INTERNAL DISPLACEMENT AND TRAUMA:
THE NEED FOR A BROADER PARADIGM[1]

Ashraf Kagee and Arancha Garcia Del Soto[2]

Abstract

A psychiatric model of traumatization has informed most research in psychology on the effects of human rights violations, including internal displacement. This paper highlights some of the limitations of a hegemonic psychiatric approach to conceptualizing present sequelae of abuse experienced by IDP's. It calls attention to the relevance of the local social and political context in which central and southern African IDP's are located, methodological problems that characterize psychological research on trauma in African and other developing countries, and the relevance of the meaning that IDP's may attribute to their experience individually and collectively. We highlight the need for a broader paradigm within which to conceptualize the concerns of IDP's.

KEY WORDS: trauma, internal displacement, posttraumatic stress disorder, psychiatric models, mental health, resiliency,

Reconceptualizing the sequelae of internal displacement: Limitations of a psychiatric paradigm

Internally displaced persons are technically not a legally recognised entity and therefore humanitarian assistance for this population has often not been as forthcoming as it has with refugee populations. Yet, the numbers of IDPs' continue to grow, both worldwide and in central and Southern Africa. It was estimated that there were more than nine million IDP's in Africa in 2002 (Global IDP Survey 2002). The five African countries with the highest numbers of IDPs are: Sudan (4 million), Angola (3.5 million) Democratic Republic of Congo (2.27 million) and

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[2] Ashraf Kagee is an Associate Professor at the Department of Psychology, University of Stellenbosch, South Africa. E-mail: skagee@sun.ac.za. Arancha Garcia del Soto is Director of Refugee Initiatives at the Solomon Ash Centre, University of Pennsylvania. E-mail: araceli@psych.upenn.edu. Acknowledgements: Support from the Solomon Asch Center for Study of Ethnopolitical Conflict for this research is gratefully acknowledged.

Uganda (600 000). Central and Southern Africa contribute to more than two thirds out of the 9 million African IDPs (Global IDP survey 2002).

The UNHCR's working definition of internally displaced persons emphasizes the territorial nature of internal displacement. Without crossing a formal national border no legal recognition is conferred to IDP's in the manner that it is to persons defined as refugees. This fact reflects one of the major difficulties in providing assistance to IDPs. Consequently they remain near violent situations and most of the time their needs go unacknowledged by helping agencies. In this context of legal invisibility, little attention is directed at their mental health and psychosocial well being. Yet, more than a secondary consequence of violence, displacement is in a direct way a major life stressor. For many IDP's experiences such as physical abuse, torture, disappeared family members, harassment, and forced removals are typical (Faundez 1994). Variability exists in terms of the nature of political turbulence prior to displacement, the length of time of displacement, sources of support, the social and economic conditions in which displaced persons are located, and the demographic characteristics of the displaced population.

Psychosocial concerns

Research on internal displacement, both in Africa and elsewhere has suggested that such experiences may result in serious psychological sequelae with long-term effects (De Jong, Mulhern, Swan & van der Kam 2001). It is likely that the experience of internal displacement involved "actual or threatened death or serious injury" (APA 2002, 467) or could have been a "threat to the physical integrity" (APA 2002, 467) of the person. This suggests that it meets the A1 criterion for posttraumatic stress disorder as specified in the DSM-IV-TR[3] (APA 2002). A diagnosis of PTSD has been often considered in conceptualizing the sequelae to internal displacement from a psycho-diagnostic perspective.

There are potential benefits to conceptualizing the psychological sequelae to internal displacement within a trauma paradigm. A focus on overt psychiatric symptomatology calls attention to the psychological distress experienced by IDP's and provides short hand communication for clinicians to convey their impressions of clients' treatment needs. It also facilitates the systematic treatment of psychological symptoms and permits the identification of diagnostic criteria for the purposes of epidemiological research into sequelae of traumatic events

[3] The Diagnostic and tatistical Manual of Mental Diorders, Fourth Edition, Text revised is a reference manual used nby psychologists and psychiatrists. It lists diagnostic criteria, descriptions and other information to guide the classification and diagnosis of mental disorders.

(e.g. McFarlane 1997). On one hand, 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. Most often community bonds are disrupted, resulting in the creation of new groups connected by a common experience of displacement. On the other hand, the psychological reactions that ensue are normal responses to abnormal life-threatening situations (Young 1995, Somnier & Genefke 1986, Kos 1997). Thus, a focus only on overt psychological sequelae to internal displacement rests on a set of assumptions about the nature of trauma.

The appropriateness of applying nosological systems developed in western countries (e.g. the DSM-IV-TR and ICD-10 manuals) to conceptualize psychological reactions among IDP's in Central and Southern Africa has not been systematically examined. Historically people have experienced disturbing recollections and have felt despair, but the notion of traumatic memory as a fixed psychopathological phenomenon has only recently become salient in the discourse of suffering (Young 1995). Whereas previously IDP's and refugees in different contexts might have framed their experiences in religious, legal, or ideological terms, in recent times such framing has been chiefly psychological, reflecting the dominance of a "western trauma discourse" (Summerfield 1999). The infusion of psychological terminology into popular discourse and consciousness is, in part, related to this trend. Psychological terms such as "stress", "trauma", "distress", and "depression" have made their way into the mainstream vernacular in many cultural contexts, even where such terms might not have previously existed. Recently, some theorists have extended this point by suggesting that the "medicotherapeutic prism" (Summerfield 2002) is not helpful in supporting recovery at the individual, community, or social level (e.g. Summerfield 2002, Pupavac 2002). Describing the work of organizations such as the International Rescue Committee, Pupavac (2002) observed that although many people have had experiences that may be described as traumatic, "the complexity and diversity of the situation mitigate against describing the general state as 'mass trauma'" (IRC 1994, 4). Further, while symptoms of distress such as sadness, depressive symptoms, feelings of social isolation, and sleep problems often exist, most of the time among IDP's there is a sense of resiliency, and a desire to regain control of their lives.

Many epidemiological investigations into symptoms of traumatization in societies undergoing or coming to terms with political conflict have used checklists or questionnaires as methods of making diagnostic assessments. For example, among a random sample of persons seeking health care in Jaffna, Sri Lanka, 42% met the diagnostic criteria for PTSD, 48% had generalized anxiety disorder, and 33% met the criteria for major depressive disorder (Somasundaram 2001). Indirect

stressors such as displacement, unemployment, economic difficulties, and lack of food, and direct stressors such as detention, assault, torture, and being a victim of a bombing or gunfire were associated with these disorders. These prevalence estimates are similar to those found by Reppesgaard (1997) among a sample living in internal displacement camps in the same city. Also, Pappas and Bilanakis (1997) found that among refugees living in a concentration camp in Serbia, 70% had experienced traumatic events and 44% met the criteria for PTSD. In a multinational study in four low-income post-conflict countries de Jong, et al. (2001) found a prevalence rate for PTSD of 37.4% in Algeria, 28.4% in Cambodia, 15.8% in Ethiopia, and 17.8% in Gaza.

Among a random sample of community members in Sierra Leone, 99% were estimated to be suffering from war-related PTSD (De Jong, Mulhern, Ford, Van der Kam, & Kleber 2000) based on high scores on the Impact of Event Scale (IES; Horowitz, Wilner, & Alvarez 1979). Yet, upon closer examination, most IES items relate only obliquely to PTSD diagnostic criteria as specified in the DSM-IV-TR (APA 2002) and some are valence-free, suggesting that such a high prevalence estimate should be viewed with skepticism.

The studies cited above have largely ignored the issue of functionality of most people who exhibit high scores on checklists. As shown in other samples, such as persons living with a chronic illness, success in fulfilling social roles is likely to diminish the salience of psychological distress (e.g. Rudnick 2001). The relatively high rates of psychological symptoms evidenced by elevated scores on checklists suggest that exposure to political conflict in general and internal displacement in particular result in considerable distress for survivors. Endorsement of psychological symptoms on a checklist or self-report measure therefore need not necessarily mean that these symptoms have a salient meaning for survivors. Indeed, respondents whose trauma checklist scores exceed commonly used cut-points may continue to function well in their daily lives. Most research investigations do not escape the problem of demand characteristics that may account at least in part for these elevated prevalence levels among various samples of survivors of conflict situations. Therefore, distress that is multidimensional in nature, rather than psychiatric illness, may more appropriately capture the experience of internal displacement.

The relevance of context

Many accepted models of psychopathology have been criticized for their inaccurate depictions of the experience and needs of patient populations in developing countries (e.g. Bulhan 1985, Naidoo 1996). Such criticisms are particularly salient when these models have been applied in societies undergoing or coming to terms with a history of political and social turbulence (Summerfield 1999, Bracken, Giller & Summerfield 1995). Thus, the assumption that internal displacement not only causes suffering but necessarily results in psychiatric disturbance risks victimizing and pathologizing survivors by framing them as potential psychiatric cases. A paradigm focused on psychopathology obviates a perspective of a victim of political upheaval as a complex and dynamic aggregate of political, social, cultural, and personal factors, who continually creates meaning of his or her experiences (Foster 1987). By framing distress and suffering following a traumatic event as a psychiatric condition, researchers and clinicians risk unwittingly conveying an expectation of continued psychopathology in the aftermath of internal displacement. Such an emphasis negates the salience of empowerment and resilience of IDP's. Moreover, by viewing IDP's as psychologically damaged, they are then made dependent on the ministrations of mental health practitioners, which sustains a "passivity model of victimology" (Foster et al. 1986, 32). Moreover, by homogenizing the concerns of IDP's in different geographical contexts, one risks ignoring cultural and socio-political realities that inform local coping strategies that are in turn integral to the preservation of personal dignity. Indeed, any set of theoretical assumptions or paradigm that informs a framework for an inquiry into the concerns of IDP's may bias respondents' answers. The argument here, however, is that assessment procedures conducted in a medical or psychiatric setting places a set of expectations on the nature of the encounter and on the content of interviewees' responses.

Existing theories of stress responses to traumatic events have been tested on samples drawn mainly from western countries. These include emotional processing theory (Rachman, 1980); the adaptation of learned helplessness theory (Kolb 1987, Seligman, 1975, van der Kolk 1987); information processing theory (Horowitz 1986), and a theory of trauma emphasizing the importance of fear structures (Foa & Kozak 1986, Foa Steketee & Rothbaum 1989, Foa & Riggs 1993). Yet, little is known as to whether these theoretical formulations account for the experience of central and southern African IDP's, given the unique cultural, political, and historical context in which they are located. This context is likely to shape the nature and extent of psychological sequelae among this population. In many contexts, including sub-Saharan Africa, local ceremonies and rituals play an important role in assisting communities in the reintegration and reconciliation process. The assumption that verbalization of emotions is integral to the

amelioration of psychological distress may in many cases be inaccurate. In Mozambique, for example, silence about the past has in some instances become an important way of coping (Honwana 2001). Rather than implying that human rights violations are forgotten, for some demonstrated reticence and a "conservation of energy for the urgent task of rebuilding" is a more appropriate manner in engaging with stressful experiences (Summerfield 2002). The nature of psychological distress experienced by internal displacement in central and southern Africa is likely to be different to that of persons affected by trauma who live in comparatively peaceful, economically prosperous, and stable countries. Most likely distress is less individualistically constructed and may be more intimately tied with perceptions of family, community, and societal well being (Swartz 1998). In the absence of information about the personal meanings, perceptions, beliefs, and cognitions that survivors may attribute to the experience, a focus only on overt symptoms elicited in the context of a diagnostic interview or checklist represents a uni-dimensional and decontextualized understanding of the experience.

In working with female survivors of gender-based violence in Sierra Leone Garcia Del Soto found that many still experienced vulnerability with the knowledge that their aggressors remain at large, despite the new national mood of reconciliation. In this context there was a notable cognitive dissonance when discussing issues related to forgiveness. Statements such as "We have to start rebuilding the country with new hopes, but how can we forgive when we still distrust them? Next time they'll do something to us we'll go for them" are typical of the testimonies collected when working with survivors of gender based violence in Bo, a region in Sierra Leone (Garcia del Soto 2002). Similar experiences have been noted among South African victims of human rights violations.

Research focusing on what persons who have experienced severe stressors attend to suggests that symptoms of traumatization are not always the most salient. Among Ugandan victims of government counter-insurgency forces, for example, somatic problems were most pressing, and were the most overt manifestations of distress for respondents rather than other symptoms typically associated with trauma (Giller, Bracken & Kabaganda 1991). In addition, Bolton, Bass, Verdeli, Clougherty, Ndogoni & Speelman (2002) found that some symptoms on the Hopkins Symptom Checklist were not applicable to a sample in rural Uganda. Specifically, symptoms such as "physical agitation" were not easily understood among the sample studied (Bolton et al. 2002). The construction of meaning attributed to the experience of human rights abuses has been shown to play an important role in the expression of symptoms. Social support, for example, offers a way of creating a shared meaning for detainees, and provides a buffer against more severe psychological distress.

While a stressful event may cause symptoms of traumatization, its etiology is often considered to be multi-factorial. Various pre-stressor characteristics have been identified in other populations as buffers to the development and maintenance of psychological disturbance. Such factors include social and family support (Davidson, Hughes, Blazer & George 1991), spirituality and religious faith, socioeconomic status, and education level (Shalev, Peri, Canetti & Schreiber 1996). Risk factors for psychological disturbance following a stressful event have also been identified in other populations. These include childhood trauma such as assaultive violence (Breslau, Chilcoat, Kessler, Peterson & Lucia 1999, Breslau, Chilcoat, Kessler & Davis 1999), sexual assault (Resnick, Kilpatrick, Dansky, Saunders & Best 1993), prior psychiatric disorder (Davidson et al. 1991, McFarlane 1989), negative affectivity (Breslau, Davis & Andresky 1995), adverse life events before and after the trauma (McFarlane 1989, Breslau 1998), and prior physical health problems (Shore, Tatum & Vollmer 1986).

Thus, the experience of internal displacement is seldom the only etiological factor in the development of a response of traumatization. Instead, the meaning ascribed to the experience may be influenced by proximal and distal factors in the person's personal history and experience. Such factors call attention to the complexity, resilience, and dynamism of individuals that are sometimes missed by a focus only on overt psychiatric reactions to stressful experiences. It appears that in much of the literature on IDP's, effective and successful engagement with life stressors is often overlooked in favor of a focus on endorsement of psychological symptoms (e.g. Somasundaram 2001, de Jong, Komproe, Van Ommeren, El Masri, Araya, Khaled, van de Put & Somasundaram 2001, Reppesgaard 1997). This is not to deny the psychological distress of this population, but to call attention to the fact that a nosological emphasis may often be misplaced in conceptualizing the concerns of IDP's.

Methodological concerns

Methodological problems, such as demand characteristics, often arise in studies involving the clinical assessment of survivors of gross human rights abuses. Questions posed by an evaluator may sensitize respondents to the nature of the disorder that is being assessed, thus resulting in their endorsement of symptoms by virtue of what is perceived as being expected, rather than phenomenological experience (Bjorklund et al. 2000). With IDP's there is a further need to escape a physically hazardous environment accompanied by a perceived need to conform to the form of assistance offered by helping agencies in order to ensure that further support and aid are

forthcoming. To the extent that language offers a means of expression of the subjective psychological experience, it may also give shape to the manner in which the experience is expressed (White 2000). Individuals may thus organize what they feel, say, do and expect to fit prevailing contexts, expectations and categories. Consequently, collectively held beliefs about particular negative experiences are not just potent influences but carry an element of self-fulfilling prophecy (Summerfield 2001). Beliefs formulated prior to displacement may often impact the choices individuals make when adapting to the new environment. The emotional and cognitive experiences following flight may include relief, realism, outrage, sadness, and acceptance (Paez, Gonzalez & Aguilera, 1997). A response of traumatization is therefore only one of several possible reactions to the experience of internal displacement. A focus on functionality is most likely an effective method of ascertaining the psychosocial needs of IDP's. Thus, familiarity with the social and cultural context, as well as the unique situation of individual research participants is necessary in developing an understanding of specific concerns.

The problem of demand characteristics is compounded in societies characterized by poverty. In this context, respondents' endorsement of symptoms offered by an interviewer in a clinical or research evaluation may have multiple meanings. Possibly, such endorsement may not only be driven by respondents' experiencing these symptoms or finding them salient, but also by the assumption that, as survivors, they are eligible for expected reparations for their suffering. Moreover, the economic disparity between researchers and research participants in central and Southern African countries, evident in the interview encounter, may also add to a tendency for participants to endorse symptoms in the hope of deriving material or other benefits if they are determined as being disordered.

These concerns are raised, not to deny the real suffering of IDPs, the severity of their experience, or their entitlement to reparations, but to question the extent to which their reactions warrant framing within a paradigm of psychopathology. Moreover, thorough familiarity with the social and cultural context as well as the individual situation is most appropriate in researching this population.

The relevance of meaning

An acceptance that people do not respond passively to stressful events, but instead engage with them in an active and problem-solving way suggests that a focus on the meaning that persons attribute to such events and to stressful experiences is appropriate. Suffering and distress arise in a social context and as such are shaped by the meanings and understandings that people apply to events (Summerfield 1999). Previous experiences and collective ways of making sense of the present shape the meanings that are attributed to experiences of internal displacement. Group cohesion plays a significant role in shaping the ways in which people might respond to their status as IDP's. Often, the presence or absence of group support may play an important role in creating conditions for ongoing survival and coping. Most likely those IDPs who are able to attribute an ideological or political meaning to their experience are able to cope more effectively than their counterparts who are not able to do so. Thus, the construction of meaning about the stressful experience and its associated physical and psychological sequelae is likely to play an important role in the way symptoms are expressed.

Some symptoms also serve adaptive functions and help the person survive (Simpson 1993). For example, in situations characterized by severe threat and danger such as the interrogation context, symptoms such as hyperarousal, hypervigilance, enhanced auditory acuity, and restlessness (Basoglu & Mineka 1992) are adaptive rather than pathological. Hence, such behavior may be more appropriately considered a characteristic sequel to the experience of internal displacement rather than a set of symptoms. Certain phenomena such as dreams and nightmares have often been thought of as symptoms of psychiatric disturbance, as specified on checklist measures developed and normed on North American samples (e.g., the PTSD Symptom Scale; Foa, Riggs, Dancu & Rothbaum 1993). Yet, these experiences may have alternate meanings and significance among non-western respondents (Bracken, Gillen & Summerfield 1995), including IDP's in central and southern Africa. For some IDP's internal displacement itself may not be construed as the most traumatic but rather subsequent changes in family functioning, inability to find employment, poverty, or dissatisfaction with political developments may be more distressing. The construction of meaning also has implications for psychological interventions directed at ameliorating the suffering of internal displacement. Thus, the critical issues for many IDP's are often less psychiatric in nature but include the need to reunify with family members, obtain knowledge of family members safety, or engage in grieving rituals if family members are found to have died. Thus, psychological interventions that encourage cathartic expression may be misplaced as a first option. Indeed, some psychological interventions such as critical incident stress debriefing have been demonstrated in other populations to have iatrogenic effects, i.e., to

exacerbate some psychological symptoms (Wessely, Bisson & Rose 2000, Scott & Stradling 2001).

Some methodological considerations in addressing these problems

In order to offset the problem of demand characteristics in eliciting responses from internally displaced persons who participate in research studies or who are engaged in an interview to elicit clinically meaningful information, an alternative evaluation strategy is indicated. One viable possibility is the use of qualitative methods such as semi-structured questions aimed at identifying the expressed needs of IDP's rather than needs researchers and clinicians assume to be the case. Research methods aimed at eliciting a narrative of IDP's experiences and concerns, rather than scores on checklists or questionnaires may be more appropriate in identifying such needs as the demand characteristics of forced choice responses may be minimized. Meanings are shaped by previous experiences and collective ways of making sense of the present.

In many contexts where people are affected by violations of human rights, political turbulence, or severe social stressors, researchers are seen as trying to capitalize on such experiences in order to study these phenomena. Yet, participation in research projects to determine psychosocial needs, effective methods of service delivery, and the outcomes of the interventions of relief agencies are important in determining the extent to which interventions are effective. Moreover, rather than conceptualizing the process of participating in research investigations as harmful to IDP's, it should be viewed as a mechanism of empowerment. Formulating a narrative of one's experience in the context of a concerned, interested, and empathic listener may provide a forum for redefining and re-appraising one's experience. Moreover, when data yielded by investigations with IDP's are published in academic journals, news magazines, and books, this serves to call attention to the fact that IDP's are an important entity within the international community of relief agencies. For a population that has historically been marginalized because of legal technicalities, research investigations may play an important role in making their needs and concerns more salient.

Skills required of researchers

In order for research with IDP's to be conducted in a manner that is respectful, empathic, and non-pathologizing, researchers require specific skills in the conduct of investigations as well. Skills considered typical of helping professionals such as effective interviewing skills, the ability to convey empathy without projecting a sense of pathology on to the respondent, and assisting the person in managing and containing his or her distress at experiencing displacement are thus equally important for researchers to possess. Preparation specifically directed at being able to elicit sensitive information is imperative in the training of researchers who conduct studies with IDP's.

Conclusion

The debate surrounding the appropriateness of a psychiatric model to conceptualize the sequelae of internal displacement is, as yet, unsettled. Most understandings of the sequelae of internal displacement rest chiefly on the epistemological premise of psychiatric nosology. This paper offers a critique of a uni-dimensional psychiatric approach to understanding the effects of internal displacement, and suggests that a broader, more contextual, and more indigenous paradigm may be appropriate. Such a critique, however, fully acknowledges the suffering of IDP's and their families. There is an ongoing need for continued research that takes into account local contexts through the collaborative efforts between mental health professionals, relief workers, academic researchers, and most importantly, with IDP's themselves. Methodological approaches that consider local contexts and personal meanings of IDP's will likely yield important data in determining the psychosocial needs of this population.

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