

Taking issue with trauma

by Ashraf Kagee and Arancha Garcia Del Soto

Do psychiatrists understand the consequences of the violence and human rights abuses suffered by IDPs? What happens when the hegemonic Western psychiatric model of traumatisation is applied to IDPs?

What methodological problems inhibit psychological research on trauma in Africa and the relevance of the meaning that the continent's 12 million IDPs individually and collectively attribute to their experience?

The experience of internal displacement is an extraordinary life experience, often shared collectively, and is capable of causing in any person a wide range of physical and psychological suffering and disability. Many researchers into symptoms of traumatisation in societies in conflict routinely diagnose post-traumatic stress disorder (PTSD). They use checklists or questionnaires which often produce dubious statistics suggesting states of mass trauma. A survey among a random sample of community members in Sierra Leone went so far as to suggest that only 1% were not suffering from war-related PTSD.

We should remember that:

- Endorsement of psychological symptoms on a checklist need not necessarily mean that these symptoms have a salient meaning for survivors: respondents whose trauma checklist scores are said to exceed commonly-used cut-points may, nevertheless, continue to function well in their daily lives.
- While symptoms of distress such as sadness, depressive symptoms, feelings of social isolation and sleep problems often exist, most of the time among IDPs there is a sense of resiliency and a desire to regain control of their lives.
- For some IDPs the most traumatic event in their lives is not internal displacement *per se* but subse-

quent changes in family functioning, inability to find employment, poverty or political frustration.

- Whereas previously IDPs might have framed their experiences in religious, legal or ideological terms, framing has become chiefly psychological due to the infusion of psychological terminology into popular discourse.
- The assumption that internal displacement not only causes suffering but necessarily results in psychiatric disturbance risks victimising and pathologising survivors by framing them as psychiatric cases passively dependent on the ministrations of mental health practitioners.
- The assumption that verbalisation of emotions is integral to the amelioration of psychological distress may be inaccurate – in Mozambique, for example, silence about the past has in some instances become an important way of coping.
- Psychological interventions that encourage cathartic expression may be misplaced and even exacerbate some psychological symptoms.
- Questions posed by an evaluator may sensitise respondents to the nature of the disorder that is being assessed, resulting in their endorsement of symptoms by virtue of what is perceived as being expected, rather than phenomenological experience.
- In many contexts where people are affected by violations of human rights, political turbulence or severe social stressors, researchers may be seen as trying to capitalise on such experiences in order to study these phenomena.



We need to move from a unidimensional psychiatric analysis of the effects of internal displacement towards a broader and indigenous paradigm. In order to be respectful, empathic and non-pathologising, researchers require new skills in order to convey empathy without projecting a sense of pathology onto the respondent. There is an ongoing need for research that takes into account local contexts through the collaborative efforts between mental health professionals, relief workers, academic researchers and, most importantly, IDPs themselves. Methodological approaches that consider local contexts and personal meanings of IDPs are likely to yield important data in determining the psychosocial needs of the displaced.

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