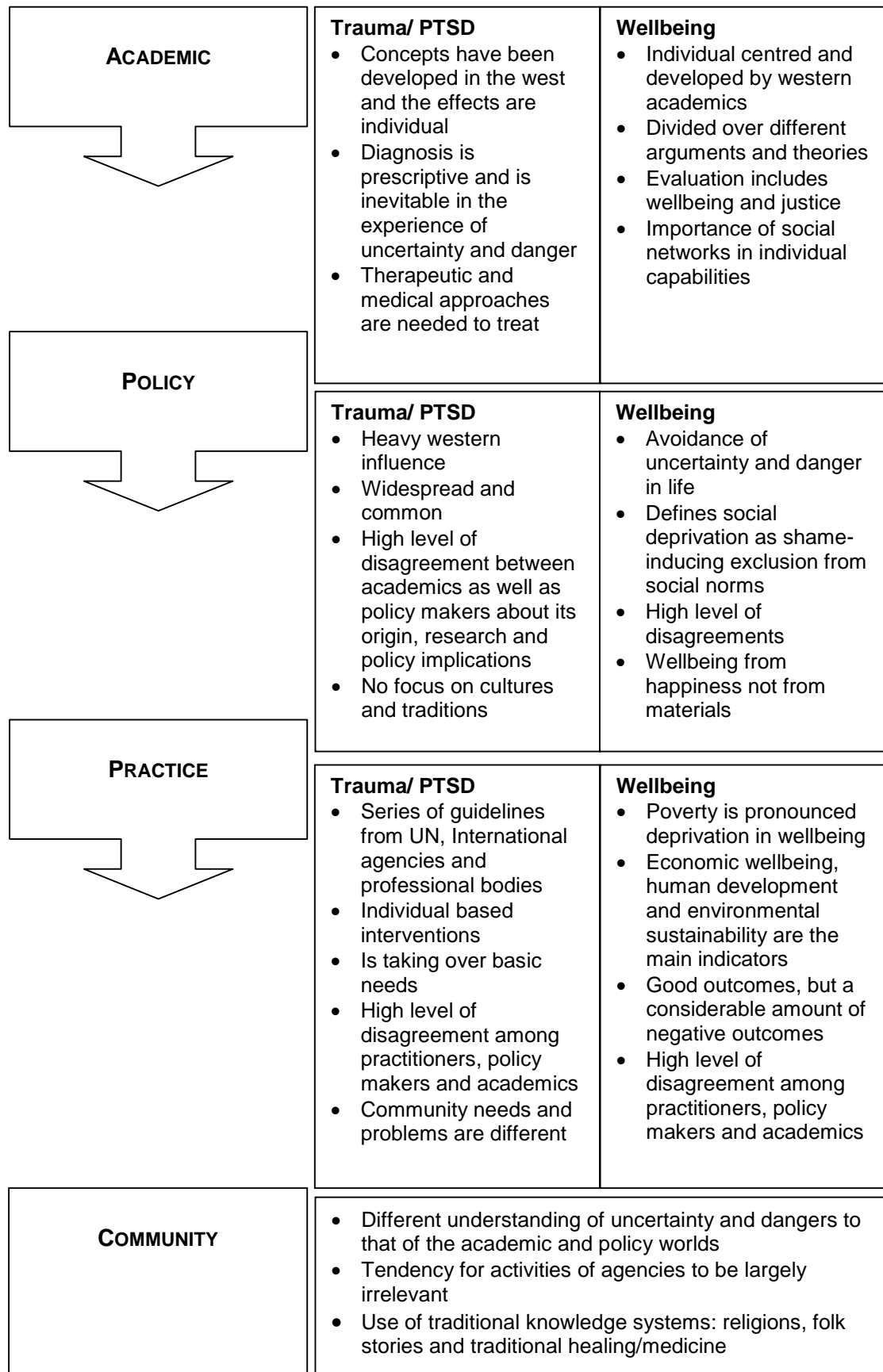
This chapter draws together emerging themes from this research and explores them in greater detail through key areas the communities are using to deal with uncertainties and dangers. These key areas are religion, storytelling and traditional healing from Sri Lanka, Sudan and Malawi.

The themes emerging from the community interviews in Chapters 4, 5 and 6 have the following common elements:

- Suffering through uncertainty and danger is accepted as part of everyday life, of being human.
- Relationships with families and community, whatever the background of displacement, are critical to wellbeing.
- Religion, tradition and culture are often the bedrock for human recovery processes.

The evaluative judgements of the assessments and evaluations conducted in Sri Lanka (with GMSL), Sudan and Malawi (with UNHCR) demonstrate that these themes, which are important to communities, have not been addressed by humanitarian and development interventions/ activities.

In contrast to a relative harmony between academic concepts and policies on mental health and wellbeing in disaster, development and conflict, there is a miss-match between practice and its effectiveness in working with communities. This is explored further in Figure 7.1.



**FIGURE 7.1: FROM ACADEMIC TO COMMUNITY PERSPECTIVES OF TRAUMA AND WELLBEING**

(Source: Author)

Figure 7.1 shows the academic perspectives and policy thinking and practice interventions from literature in the field of mental health and wellbeing. These perspectives are consistent with uncertainty and dangers being considered abnormal aspects of living. However, these perspectives are in conflict to the community perspectives pervasive throughout Chapters 4, 5 and 6. As Kleinman (2005) argues, such perspectives are derived from fundamental assumptions in western society:

*“Given the manifest shakiness of our lives, what is surprising is that we act, think, and write as if we were in control of ourselves and our world. It is our assiduous denial of existential vulnerability and limits that is extraordinary in American [Western] culture. Much of our society, of course, is founded on a myth of self-control (Jefferson’s perfectibility of man), mastery of the environment (taming the frontier), beneficence of our social order (the city on the hill), and denial of human limits, including the ultimate one, death itself.”*

(Kleinman, 2006, p.7)

The humanitarian agencies, including the UN, do not necessarily function in collaboration with affected communities to improve their mental health and wellbeing. The existing process is a top down process. Although various policy and practice guidelines stress the importance of community participation in project implementation, the three cases presented in this thesis show scant evidence of any collaboration. It seems that these guidelines are not implemented at local level; with many issues between humanitarian agencies stopping them from working together.

*“Individual and international nongovernmental agencies bring their own missions and organisational strategies to their aid efforts and their managers and leaders quite naturally find it difficult to see the world through other lenses than those perspective supplies”*

(Scott, 2003; Quoted by Stephenson and Kehler, 2004, p.4)

Further:

*“Donor behaviour currently represents a patchwork of policies and activities by individual governments which, taken together, do not provide a coherent or effective system for financing the international humanitarian enterprise.”*

(Smillie and Minear, 2003, p.1)

Concomitantly, this affects the local communities who are supposed to receive assistance.



The only example of an alternative approach found was the Mental Health and Psychosocial Project in Batticaloa, Sri Lanka, largely because of the fact that the project was developed by a local NGO and executed by their field staff members. The local community, in this instance, had a great deal of project ownership; elsewhere, wider international involvement has lacked links to the available cultural and traditional tools. In this respect, all the other case studies proved to have substantive shortcomings in coverage, efficiency, effectiveness, impact and sustainability.

#### **7.1. TRADITIONAL KNOWLEDGE SYSTEMS: RELIGION, STORY TELLING AND HEALING MEDICINE**

Communities around the world have survived against all the uncertainties and dangers of history, through a constant process of experimentation, innovation and mutual learning. The following academic and policy definitions present the key characteristics of traditional knowledge systems (TKS):

*“[Indigenous knowledge] includes the cultural traditions, values, beliefs, and worldviews of local peoples as distinguished from Western scientific knowledge. Such local knowledge is the product of indigenous peoples’ direct experience of the workings of nature and its relationship with the social world. It is also a holistic and inclusive form of knowledge.”*

(Dei 1993, p.105)

*“Traditional knowledge refers to the knowledge, innovations and practices of indigenous and local communities around the world. Developed from experience gained over the centuries and adapted to the local culture and environment, traditional knowledge is transmitted orally from generation to generation. It tends to be collectively owned and takes the form of stories, songs, folklore, proverbs, cultural values, beliefs, rituals, community laws, local language, and agricultural practices, including the development of plant species and animal breeds. Traditional knowledge is mainly of a practical nature, particularly in such fields as agriculture, fisheries, health, horticulture, and forestry.”*

(Convention on Biological Diversity, 2006)

*“Indigenous knowledge is an important natural resource that can facilitate the development process in cost-effective, participatory, and sustainable ways (Vanek, 1989; Hansen and Erbaugh, 1987). Indigenous knowledge (IK) is local knowledge – knowledge that is unique to a given culture or society. IK contrasts with the international knowledge system generated by universities, research institutions and private firms. It is the basis for local-level decision-making in agriculture, health care, food preparation, education, natural resources management, and a host of other activities in rural communities. Such knowledge is passed down from generation to generation, in many societies by word of mouth. Indigenous knowledge has value not only for the culture in which it evolves, but also for scientists and planners striving to improve conditions in rural localities.”*

(Warren 1991, p.1)

Similarly, researchers and scholars such as Clarkson et al. (1992); Berkes (1993); Doubleday (1993); Tyler (1993); Mitchell (1994) present and argue for the following key characteristics of traditional knowledge systems (Table 7.1):

**TABLE 7.1: CHARACTERISTICS OF TRADITIONAL KNOWLEDGE SYSTEMS**

<b>Nature</b>	<b>Meaning</b>
Holistic	All things are interconnected and nothing is comprehended in isolation.
Subjective and qualitative	Knowledge is gained through intimate contact with the local environment, while noting patterns or trends in its flora, fauna, and natural phenomena. It is based on data collected by resource users through observation and hands-on experience.
Intuitive	Based on deeply held holistic understanding and knowledge.
Transmitted inter-generationally by oral tradition	Teaching is accomplished through stories and participation of children in culturally important activities.
Spiritual	Rooted in a social context that sees the world in terms of social and spiritual relations among all life forms. All parts of the natural world are infused with spirit. Mind, matter, and spirit are perceived as inseparable. Traditional ecological knowledge, in practice, exhibits humility and a refined sense of responsibility; it does not aim to control nature.
Based on morals and customs	There are right ways and wrong ways to relate to the environment.
Based on mutual wellbeing, reciprocity, and cooperation	These promote balance and harmony between the well-being of the individual and the well-being of the social group.
Communal	General knowledge and meaning are shared among individuals horizontally, not hierarchically.
Often contextualized within the spiritual	May be based on cumulative, collective practical and spiritual experience.

Source: Adapted from Clarkson et al. (1992); Berkes (1993); Doubleday (1993); Tyler (1993); Mitchell (1994)

Most communities have traditional songs, stories, legends, dreams, methods and practices as means of transmitting specific human elements of traditional knowledge. As an example, medicine and healing methods are handed from father to son or mother to daughter. Based on the Alaska Native Science Commission (1994), the following Table 7.2 shows some of the established differences between traditional knowledge and scientific knowledge. Although it is acknowledged that scientific knowledge is somewhat generalised here, being interpreted in very different ways by contrasting groups of scholars:

**TABLE 7.2: TRADITIONAL KNOWLEDGE SYSTEMS VS SCIENCE KNOWLEDGE**

<b>Traditional Knowledge</b>	<b>Scientific Knowledge</b>
<ul style="list-style-type: none"> <li>• assumed to be the truth</li> <li>• spiritual</li> <li>• teaching through storytelling</li> <li>• learning by doing and experiencing</li> <li>• Community-centred</li> <li>• oral or visual</li> <li>• integrated, based on a whole system</li> <li>• intuitive</li> <li>• holistic</li> <li>• subjective</li> <li>• experiential</li> </ul>	<ul style="list-style-type: none"> <li>• assumed to be a best approximation</li> <li>• secular only</li> <li>• didactic</li> <li>• learning by formal education</li> <li>• Individual-centred</li> <li>• written</li> <li>• analytical, based on subsets of the whole</li> <li>• model - or hypothesis - based</li> <li>• reductionist</li> <li>• objective</li> <li>• positivist</li> </ul>

(Source: Alaska Native Science Commission, 1994)

As presented in the case study chapters, the communities in Sri Lanka, Sudan and Malawi are strongly rooted in traditional knowledge systems. As indicated in Table 7.3, their knowledge systems include substantive community-centred, subjective and spiritual aspects. Along with details in the literature review, Figure 2.3 presented a western model of scientific knowledge as individual-centred, objective and secular. Despite different nuances of representation that must be accepted, there is therefore a very clear mismatch between these two knowledge systems.

Communities in Sudan, Malawi and Sri Lanka who participated in this research process use their traditional knowledge systems to deal with uncertainty and dangers in disasters, development and conflicts. They are followers of Islam, Hinduism, Buddhism, or Christianity. However, most of them mix folk traditions with their religions: many Muslim communities believe in evil spirits, while believing that there is no God, but Allah. The Hindu accepts the religious concepts of karma and reincarnation yet believes that evil spirits and ancestors deeply affect life and, therefore, must be

manipulated and controlled. While a Buddhist believes that human desire must be subdued in order to gain enlightenment, they also fear numerous spirits, which they also strive to manipulate. Some Christians worship God with reverence, yet honour saints and believe that certain relics have the power to heal. This raises questions about the mix of aspects of religion, folk traditions, cultures and communities in the context of understanding how belief influences community mental health and wellbeing and the role of uncertainty in this.

None of the religious and folk traditional belief systems in cultures within the researched examples could be fully explained under existing academic and policy frameworks and practices. This raised the question as to whether a person who has been possessed by an evil spirit can be labelled as a schizophrenic, when she or he may use this to find lost cattle or heal illnesses? If religious or folk explanations of uncertainties and dangers, such as conflicts and disasters, make sense to communities, is there any value in pressurising them to accept more 'scientific' views? Further questions raised concern asking what are the benefits of these labels and 'scientific' views if they don't make sense to communities? In contrast, the religions and folk traditions, within the cultures of these communities, explain the uncertainties and dangers of life as wholly a part of living. They encourage people to deal with loss of self-esteem, or property, or the death of loved ones, and all the unknown elements of life caused by conflicts, disasters and unplanned development, by engaging with certain realities which cannot be explained under the above frameworks and structures alone. The following account is one of many examples from communities in Sudan, Malawi or Sri Lanka dealing with these mysteries through indigenous knowledge systems.

*“After about three months of the tsunami, a fishing community in Southern Sri Lanka started experiencing various diseases such as chickenpox, smallpox, mumps and children started having nightmares. Also, some adults started behaving strangely and people felt unhappy. The doctors and healthcare workers could not deal with this situation as it was widespread. A final suggestion from healthcare workers and local government authority was that this community should be re-located as they could not find any reasonable source for these problems. However, the community has had two experiences of re-location and were not willing to move again. The elders in the community suggested that some of their relatives that died during tsunami are requesting some good deeds to move away from their limbos and that is why these problems are arising. They went on by explaining that chanting Buddhist scripts all night and a ceremony of almsgiving would solve these problems. They organised the event with assistance from the agency and local government authorities and it went*

*really well. Within a week or so all the diseases and problems within the community vanished.”*

(An experience of the researcher, 2005)

Experience of these types of engagements with religions and folk traditions enable people to deal with unknown elements of life and provide them with strength to deal with much bigger problems during or after a conflict or disaster. This is the significance of also exploring religious belief – mainly Islam, Hinduism, Christianity and Buddhism and folk traditions in Sudan, Malawi and Sri Lanka. A Rwandan refugee in Malawi explained that religions and folk traditions allowed them to “see life as it is”.

### **7.1.1. RELIGIONS**

Suffering, misfortune and evil are part of human life. How these are understood and explained varies, as does the methods used to alleviate the problems. The major world religions have addressed the matter in philosophical arguments, but for most people in the world these explanations fail to address the practical aspects of daily life. 'Why is my wife sick?'; 'Why did my well run dry?'; 'Why did this accident happen to my son?' For almost all people, the suggestion here is that answers to these questions and to varying degrees sought in the realm of the non-empirical and non-academic.

According to standard sources, such as Dictionary.com (2008) the definition of religion is:

*“a set of beliefs concerning the cause, nature, and purpose of the universe, esp. when considered as the creation of a superhuman agency or agencies, usually involving devotional and ritual observances, and often containing a moral code governing the conduct of human affairs”*

The communities in this thesis represent Hinduism, Christianity, Islam and Buddhism. Most of them also follow certain folk traditions, and the following sections review the basic concepts of religions in relation to suffering and wellbeing. The following sections are mainly based on the Bhagavad Gita and Puranas (Hinduism), Holy Bible (Christianity) and Holy Quran (Islam) as well as being guided by the discussions the researcher had with religious leaders from Hindu, Christian, Islamic and Buddhist communities in Sri Lanka, Malawi and Sudan. Further, this information about religions is based on community perspectives and available religious texts within communities. They use these religious concepts to deal with uncertainties and dangers through disaster, development and conflicts as presented in Chapters 4, 5 and 6. This section

therefore, does not claim a comprehensive presentation of religions, but rather to illuminate the origins of significant aspects of understanding and behaviour within the communities engaged by this research.

i. Hinduism

Hinduism is a religious tradition that originated in the Indian sub-continent. It is one of the oldest religions in the world. According to Hinduism, there are four important concepts that dominate life:

- **Dharma** - fulfilling one's purpose

The meaning of dharma can be explained as follows:

*“derived from the Sanskrit root dhr meaning to hold up, to carry, to bear, to sustain. The word dharma refers to that which upholds or sustains the universe. Human society, for example, is sustained and upheld by the dharma performed by its members. For example, parents are protecting and maintaining children, children being obedient to parents, the king protecting the citizens, are all acts of dharma that uphold and sustain society. In this context dharma has the meaning of duty. Dharma also employs the meaning of law, religion, virtue, and ethics. These things uphold and sustain the proper functioning of human society. In philosophy dharma refers to the defining quality of an object. For instance, liquidity is one of the essential dharmas of water; coldness is a dharma of ice. In this case we can think that the existence of an object is sustained or defined by its essential attributes, dharmas”*

(Devasthanam: A Hindu resource where faith and scholarship meet, 2008)

In this context, *dharma* refers to one's destiny or purpose. In general, it refers to one's vocation or career, which is often defined by class and family. If a Hindu man's father is a tyre maker, his dharma is probably to make tyres, too. Traditionally, the dharma of most women has been to be a housewife and a mother.

Another aspect of dharma is paying the five debts. Hindus believe that they are born in debt to the gods and to various humans, and they must repay those karmic debts during their lifetime. The debts are:

- a) Obligation to the gods for their blessings: paid by rituals and offerings.
- b) Obligation to parents and teachers: paid by supporting them, having children of one's own and passing along knowledge.

- c) Obligation to guests: repaid by treating them as if they were gods visiting one's home.
- d) Obligation to other human beings: repaid by treating them with respect.
- e) Obligation to all other living beings: repaid by offering good will, food or any other help that is appropriate.

Dharma also means righteousness, or living morally and ethically at all times.

- **Artha** - prosperity

Artha is prosperity or success in worldly pursuits. Although the ultimate goal of Hinduism is enlightenment, the pursuit of wealth and prosperity is regarded as an appropriate pursuit for the householder (the second of the four life stages). It also ensures social order, for there would be no society if everyone renounces worldly life to meditate. But while Hindus are encouraged to make money, they must do so within the bounds of dharma. Furthermore, wealth is not to be understood solely as material assets, but includes non-tangibles such as knowledge, friendship and love.

- **Kama** - desire, sexuality, enjoyment

According to the text of 'Devasthanam: A Hindu resource where faith and scholarship meet' (2008) the meaning of kama is: "wish, desire, love. Often used in the sense of sexual desire or love, but not necessarily". Like artha, kama is seen as an appropriate pursuit for the householder. The *Kama Sutra*, a manual for erotic and other human pleasures like flower-arranging, is attributed to the sage Vatsyayana.

- **Moksha** - enlightenment

The ultimate end of every Hindu's life is moksha, which can be understood in a variety of ways: liberation from rebirth, enlightenment, self-realization, or union with God. This is considered to be the highest purpose of life, although very few can achieve it in a single lifetime and there are a variety of paths to attain it.

According to Hinduism, the human condition is the same everywhere in this universe. No matter how vastly different they may be in their outward appearances or in their life, or whether they belong to different countries, different races, different cultures, different languages, different ways of living, eating and dressing, there is something that is the

same to all human individuals. If analysed, it will be discovered that all humanity is engaged ceaselessly, day after day, from the cradle to the grave, in trying to avoid painful experiences and to attain that which gives them happiness.

According to Lord Krishna, earthly life does not necessarily make people happy or improve their wellbeing through material development.

*“Pleasure born of outward contacts, are but a source of pain. They have beginning and an end, but the wise discern no gain”.*

(Bhagavad Gita, 5.22)

In Hinduism, a wise person comprehends the real nature of earthly objects, that they are impermanent, fleeting, and empty of content; that they cannot give happiness. Such a person does not revel in these petty objects of the materialistic world.

The following extract from Sri Swami Chidananda (2008) summarises the practical approach to suffering and uncertainty in this world and how human beings can access wellbeing and happiness:

*“striving and struggling upon this earth plane, weeping, wailing, buffeted by the vicissitudes of life here, we have come upon a great discovery. There is something beyond these appearances, these vanishing names and forms that go to make up this universe. There is something beyond which forms the very source and support of all these objects of the phenomenal world. Why do you search in vain for happiness outside? Come, come, happiness resides within. Stop your wanderings amidst this desert of empty earthly objects, amidst this jungle of sensuality, and turn your gaze within. Dive within. Happiness is within. God is within you. Meditate upon the Reality within.”*

## ii. Christianity

Christianity is commonly regarded as the world's biggest religion if considering absolute global numbers of nominally associated people. For ease of use here, the emphasis of the term Christianity is used more for all communities who strongly believe in the teachings of Jesus and / or the Holy Bible, rather than those considered Christian solely by wider cultural affiliation.

Christians believe in one God who created the universe and all that is in it. God is a person, but of a somewhat different type than human beings. While humans have both physical and spiritual elements, God is entirely spiritual, existing in a sphere outside the normal physical universe. This is logical, as He existed before, He created the



universe. Human beings are created in the image of God. There are obvious differences, since we are physical and God is not. What we share with God is the fact that we are rational beings, capable of making responsible decisions, and capable of relationships with each other and with him.

According to Christian teachings, life involves a number of different attributes. Among the key ones are:

- Fellowship with Father, Son and the Holy Ghost
- Our relationships with others
- Obedience to God's commands
- Discipline
- Love

One of the most important terms for Christians is "fellowship". This term covers life together as Christians. This means first of all spending time together: in worship, educational activities, in service to others, and in enjoyment. In addition to their primary goal, these activities help Christians get to know each other, and to develop community. While rules should never be the focus of Christian life, they exist in the form of the ten commandments of Moses and their subsequent reiteration and elaboration in the teachings of Jesus in the New Testament. However, many people operating within the Christian culture or faith find it hard to understand self-discipline and limits on behaviour, there being a contemporary liberal interpretation of faith. However, Christians typically avoid some behaviour either in order to seek God or to allow a deeper and more joyful kind of fellowship with others. The specific things they avoid will tend to vary over time, depending upon nuances of biblical interpretation, personal beliefs, and life circumstances.

One of the main questions among Christians, as well as non-Christians, in the community in which the research was conducted was: if there is a kind God, why is there so much suffering? The Holy Bible gives a good deal of attention to the reality of suffering. It does not regard it as an illusion as some religions and sects do, nor does it deal with it superficially. One of the larger books of the Bible, the book of Job, is devoted solely to this question.

The Book of Job is not a story with a simple moral teaching. There are several levels of defending and accusing God that fly back and forth between Job and his friends. However, it is understandable that the Book of Job has been explained in many

different ways. At one level Job can be explained as the Biblical solution to the problem of suffering. The important aspect of the Book of Job is that it does not answer the question 'why' suffering. The message is that when a person really meets God questions like that fade away. Only God exists forever. Further, God does not look as good in a tragedy situation as He does in a success situation and there remain mysteries. The mystical tradition has been strong within several strands of Christianity as it has with other religions.

There are several themes that emerge from the Book of Job. The main theme is that righteous people can, do, and will suffer. Job's experience of suffering contradicts the somewhat popular teaching that suffering is caused by people's sin. The meaning of human suffering can be extensively interpreted through the Book of Job. Job's pain was not just loss of possessions, but also being alienated from his family and friends. His community mocked him. Job was terrified and dismayed by his situation, and demonstrated many of the dimensions of suffering. The Christians can learn from Job about what it means to suffer.

God abandoned Job and this was a significant part of his suffering as a righteous person. In the face of tragedy as a righteous person, Job went through a range of feelings and thoughts. However, Job maintained his innocence through the tragedy and in the presence of God he humbly confesses his trust. Certainly suffering would change a righteous person's sense of relationship with God, but it does not need to destroy that relationship. In fact, in the midst of suffering God does come to the righteous and affirms His presence and grace.

Part of the power of the Book of Job is the fact that it realistically addresses these painful questions. In life, suffering through uncertainty and danger are never simple issues. Sometimes faith is rocked and one wonders which way to turn. Rarely is there a shortage of opinions from others trying to explain the pain they themselves are not suffering. A characteristic of most false comforters is that they give simplistic answer to life's most painful questions. The strength of the Book of Job is that it allows all sides of the issue – the simple answers of the friends and the emotional turmoil of Job – to be heard again and again.

Christianity is more many essentially a social religion. According to Christian refugee communities in Malawi, nobody can be truly Christian as a solitary and isolated being. Christianity is not primarily a doctrine or a discipline that individuals might adopt for their personal use and guidance. Christianity is exactly a community, the church. From

its beginning Christianity was socially minded. The whole fabric of Christian existence is social and corporate. All Christian sacraments are intrinsically "social sacraments," sacraments of incorporation. Christian worship is also a corporate worship. This strong sense of community allows Christians to deal with uncertainty and dangers by helping each other, taking care of their community, and bringing different skills.

### iii. Islam

Knowledge of God (Allah) and belief in Him constitute the very foundation of Islam. The question of God's existence has preoccupied the great minds for many centuries. Those who believe in God seem to agree that the limited finite human intelligence cannot prove the existence of the infinite, boundless God. It can only illustrate or demonstrate His existence for the satisfaction of the curious human mind.

Once man believes that God exists he must know His attributes and His names. Generally speaking every perfection and absolute goodness belongs to Him, and no defect or wrong applies to Him. In specific terms, one should know and believe the following:

- God is only one; has no partner or son; neither gives birth, nor is He born. He is eternally sought by all and has no beginning or end, and none is equal to Him (Quran, 112:1-5).
- He is the Merciful and the Compassionate, the Guardian and the True Guide; the Just and the Supreme Lord; the Creator and the Watchful; the First and the Last; the Knowing and the Wise; the Hearing and the Aware; the Witness and the Glorious; the Able and the Powerful (Quran, 57:1-6; 59:22-24).
- He is the Loving and Provider; the Generous and the Benevolent; the Rich and the Independent; the Forgiving and the Clement; the Patient and the Appreciative; the Unique and the Protector; the Judge and the Peace (Quran, 3:31; 11:6; 35:15; 65:2-3).

God is high and supreme; but He is very close to pious thoughtful people. He answers their prayers and helps them. He loves the people who love Him and forgives their sins. He gives them peace and happiness, knowledge and success, life and protection. He welcomes all those who want to be at peace with Him and never rejects any of them. He teaches man to be good, to do right and to keep away from wrong. Because He is so good and loving, He recommends and accepts only the good and the rightful deeds.

The door of His mercy is always open to any who sincerely seek His support and protection (Quran, 2:186; 50:16).

The true Muslim believes that God does not hold any person responsible until He has shown him the Right Way. This is why God has sent many messengers and revelations, and has made it clear that there would be no punishment before giving guidance or sounding the alarm. So, a person who has never come across any Divine revelations or messenger, or a person who is insane is not held responsible to God for failing to obey the Divine instructions. Such a person will be responsible only for not doing what his sound common sense tells him to do. But the person who knowingly and intentionally violates the Law of God or deviates from His Right Path will be punished for his wrong deeds (Quran, 4:165; 5:16 and 21; 17:15).

The Holy Quran and the Traditions of Muhammad define these required measures and establish the standards which build up a meaningful Faith. Thus, the true believers are:

- a) Those who believe in God; His angels; His Books as completed by the Quran; His messengers with Muhammad being the Last of them all, the Day of Final Judgement, the absolute knowledge and wisdom of God.
- b) Those who trust God always and enjoy unshakable confidence in Him.
- c) Those who spend in the way of God of what He has given them in the form of wealth, life, health, knowledge, experience, and so on.
- d) Those who observe their daily prayers regularly as well as the weekly and annual congregations.
- e) Those who pay their religious taxes (alms or Zakath) to the rightful beneficiaries (individuals or institutions), the minimum of which is two and half percent of the annual "net" income, or of the total value of stocks if in business – after discounting all expenses and credits.
- f) Those who enjoin the right and good, and combat the wrong and evil by all lawful means at their disposal.
- g) Those who obey God and His Messenger Muhammad, and feel increasing strength of faith when the Quran is recited and humility of heart when God's name is mentioned.
- h) Those who love God and His Messenger most, and love their fellow men sincerely for the sake of God alone.
- i) Those who love their near and distant neighbours and show genuine kindness to their guests, especially strangers.
- j) Those who say the truth and engage in good talk, or else abstain.

The idea of suffering in Islam is based on the fundamental notion of the imperfection of human life. "Verily, we have created man into a life of pain, toil and trial" (Quran 90:4). Humans are on this earth so that their faith in God be tested. A test necessarily requires calamities and misfortunes.

*"And most certainly we should try you by means of fear, hunger, and loss of worldly goods, of life or of labour's fruit. But give glad tidings unto those who are patient in adversity, who when the calamity befalls them, say, 'Verily unto God we belong and verily unto him we shall return'"*

(Quran, 2:155-156)

*"Do men think that on their mere saying, 'We have attained to faith', they'll be left to themselves and will not be put to test? Indeed we did test those who lived before them and so too shall be tested those who are now living and most certainly will God mark out those who prove themselves true and most certainly will He mark out those whose faith is a lie"*

(Quran, 29:1-2)

In this section the Islam religious concepts are presented from the experience and knowledge from communities in Sudan and Malawi. These may not necessarily be in line with Islam in different countries. However, the communities in Sudan and Malawi are using these concepts to deal with suffering through uncertainty and danger in life.

#### iv. Buddhism

Buddhism is based upon the teachings of Siddhartha Gautama Buddha. It was a reaction to animism and pantheism, which were common in India at the time.

*"Just as a man would tie to a post  
A calf that should be tamed  
Even so here should one tie one's own mind  
Tight to the object of mindfulness"*

(Sumangalavilasini, 1925, p.549)

The ancient Buddhist thoughts about the mind have been equal to a calf. Thus, the story of the taming of the bull can perhaps be traced back to a period even earlier than the third century B.C (Rahula, 2003, p.2).

Buddhism is purely human (Rahula, 2003, p.24). Among the great religious leaders, the Buddha was the only one who did not claim to be other than a human being. He did not

claim even to be a messenger of God. He attributed all his realisation, attainments and achievements to human effort and human mind.

The position of human beings, according to Buddhism, is supreme. They are their own masters, and there is no higher being or power that sits in judgement over their destiny. The Buddha advises his disciples to “be a refuge to themselves”, and never to seek refuge or help from anyone else (*Digha-nikaya*, 1929, p.62 – *Mahaparinibbana Sutta*). He taught, encouraged and stimulated each person to develop them and to work out their own liberation, for human beings have the power to liberate themselves from all bondage [in the mind] through their own personal effort and intelligence.

According to Buddhism, people suffer and experience unhappiness in their minds when the mind is not tame. The taming of the mind is the most difficult action in the world as, “who can restrain the mind, which travels far, which wonders alone, which is bodiless and which resides in a cavern” (*Dhammapada*, verse 37).

The mind does not like to enter the path of taming, but runs only into a wrong path, like a chariot yoked to an untamed bull. Just as a herdsman, who desires to break in an untamed calf grown up with all the milk it has drunk from its untamed mother cow, would part it from the cow and tie the calf to a post. Then that calf of the herdsman, struggling this way and that, unable to run away, may sit down or lie down close to the post. In the same way the person who wants to tame the villainous mind grown up as a result of drinking for a long time of the pleasures of sense (smells, sights, touch, tastes and imagination), should remove their mind from such sense and should tie it to the post of the object of the presence of mindfulness by the rope of mindfulness (*Satipatthana Sutta*, - Presence of Mindfulness, *Digha Nikaya*, 1929).

When the mind, which is difficult to be restrained, is tamed, it brings happiness. The tamed mind brings no fear and thoughts are not perplexed. The person has done with good and bad and their mind is wide awake. When the mind is wide awake, there won't be a question of belief or faith; but confidence born out of certainty. According to Asanga, the Buddhist philosopher of the 4<sup>th</sup> Century B. C, this has three aspects; (i) full and firm understanding that a thing is, (ii) serene joy at good qualities, and (iii) aspiration or determination to achieve an object in view (Pradhan, 1950, p.6). The question of belief arises when there is no seeing – seeing in every sense of the word. The moment you see, the question of belief disappears. If someone tells you that they have a gem hidden in the folded palm of their hand, the question of belief arises because you do not see it yourself. But if they unclenched their fist and show you the

gem, then you see it yourself, and the question of belief does not arise. So the phrase in ancient Buddhist texts reads: “realising, as one sees a gem in the palm” (Rahula, 2003, p.8).

In Buddhism the whole process of taming the mind and understanding comes from examination of one’s own self – meditation. By being mindful one can live in the moment itself, in the present action, and not be distracted uselessly by thoughts about the past and the future. “They do not repent the past, nor do they brood over the future. They live in the present. Therefore they are radiant” (*Samyutta Nikaya*, quoted from Rahula, 2003, p.5).

Buddhism is not only for monks in monasteries, but also for lay people living at home with their families. Taming the mind does not mean running away physically from the world. “One who lives a radiant life in the village or town is definitely far superior to and greater than, the one who lives in the forest” (*Majjima Nikaya*, quoted from Rahula, 1959, p77). Buddhism is interested in the happiness of human beings, including the socio-economic welfare of people. In community level understanding of Buddhism, (*Anguttara Nikaya*) there are four kinds of happiness for the ordinary human being:

- To enjoy economic security acquired by just and righteous means.
- To spend that wealth on oneself, one’s family, friends and relatives and on meritorious deeds.
- To be free from debts.
- To live a faultless life without committing evil in thought, word or deed.

Contrary to what is assumed in contemporary society, the Buddhist interpretation of karma does not refer to preordained fate. Karma refers to good or bad actions of a person during her lifetime. Good actions, which involve either the absence of bad actions, or active engagement in positive acts such as generosity, righteousness, and meditation, bring about happiness in the long run. Bad actions, such as lying, stealing or killing, bring about unhappiness in the long run. The weight that actions carry is determined by five conditions: frequent, repetitive action; determined, intentional action; action performed without regret; action against extraordinary persons; and action toward those who have helped one in the past.

## Conclusion

As presented above Hinduism, Christianity, Islam and Buddhism are used and helpful to those communities in this research, enabling them to deal with the effects of conflicts, disasters and development. The following common elements in these religions are also identified as important to this thesis as follows:

- Uncertainty and dangers are an important part of human experience and define what it is to be human.
- Faiths are cultural frameworks of hope.
- There is only limited control over life, nature or good or bad events.
- A community within which one lives is valuable, central and essential to dealing with uncertainties and dangers in life.
- It is important to examine the source of pain (including through conflicts and disasters) to be able to deal with them. That brings a sense of wellbeing to people surviving adversity.
- Though an old adage, it is evident that materialism does not make people happy, multiple religious perspectives honed in disaster and development contexts consistently suggest this to be the case. Meanwhile, good deeds bring happiness.
- Relationships within social networks and communities of comparable people are valuable to recovery.

In contrast to the concepts of the intervention models implemented by humanitarian agencies, those presented above are rooted within communities and make sense of the effects of disasters, development and conflicts pointing towards a meaningful sense of wellbeing. Although, religions can contribute to negative social impacts such as fuelling conflicts, all the religions from community perspectives contribute to an understanding of uncertainty and dangers of life including uncontrolled development, disasters and conflicts. The understanding of this religion review from community perspective is that they do not necessarily trust religious institutions, but follow the religious concepts to improve their wellbeing.

### **7.1.2. STORYTELLING: UNDERSTANDING FOLK TRADITIONS**

Religions and faiths provide comfort and meanings to communities during uncertainty and dangers. Different religions and faiths provide different meanings to communities about uncertainty and dangers. Cultures, traditions and knowledge systems that by necessity engage with disasters, conflicts and development have been shaped by



religions and faiths. At the same time folk traditions being used by communities' document, maintain and teach knowledge systems that can be used to analyse and be engaged with uncertainty and dangers. Story telling is a folk tradition that documents, maintains and teaches cultural knowledge systems.

The definition of folk tradition can be divided into two:

Dictionary.com (2008) defines folk as:

*“people as the carriers of culture, esp. as representing the composite of social mores, customs, forms of behaviour, etc., in a society: The folk are the bearers of oral tradition”.*

Similarly, tradition means:

*“the handing down of statements, beliefs, legends, customs, information, etc., from generation to generation, esp. by word of mouth or by practice: a story that has come down to us by popular tradition”*

(Dictionary.com, 2008)

In almost all the cultures around the world folk traditions are handed down from generation to generation through stories. Some stories serve to hand over knowledge, experience, attitudes and values. Some stories are just to pass time or to have fun. Either way they contain a wealth of information about a particular community. As a child the researcher used to listen to stories related by his mother, who took him to places that he had never been. According to the National Storytelling Network in the US (2006):

*“Storytelling as an ancient art form and a valuable form of human expression. Because story is essential to so many art forms, however, the word “storytelling” is often used in many ways. [Further], storytelling is the interactive art of using words and actions to reveal the elements and images of a story while encouraging the listener’s imagination”*

However, there are many forms of story telling around the world as well as answering the question – what is story telling is a complicated exercise. The following definition talks about story telling from the broadest sense:

*“A story or narrative in its broadest sense is anything that is told or recounted, normally in the form of a causally linked set of events or happenings, whether true or fictitious. Stories are a medium for*

*sharing and a vehicle for assessing and interpreting events, experiences, and concepts to an audience. Through stories we explain how things are, why they are, and our role and purpose within them. They are the building blocks of knowledge and can be viewed as the foundation of memory and learning. Stories link past, present, and future and telling stories is an intrinsic and essential part of the human experience. Stories can be told in a wide variety of ways, which can be broadly categorised as oral, written and visual, and are so all-pervasive in our everyday lives that we are not always aware of their role as a tool of communication in all societies. “*

(Healing through Remembering, 2005, p.12)

This definition identifies three different forms of storytelling: (1) oral story telling; (2) written story telling; and, (3) visual story telling. However, in this PhD, the researcher strictly explored the verbal story telling as communities has been using them and the illiteracy and lack of resources do not allow them to go in to other forms of story telling.

Although, scholars such as Bush (2010) identify more than 13 important factors of story telling, this research process explored three important factors or characteristics of oral story telling that distinguish them from written documents are: storytelling presents a story; it is interactive and perceives information or history. Furthermore, these characteristics are identified through the researcher's discussion with community story tellers and by listening to their stories. The research for the current study explored story telling from a positive angle that improves community wellbeing than the broader socio-political impacts of storytelling.

i. Storytelling presents a story:

Storytelling always involves the presentation of a story - a narrative. Many other art forms also present a story, but storytelling presents a story with the other two components. Every culture has its own definition of story. What is recognised as a story in one situation may not be accepted as one in another. Some situations call for spontaneity and playful digression, for example; others call for near-exact repetition of a revered text. Art forms such as poetry recitation and stand-up comedy sometimes present stories and sometimes don't. Since they generally involve the other two components, they can be regarded as forms of storytelling whenever they also present stories.

In storytelling, the listener imagines the story. In most traditional theatre or in a typical dramatic film, on the other hand, the listener enjoys the illusion that they are actually witnessing the character or events described in the story.

The storytelling listener's role is to actively create the vivid, multi-sensory images, actions, characters, and events — in other words, the reality — of the story in his or her mind, based on the performance by the teller and on the listener's own past experiences, beliefs, and understandings. The completed story happens in the mind of the listener: a unique and personalised individual. The listener becomes, therefore, a co-creator of the story that is being experienced.

It is important to note that the disaster, development and conflict affected communities are creating their own stories through this method. They share their stories with each other, agency officials and researchers, who then become co-creators of these stories.

ii. Storytelling is interactive:

Storytelling involves a two-way interaction between a storyteller and one or more listeners. The responses of the listeners influence the telling of the story. In fact, storytelling emerges from the interaction and cooperative, coordinated efforts of teller and audience.

In particular, storytelling does not create an imaginary barrier between the speaker and the listeners. Different cultures and situations create different expectations for the exact roles of storyteller and listener — when to speak and how often — and therefore create different forms of interaction.

The interactive nature of storytelling partially accounts for its immediacy and impact. At its best, storytelling can directly and intimately connect the teller and audience.

iii. Storytelling perceives information/ history (the tradition):

Many conflict and disaster affected communities (in this case in Sudan, Malawi and Sri Lanka) tell stories about people who bravely saved others. How simple people had courage to face armed men, or children who saved their parents. Also there are many personal stories about suffering in the uncertainty and danger of disaster, conflict and unplanned development.

In the context of this thesis these provide the basis of community information, as well as their values and attitudes about life. Throughout the field information gathering process of this research, one of the main tools of the researcher in learning about communities was listening to their stories. They came as personalised versions,

imaginary versions, as well as in certain places being combined with theatre and artwork. In this way folk stories provide a very important service for communities to perceive their histories and information they want to share with others as well as future generations. I believe that this was how they maintain, change and shape their own cultures and traditions.

These three distinctions in storytelling happen in many situations: from kitchen-table conversation to religious rituals, from relating them in the course of other work, to performances for thousands of paying listeners. Some storytelling situations demand informality whilst others are highly formal. Some demand certain themes, attitudes, and artistic approaches. As noted above, the expectations about listener interaction and the nature of the story itself vary widely.

There are many cultures on earth, each with rich traditions, customs and opportunities for storytelling. All these forms of storytelling are valuable. All are equal citizens in the diverse world of storytelling. Communities improve their mental health and wellbeing in uncertainty and dangers through stories. These stories then provide cultural and spiritual meanings to these communities.

The following are examples of stories from the research communities, which explain their world-views. The world views capture the essence of the folk tradition namely; unconditional love, the importance of helping each other in difficult times, that even the most powerful can be defeated, that nothing is permanent and that there are unknown elements to life and nature such that we should expect the unexpected.

- Mother's love: One of the main aspects of community life with displaced populations in Sudan and Sri Lanka or refugees in Malawi is an undisputed acceptance of the concept of mother's love. Whether a man or woman, old or young, healthy or disabled, this concept plays a major role in defining childhood, modelling their personalities and solving problems. Although there are certain situations in which this idea is rejected, in general all the communities in this thesis have a special place for mothers in their cultures. A woman in a rural village in Eastern Sri Lanka told the following story:

#### ***Heart of the Mother***

*"This mother worked really hard to bring up her son without a father. She worked all the time: cooked food, washed clothes, gathered firewood and worked in the farm. She was up before sunrise and slept after midnight. All this was to create a better place for her son. Years went by and the son was now a young*

*man. He took care of the farm and made good money. But the mother was still working at home – cooking food, washing clothes and cleaning. She was very happy that the son was doing well. After a while the son got married and the mother continued to live with them. Both the wife and husband felt that the mother was useless and an obstacle to their happiness. So, after a discussion they decided to kill the mother. One morning the son told his mother to come with him for a walk. They went in to a deep part of the jungle and the son killed the mother. As proof he got her heart out to take home to show his wife. As it was dark the son stepped on a stone and nearly fell. The heart of the mother asked: “are you all right my son? Please be careful”.*

- Helping each other: Although there are certain variations across communities, all the communities in this research from Sudan, Malawi and Sri Lanka have a basic value of helping each other. People who do not help each other are treated as anti-social and bad. A Rwandan professor of theology related this next story to me. He is a refugee in Malawi.

### ***The stolen soup aroma***

*“A long time ago in the village, there lived a poor woman. This woman was so poor that she did not have any soup for her nsima. The nsima is a starchy paste made of cassava flour and it is rather unappetizing to eat on its own. Across the street from this poor woman lived another woman who cooked soup every day.*

*One day, as the poor woman was sitting down to her only meal for the entire day, a small bowl of nsima, the aroma from her neighbours cooking wafted down through her window.*

*“Perhaps she will be kind enough to let me have a little soup for my nsima” she thought. So she took her bowl of nsima and headed over to her neighbour who was busy stirring a big pot of soup.*

*“Please, may I have a little soup for my nsima”, the poor woman asked.*

*The woman stirring the soup looked up to see her ragged-looking neighbour and replied, “If you can’t make your own soup, then you don’t deserve to have any.”*

*The poor woman went back to her own hut and sat outside her doorsteps where the aroma from her neighbours was very strong. She would scoop some nsima with her hands; inhale a big dose of soup aroma while she swallowed the lump of nsima.*

*The neighbour, seeing this destitute neighbour eating her soup’s aroma got very angry. She ran out and yelled at the woman “Stop eating the aroma from my soup!” But the poor woman did not stop; she kept inhaling the aroma from the soup while she ate her nsima. She found the aroma from the soup very satisfying.*

*Everyday, whenever the rich aroma of soup wafted into the poor*

woman's hut, she would quickly make a little bowl of nsima and go outside to inhale the pleasant aroma. The neighbour became furious and she decided to take her case to the elder of their village.

*"This woman steals the aroma from my soup to eat her nsima. She must be punished"* the woman told the village elder. The village elder heard the story and agreed that the poor woman should indeed be punished for stealing soup aroma and he ordered the woman to carry out the punishment.

*"She stole your aroma therefore you shall flog her shadow",* the village elder told the woman. *"You shall flog her shadow forty times"* and she was given the big stick with which she would carry out her justice.

*The woman, wielding her big stick to beat the poor woman's shadow felt very foolish. She felt so foolish that she asked the poor woman for forgiveness and offered to give her real soup from that day on."*

- Being powerful is not always an advantage: certain communities have certain morals and principles for living. There is a commonality among communities in Sudan, Malawi and Sri Lanka – that is if you take too much pride in your skills, wealth, knowledge or status it is the beginning of the journey to being ridiculed. Also, the other value is that even the smallest person (whether in size or status) in the society can make a change. In many cases, people have experience of this reality, and this gives them hope and courage to live through suffering and danger. This is a story that was told by an old man from DRC in Malawi.

### ***The tortoise captures the elephant***

*"Once there was a king who had been trying very hard to capture an elephant for his personal collection, but that prize had proved elusive. All the hunters in the kingdom had tried but failed to capture the elephant. So the king promised anyone who could capture the elephant half of his kingdom.*

*The tortoise heard about this and went to the king to accept the challenge. The king was very amused. "All my hunters have failed to capture the elephant and you think you can succeed where they failed?" the king asked. The tortoise insisted that he was up to the task and promised to deliver the elephant to the king within 48 hours.*

*The tortoise then dug a big hole, big enough to hold the elephant along a path leading into the village. Then he covered the hole with sticks and leaves so that it was not visible unless you inspected closely. When this was done, the tortoise went to seek out the elephant.*

*He told the elephant "You know you are the largest animal in the forest and you should be king". The elephant had never*

*considered this before but he thought it was not a bad idea. The tortoise told the elephant that the villagers had decided to make the largest animal their king and were all expecting the elephant to come to the village and be crowned as their king. The more the elephant heard, the more excited he became.*

*The tortoise adorned the elephant with colourful beads and then, beating a gong, he sang songs praising the elephant while he led the way into the village. Soon they approached the trap. The tortoise being smaller and lighter walked over the trap. The elephant that was following him fell through the sticks and leaves into the hole. And that was how the tiny tortoise captured the huge elephant and earned half of the king's kingdom."*

- Being cautious with power and the unknown: During disasters, conflicts and unplanned development situations most dangers come from powerful people in society. Whether they are politicians, armed men or wealthy people, communities see them as powerful. Also, dangers come from unfamiliar people (or unseen reasons). The following story is an example of the need to be cautious with the powerful and unknown, when they receive benefits. A Woman from the Democratic Republic of Congo, who is also a refugee in Malawi, related this next story.

### ***Man and the Helpful Spirits***

*"There was a man who lived a very long time ago in a little village. Like many of the villagers, he was a very hardworking farmer, but he had one major flaw – he was very stubborn. In fact, the meaning of his name was "one who does not hear nor accept", since he neither listens to anybody nor considers anybody's suggestions.*

*Like many villages in the ancient world, the village was inhabited by both people and spirits, but to avoid disputes amongst these two groups a law was passed to allow spirits to roam the land on certain days when all people would stay indoors.*

*As you might have guessed, this man refused to obey this law and insisted on going about his normal business on days reserved for spirits. On the first day that people were asked to stay in their homes while spirits were out, the man picked up his hoe and cutlass and headed to his farm. Once there he began to till the land to plant his yams. He had been working for a while when he heard ethereal voices booming out from around him saying "Who are you and what are you doing?" He answered, "I am a man and I am tilling my land". "All right, we will help you", the voices boomed back and suddenly, hundreds of hoes appeared and started to till the land. In a jiffy, the entire farm was tilled and the man went back home.*

*On the second day that people were asked to stay home while the spirits were out, this man chose to go to his farm to begin planting his yams. He had barely started when the voices boomed again: "Who are you and what are you doing?" He answered, "I am a man*

*and I am planting my yams". "All right, we will help you", the answer came and very soon, all the yam seedlings had been planted in neat heaps. The man went back home.*

*The third time when people were asked to stay home, the man headed to his farm to harvest his yams. As he started to dig up the first yam, the now familiar voices boomed out saying "Who are you and what are you doing?" He answered, "I am a man and I am harvesting my yams". "All right, we will help you", the voices said and soon enough, all the yams in the farm had been dug up and placed in a big heap.*

*When the man finally looked at one of the yams that was dug up, he realized that it was not yet ripe for harvest. In fact, none of the yams were ready for harvest. A good farmer would have first dug up a few yams to see if they needed more time to mature, or if he could continue with the harvest. But now it was too late and his entire crop of yams had been ruined by these helpful spirits.*

*The man cried "It is my fault!" as he hit his head with both hands in sorrow. The spirits asked "Who are you and what are you doing". He cried, "I am a man and I am hitting my head in sorrow". "All right, we will help you", the spirits answered and immediately, a hundred hands appeared and started to beat the man on his head."*

- Expecting the Unexpected: Whether good or bad, communities are used to expecting the unexpected in every situation they face. Disasters, conflicts and unplanned development are no different. Displaced communities in Sudan and Sri Lanka as well as refugees in Malawi know this for a fact. A traditional birth attendant in Western Darfur told this story to explain how things can be improved in uncertain and dreadful situations.

### ***The Farmers Son***

*"A farmer and his wife had one son. They were not rich but they never lacked food for no matter how bad times got, they always managed to grow enough food to feed their small family, and had a little left over to trade.*

*The farmer and his wife looked forward to the day their son would join them in their farming. With more hands on the farm, they could increase the harvest from their land. And more importantly, their son could learn how to fend for himself in the way his parents had before him. But alas, to the parent's dismay, the son announced that he wished to become a hunter. "A hunter?" his father exclaimed. "A hunter's life is unpredictable, one day you find food and for many more, you may find nothing" he said. Farmer's wife added, "It's risky, you never know what dangerous animals you may run into". But the son's heart was set on being a hunter. He told his parents how he felt, that he would be happier as a hunter than as a farmer. So even though his parents were unhappy about his decision, they decided to support him as much as they could and even helped him to buy his new hunting gear.*



*So the son became a hunter, and a skilful and successful hunter he was. Not a day passed that he did not bring back some game, which his mother could add into their soup pot for the evening. But a day came when his luck seemed to have left him. His hunting skill seemed to have left him as there was just no game to be found in the forest. He roamed about for days, going deeper and deeper into the thick, dark forest but still, he found no animal to kill. Then he spotted a bird, a tiny bird perched on a low branch. Normally, he would have ignored an animal as small as there was too little meat to be found in it, but this day was different. The son was desperate and he was determined to make his first kill in days. He took aim at the bird, but before he could shoot the bird began to sing.*

*The bird sang beautifully. The son had never heard such beautiful music in his entire life and he was almost certain that his parents hadn't either. He had to bring that bird home to his parents. Being the skilful hunter that he was, he caught the bird without hurting it and put it in his sack which he slung over his shoulders and headed home.*

*When the son got home, he removed the bird from his sack and the bird immediately began to sing.*

*The farmer and his wife had indeed never heard such beautiful music and they broke into a dance. They danced and danced and then danced some more until the son put the bird back into his sack. When the farmer got his breath back, he had an idea. The king of their land had been in a depressed state for several years. The best poets, musicians, dancers and jesters had come from faraway lands to cheer him up but to no avail. Maybe this tiny bird would do the trick and make their king smile.*

*So off to the palace, the farmer and his son set off. When they got to the palace, the guards stopped them at the gate. "What is your business here", they asked. "We would like to see the king" the farmer replied. "Is the king expecting you?" the guards asked. The farmer answered, "No, but...". "Then you cannot see him" the guards interrupted. The farmer pleaded but one of the guards told him, "If I were you, I would go away for the king is in a foul mood and you do not want to provoke his anger". The farmer started to turn back but the son brought the bird out of his sack. The guards began to dance as the bird sang.*

*The farmer and his son went into the palace where they found the king scowling on his throne. "Who let you in here?" the king bellowed. The son brought out the bird and it began to sing.*

*The king got up and began to dance. All those in attendance began to dance. The king's wives came out of their rooms to find out what was happening... and they all began to dance. All the princes and princesses began to dance. The mood in the palace, which had been sombre for years, was miraculously changed. Everyone danced until they were weary and could dance no more.*

*The sun would soon set and the farmer and his son wanted to go back home. But the king did not want them to take the bird away.*

*He was so happy that he offered the farmer half of his kingdom in exchange for the bird. And that was how the farmer and his wife, through their son the hunter, became rich”.*

This story also can be found at: AllFolkTales, 2008

There are many similar stories from Sudan, Malawi and Sri Lanka. Each of these stories explains the wisdom of life as experienced by ordinary men and women in these communities. These stories help them to pass time, but also to share knowledge with each other. The above five stories are examples of how communities learn and understand certain values that are important to them.

Within the context of communities that are affected by unplanned development, disasters and conflicts, such as Sri Lanka, Malawi and Sudan, a legacy of suspicion, hostility and unreliability make dealing with the past, present and future a particularly a complicated task (Lundy and McGovern, 2005). However, what this PhD research has sought to illustrate that engaging story telling can enable a process of improving wellbeing in a positive way. As mentioned above, story telling is narrative. Narrative is both simple and complex. While it can be distinguished by several features (Burke, 1945), narratives can simply and sufficiently be defined as “someone telling someone else that something happened” (Smith, 1981). Narratives may relate events or be explicitly fictional. However, narratives are not pure fact or pure fiction. A fictional narrative may be used to persuasively express an idea that the narrative sees as true. Appalachian storyteller Kathy Coleman (in Senehi, 2002) reports her grandmother’s saying about stories: “Well, if they ain’t true, they oughta be.” Meanwhile, personal and group’s histories are constructed and interpretive. Historical accounts are selected, framed, and used often to make a point about the present and the future (Consentino, 1982; Tonkin, 1992; Scheub, 1996). While the relationship between narrative and truth is complex, not all narratives are equal; they may be evaluated, and some deemed better than others (Senehi, 2002). Within a particular context, meaning is negotiated through narratives and certain versions will not have currency within the community and will not be shared (Myerhoff, 1992; Urban, 1996).

In places such as in Sri Lanka, story telling has been used to influence extremism related to the conflict. The legend of King Dutta Gamini (Mahavamsa, 1912) in Sri Lanka is an example that the story telling can influence the extreme Sinhala thoughts against the Tamils. Similar situations are found between Hutus and Tutsis in Burundi and Rwanda. In Sudan, there are many stories among African societies against the Arabs. The researcher acknowledges that there are political, social and cultural problems with story telling. However, due to time and resource constraints the research

process did not explore these aspects. The researcher believes that these questions should be answered in a deeper research process beyond this PhD.

### Conclusion

The above stories are indicative of a wider resource that presents the following themes, which are valuable to communities who are suffering from conflicts, disasters and development in Sri Lanka, Sudan and Malawi:

- Unconditional love and kinships.
- The importance of helping each other in difficult times.
- Even the most powerful can be defeated.
- Nothing is permanent.
- There are unknown elements to life and nature.
- Expectation of unexpected outcomes in life and nature.

These themes have been found to be helpful in dealing with uncertainties and dangers by promoting social obligations, community-based action in catastrophes and accepting the uncontrollable aspects of life and nature. They are concepts that have been transmitted from generation to generation through stories and provide the generational wisdom for communities. This process is culturally rooted as well as cost-effective in terms of community education. Shared values and morals are being taught to younger generations and as an activity allow communities to share their sorrows, frustrations and happiness with each other. Arguably the essence of mental health and wellbeing of the community is upheld through this process, a process which can be further invoked during times of crisis.

#### **7.1.3. TRADITIONAL HEALING AND MEDICINE**

Traditional medicine existed long before the development and spread of western medicine that originated in Europe with the advent of modern science and technology. Sometimes traditional medicine involves a sophisticated theory or system (including a formal craft or apprentice training and induction), though the knowledge of traditional medicine is often passed on, verbally or otherwise, from generation to generation (Zhang, 2000).

Communities in conflict, disaster and development affected Sri Lanka, Sudan and Malawi receives traditional health care for their everyday health care needs, though this

extends to dealing with uncertainties and dangers. Studies show that demand for traditional medicine is increasing in many countries (Bannerman, 1993). The following accounts about traditional medicine and healing provide three examples from Sri Lanka, Sudan and Malawi, based on interviews with three professionals – one is a Government certified Ayurvedic doctor in Sri Lanka and the other two trained and respected traditional healers from Western Darfur in Sudan and in Malawi. However, it is important to mention that there are many other traditional healing approaches in these countries.

It is very important to emphasise before recounting details from these additional case studies that healing processes are always taking place in social settings. The cultural, social, political, economic and environmental contexts in these healing processes play a major role in healing.

i. Sri Lanka

Sri Lanka developed its own Ayurvedic system based on a series of prescriptions handed down from generation to generation, over a period of 3,000 years. The ancient kings, who were also prominent physicians, sustained its survival and longevity. King Buddhadasa (398 AD), the most influential of these physicians, wrote the *Sarartha Sangrahaya*, a comprehensive text which Sri Lankan physicians still use today for reference. The following information is based on an extensive discussion with a Sri Lankan Ayurvedic practitioner by the researcher in December 2006.

The aims of Ayurvedic medicine in Sri Lanka are twofold:

- To prevent diseases
- To treat and cure diseases

Both of these are targeted towards promoting health on three levels:

- Mental
- Physical
- Spiritual

The Ayurvedic health care system considers disease to be a state of disharmony in the body as a whole, and is divided into eight branches:

- Kaya Chikitsa: Internal Medicine
- Graha Chikitsa: Psychological Medicine

- Bala Chikitsa: Paediatrics
- Shalakya Tantra: Ophthalmology
- Shalya Tantra: Surgery
- Agada Tantra: Toxicology
- Rasayana: Rejuvenation
- Vajikarana: Sexology

According to ancient scientific thinking in the scripts, all matter in the universe is composed of five elements:

- Apo - water; creates the taste sensation, its sensory organ being the tongue.
- Thejo - fire; creates the visual impute of colour, its sensory organ being the eyes.
- Vayu - air; creates the physical sensation of touch, its sensory organ being skin.
- Pruthuvi - earth; creates the sensation of smell and odour, its sensory organ being the nose.
- Akasha - space; creates the auditory sensation of sound, its sensory organ being the ear.

These are the basic foundations and principles upon which Ayurveda lies. All five elements have a key role in our lives, since our bodies are composed of these elements. All matter is considered fluid, with the balance of component elements constantly shifting.

Ayurveda considers life to be a union of body, mind and spirit. There are three body types according to individual dominance, known as the three problems:

- Va – Air
- Pith – Bile
- Sem – Phlegm

Health problems may change their relative balance as the result of a variety of factors, including inappropriate lifestyle and activities, diet, and mental or physical shocks. Many poor lifestyle choices are due to our lack of understanding of our own bodies. When there is a (pre-clinical) change in the internal balance between our body, mind and spirit, it may take a very long period of time for signs and symptoms to appear. Very often, as these changes occur, disease will take a path along the inherited weak areas of the individual. In some cases, a disease will manifest in the body or mind

beyond the person's control. This is known as the guiding rules of life – seasons, seeds (including sperms and eggs), mind, principles of life (dhamma) and cause and effect (kamma). Most of the problems due to disasters and conflicts are based on these guiding rules of life and can only be overcome by doing good deeds.

In terms of the effects of disaster, development and conflicts, the Sri Lankan Ayurvedic system provides two important fundamentals: prevention and treatment. Targeted health promotion is aimed at prevention and treatment of mental, physical and spiritual health problems. The focus on prevention is important for communities that do not have access to treatments; therefore it is especially suitable for disaster, development and conflict affected communities.

The five elements of the universe (water, fire, air, earth and space) which need balancing also require the understanding of nature. In other words the whole medical system is environmentally friendly and cost effective. Understanding one's own body, mind and spirit brings a higher level of stability in physical and mental health. This is a comprehensive and organic process to improve mental health and wellbeing contrast to the mechanistic and segmental western medical approaches.

ii. Western Darfur, Sudan

Within each tribal community there are Fakhies, men who are traditional religious healers and who offer advice on a range of physical and mental health related issues. For many Sudanese this is one of the ways in which they address health issues and there is a great deal of confidence in this method of working.

The Fakhie, for example, will select a phrase or a prayer from the Koran and write it down on a wooden pallet (Figure 7.2) with special herbal ink. The patient will then have to read the phrase or prayer and then wash the wooden pallet in water and then drink the water. This process will take place every morning and evening for at least seven days, and up to a maximum of forty-nine days, depending on the gravity of the illness.



**FIGURE 7.2: TOOLS AND MEDICINE OF A TRADITIONAL HEALER IN HABILA, WESTERN DARFUR**

Photos by Janaka Jayawickrama (2005)



As a result of their displacement, Fakhies no longer have easy access to herbs; this is a problem for practitioners of traditional healing. The Fakhies also believe they are being ignored by the humanitarian community. According to traditional healing concepts, illnesses are based on disruption to relationships and when carrying out duties. For Fakhies, healing is a process that happens with their assistance, rather than bringing about healing entirely through their own skill. Social relations are understood to be a key contributor to individual health and illness, and the body is thus seen as a unitary, integrated aspect of self and social relations. It is dependent on and vulnerable to the feelings, wishes and actions of others, including spirits and dead ancestors. The maintenance of harmonious relations within a family and community is generally assigned more significance than an individual's own thoughts, emotions and private aspirations.

The traditional healing system in Western Darfur treats the patient as an expert in their life. That way the Fakhie becomes a facilitator of the healing process rather than a healing expert. Especially within a community-centred culture it is important that this

healing system promotes the harmonious relations between the individual and their family and community. That way everyone in the community becomes involved in the healing process, which promotes cost-effectiveness as well as the psychological and spiritual support to the patient, which plays a larger role in healing.

### iii. Malawi

The philosophy of traditional healing in Malawi is based on a belief in ancestral spirits. Ancestors can summon both men and women. The belief is that a consequence of refusing the calling is usually ongoing physical or mental illness. A traditional healer trains under another experienced traditional healer, usually over a period of years, and often by performing a humbling service in the community.

A ritual sacrifice of an animal (usually a chicken, a goat or a cow) is performed at times in the training, and for the graduation. The spilling of this blood is meant to seal the bond between the ancestors and the traditional healer. The traditional healer performs a holistic and symbolic form of healing, rooted in the beliefs of their culture that their ancestors, in the afterlife, guide and protect the living. Traditional healers are called to heal, and through them ancestors from the spirit world can give instruction and advice to heal illness, social disharmony and spiritual difficulties.

Traditional healers have many different social and political roles in the community including divination, healing, directing rituals, finding lost cattle, protecting warriors, counteracting witches, and narrating the history, cosmology and myths of their tradition. They are highly revered in their society, where illness is thought to be caused by witchcraft, pollution (contact with impure objects or occurrences) or by the ancestors themselves, either malevolently, or through neglect if they are not respected, or to show an individual calling to be a traditional healer. The ancestors must be shown respect, through ritual and animal sacrifice, for harmony to be achieved between the living and the dead. This is vital for a trouble-free life.

The reason for physical and mental health problems is the rejection of summoning from ancestral spirits in this healing system. During a disaster or conflict period or through negative effects of development, it is locally considered important to have this type of healing system. Through these activities the traditional healer and the healing mechanisms promote community-centred responsibilities and duties to deal with uncertainties and dangers. By promoting a strong community, it then influences the people to help each other, take care of each other and share their sufferings.



## 7.2. SYNOPSIS: MENTAL HEALTH AND WELLBEING FROM A DIFFERENT POSITION

Religions, folk traditions and healing are essential parts of the cultures of communities who participated in this research. They use these aspects of their culture to deal with the uncertainties and dangers of disasters, conflicts and development activities. During difficult times in their lives, they find in religions, folk traditions and healing systems a sanctuary of meaning, comfort and reasoning.

One of the common aspects of religions, folk traditions and healing systems is that they all substantively promote community-centred practices. None of these religions, folk traditions and healing systems can be practiced without a community. These community-centred practices allow people to help each other, comfort their loved ones and engage with uncertainty and danger with collective strength. Attitudes and values which are being promoted in these community-centred practices also allow people to accept the 'unknown' such as a disaster or sudden death of a loved one. Also, these attitudes and values promote the accumulation of virtues, such as taking care of elders and the weak, being generous, maintaining harmonious relationships with nature, and being useful human beings. What I also learned from these communities is that these practices focus on providing a realistic engagement with the question 'what if?' This question is endemic to human beings: 'what if that didn't happen?' and 'what if this happens?' are two common ones. When there are kinships and accumulated virtues, the question 'what if?' does not trouble us so much, because when it arises there are social kinship networks to help.

*"If I continue to do good things for other people, then one day I will find satisfaction. I will then be able to be happy with my wives and children. So, I try to be good to everyone I meet and treat. Even by doing that I find myself less sad and happier"*

(Traditional Healer from Western Darfur  
WD – 02, Chapter 05)

Diagnosis in conditions of risk and uncertainty, under a western individual patient model (the long suffering patient to take what is given) implies differential diagnosis. According to Hosford (2001), differential diagnosis involves first making a record of potential diagnoses, then attempting to eliminate diagnoses from the record until at most one diagnosis remains. The outcome of this model may be a correct diagnosis of a disease; but not necessarily an understanding of the social, cultural, political, economic and environmental background of the patient.

However, the traditional knowledge systems presented bring much larger social, cultural, political, economic and environmental resources to prevention and treating physical, mental and spiritual problems. These are complexities a person inevitably deals with in a community rather than as an individual.

Human beings employ a variety of strategies to deal with the profound sense of inadequacy and existential fear bred by the limits of their control. In the first instance there is outright denial or artificial indifference. People will also try to hold on to something as a source of power over uncertain lives. Furthermore, for those who can afford it, there is the option of comfortable boredom laced with this denial: 'forget about life for a while'. Ultimately, for a happy few, there is the choice of irrepressible good humour of fatalism.

Given the clear shakiness of human life, what is surprising is that people often act, think, and live as if they were in control of themselves and this world. It is the conscious or sub-conscious denial of existential vulnerability and of life's limits that must be treated as extraordinary in Western cultures. Much of the dominant 'developed world' society is founded on a myth of self-control, mastery of the environment, beneficence of social order, and denial of human limits, including the ultimate one, death itself (Smail, 2005; Kleinman, 2006). This myth has been perpetuated by politics and the entertainment industry through their promise of easy solutions, which minimise the reality of risk, danger and uncertainty.

One overriding characteristic of the life of the disaster, conflict and development affected communities referred to in this thesis is that they live in contexts of uncertain futures. Not all the participants in this research expressed 'not knowing their future' (which in some instances may be even worse than the present) and its threat to their health or wellbeing. Instead, concerns and challenges are charted in the realities of everyday experiences. All of the communities surveyed are identifiable as part of distinct cultural groups with a faith or beliefs. A sense of uncertainty in this context is therefore also mediated by a belief in other dimensions beyond our known world, in most instances where this world and a spiritual world are ordained by a God, or in certain cases Gods, or understanding of the natural process of uncertainty. It can be poignant to contrast this with the fear of uncertainty expressed by some commentators of disasters and conflicts within societies where the quality life of a high income material existence has become pre-eminent.

Smail (2005) suggests a number of things which many people in the West find very hard to accept:

- *“The best way of understanding ourselves and the significance of our actions is not through personal reflection and introspection.*
- *Most of the time we personally have very little control over our actions.*
- *There is no such thing as will-power.*
- *The societal operation of power and interest is immeasurably more important in understanding human conduct than the components of personal psychology [individual self].”*

(Smail, 2005, p.21)

Furthermore, Smail finds that these generally contradict the common-sense experience of the individual self in the West. When people find that these values have been challenged and are beyond their control, unhappiness and a lack of wellbeing arise. It is Kleinman (2006) who claims that Western culture ignores the fact that uncertainties and dangers are part of being human. However, when someone is going through the uncertainty or danger of a violent conflict situation, this suffering becomes more difficult and even intolerable. It is similar to what Kleinman (1998, p.58) explains about chronic pain:

*“All of us, of course, are experiencing bodily sensations all the time. Most of the time we pay little attention to this twinge or that cramp. But when we are experiencing stressful events in our lives [marriage, starting school, death of loved ones, disasters and conflicts], when these events have disturbed our equilibrium and make us feel anxious or frightened, when symptoms carry important cultural meaning, ... or when symptoms are of special personal significance, ... rather than normalize them we vigilantly attend to them. In the very process of worrying over them, we amplify the experience of the symptoms and take some action. We may avoid certain situations ... change our diet or pattern of exercise, take medicine, visit a practitioner.”*

As Kleinman (2006) explains, “What really matters to us is simultaneously what is most optimistic and what is most ominous” (p.221). Further, Kleinman suggests that, “first we need to get right what really matters to most to us” (p.230). In this sense, most of the communities that participated in this research identified correctly what really matters to them (apart from some disabled and young children). As they know what really matters to them, they try to deal with uncertainty and danger in their lives through available resources in beliefs, traditions and cultures. Kleinman (2006) summarises this as:

*“Underneath the huge varieties of cultural meanings, social experiences, and subjectivity, there is a shared condition of being human that centers on experiences of loss, threat, and uncertainty. That is ground zero in our moral lives” (p.231)*

However, disaster, conflict and development experts, psychologists, psychiatrists and sociologists are occupied in documenting, describing, analysing and diagnosing risks, vulnerabilities, coping strategies, and post-traumatic stress including the costs of murder, rape, torture, abuse, molestation, and many other forms of malice. As presented in the case studies of this thesis, sometimes uncertainty and dangers are sudden like the brutal attacks in Western Darfur. At other times they take the form of a continuous reign of suffering such as the failure of development, disaster reduction and conflict in Sri Lanka. Even when suffering is not present in such striking forms, there can be slow deterioration of communities through policies that severely disrupt the lives of people, like refugee communities in Malawi. And yet in the midst of the worst horrors, communities continue to live, to celebrate, and to enjoy. This might appear as an obvious and dull statement, especially if the everyday life is considered as an uneventful facet. Yet, in relation to communities that are living in disaster, conflict and development affected societies, where lives are severely disrupted, to be able to maintain the everyday life is indeed an achievement.

Studies of wellbeing and communities use several approaches. Some studies analyse certain factors influencing wellbeing, such as poverty or economic development (Beckley, 1995). Other studies focus on identifying factors that form wellbeing in communities (Kusel and Fortmann, 1991). These studies build on a mix of social indicators, historical information, and data collection in the communities, relating to how communities perceive wellbeing. Despite the differences in approaches, what is common for all of them is the use of social indicators as one of the main tools of wellbeing assessment. There appear two wellbeing indicator approaches: qualitative-subjective and quantitative-objective. Subjective measures often require individual/community self-assessment (by selected informants or through surveys). Objective measures are based on data sets that document social structural variables (Beckley, 1995; Kusel, 1996).

The approaches referred to here are suitable to measuring and assessing wellbeing through definitions such as that provided by Wilkinson (1991, p.141) to "recognize the social, cultural and psychological needs of people, their family, institutions and communities". This approach argues for measuring wellbeing through needs, but misses out concepts such as spirituality, belief systems, attitudes and values. However, beyond the needs approach, the following definition of wellbeing encourages

establishing an approach to examine wellbeing in relation to living with uncertainty rather than measuring or assessing needs:

*“The UNISDR (2004) definition of disaster risk reduction (DRR) suggests sustainable development as a form of wellbeing, and development as being subject to the dangers, uncertainties, and irruptions of unpredictable forces. To avoid or to limit adverse impacts, one would need to be able to predict them. To the contrary; we argue that dangers and uncertainties are an inescapable dimension of life, and that wellbeing is the competence to live with uncertainty. Unpredictability makes life fulfilling as it is part of human nature to deal with it. Reacting to the unknown may define what it means to be human. Our point here is simply to point out that, though not knowing some things can create frustration, anger and helplessness, a process of pragmatic engagement with uncertainty can create a sense of wellbeing.”*

(Jayawickrama and Collins, 2008, p.2)

The above explanation has also been supported by scholars such as Summerfield et al. (1992); Sen (1993); Korn (1997) and Kleinman (1998; 2006). This definition argues that wellbeing is a process of dealing with human conditions and opposes the idea of measurement and assessment as being a panacea for solution bearing. In line with Kleinman (2006), the above definition suggests that wellbeing should be understood as what is local and local moral values require ethical review. Nonetheless, analysis from the outside and from those on the inside can challenge accepted local perspectives:

*“The moral experience that people share could be far from good, even malign. ... Normal and shared moral experience of this sort is so troubling precisely because what looks so wrong from the outside may not look that way from the inside.”*

(Kleinman, 2006, p.2)

i. Suffering as an unavoidable dimension of being human

Where every part of human experience is considered a social concern, then more often than not, this takes place with a focus upon the ways in which people are made socially vulnerable to some manner of injustice, injury and harm. Through different arguments in social sciences, modern society is exposed as comprised of individuals denied a dignified being, communities breaking apart under the corrosive force of rapid social change and large sections of population with no hope of fulfilling their human potential. The tone of academic discourse has always been more familiar to the misery of the human condition than its occasions for joy.

Veena Das (1997) and Pierre Bourdieu (1999) raise the disquieting suggestion that in order to have their work resonate with a language of expert authority, academics and researchers in the field of mental health and wellbeing have been all too ready to ignore, marginalise, and even silence, the genuine voice of people who experience extreme violence, material hardship and social upheaval. Following early scholars such as Gouldner (1968), these writers argue that, by failing to devote explicit attention to the lived reality of human suffering, academics and researchers jeopardise finding themselves allied to the interests of those whose positions of power and privilege are maintained. This can be at the cost of indirectly doing violence to large numbers of people, being conceptually blind to an experience of humanity that is vital for understanding the social character of modern times.

Indeed, the work of Das and Bourdieu now comprise part of a broader academic movement to address this alleged deficit in the academic account of humanity via a process of research into the phenomenon of social suffering. Such work is addressed to a wide range of ordinary occasions when human dignity is violated and people come to some manner of grief and harm (Kleinman et al 1997; Bourdieu et al 1999; Farmer 1999; Kim et al 2000; Das et al 2000; 2001). In every instance attention is given to the ways in which critical events are experienced as social forces and cultural phenomena. In this regard, there is a particular concern to make clear the ways in which people directly encounter the social meaning of their suffering. Scholars can aim to highlight the extent to which experiences of human suffering involves far more than the bio-mechanics of pain, the sheer numbers of people killed in conflict zones and disaster areas or a calculated level of disability, scarcity and want. In these writings an explicit attempt is made to have us reflect on the ways in which individuals actively experience the social significance and moral meaning of their physical afflictions, material deprivations and loss.

A great deal is perceived to be at stake in these processes of feelings, interpretation and adaptation. In the first place, by creating symbolic forms of culture and styles of writing to express a greater part of the lived experience of suffering, it is hoped that it may be possible to strengthen public debate on the abuse of human rights, and suggest greater outpourings of compassion towards the pains of others. Writers who broach this topic aim to bring the standpoint of those in suffering to bear directly upon the hearts and minds of policy makers, politicians and publics. Great hopes are invested in the possibility that where people can be made to feel more sympathy towards, and responsibility for, the suffering of others, then they shall be motivated to

act against the political decisions and social conditions that damage and ruin human life (Kleinman, 1995; Kleinman and Kleinman, 1997).

Second, such works not only serves to draw public attention to the lived experience of human suffering, but also, can provide some measure of understanding of healing at the level of social meaning for those in pain. Much mystery surrounds the possibility of a major component of the embodied sensation of suffering taking place as a consequence of the negative meanings that people acquire. This constructs events in their lives, particularly where the actual meanings are encountered as senseless and for no purpose beyond those experiencing it. In this context, the scholar approaches their task in terms of an effort to equip people with the cultural resources to establish a means to narrate or to empathise with traumatic experiences. They would otherwise be left in silence, so that they might not arrive in the position to resume the task of living (Morris, 1997). The practice of ethnography itself is identified as part of a politics of recognition (Taylor, 1992) that contributes to the creation of public spaces in which sufferers may achieve a shared voice for recounting their experience, and most importantly, a social acknowledgement of the terrible events they have endured (Das 1995; 1997). Indeed, in many instances, it is with the knowledge that others acknowledge their experience of pain that suffering communities report themselves to be embarking upon a journey towards recovery and healing (Scheper-Hughes, 1998; Adelson, 2001; Chuengsatiansup, 2001).

It is clear as to the overriding moral purpose of this work, which is prepared to celebrate ethnography as the favoured means of exposing the brute facts of what suffering does to people. However, a great deal of debate surrounds the extent to which research and writing on social suffering is adequate to meet these objectives. Indeed, in almost every instance academics bear evidence to an acute sense of failing in their task. They share in the understanding that some of the most important fundamentals in the experiences they seek to explain frequently resist representation in language (Wilkinson, 2001). Accordingly, the terminology and methodology of social science is perceived to be poorly equipped to account for the suffering of humanity as lived experience.

It is already the case that some have begun to approach their work to deal with this problem. By way of example, whilst Kleinman is alert to the potential for ethnography to convey some part of the felt intensity of a person's misery and pain to a wider public, he is sensitive to the extent to which this manner of research tends to draw one up against the limits of language and moral meaning. Ethnography becomes a form of

critical praxis in relation to the ways in which the ethnographer becomes frustrated by the sense of failing to achieve an adequate account of their object of research. He writes:

*“What is special about ethnography...is the practice it realizes.....The ethnographer’s angle of exposure places her so uncomfortably between distinctive moral worlds and local and global ethical discourse and, what is more, creates such a destabilizing tension between them that she is forced to become, even at times it seems from published accounts against her will, self reflexively critical of her own positioning as well as attentive to the new and unexpected possibilities that can (and so often do in real life) emerge”.*

(Kleinman, 1999, p.414-15)

A more elaborated and personal account of how this may take place is provided by Skultans (1998) in her writings on the experiences of Latvians recovering from the trauma of Soviet rule. Her study begins with the confession of experiencing the pain of discovering that the very attempt to describe part of the reality of human suffering has made her question her own sense of personal integrity and professional vocation. Indeed, in giving vent to her frustration, Skultans even ventures to suggest that the effort to translate the content of this semantic agony into the traditional frameworks and ready-made categories of social science may well be akin to “the impossibility of the well-fed anthropologist carrying out a participant observation study of famine” (Skultans 1998, p.21). However, with this understanding, she does not approach the failure of her work as a matter that prevents her from advancing in her understanding of what suffering does to people; rather, she considers this to hold value as an insight into the lived reality of this experience. She argues that an essential part of the experience of suffering is constituted by the pain of struggling and failing to construct positive meanings for self and society in the aftermath of events in which these are violated and destroyed. Accordingly, in this instance Skultans’ approach is to take the difficulty of understanding as an opportunity for understanding; she reflects on her own experience of failing as a factor that allows her to be more perceptive towards the experiences she seeks to describe.

### **7.3. CRITICAL ANALYSIS OF MENTAL HEALTH AND WELLBEING**

This thesis emphasises that the world is uncertain and dangerous, and that *suffering in uncertainty and danger* seems to be an unavoidable part of human life, but within a context of hope. A working class family in the UK went bankrupt and after a month their only son died in Afghanistan. The family is sad and upset. A Tamil-Canadian family



learned that their son had joined the Liberation Tigers of Tamil Eelam in Sri Lanka to fight for a separate land. The parents cannot understand why he left the comfortable life in Canada to suffer. A mother in Kabul lost her only daughter to a roadside bomb blast and now refuses to eat, sleep or take care of herself. The family is falling apart due to the situation. A young academic in the UK who achieved much in his field, suddenly died of a heart attack. The wife is now alone with their three young children, desperately sad over her loss. These incidents are examples of the uncertainties and dangers which people must face in their lives, whether they live in a developed or developing country. Furthermore, natural events such as tsunamis, droughts, floods, earthquakes and hurricanes make life more uncertain and increase suffering. Conflicts, corrupt governments, family violence, infectious diseases and poverty contribute to suffering and danger.

When dealing with uncertainty and danger, most people involved experienced *strategic despair*. Because a certain situation is wrong and unjust, people have the opportunity to be upset, angry and frustrated. With this opportunity some people think and reflect about the situation they are in and move on, while some people indulge the despair.

People can use their own thoughts and experiences based on their cultural and traditional awareness to make decisions about *taking or not taking action* against the uncertainty and danger they are experiencing. In this research process both these avenues were recognisable as being taken by people in Sri Lanka, Sudan and Malawi. There are people who both take, or abstain from taking, action against uncertainty and danger, who desire to go *back to the familiar situation*. People are comfortable thinking about their past lives before the disaster or conflict. Of course, in reality it is difficult to go back to their familiar situations. However, others identified in this research dealt with uncertainty and danger with *knowledge and mindfulness*. Helping people, doing good deeds and simply taking care of these people has helped them to understand that suffering through uncertainty is unavoidable and one should make the best out of these situations, indeed, to use them as a moral framework.

In all these different stages, *beliefs, traditions and cultures* play a major role within communities. These beliefs, traditions and cultures assist communities to make sense of their suffering through uncertainty and dangers in life.

### 7.3.1. SUFFERING IN UNCERTAINTY AND DANGER: UNDERSTANDING OF AN IMPROVED INTERVENTION APPROACH

This thesis has expressed suffering through uncertainty and danger as a more common condition of life among communities in Sri Lanka, Sudan and Malawi. However, under the influence of academia and formal policymaking, mental health and wellbeing projects tend not to start work with recognition of this common condition, rather with a clinical one of mental health and psychosocial care delivery. Scholars such as Gouldner (1968); Das (1997); Kleinman and Kleinman (1997); Scheper-Hughes (1998) and Chuengsatiansup (2001) present arguments to support this field reality. The arguments surrounding this as a policy and practice issue have been presented in detail in the literature review.

Observations on diverse conflict, disaster and development affected communities, also revealed that they tend to go through a similar process. Because of the specific uncertainty and danger they experience, their sufferings become intense and they try to attend to them. As explained by the participants from Western Darfur (WD – 03: Chapter 04) usual patterns get changed, seemingly in this case towards increased monotony:

*“We get up for the breakfast and then go out to sit with our friends. We play cards or just chat with each other. Then again go back for lunch to come back again to sit under a tree. Sometimes we sleep or play more cards. By the evening most of us go to have some local alcohol before the dinner and then sit around till we feel sleepy.”*

Although very few of the research communities have any control over their situations, this changed pattern becomes the problem. They are transformed: their relationships become complicated; lives become boring and suffering increases.

However, many of the communities have some level of understanding about this suffering and they try to deal with it through their beliefs, cultures and traditions. A group of women, (WD – 04: Chapter 05) responding to the question about violence and rape in Western Darfur, said:

*“Do you think that we have time to think about these things? We are busy and there are families to take care of. It is of course difficult and we all have spent sleepless nights about going to collect firewood, where we mostly get caught. But this is life and this is the wish of Allah. Who are we to question this situation other than facing it?”*

Similarly, a Sri Lankan woman (L/SL – 04: Chapter 4) said that:

*“I think that this is bad kamma that I am dealing with now. So I try to be good to others and do good deeds, where I will get a better chance in my future lives.”*

Likewise, almost all the case studies, interviews and group discussions present some sort of an explanation about suffering through uncertainty and danger. In their meaning systems (whether cultural or religious or otherwise) there is an understanding of a natural resolution to these sufferings. This is the first level of dealing with uncertainties and dangers by the people who suffer with them.

*“When rulers are bad and corrupted as in Sudan now, this type of conflict is unavoidable. It is the innocent women, children and men who have to pay for these injustices. It is Allah’s way of reminding all of us to be good, kind and courageous during these difficult times”*

(WD – 01: Chapter 5)

### **7.3.2. HELPLESS AND HOPELESS: AVAILABLE RESOURCES AND PROFESSIONAL COLLABORATIONS**

While people suffer through uncertainty and danger with a level of understanding about resolution, there are others in the communities that participated in this research who go through a stage of being helpless and hopeless. This is the most visible stage among the conflict, disaster and development affected communities.

*“I am suffering through this life, though I want to enjoy life. We are in a living hell without water.”*

(L/SL – 06: Chapter 4)

*“So, now we are living day to day. We do not have any more dreams about our future or our children.”*

(L/SL – 13: Chapter 4)

*“Chithra thinks that the tsunami bought a curse to her and is angry about everyone around her.”*

(B/SL – 06: Chapter 4)

*“They are unhappy and frustrated about their situation. They find it difficult to eat and sleep. They do not want to be friends with anyone and they keep to themselves.”*

(B/SL – 08: Chapter 4)

*“Bembe worries about the security and finds it very difficult to sleep, eat or to do anything.”*

(M – 02: Chapter 6)

*“Mohammad is not sure of his future and he is worried about his family”*

(M – 06: Chapter 6)

*“Rose finds it very difficult to sleep at night and worry about this situation all the time”*

(M – 12: Chapter 6)

These are some examples of helplessness and hopelessness suffered by the research communities. As Harrell-Bond (1999) argues:

*“The humiliations of refugee life have further contributed to undermining self-confidence. ... the traditional aid approach has generally encouraged its recipients to represent themselves as helpless victims of circumstances. Some Somalis have been representing themselves in this way for so long that, along with convincing the donors of its reality, they’ve also convinced themselves”.*

The humiliation of being helpless and hopeless plays a major role in suffering through uncertainty and danger. Also, it is quite clear, from the information above, that people are more worried over their present and future situations than the past, which is quite different from the view of trauma in the fourth edition of the American Psychiatric Association’s (1994) Diagnostic and Statistical Manual of Mental Disorders:

*“1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others,” and “2. the person’s response involved intense fear, helplessness, or horror” (p.427-428)*

The fear, helplessness or horror of the communities that participated in this research comes from two things: i) they do not have any control over their current situation and, ii) they do not know what their situation will be like in the future. They want to move on in their lives, with their families and loved ones. Levy (1999, p.256) supports this interpretation by quoting Bettelheim:

*“Our experience did not teach us that life is meaningless, that the world of the living is but a warehouse ... it taught us that, miserable though the world we live in may be, the difference between it and the world of the concentration camps is as great as that between death and life. It taught us that there is meaning of life. (Bettelheim, 1979)”*

In terms of analysis of intervention, there are two distinct types of people who experience being helpless and hopeless that emerge from this research; people

making use of available resources and moving on and people who need professional help.

i. People making use of available resources and moving on

Using available resources does not always mean the use of physical resources. Rather, they use their relationships, attitudes and values as available resources to move on.

*“I try to be happy with what I have and continue my life. At least I have healthy children and a good wife. As a family we try to do good deeds and help others. We find our happiness through this, which keeps us going.”*

(L/SL – 13: Chapter 4)

*“After that Magdalena went abroad to make some money for her family and her father used to look after her children.”*

(B/SL – 07: Chapter 4)

These available resources are very important to disaster, conflict and development affected communities, which the agencies tend to ignore. Fakhie Moussa (WD – 02), who is a traditional healer of a community in Western Darfur, is an example of that. Although, he is capable of dealing with mental health and wellbeing issues in his community, he works as a security guard for an INGO that complains about the lack of available resources to deal with such issues. Summerfield (1999, p.118) also argues that the socio-cultural aspects of life are more important than the individualised Western approach to mental health:

*“The debate about the effects of war and other extreme experiences on human beings veers in the West towards an individual rather than a collective focus, and towards individual pathology in body or mind. How applicable is this to non-Western populations worldwide? Many of their ethno-medical systems do not logically distinguish body, mind and self and therefore illness cannot be situated in body or mind alone. Social relations are understood to be key contributors to individual health and illness, and the body is thus seen as a unitary, integrated aspect of self and social relations.”*

It is therefore very important that the agencies consider the social, economic and cultural as well as political and environmental worlds of disaster, conflict and development affected communities.

- ii. A second type of people can be characterized as needing professional assistance

There are some people who need someone to talk to about their problems and issues. The Interviews and discussions, L/SL – 03, L/SL – 07, B/SL – 04, B/SL – 06, WD – 03, WD – 06, M – 04 and M – 05 are some of the examples. However, the researcher's observation is that the available social workers, community practitioners and counsellors tend to be more interested in discussing these people's past following their counselling frameworks, rather than listening to them about their worries over present and future situations.

*“Caroline had met with the counsellor in this community centre before and did not continue her sessions, because she felt that he doesn't want to listen to her story, but her feelings and emotions.”*

(M – 01: Chapter 6)

Indra (1993, p.234) argues that the existing social services have a problem in dealing with refugees, which applies to disaster, conflict and development affected communities:

*“Individuals are made into ‘clients’ by being categorized impersonally. Policy is decided deductively and unilaterally, with little input from refugees themselves. This creates a ‘non-reciprocal causal epistemology’ among practitioners in which cause and effect ... is self evident, in which refugeedom is constructed as a social problem and where there is a standardised perception of how experts should act in order to ensure their clients’ salvation”*

### **7.3.3. STRATEGIC DESPAIR**

*“Shit just happened; that is so sad; we should be depressed. We are depressed because there's an asshole in the White House”*

Hunter S. Thompson  
(In Thompson, 2007, p.51)

Thompson would call what emerges as strategic despair 'logical depression'. Because a certain situation is bad and wrong, we have a moral opportunity to be upset and experience despair. For a member of a disaster, conflict and development affected community it is strategically important to experience this despair. This allows the person to think and figure out what is going on. Some people hold this despair along with an awareness of life and living. They recover from this situation and move on.

*“This is really frustrating and I am quite angry with the government and the donor agency of this project. But, I think that time may solve our problems and I am determined to find a solution. I work hard and expect to overcome this poverty one day”*

(L/SL – 02: Chapter 4)

*“Magdalena was upset and frustrated. She spent many sleepless nights crying about the situation. After a while she thought that she cannot go on like this and has to take care of her life and children”*

(B/SL – 07: Chapter 4)

*“We sometimes see dreams about our future. We also see nightmares about the militia trying to kill our families.”*

(WD – 05: Chapter 5)

At the same time there are some people who indulge and repress despair and suffer more through uncertainty and danger. They either come out from this after a while, or use available resources; but some need professional assistance. This long-term despair increases the suffering and makes people's lives more miserable.

*“I sometimes get angry with my siblings as they could be the reason that I don't have what I want”*

(L/SL – 07: Chapter 4)

*“They do not want to be friends with anyone and keep to themselves. According to their neighbours they do not come out of the house for days, sometimes even weeks”*

(B/SL – 08: Chapter 4)

*“This is very frustrating and sometimes we get angry and beat our wives or children to get this frustration out. People call us drunken men and we do not know what to do”*

(WD – 03: Chapter 5)

However, knowing the progressions of strategic despair is a useful tool for dealing with the suffering involved with uncertainty and danger. Identifying with this sense of experience would allow people to understand who and what they are, and which point they are at. On that level it is good to experience this power of despair.

*“My father is a useless person – he used to drink and beat my mother and us children. So I found my peace and understanding of life within this service. This service satisfies me.”*

(WD – 01: Chapter 5)

*“Our past is horrible, but our worries are with the present and the future. In the past we were the heads of our families and everyone respected us. Although we had many terrifying and bad experiences with the militia groups, we had some authority over our lives. But now, we cannot go outside our camps, because there are possibilities of getting beaten up”*

(WD – 03: Chapter 5)

However, the tendency for humanitarian assistance agencies is to consider strategic despair to be a huge problem. The mental health or psychosocial wellbeing interventions and programmes are focused on this past stage. For this reason, organisations recognise a higher level of trauma and depression (among disaster, conflict and development affected communities) than may actually be the case:

*“Angola, Afghanistan, Cambodia, Somalia, Burundi, Rwanda, Sierra-Leone, Kosovo, Chechnya are a few examples of prolonged human destabilisation and psychosocial dysfunctioning caused by traumatic events. Their consequences remain in the personal and collective memory even long after peace agreements and repatriation has been accomplished. Traumatic experiences such as killings, material losses, torture and sexual violence, harsh detention and uprooting, all affect people’s behaviour for generations. Life in overcrowded camps, deprivations, uncertainty over the future, disruption of community and social support networks lead to psychosocial dysfunctioning”.*

(Dr. Gro. H. Brundtland, 2002)

The communities involved in this research are not necessarily going through ‘psychosocial dysfunction’, but a normal process of dealing with their suffering, which may or may not need any outside assistance. It should, therefore, always be the person and communities decision to seek outside assistance, rather than the outside agency deciding for them.

*“We do not get to make many decisions about getting help from agencies, because they always want our wives and women to make decisions. Women and children get to participate in literacy classes, play groups and skills trainings. But we men do not have any of those opportunities.”*

(WD – 03: Chapter 5)

This is not only true of disaster and conflict affected communities, but also of development-affected communities. The history of development is a history of despair. Development which is not self-determined is not sustainable. Development, which is not self-determined, can create sudden despair among communities (Korn, 1997).



When this occurs people suffer: they grieve over lost ways of life; families divide; community values and the rituals of social celebration lose meaning.

*“According to the health department in 2002, 49 percent of children in this area are suffering from malnutrition. Village schools do not have enough teachers, children are becoming labourers and we cannot guide them to become good citizens. Ninety percent of our farming land is not in use at the moment. There is also a huge problem in social and moral significance among these communities. If these problems continue we are going to produce criminals and people with anti-social behaviour from these areas”*

(L/SL – 01: Chapter 4)

Korn (1997, p.8) suggests that this strategic despair has not been well understood or recognised by professionals or academics:

*“Psychologists study the effects of trauma [strategic despair] on the mind and ignore the socio-political underpinnings that cause it. Anthropologists discuss the “stress of change”, or acculturation, academic euphemisms for trauma and note the difficulties natives have in adapting to change. Many in the field of development do not even ask the questions.”*

Therefore, this stage of strategic despair is the space for outside professional help in disaster, conflict and development affected communities. Outside professional help means support for physical health, livelihoods and the rebuilding of physical structures destroyed by disaster, development or conflict. However, it is important to provide this outside professional help while still respecting and honouring community values and traditions. Outside agencies must establish a process, which allows the community to take ownership and responsibility for their own solutions to their problems. Transparency, accountability and participation must be essential parts of this process. As Korn argues, that would be the antidote to strategic despair. She argues (1997, p.9) that; “The antidote to traumatic stress is to take control – control of land, resources, political and economic structures.” This is control in the sense of gaining increased social, political, cultural, economic and environmental community strength.

#### **7.3.4. TAKING OR NOT TAKING NECESSARY ACTION**

For people in the West taking action against problems is a common reaction to those problems. People cannot, most of the time, tolerate the idea of not taking action against a problem. Various problem solving techniques such as SWOT (Strengths, Weaknesses, Opportunities and Threats) analyses, risk management and PEST (Political, Economic, Social and Technological) analyses are being used to deal with

problems. At the same time 'not taking action' for a problematic situation is seen as a weakness. The report from the 'Dealing with Disasters' International Conference (2008, p.5) when discussing the meaning of health security in Bangladesh indicated that people adopt a fatalistic view towards disasters. In the actual presentation (I was part of the conference and session in question) Prof Abbas Bhuiya from the Centre for Health and Population Research, Bangladesh (July 10, 2008) stated that most community members prefer not to do anything when there is a disaster, except to pray to God. Prof. Bhuiya found this to be a disturbing fact in the sense that it could interfere with people's level of preparedness and capacity to mitigate in practical ways.

Further, Williams (1999, p.611) argues that:

*"We have to go through several stages to fully adapt to major events in our work and personal lives. Bereavement, injury, separation or redundancy and new relationships, jobs or relocation radically change our lives. Good events as well as bad can destabilise our minds, requiring us to radically alter our understanding of the world... ... This process seems to affect everyone, in most cultures, after major life events. These occur 10-20 times in most people's lives. If understood and supported these events can be turning points and opportunities. If not they can lead to serious errors of judgement, depression, breakdown, broken relationships, careers and sometimes suicide."*

Various scholars and researchers have considered the usual changes in life and the problems people face as disturbing events. The communities that participated in this research process showed that some people were taking direct action while others were indirectly taking action by not taking action:

i. Taking Action:

*"This is really frustrating and I am quite angry with the government and the donor agency of this project. But, I think that the time may solve our problems and I am determined to find a solution. I work hard and expect to overcome this poverty one day."*

(L/SL – 02: Chapter 4)

*"My only hope is to educate my children and I am determined to do that somehow."*

(L/SL – 05: Chapter 4)

*"After school I help my father to make bricks and that needs lots of water; water I can use to wash my school uniform. But I do not want to give up; I will continue to go to school and study well."*

(L/SL – 08: Chapter 4)

*“Magdalena is worried that her children do not have the love of a father. Her only determination is to get her children good education and make them good citizens.”*

(B/SL – 07: Chapter 4)

*“Danial is requesting to be involved in a useful activity and be valuable to the community he lives in.”*

(M – 03: Chapter 6)

*“She works hard so that one day that she will make enough money to take her daughter and other two children to a better country.”*

(M – 08: Chapter 6)

ii. Taking Action by Not Taking Action:

*“I think that this is bad kamma that I am dealing with now. So, I try to be good to others and do good deeds, where I will get a better chance in my future lives.”*

(L/SL – 04: Chapter 4)

*“They do not want to be friends with anyone and keep to themselves. According to their neighbours they do not come out from the house for days or sometimes weeks.”*

(L/SL – 08: Chapter 4)

*“she prays to God and expects that something will happen to change her and her family’s lives.”*

(M – 12: Chapter 6)

*“Michael thinks that he cannot do anything to change this situation and thinks that he should wait and see.”*

(M – 04: Chapter 6)

*“He thinks that God will solve his problem one day.”*

(M – 06: chapter 6)

*“William is frustrated and angry about himself as he could not save his children and protect his wife. Further, he thinks that he is a useless man and prays that the God would take his life.”*

(M – 13: Chapter 6)

In both situations, people taking and not taking action for their problems, seems to be a normal condition. The researcher’s personal discussions with Dr. John Van Eenwyk in 2000 at the US International Trauma Treatment Programme brought up the following metaphor about taking and not taking action against a problem:

*“Imagine that you are in the ocean sailing a ship. Suddenly a thunderstorm hit your ship and the ship sank. You can’t see land and you start swimming. After a while you realise that you are not going anywhere and you are still far away from a land. On top of that you are getting really tired and your energy is wasted. So, you decide to float in the sea, which will allow you to save your energy. After a while you see a glimpse of an island and start swimming*

*again. You have enough energy to swim to the land and you save yourself”*

This shows, exactly, the case for taking and not taking action during uncertainty and danger. Not taking action during an uncertain time is not necessarily being lazy or negative. If one cannot see a possible solution in a situation where one is dependent on outside support (like being a refugee); then sometimes it is good to save energy by not taking action. Further, not taking action doesn't mean being lethargic and hopeless. It can mean that, in a suffering context, believing in God, rather than doing many other things, can maintain one's life in the presence of uncertainty and danger.

*“I am not ready to give up and I will keep trying till the day I die. Although I am not angry, I get frustrated with myself and this situation. Then I think of those people who are suffering more than me in this world. I try to be happy with what I have and continue my life. At least I have healthy children and a good wife. As a family we try to do good deeds and help others. We find our happiness through that, which keep us going.”*

(L/SL – 13: Chapter 4)

*“Throughout this conflict situation I never got into trouble as many other woman whom I work with – they get raped, tortured and assaulted. I think that because I am doing my good service to people, I am protected by my good deeds. So, if everyone is doing good deeds, they would protect them. But the problem is that most people in our communities don't understand that.”*

(WD – 01: Chapter 5)

In this cycle of dealing with suffering in uncertainty and danger, taking and not taking action for problems has a very important consequence: people have to judge their own situations and live accordingly. As people take ownership and responsibility for their own lives, it is difficult for an outsider to comment on many of the types of action that people may decide to take.

### **7.3.5. BACK TO THE FAMILIAR SITUATION**

'Disaster recovery', 'recovering from depression' and the 'recovery model' are some of the buzzwords on television and in newspapers. What does recovery mean? According to the Cambridge Advanced Learner's Dictionary (2008), recovery means to get back something lost, especially health, ability, possessions, and so forth. This definition is quite similar to the idea of disaster resilience, argued by Manyena (2006, p.446):

*“disaster resilience could be viewed as the intrinsic capacity of a system, community or society predisposed to a shock or stress to adapt and survive by changing its non-essential attributes and rebuilding itself.”*

Dictionary.com (2008) also defines resilience as:

*“the power or ability to return to the original form, position, etc., after being bent, compressed, or stretched; elasticity” or “ability to recover readily from illness, depression, adversity, or the like; buoyancy”.*

The idea and the definition both look at shock or stress as something outside of the ‘normal’ experience of human being. The straightforward definition from dictionary.com looks at resilience as the power or ability to return to the original form.

Although a number of the communities wanted to go back to their situations before the disaster, conflict or development, most of the people were not expecting to find the same, be it better or worse. In the researcher’s experience, both the expectation and desire to return makes people unhappy:

*“We are in a living hell without water. I want to go back to where we were in our lives.”*

(L/SL – 06: Chapter 4)

*“I sometimes get angry with my siblings as they could be the reason that I don’t have what I want. I was better off before they were born.”*

(L/SL – 07: Chapter 4)

*“If the tsunami did not happen things would have been different. The school I used to go before the tsunami was good and teachers loved me. They thought that I am a good student and helped me. I also had lots of friends. But I know that I will never get to go back to that same life again”*

(B/SL – 04: Chapter 4)

*“She wants to be in her home and wants to have a husband back as she is determined that her child needs the love of a father. Chithra thinks that the tsunami bought a curse to her and is angry about everyone around her.”*

(B/SL – 06: Chapter 4)

*“In the past we were the heads of our families and everyone respected us. Although we had many terrifying and bad experiences with the militia groups, we had some authority over our lives.”*

(WD – 03: Chapter 5)

*“Before being displaced we were treated well within our communities. We received food, goats and other support from our communities, regardless of being our relatives. Always the younger generation came to consult us before they do something important like marriage, building a house or circumcision of a boy. Now the agencies and young foreigners have take up this role and our community consult us less and less. We are not very important to our community and we are totally depending on agencies for food and other needs”*

(WD – 06: Chapter 5)

This dimension of suffering through uncertainty and danger has two aspects:

- i. People are comfortable thinking about their past life as if it was easier or better than their lives now. In many cases it is true. The problem is they do not understand that they cannot go back to their past, or continue living with the desire to go back. People think this when they do not have a clear idea about the difficulty of their present and future lives.
- ii. Some actually want to go back to their familiar lives, before their experiences of uncertainty and danger. Elderly groups and children, especially, tend to think like this. Men can also think in this way. A group of men from Western Darfur, for example, were worried that their present situation, in which they did not have any authority over their families, would not change in the future. So, they preferred their past lives instead.

Realistically, however, people will never be able go back to their usual lives again, as defined in the concept of resilience. In a development, conflict or disaster context, where cultural, social, traditional and religious institutions are broken, loved ones and families are destroyed and people survive with minimum resources. People in such scenarios cannot be expected to get back to their usual, familiar lives.

*“War and organised violence in the Third World damage social and cultural institutions, and this damage is usually no accident. As the psychologist Martin-Baro (1990) wrote of its impact in his own country, what was left traumatised were not just El Salvadoran individuals but El Salvadoran society.”*

(Summerfield, 1995, p.4)

### 7.3.6. KNOWLEDGE AND MINDFULNESS

There were four individuals (L/SL – 13; WD – 01; WD – 02; M – 01) from Sri Lanka, Sudan and Malawi, among the researched communities, who represented enormous strength by their knowledge and mindfulness about suffering in uncertainty and danger. Being knowledgeable and mindful helped them to continue their lives through suffering in uncertainty and danger.

*“I think that we are suffering through our own decisions to trust the government and officials as well as bad karma. In my life I have experienced many good things and bad things. This is the cycle of living and not only happening to us here. I have read articles in the paper about poor people in India and African countries. We at least have food and living in our own houses. Sometimes, I think that we owe to live like this till something change – like electing a better leader to this area or we find some other ways to make money. I am not ready to give up and I will keep trying till the day I die. Although I am not angry, I get frustrated with myself and this situation. Then I think of those people who are suffering more than me in this world. I try to be happy with what I have and continue my life. At least I have healthy children and a good wife. As a family we try to do good deeds and help others. We find our happiness through that, which keep us going.”*

(L/SL – 13: Chapter 4)

*“I think that I am blessed by Allah (God). That is why I get this much respect from people. Because I know some of my friends in other villages and cities who are traditional birth attendants, but they do not get what I get. So I think that this is a special situation. I have to be very careful and down to earth if I am to continue with this service. This is an honourable service and one has to be honourable to receive honour.*

*When rulers are bad and corrupt as in Sudan now, this type of conflicts is unavoidable. It is the innocent women, children and men who have to pay for these injustices. It is Allah's (God's) way of reminding all of us to be good, kind and courageous during these difficult times. If we all work hard, we can overcome this situation. Throughout this conflict situation I never got in to trouble as many other woman whom I work with – they get raped, tortured and assaulted. I think that because I am doing my good service to people, I am protected by my good deeds. So, if everyone is doing good deeds they would protect them. But the problem is that most people in our communities don't understand that”*

(WD – 01: Chapter 5)

According to Fakhie Moussa, helping people makes him happy and takes away his sad thoughts about his displaced second wife and children. He thinks that Allah (God) has punished him by taking away some of his family for something wrong he has done without his knowledge. He tries his best to be good to everyone and he thinks that Allah will forgive him one day.

*“If I continue to do good things for other people, then one day I would find satisfaction. I will then be able to be happy with my wives and children. So, I try to be good to everyone I meet and treat. Even by doing that I find myself less sad and happier”*

(WD – 02: Chapter 5)

*“She started her life again with her children. Her friends in the Malawian community are helping her and she has heard that her husband left Malawi in 2006 with his second wife. Caroline is struggling with no job and plans for future. However, she performed odd jobs to keep her family going and she tried to be positive about the future. Caroline thinks that this is a worthwhile struggle as she will be able to find good education opportunities for her children one day and they can live a good life as a family. She is not worried about her husband or what has happened. Caroline thinks that it is God’s will that she has to suffer and she is happy to accept that. She thinks that at the end of this dark tunnel of suffering, she will be able to find the light of satisfaction and happiness. She finds that she is now much happier than being with her husband and she enjoys her time with her children.”*

(M – 01: Chapter 6)

These four individuals (L/SL – 13; WD – 01; WD – 02; M – 01) express their knowledge and mindfulness when suffering through uncertainty and danger. They all have strong feelings about religious beliefs and doing good deeds – whether helping people, treating or healing people or simply taking care of their children. This has given them courage, strength and a sense of wellbeing in their difficult lives. Most of the communities showed these aspects in their lives. Although almost all of the communities can be categorised as needing ‘counselling’ or ‘mental health support’ in the humanitarian sense, they still have their own plans, strategies and ideas to deal with such problems; they are not necessarily stuck with their horrible past experiences of rape, torture and abuse. But they have other practical problems, which need assistance. As explained above, *these* are the problems they need outside agencies to help them with, not necessarily with their ‘mental health’ problems. Summerfield (2005b, p.16) argues the same for asylum seekers and refugees who come to the UK:

*“A Somali asylum-seeker, referred for a psychiatric opinion, once said to me with exquisite politeness: “Your words are very fine, doctor, but when are you going to start to help me”. Helping agencies have a duty to recognise distress, but then to attend to what the people carrying the distress want to signal by it. Whilst asylum-seekers and refugees no doubt bring all that they have been through into the room, as experience embodied, Sara was entirely typical in her focus on practical assistance and advocacy to help bolster her immediate social situation. Housing issues are always a prominent concern.”*



Two distinctive qualities are observable in the evidence from these four individuals:

- Conscious Determined Intentions
- Moving On: Minimum Suffering through Uncertainty and Danger

They make conscious decisions and have determined intentions to deal with suffering through uncertainty and danger. This conscious determined intention encourages them to move on. In these accounts, there is less suffering, and more realistic expectation to overcome their problems.

*“This is really frustrating and I am quite angry with the government and the donor agency to this project. But, I think that the time may solve our problems and I am determined to find a solution. I work hard and expect to overcome this poverty one day.”*

(L/SL – 02: chapter 4)

*“I am sad and frustrated about this water problem. At the same time I think and talk to everyone I meet, so that I would find a solution to overcome this situation.”*

(L/SL – 03: Chapter 4)

*“I did go to school till the Ordinary Level, but couldn’t get through that exam, because my parents didn’t have money to send me to extra classes. At the moment my plan is to find a good partner, get married and leave this place.”*

(L/SL – 10: Chapter 4)

*“I am helping my father with brick making and I started my own banana farm. If everything goes well, I will have enough money to start my own business soon. Then I can take care of my parents and little brothers and sisters. I am determined to give my siblings a better future than this.”*

(L/SL – 12: Chapter 4)

*“In this place, we have to do everything. Work to earn, take care of our husbands, children and relatives and all that. Our husbands do not have opportunities to work. When agencies come to get our information they always want to talk to us not to our men. We do not want them to go outside the camp as they would get killed by the militia. We do get beaten up by militia most of the time and sometimes get raped. It is a common experience but they rarely kill women. The bad thing is that our husbands are doing nothing and we do everything. So, they sometimes get angry with us and beat us. That is fine as that is the only way they get to take their anger out and almost all of them drink alcohol. If there is security and work for the men, we are confident that this situation would change.”*

(WD – 04: Chapter 5)

*“By receiving good education we can achieve our expectations and then we can take care of our parents, siblings and the community. Then we can protect them. We are scared about our parents and*

*the community. The militia is everywhere and we always worry that they would kill someone we love. We want protection and better education opportunities. Education is the only way to get out from the difficult situation we are in."*

(WD – 05: Chapter 5)

*"He is now back again in the city doing odd jobs. Bernard is worried about his two sisters who are in school. He wants to become a successful businessman one day to take care of his sick mother and two sisters."*

(M – 16: Chapter 6)

These conscious determined intentions and 'Moving On' is what matters to these communities. Most of the communities are worried about others: families loved ones, children and communities. As Kleinman (2006) explains, "What really matters to us is simultaneously what is most optimistic and what is most ominous" (p.221). In this sense, most of the communities got right what really matters to them (apart from some disabled and young children). As they know what really matters to them, they try to deal with uncertainty and danger in their lives through available resources in beliefs, traditions and cultures.

### **7.3.7. BELIEFS, TRADITIONS AND CULTURES: THE PARADOX OF MODERN CONCEPTS**

*"This is to save this girl from the powers of black magic. She has done nothing wrong and she is innocent. If there are physical or mental problems may Allah (God) take care of this girl. The men who did wrong things to this girl should become forbidden (haram) and receive punishment from Allah. This girl should receive healing from Allah"*

(WD – 02: Chapter 5)

Communities derive their strength from beliefs, traditions and cultures. Throughout all the interviews, case studies and group discussions they refer to the following points in this way.

- Kamma (Karma)
- Doing good deeds to overcome suffering
- Help others
- Family and social relationships
- Hopes and dreams
- Marriage and love
- Responsibilities and duties
- Livelihoods
- Kindness of God

- Natural order and God
- Traditional rituals and religious activities
- Social responsibilities and activities
- Trust in God

Through the above meanings, they seek the strength to deal with the suffering of torture, rape, violence, loss of loved ones and uncertain futures. Religious, cultural and traditional concepts play a bigger role in the lives of these communities, a sign that their problems always come from some socially related causes. Their problems and anxieties— about children, education, livelihoods or having physical disabilities — are all based on their relationships, and not necessarily about their individual selves.

This is, however, different to the understanding of mainstream mental health approaches:

*“The Mental Health Outreach Project (MHOP), a non-profit disaster relief organization of the Association for Disaster and Mass Trauma Studies headquartered in New York and spearheaded by Dr. Anie Kalayjian, Treasurer of the United Nations Committee on Human Rights and Adjunct Professor of Psychology at Fordham University, organized teams of professional volunteers to go to Sri Lanka to deliver psychological first aid, training, and counselling to the tsunami victims. MHOP provides daily group therapy, individual therapy, and art therapy with the children, and desensitization groups for those fearing the sea and the return to their homes near the sea.”*

(Kalayjain, 2005)

None of these thoughts, definitions and approaches from mainstream mental health embodies the culture, beliefs and traditions of a given community. Summerfield et al. (1991, 1992, and 2000) argue that medical models are limited because they do not embody a socialised view of mental health. Exposure to a massive disaster, and its aftermath, is not generally a personal or an individual experience. It is in a specific social, political, cultural, economic and environmental setting, within which those that need help reveal themselves and the processes that determine how victims become survivors are played out over time. In most indigenous societies traditional healers are often more important than the clinical therapeutic sector (WD – 01: Chapter 5). The particular relationship between different parts of the health care system will, in any society, be determined by socio-economic, cultural [environmental] and political factors.

At the same time, beliefs, cultures and traditions have negative effects on the communities that participated in this research. The following are identified by the community as negative points:

- Unhelpful communities
- God's punishment
- Curse and bad omens
- Changed structures and no assistance
- Neglected by loved ones
- Witchcraft
- Community based disputes and conflicts
- Difficulties in dealing with changes/ lack of cultural or traditional tools

Although culture, beliefs and traditions can buffer communities from the impact of suffering through uncertainty and dangers in life, it can, as the above list shows, also create meaning systems that increase suffering. Sometimes the societal mechanisms for dealing with suffering are rendered useless by the conflict or disaster at hand. The first hand observations of the researcher regarding Rwandan communities in Malawi show that in Rwanda some of the religious institutions have been an important cultural and traditional tool in meeting a crisis situation. Yet because people have also viewed the church as having blood on its hands, the use of religion and the church was more difficult than before. There are some war situations that are so unprecedented (i.e. massacres) that no cultures have societal healing or coping mechanisms to apply to them. Communities in such situations become more hopeless and helpless than ever before, and may need outside assistance to deal with suffering. This requires perpetual long term research and investigation to recognize the dynamics of the strengths of particular communities, which are dealing with disasters, conflicts or development.

In any event, whether helpful or not, the thesis asserts that beliefs, cultures and traditions play a major role in community meaning systems for dealing with uncertainty and danger. In terms of community mental health and wellbeing, it is very important to study and understand these positive and negative aspects to deal with suffering, rather than ignoring beliefs, cultures and traditions.

#### 7.4. CYCLE OF DEALING WITH UNCERTAINTY AND DANGER

The reason for a cycle instead of a one way diagram is of significance because it does not represent a beginning or ending; anyone can start from anywhere and end it from anywhere. The intention of the researcher in presenting this cycle in Figure 7.3 is that it can be changed according to situations, and most significantly, it can be ignored if it is not useful. The approach can be a way of viewing uncertainty and danger in life and I expect that no one would hold on to this as a singular definitive answer to problems in disaster, conflict and development. The following verses from Lao-tzu provide some of the essence of the sentiment here.

*“When people see some things as beautiful,  
other things become ugly.  
When people see some things as good,  
other things become bad.*

*Being and non-being create each other.  
Difficult and easy support each other.  
Long and short define each other.  
High and low depend on each other.  
Before and after follow each other.*

*Therefore the Master  
acts without doing anything  
and teaches without saying anything.  
Things arise and she lets them come;  
things disappear and she lets them go.  
She has but doesn't possess,  
acts but doesn't expect.  
When her work is done, she forgets it.  
That is why it lasts forever”*

(Lao-tzu in Tao Te Ching  
Translated by Mitchell, 1998, Verse 2)

Figure 7.3 focuses on the evidence from the field information that people's experiences are uncertain and dangerous, and that suffering in uncertainty and danger seems to be an unavoidable part of human life (please refer Appendix 3 for further information). Further, all the aspects of this Cycle are explained in sections 7.3.1 to 7.3.7.

People deal with suffering by using their beliefs, traditions and cultures as tools to make sense of their situations. Most people who experience uncertainty and danger in life deal with them with an understanding that they are unavoidable dimensions of life. However, there are community members who also feel helpless and hopeless within this uncertainty and danger. Within this group of people who feel helpless and hopeless, there are generally two different perspectives identifiable: those of people

who move on with available resources and those of people who need professional assistance. In dealing with uncertainty and danger, communities experience strategic despair: an evocation of anger and frustration in the face of an injustice or crisis situation. At this opportunity some people think and reflect about the situation they are in and move on, while some people indulge the despair.

People use their own thinking and experiences based on their cultural and traditional awareness to make decisions on taking or not taking action against the uncertainty and danger they are experiencing. There are a reasonable number of people who take, or avoid taking action, against uncertainty and danger; who desire to go back to the familiar situation. People are comfortable thinking about their past lives before the disaster or conflict, but in reality it is difficult to go back to their familiar situations. There are however, some people who have been identified in this research that deal with uncertainty and danger with knowledge and mindfulness. Helping people, doing good deeds and simply taking care of the people has enabled them to understand that suffering through uncertainty is unavoidable and one should make the best out of these situations, even use them as a moral framework. This knowledge and mindfulness creates 'Conscious Determined Intentions' for people to move on. Moving On influences communities to establish their own notions of wellbeing within suffering through uncertainty and danger. The most significant aspect of Figure 7.3 is that even in uncertainty and danger; people can experience a state of wellbeing. However, the important question is how they achieve this?

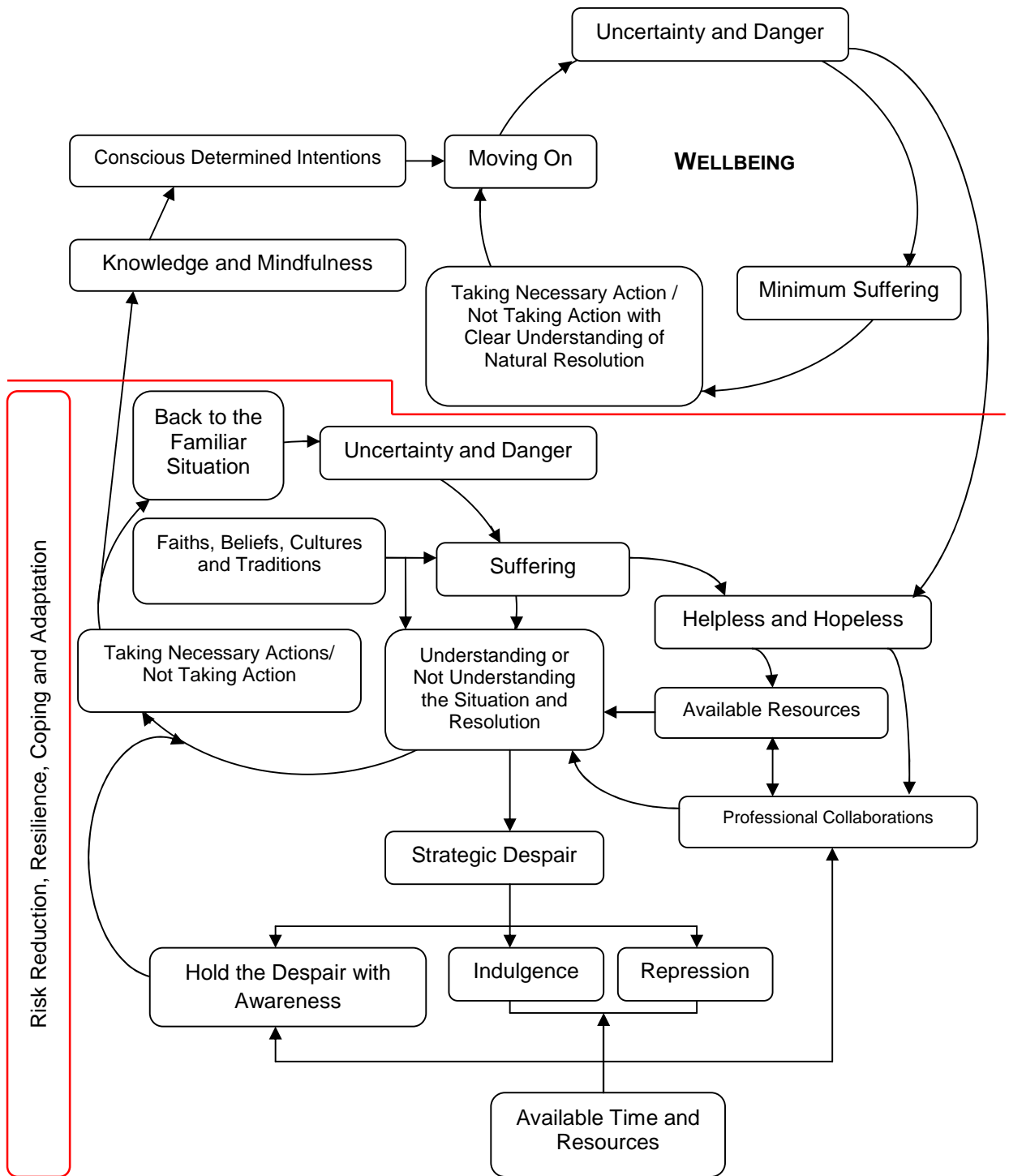


FIGURE 7.3: CYCLE OF UNCERTAINTY

(Source: Author)

Although not a particular focus issue of this thesis, it is important to note that concepts such as risk reduction, resilience, coping and adaptation are not implied here as necessarily remaining forever in a lower level of human experience. However, the emphasis being made is that they need to be reinterpreted in a higher order of consciousness and application implied in this diagram. The argument is in the way such ideas now central to current disaster reduction work may still be falling short in their potential application. After all, much of the application of these terms remains newly tied to a recent and developing discourse, so in the context of this thesis are not intrinsically problematic. Moreover, the emphasis in true risk reduction, resilience, coping and adaptation can be considered to be about the shift from vulnerability perspectives to wellbeing perspectives (Collins, 2009). What this thesis brings beyond these concepts is evidence and the development of an important argument that people are dealing with uncertainty and danger, sometimes effectively, not through western notions of risk reduction, resilience, coping and adaptation, but through traditional knowledge systems such as religions, story-telling and healing mechanisms. This is clearer to see amongst disaster, conflict and disruptive development contexts but is probably relevant to all, albeit submerged in many contemporary contexts.

As it is a dangerous and uncertain world, communities represented in this thesis, in particular, live with the tangible uncertainties and dangers of development, natural events and conflicts. A group of people have been pushed by their government, commercial companies and an international financial system, with the promise of prosperity, to leave their traditional livelihoods in order to take on farming-land; now they lack water – even for drinking. They struggle to deal with this situation, but with increasing poverty, malnutrition and social chaos they do not know what their future will be like. A community which lived in a conflict-affected zone has experienced one of the largest natural events of mid-2000, now finds that its problems have increased. Their livelihoods have been shattered, social structures have been destroyed and past problems have been magnified. Communities, displaced after a violent internal conflict and who are now depending on International aid agencies for a living, while facing uncertainties of their futures, find their traditional social mechanisms have been destroyed. Finally, refugees from different countries who came in to another country to survive violent conflicts now live on the mercy of aid agencies. They are not allowed to work in the host country, their social, cultural, political, economic and environmental structures have changed and they have no idea whether they will be able to settle down in the host country, resettle in a different country or go back to their home countries. In summary, these are the uncertainties and dangers which these communities face on a daily basis.



This denial of reality is a useful tool to live this uncertain and dangerous life:

*“Yet when the denial becomes so complete that we live under what amounts to a tyranny of not seeing and not speaking the existential truth, it becomes dangerous itself. This is what makes the closest and deepest experiences of catastrophe, loss, and failure so terrifyingly unsettling. We puncture the bubble of illusion and cannot find our footing. We become disoriented because we see the world in so new and fierce a way.”*

(Kleinman, 2006, p.8)

This uncertainty and danger, whether a person lives in a developed or developing country, in conflict or peace, makes people suffer. Rahula (1953, p.19 -23) explains that:

*“The conception of suffering may be viewed from three aspects: 1. ordinary suffering; 2. produced by change and 3. conditioned states.*

*All kinds of suffering in life like birth, old age, sickness, association with unpleasant persons, separation from beloved ones and pleasant conditions, not getting ones desires, grief, lamentation, distress – all such forms of physical and mental suffering, which are universally accepted as suffering or pain, are included in ordinary suffering.*

*A happy feeling, a happy condition of life, is not permanent, not everlasting. It changes sooner or later. When it changes, it produces pain, suffering, unhappiness. This vicissitude is included in suffering produced by change.*

*According to Buddhism, there are five aggregates of attachment that are suffering. These five aggregates are: aggregate of matter, aggregate of sensations, aggregate of perceptions, aggregate of mental formations and aggregate of consciousness. These attachments create the suffering from conditioned states.”*

There are communities that suffer from old age, disabilities, loss of loved ones and living in difficult situations. Communities also suffer by thinking about their better past situations. They are sad about them while experiencing the pain of change. They also suffer from different perceptions, different expectations and thinking. These range from tangible things, such as visibility, sound, odour and taste, to mind-objects, such as ideas or thoughts. These are all the things that matter most to them. How can an operational guideline be designed to address this issue of suffering?

Put simply, such a guideline invokes our innate capacity to care – through listening, communicating and understanding community problems to facilitate them to problem

solve. The researcher has collaborated with colleagues in the overall research process, to develop a workbook for community practitioners called Concepts of Care (published by UN Refugee Agency and Disaster and Development Centre). What follows are some relevant extracts for this discussion:

Introduction to Concepts of Care:

*“Part of the role of humanitarian workers in disaster and conflict affected countries is to provide caring support to people. The health care worker or the animator who works with children, women or camp co-ordinators must be able to listen, communicate and understand how to provide that caring support. Often it is assumed that the person has these basic skills whether or not they have ever been taught them.*

*If you take the lead and solve problems for people, telling them what to do and making decisions for them, they will acquire no new skills. When you leave, they will be in the same place as before. They will not have learned how to find their own solutions.*

*If you just follow them and expect them to lead and you do not listen to them then you have further used up minimal resources and shared little of your own. To stand beside is to listen, to be who you are with all of your talents and attributes, but not to act for others. In standing beside you help people learn how to cope on their own so that when you are gone the tools and impact remain.”*

(Jayawickrama, 2007, p.5-6)

Understanding this situation and its natural resolution would create two things:

- i. Strategic despair
- ii. Taking or not taking action

Strategic despair is something that the researcher has identified within himself as well as in the communities in this researched. As both a witness and subject to it, it is a kind of despair which is both indulged and repressed. Again this is a common reaction of people who experience uncertainty and danger. Developing rashes, sleeplessness, eating problems, nightmares, and problems in relationships and with social networks are common. The following account is a reflection of this experience alongside the traditional birth attendant from Western Darfur (WD – 01). Her calm presence and way of thinking made the researcher understand how people will take or not take action to deal with their suffering through uncertainty and danger.

Regarding the question of knowing just when to act and when to sit still and go inwards, I think that we gradually develop the possibility of allowing such conflicting concerns in to our minds and acknowledging them as they are – with all the power and passion contained in them – and waiting until our own clear confident

resolution appears naturally. This does not mean that we feel compromised in the process. In this state of mind, we may not feel driven to get it right. In our hearts we know that we already want to get it right, so we can understand and trust in that. With strong developed awareness we are free to let the tension build. In fact, the energy generated by allowing these two apparently conflicting possibilities simultaneously into awareness, is the energy that slowly but surely drives the person out of the picture.

The experience I find most constructive is that wisdom that knows the right action in every situation is potentially already here within us. Unobstructed wisdom is not something that we have to learn. Such wisdom is the natural activity of our hearts when obstructions have been removed. My own experience is that we can afford to understand and trust it. What creates the suffering in uncertainty and danger is the sense, which comes out of fear and confusion, of the person and their trying all the time. It sounds strange, but we need to learn to genuinely respect what challenges us. Patiently, allowing utterly frustrating situations and dilemmas to be present in our here-and-now, and judgement free awareness. This is the path to understand, and trust, the moments when we can take and not take actions to deal with suffering. This practice would gradually lead us to a very different, yet perfectly natural, way of viewing the suffering in uncertainty and danger in our lives.

It is important to engage with this despair in a constructive way. As Thompson (2007) correctly pointed out, although life may well be full of doom and misery, we owe it to ourselves, and our loved ones, not to fall down the well. But if we fall down the well, at least to make sure it is a well in the land of mermaids, not of gloom. This is exactly what the traditional birth attendant (WD – 01) and the traditional healer (WD – 02) from Western Darfur do. As a result of holding onto despair, with awareness, the energy experienced as suffering returns to raw energy. A person, with that energy can then be motivated to take or not take action about the despair they are suffering. Taking necessary action can change certain feelings of despair towards helping people, doing good deeds, or influencing policy and practice (through for example the Disaster and Development Centre).

There are certain feelings of despair, such as that caused by armed groups in Western Darfur or corrupt government in Sudan, which cannot be changed immediately by taking action. Equally, certain effects from natural events or development activities are permanent within our lifetimes. However, finding clarity in taking or not taking action in situations, through mindfulness or knowingness, has been helpful to me as well as some community members in this research.

*“Being mindful, we are aware of the world just the way it is. This sensitive organism encounters its world through the various impressions it receives through the eyes, ears, tongue, nose, body and mind, and this we remain aware of. We are also taught an awareness of the nature of this sensory existence, being subject as it is to constant change. The Buddha wanted us to understand that if there is the right kind of mindfulness, or right quality of attention, then we don’t mistake these impressions for being more than they are that we suffer. If we don’t want to suffer, if we don’t want to be confused and unhappy, then what we need to do is correct the way we understand our lives”*

(Munindo, 2005, p.30)

Mindfulness or knowingness about one’s own situation is helpful for perceiving other situations. Having knowingness when suffering comes can prevent a person from getting lost in suffering. It is important to experience the reality of suffering for an understanding of one’s long-term wellbeing. The person would not, therefore, be diminished by the experience of suffering. It is vital to understand this meaning of mindfulness without confusing it with a psychological state of being, which is out of touch with the experience of suffering. The basic idea of mindfulness, or knowingness, is to know that there is pleasure when we eat a good meal, or if there is pain in the back to be aware of that pain. If we are in a state of not-knowing, suffering expresses itself. Both people in case studies WD – 01 and WD – 02, possess a higher state of knowingness or mindfulness. That is why they find it easy to deal with suffering. Further, there are many community members in the research process represented here that experienced mindfulness in many different ways; they know that they are suffering from development, natural events or conflicts.

The mindfulness or knowingness leads to Conscious Determined Intention to overcome suffering. This means taking or not taking action with effort and dedication. Concepts such as Dharma, Artha, Kama and Moksha in Hinduism, relationship with God and others in Christianity, faith in Islam and the process of understanding life in Buddhism help a person to develop Conscious Determined Intention. Many participants in this research have expressed such consciousness to act. They find their strength through religion or tradition in order to continue their lives through difficulties, while making plans to overcome these difficulties. Knowingness is an essential path to wellbeing. Knowingness is a contrast to uncertainty but not the exact opposite of it. It is the knowingness that enables us to live with and benefit from uncertainty and danger; knowing that uncertainty and danger are inescapable dimensions of life and preparing to engage with it in a pragmatic manner.

The person or the community with Conscious Determined Intention moves on. Although they still experience uncertainty and danger in life, their suffering can be minimal. They see their lives beyond suffering as in Case Studies WD – 01, WD – 02 and M – 01 they are mindful about the uncertainty and danger, and deal with suffering constructively. This is a similar view to Darma in Hinduism, obedience to God's command, discipline and love in Christianity, trusting and obeying God in Islam and taming the mind in Buddhism. Furthermore, Conscious Determined Intention is the concept explained in many folk stories in different cultures. Through it one deals with uncertainty and danger with minimum suffering. The truth is that we cannot change the world, but we need to deal with it in a constructive and knowing manner.

However, for those people in this research process that always want to go back to their previous lives there are differences. Interviews L/SL – 06, L/SL – 04, B/SL – 04 and M – 12 are some example of this. The dilemma in this strategy is that a person could go back to their usual lives without learning the reality of uncertainty and danger in life. Some of the refugee and displaced community members, for example, who suffered from severe diabetes, would receive proper treatment and take care of themselves till they felt better. But as soon as recovered they would go back to their usual life - taking high levels of sugar in tea, drinking alcohol and not sleeping well. There is therefore always the possibility that they will continue to suffer through uncertainty and danger, which would then become a vicious cycle of suffering. This relates to the approach of finding short-term satisfaction or pleasure in situations. The moment the pleasure is over, the suffering may come back again.

## **7.5. PROFESSIONAL COLLABORATIONS**

It is important to explain the idea of professional collaboration represented in Figure 7.3. The approach, first of all, does not advocate the use of counselling, psychotherapy or direct intervention, as they currently exist in the field of disaster, development and conflicts. Instead professional collaboration realises and values that communities know better about the totality of their lives. This cycle advocates that, even when appearing to be, communities are not hopeless and helpless; they can move on and live in changing situations. Their hopelessness is impermanent. They may be helpless about their livelihoods, but have strengths to deal with family problems. This is the most important value in this process. This process sees the helper and helped as equals in the situation. The helper is not better than those they are helping and that is why there has to be collaboration in the helping process. In counselling or psychotherapy the counsellor and therapist has a set of skills, which the client does not have. This make

the situation unbalanced: the helper has power over the person who receives help. What is important for professional collaboration is to understand this power and, through this understanding, become an equal to the community in which one is working.

This equal professional collaboration is subjective. The experience of this field research can be explained through the concept of gonzo journalism, "Gonzo journalism is a style of journalism which is written subjectively, often including the reporter as part of the story via a first person narrative" (Othitis, 1997). Without being subjective it is difficult to create an equal relationship, and an equal relationship is a key factor to successful professional collaborations.

The following text is from the Concepts of Care workbook for community practitioners (Jayawickrama, 2007, p.9) about professional collaborations.

*"Community practitioners are human beings in the same way as the people in the community with whom they work. A community practitioner is not a super woman or man who can do everything, work at the same pace all the time, and not get tired.*

*As a community practitioner, you may become happy, sad, excited, angry, nervous and frustrated about the situations in which you work. Remember that this is normal for any human being. Failures will rarely be your fault.*

*Your ability to be creative in difficult situations, laugh in happy moments with the community, cry with the community in sad moments is very important. As the community is going through difficult transitions in their lives, being another human being like them will help them to feel human too. It is part of your work and life.*

*When we listen to our grandmothers and grandfathers we learn about our own communities. They tell us stories about brave men and women who changed the cultures and traditions that developed our communities. They were women and men who worked while others were not working, thought while others were not thinking and acted while others were not acting. Simply put, they were creative people. As a community practitioner you are brave and creative.*

*Creativity and care go hand-in-hand. For example, we observe our mothers as they care for us and help us with our problems. They laugh with us in happy moments and cry with us in sad situations. They give ideas to our families in difficult times. This is also how we can deal with a situation - look at many different aspects and assess the best way or ways to approach it. For example, in Western Darfur one of the main problems is unaccompanied children in IDP camps. There are many possible ways to deal with this problem – identifying a small number to provide community*

*based parental care with outside assistance and supervision; agency based child care for unaccompanied children; adapting schools into child care centres with international standards; finding distant relatives of unaccompanied children to be part of those families with monitoring, supervision and assistance. These are possibilities and there may be many other approaches to this issue. The community practitioner can discuss these alternatives with the community and develop a strategy which may be a combination of approaches or just one.*

*You have built the relationships necessary to help a community identify its problem. What do you do next? It is very important to have a clear approach to what you are going to do with all the information you have collected. The important thing is that you have a clear way to think your approach through. It is important to encourage the community to develop its own methods and to let them know yours. Often you will each have a different approach or method. This is fine and normal. You will both learn from each other."*

Finally, what is advocated in this analysis is respect and honour for communities that are being helped by professionals. The experience of this research is that the moment the outsider becomes an equal collaborator with a community, new doors are opened and solutions become owned by the community. When the outsider says goodbye to the community, they see the outsider as a friend, not as someone who saved or helped them.

*"When the Master governs, the people  
are hardly aware that he exists.  
Next best is a leader who is loved.*

*If you don't trust the people,  
you make them untrustworthy.*

*The Master doesn't talk, he acts.  
When her work is done,  
the people say, "Amazing:  
we did it, all by ourselves!"*

(Lao-tzu in Tao Te Ching  
Translated by Mitchell, 1998, Verse 17)

## **CHAPTER EIGHT: FINAL REMARKS**

### **8.1. END OF THE BEGINNING**

It is quite evident that there is a mismatch between existing academic concepts, policy frameworks and practice, and communities. The communities from Sri Lanka, Sudan and Malawi, were found to be using their traditional knowledge systems to deal with uncertainties and dangers and create a sense of wellbeing.

However, this PhD research process provides evidence of academic concepts and policy frameworks, and field practices on mental health and wellbeing projects, in which the traditional knowledge systems of communities are being ignored. Alternatively, this research proposes that instead of using unfamiliar concepts and projects with a community, it is cost effective and successful to use that particular community's traditional knowledge systems to deal with mental health and wellbeing before, during and after a catastrophe.

The following section provides recommendations from this PhD thesis as well as presenting potential future research avenues.

### **8.2. RECOMMENDATIONS AND POTENTIAL FURTHER RESEARCH**

People employ various strategies to deal with the dangers and uncertainties of life. In many communities these strategies have been successful for generations. The circumstances within which they are cultural (including religion), social, political, economic or environmental, needs to be understood in order for theoreticians, policy makers and practitioners to be able to understand or empathise mental health and wellbeing in any given society. This is because these grounded strategies are the basic elements of wellbeing in human society. When they succeed human wellbeing is achieved, whether in the context of developed or developing countries and regardless of notions of their being real or perceived.

People develop their morality based on their cultures, geographies, experiences, education and circumstances. These morals are the fundamentals of human strategies, for any given community, to deal with difficulties in life. In this sense and application "moral" does not necessarily mean good in an ethical sense. The morals that a community share could be far from good. There are communities that oppress minorities, support slavery, are violent towards women, or commit other abuses.



In these instances one's moral values are responsible for terrible acts. It is, for example, ordinary women or men caught up in committing female genital mutilation (FGM). Ordinary and collective moral values of this sort are quite troubling precisely because what looks so wrong from outside (or from the victim's point of view) may not look that way from the perpetrators of the action. That is why it is important to understand the moral values of a given community from a local perspective, only then can an ethical review take place. Otherwise, it is quite easy to make misjudgements about a community. Understanding is also the key to knowing how a desired change for reducing suffering might come about.

Field discussions, beyond this research process, with communities in Sri Lanka, Western Darfur and Malawi influenced this research process towards the recognition that conflicts, natural events and development-induced catastrophes are nothing new in the lives of people in these areas. Their histories are filled with such events. They also get somewhat represented as a proud aspect of their histories, through folk stories, cultural institutions and traditions. There is a vast store of resources within people. Is there anything that we could learn from those eras? Although there is little or no research on mental health approaches in those times in relation to disaster, conflict and development, there are accounts of tolerance and other social policies that the world today might still learn from.

For example, the Moghul Emperor Akbar in India, who reigned during 1556 – 1605, issued an edict on religious tolerance, which puts most of today's world leaders to shame:

*"No man should be interfered with on account of religion, and anyone [is] to be allowed to go over to a religion he pleased. If a Hindu, when a child or otherwise, had been made a Muslim against his will, he is to be allowed, if he pleased, to go back to the religion of his father's"*

(Quoted in Sen, 1999, p.238)

Similar examples can be found in other parts of the world too:

*"... even the great Jewish scholar Maimonides, in the twelfth century, had to run away from an intolerant Europe (where he was born) and from its persecution of Jews, to the security of a tolerant and urbane Cairo and the patronage of Sultan Saladin"*

(Sen, 1999, p.239)

Similarly, the examples of folk stories presented in this PhD show the wisdom and knowledge communities have stored within them. The implication is that this wisdom and knowledge needs to be tapped for a change in the paradigm to occur. To do so is vital for communities, as they may have forgotten them, or ignored them as a result of the colonisation of knowledge by 'experts'.

This is why it is important for there to be collaborations between external facilitators and affected communities. Van Eenwyk (2002) argues that his experiences of working with torture survivors are successful because he treated them as experts – experts of their own lives. As the communities know best about their lives and what they want, they only need some outside support to figure out how to get what they want.

Meanwhile, Wignaraja (2005, p.25) argue for the acknowledgement and use of traditional knowledge systems as follows:

*“... the legitimacy of the people’s knowledge system. This is also equally the knowledge system of the poor. This knowledge and traditional technology can no longer be dismissed as romantic and unscientific. It can be a critical element in sustainable cost effective development and poverty eradication.”*

Further, Wignaraja (2005, p.26) argues for the supremacy of traditional knowledge systems that are more effective, because they are more relevant to local situations.

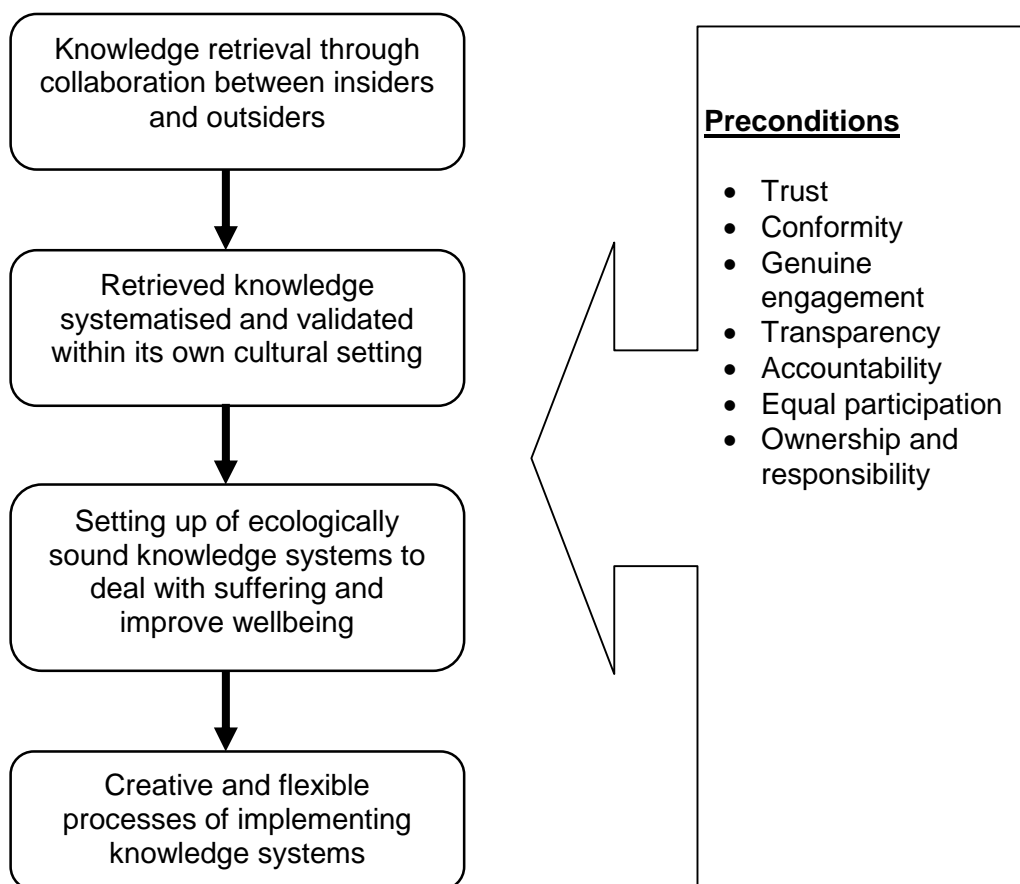
*“People had an intimate knowledge of their environment and natural resource base. This was often far superior to those brought in by many foreign development ‘experts’. They often knew what to eat, when to eat certain foods, what time of day and sequence in which certain foods should be eaten to get maximum biological and nutritional results. What is more, they knew how to grow the traditional foods; cost effectively and with the least risk through time tested methods.”*

Wignaraja does not stop here, but goes on to emphasise the importance of traditional health care systems, specifically using the South Asian example (2005, p.26).

*“Similarly, the people had developed many cost effective preventive health systems, on the assumption that prevention was better than cure. .... These techniques are now being widely disseminated in industrial countries and even being incorporated into the technology for survival in outer space, apart from its relevance for human development. Ayur-Veda, the six thousand year old Science of Life, practiced in India, is another such example.”*

His argument, while not over-emphasising community knowledge systems, is essentially that this traditional knowledge, including religious beliefs and cultural traditions, is a process, which many communities share. There is an element of learning through experiences, which becomes systematised and shared communally to deal with suffering through uncertainty and danger. The inevitable conclusion is that the sequence for reversing the adverse consequences of past processes would be to start with the traditional knowledge of communities and to build on it, while drawing upon the wide range of choices of additional modern knowledge available. At the same time it is important to remember that this traditional knowledge might have been lost, altered and changed due to various disasters, conflicts and unplanned development.

This PhD research proposes four steps of collaboration to strengthen community knowledge systems including religious beliefs and cultural traditions in the interests of dealing with suffering and improving wellbeing (Figure 8.1).



**FIGURE 8.1: COLLABORATING KNOWLEDGE**

(Source: Author)

According to Figure 8.1, the first step is the collaboration between insiders and outsiders in the interests of communities retrieving knowledge that has been lost

through generations. Some of this knowledge is in constant use within the community, some of it is in part forgotten and at the same time some of this knowledge may have been diffused and destroyed. This process has to be conducted within honest, genuine and committed academics and researchers, ideally including those both formally and informally recognised from inside the communities in focus. Through investigating and analysing the experiences of communities, a collection of comparative evidence and factors that are useful to improve wellbeing and long-term mechanisms for dealing with suffering emerges. This should be conducted by inside and outside collaborators at equal level, where there is an agreed control of power of situations. This is then systematised.

There are various aspects to this collective and collaborative exercise of knowledge recovery. There is the collective effort of learning about one's reality. Information is pooled in group discourses. New information and ideas may also be gained in the process. There is also a significant recovery of historical information through this process, which would shed light to solve the problems of communities in the present. There is evidence from history, which can highlight the systematisation of the knowledge base as it is today.

The second stage of the Figure 8.1 is that when the knowledge is retrieved, formulated into a systematic structure and endorsed in its own community and cultural setting, it has to be distributed to those from whom the knowledge was recovered, often as part of a participatory process. This has to be done not only through the written word and in local languages, but also through the oral tradition of communication and other traditional practices such as storytelling, theatre, poetry or other forms of culturally relevant expression related to human reaction and imagination. Retrieval, systematisation and dissemination have to be seen as a part of a continuous process.

Disaster, conflict and development affected communities examine their own realities and continuous feedback such that in-built evaluation then feeds into successive action. Further lessons can be learnt as another element in the process. The discourse has to be then taken away from analysis and the critical retrieval of the knowledge system. This influences the question of organisation for further collective reflection and action and the role of the external and internal collaborators in the process.

The genuine collaboration between outsiders and insiders releases the creativity of people, which is the third level of the Figure 8.1. This creative energy brings out the knowledge system, setting in motion ecologically sound social, political, cultural,

economic and environmental dynamics within each community, which can lead to a new kind of transitional pathway for dealing with suffering and improving wellbeing. It could also lead the way for building a new kind of creative structure where communities, academics, policy makers and practitioners become equal agents. This support system also helps in the further growth of the process in a non-alienating manner. It does not follow the conventional academic research processes, or bureaucratic agency method, in which 'experts' view 'vulnerable' communities. It instead promotes a new kind of committed leadership, both external and internal to communities. Collaboration, in other words, looks to better power sharing as a better balance between communities, academics, policy makers and practitioners.

The fourth and last stage of the Figure 8.1 is that these social, cultural, economic, political and environmental responsibilities are intended both to overturn past processes and move through a transition to dealing with suffering and promoting wellbeing. They cannot be implemented through top down and conventional planning methodologies. A huge level of flexibility is needed to deal with an open-ended structural system, which is unpredictable and complicated. The targets would not be inflexible in a rigid project oriented manner. There should be a continuous process of self-corrective activities with internal assessment and feedback. The process of mobilisation, collaboration and organisation is a continuum. There is forward momentum with setbacks and conflicts, which is not a linear type progress. Communities would endure in an action-reflection-accomplishment process, based on their values and the total knowledge system until the objectives are accomplished. This is how the knowledge of communities becomes a source of power for them, and this in turn will influence wellbeing.

### **8.3. CONCLUSION**

*"True words aren't eloquent;  
eloquent words aren't true.  
Wise men don't need to prove their point;  
men who need to prove their point aren't wise.  
The Master has no possessions.  
The more he does for others,  
the happier he is.  
The more he gives to others,  
the wealthier he is.  
The Tao nourishes by not forcing.  
By not dominating, the Master leads"*

(Lao-tzu in Tao Te Ching  
Translated by Mitchell, 1998, Verse 81)

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## APPENDIX 1: UNHCR APPROVAL FOR FIELD INFORMATION

-----Original Message-----

From: Philippe Sacher [mailto:SACHER@unhcr.org]

Sent: 13 March 2008 13:48

To: Aminata Gueye

Subject: Fwd: RE: Fundraising project proposal and UNHCR support letter

Dear Aminata,

I refer to you e-mail to Helmut of 11 March, and our conversation of today on the issue of Mr. Janaka Jayawickrama's PhD Thesis, which according to his e-mail shall make reference to case studies conducted in co-operation with UNHCR.

As outlined in our conversation, our understanding is that the case studies relevant for Mr. Jayawickrama's thesis do not make reference to individual staff members or refugees/persons of concern, or contain information that could lead to identifying individual staff members or refugees/persons of concern. Confidentiality of information on individual cases needs to be respected.

I am also attaching hereto the IOM/74-FOM/76/2004 of 29 November 2004 on "Copyright Permission for UNHCR Public Documents", which mentions that the United Nations system does not generally assert copyright protection unless a publication is sold (para. 3), and that external publications based on material provided by UNHCR should acknowledge UNHCR as the source of the information (para. 6).

Accordingly, if Mr. Jayawickrama plans to use any information/material which was published or collected by UNHCR, he would need to be requested to acknowledge UNHCR as the source of this information/materials.

I hope this is of assistance.

Please do not hesitate to contact us, should you require any additional clarification.

Kind regards,  
Philippe

>>> Aminata Gueye 11/03/2008 1:33 PM >>>

Dear Helmut,

I would appreciate your advice and guidance regarding the attached request I received from one staff member of the Disaster Development centre of the university of Northumbria. Since 2005, the CDGEC section is working in partnership with DDC to implement community-based psychosocial programme, focussing more on assessment and staff training. Janaka Jayawickrama has been the main facilitator for the countries such as Pakistan, Malawi Darfur /Sudan and recently Jordan.

Thank you for your support despite your extremely busy schedule.

Regards

Aminata Gueye

Snr Community services

Coordinator

UNHCR, Geneva

UNHCR/IOM/074/2004 | UNHCR/FOM/076/2004

Office of the United Nations High Commissioner for Refugees, Geneva

**Inter-Office Memorandum No 074/2004**

**Field-Office Memorandum No 076/2004**

**To / à:** All Staff Members at Headquarters and in the Field

**From / de:** Anne Willem Bijleveld (Director, Division of External Relations)

**Ref. / ref.:** ADM-01-01

**Date / date:** 29 November 2004

**Subject / objet:** Copyright Permission for UNHCR Public Documents

**Background**

1. UNHCR produces public information in paper and digital form for wide distribution and generally encourages public documents to be copied and shared. The UNHCR website ([www.unhcr.ch](http://www.unhcr.ch)), paper publications, and digital distribution products (CD) are all used to accomplish this objective. When anyone outside UNHCR wishes to reproduce or republish UNHCR public documents, they frequently seek UNHCR copyright permission to ensure there is no impediment.

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2. UNHCR may not hold copyright to all parts of its publications (e.g. Conventions and Treaties; single-use photograph rights).

3. The United Nations system does not generally assert copyright protection unless a publication is to be sold.

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6. External publications based on material provided by UNHCR should acknowledge UNHCR as the source of the information.

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8. UNHCR does not attempt to conduct intellectual property research to identify other copyright holders in these circumstances. Residual rights to text or images within the UNHCR publication may be held by other institutions or individuals outside UNHCR.

**Procedures**

9. Inquiries received by UNHCR for copyright clearance may be referred to the Records and Archives Section (e-mail: Archives). Archives Section will reply stating that UNHCR has no objection to further publication of public material to the extent in which UNHCR holds copyright in the work, but intellectual property research to identify any other copyright holders cannot be undertaken by UNHCR.

10. The UNHCR, in reply to such requests, will ask that acknowledgement is made to the UNHCR source of the work to be externally published and disseminated.

11. Inquiries received by UNHCR about copyright issues related to current UNHCR publications for sale, including commercial co-publication, shall be referred for specific response to the UNHCR unit that produced and sells the work.



## APPENDIX 2: GMSL APPROVAL FOR FIELD INFORMATION



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இலங்கை பசுமை இயக்கம்  
Green Movement of Sri Lanka

Janaka S. Jayawickrama  
Research Associate  
Community Mental Health and Wellbeing Programme  
Disaster and Development Centre  
School of Applied Sciences  
Northumbria University  
Newcastle upon Tyne  
United Kingdom

November 03, 2007

Dear Mr. Jayawickrama;

### **Using DMIP/GMSL Information for PhD Studies**

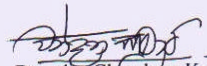
This is to inform you that the Green Movement of Sri Lanka provides you the opportunity to use the community based information from tsunami related and poverty reduction activities during January 2005 to November 2006 for your PhD studies. As you were part of these activities under the ethical and moral framework of Green Movement of Sri Lanka, we are honored to provide you this consent.

We would like to advise you not to identify community participants (names and contact details) in your PhD document to protect their privacy and security. Please be kind enough to use the information with respect to communities in Sri Lanka.

We wish you all the best for your PhD and looking forward to strengthen our collaborative activities.

Thank you,

Sincerely yours,

  
Douglas Chandana Kumara  
Chief Operations Officer

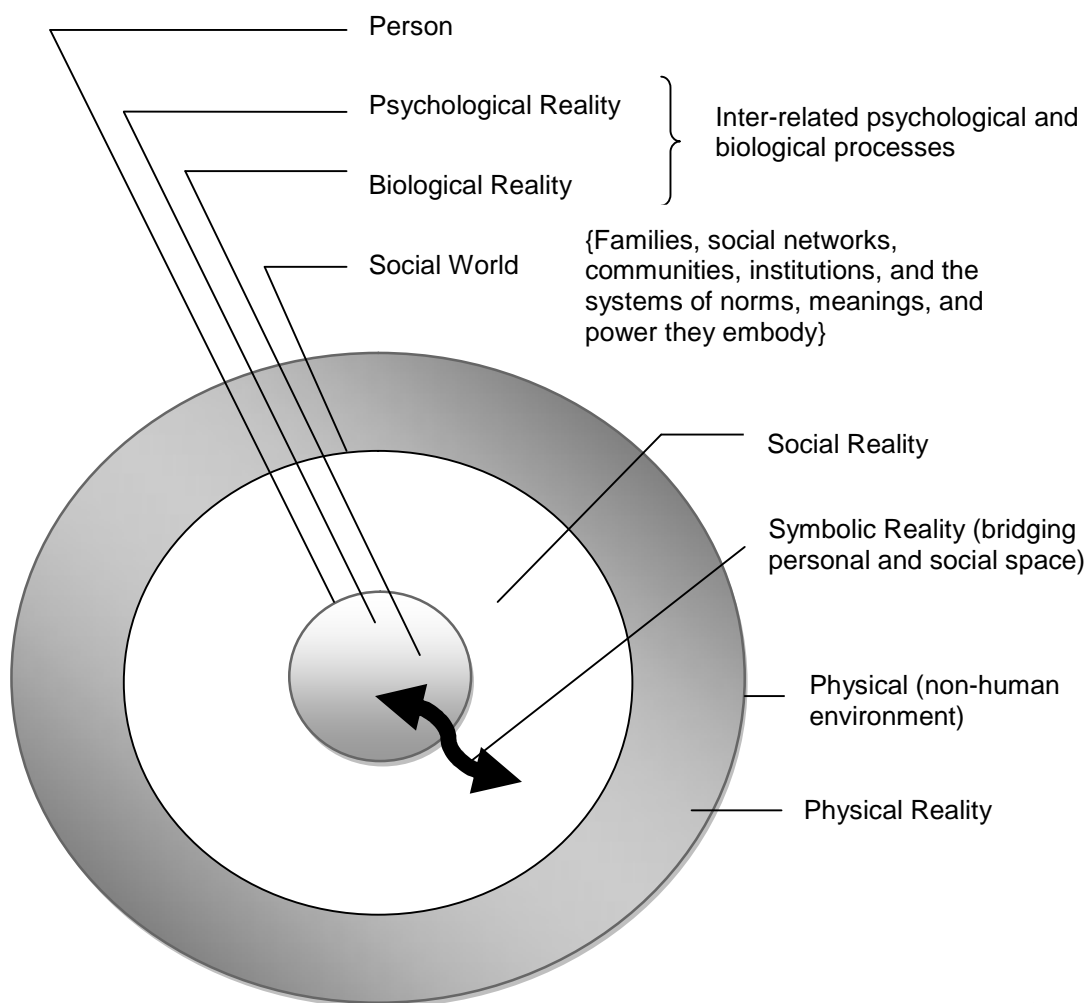
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இல.09. முதலாவது ஒழுங்கை, வனாத்தை வீதி, கங்கொடவில், நுகேகொடை.  
No 09, 1<sup>st</sup> Lane, Wanatha Road, Gangodawila, Nugegoda, Sri Lanka.

Tel: + 94 - (0)11- 2817156 Fax: + 94 - (0)11- 4305274 E-Mail:office@greensl.net Web: www.greensl.net

### Appendix 3: Impermanent Aspects of Life

The following figure 1 from Kleinman (1980, p.28) explains that a person does not exist without their psychological, biological, social, symbolic, physical and environmental realities. Psychological and biological realities are the individual processes that have been influenced by the social realities of families, social networks, communities and systems of norms. These are linked through the symbolic reality of the cultural, religious and traditional knowledge systems in which the person is living. All these have been influenced by the physical world or the natural environment, including trees, weather, animals and geographies.



**FIGURE 01: TYPES OF REALITIES**  
(Source: Kleinman, 1980, p.28)

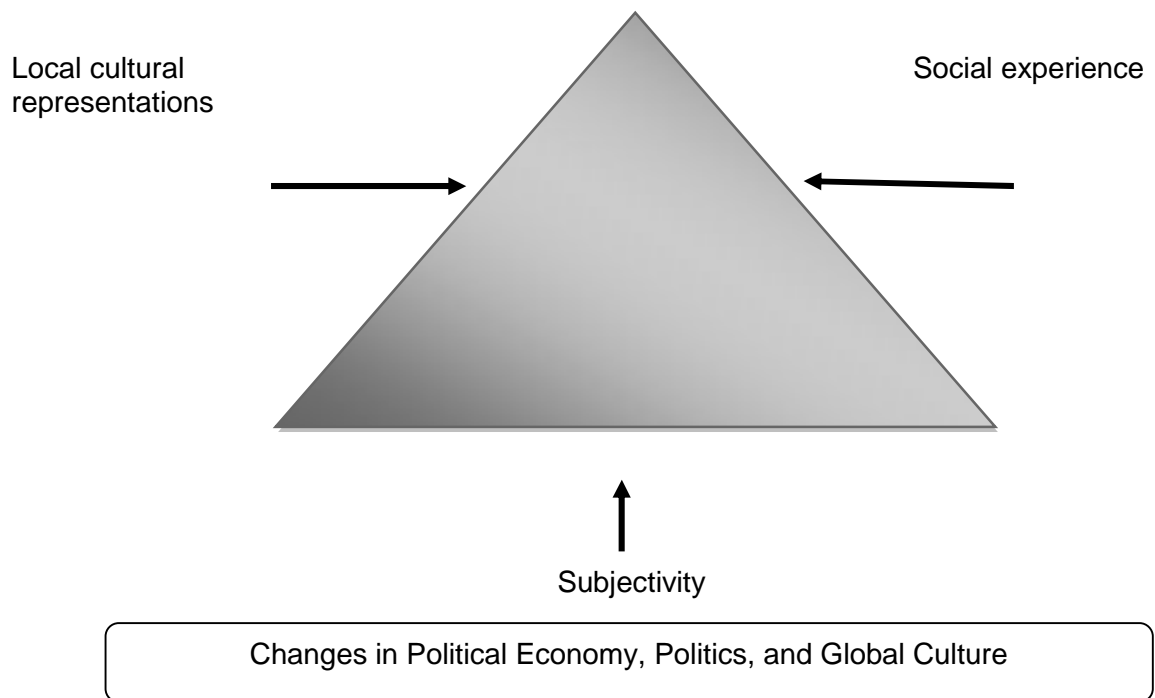
According to this figure, the individual does not exist without society, environment and other realities of life. Similarly, a person experiences, suffers, and draws resources from their social networks, cultural institutions, natural environments and traditional values in the cycle of dealing with uncertainty and danger in their life (as presented in the Figure 1). I think that it is the reason most traditional healing systems in Sri Lanka,

Sudan or Malawi treat the whole family or community and not just the individual. This is exactly what Kleinman (2006, p.218) explains about the American soldier suffering because he killed an unarmed Japanese doctor during the World War II:

*“Winthrop Cohen insisted that I must not explain away the haunting scene, mask who he was, or justify what he did. Instead, I had to step in to it and relive it with him, and not as distancing pathology, but up close in the choke and sting of normal moral experience. It would take me decades to free myself from the self-protection of professional explanation to hear what he was saying. This is also what life is, he importuned. Don’t say it is inexplicable but technically solvable. See it for what it is and feel ashamed for who we are”*

This inevitable situational change we experience in life, not only changes us and our surroundings, but also the political, economic, social, cultural and environmental structures we live in. Without considering these factors, it is difficult to understand the Cycle of Dealing with Uncertainty and Danger as presented in Figure 1. Because of the constant change or impermanent nature of life, people do not stand still in any of the layers in Figure 1; they constantly move and that is why it is also a cycle. Everyone is subject to the experience of uncertainty and danger; everyone suffers and benefits from them. Feel the despair; receive professional help; be hopeless and helpless; take or do not take action to deal with problems; understand natural resolution and use Conscious Determined Intentions to move on. These are all subjective and in relation to a person’s local cultural representations and social experiences. The following Figure 2 by Kleinman (2006, p.228) represents this:

Changes in political economy and political power in relation to mental health and wellbeing, whether by academic, policy or practice inputs of outside agencies, can change the local cultural meanings that people use to make sense of their situations. Through this, the collective social experience also changes, so that what people believe, how they act together, and who they are as individuals also become something new. The result is that suffering, wellbeing and the interventions that respond to human problems are constantly changing through a subjective process of influence.



**FIGURE 2: THE REMAKING OF MORAL LIFE**  
(Source: Kleinman, 2006, p. 228)

Kleinman is arguing that people need to be concerned about what they are and what the world may be becoming; about the quality of their (and others') moral experiences and ethical vision. These are people's attitudes and values which are based on culture, religion, traditions and other social constructions. That is why all the communities that participated in this research explained their suffering through the lenses of religion, culture and experiences.

## Appendix 4: Instrument for the Quantitative Research Process

### DDC/UNHCR PARTNERSHIP

#### Assessments and Evaluation Framework: 2005 – 2007

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