

Gilbert, J (2007) **What is it to be human? Finding meaning in a cultural context.**  
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<http://www.bond.org.uk/networker/feb07/psychosocial.htm>

***How we experience emotions and find meaning in our lives is determined by the cultural context in which we live. Aid organisations have been slow to acknowledge and act upon this and as a result, psychosocial work is often poorly integrated into humanitarian assistance and emergency response.***

***However, this is slowly changing, and new IASC Guidelines on Mental Health and Social Support (MHPSS) are a major milestone that provide both a challenge to all international agencies and a new opportunity to make addressing our common humanity a reality. Jane Gilbert looks at why we need to "treat the whole" .***

### **Being Human**

The experience of emotional distress is universal, but how it is experienced and understood is inseparable from cultural context. This cultural context is directly related to the language spoken and the dominant 'world view' held by a particular society, ie. the ways that are considered acceptable for making sense of human experience.

In Western culture the predominant approach to making sense of phenomena is science - an approach which assumes objectivity and separateness, and measures and divides into parts. From this scientific ideology stem the biomedical approaches to understanding human beings and, combined with common English language usage, contributes to physical and mental health being spoken about as if they were somehow separate entities. Science does not address the essential human need to attribute meaning to life and experience, or acknowledge the spiritual. Non Western traditions think about people differently, and there are many other ways, apart from science, of making sense of life. The supernatural and the spiritual are often an integral part of that understanding, and individual well being is viewed as inseparable from social groups, the physical environment, and often the ancestors.

### **What is 'Psychosocial Health'?**

Terminology can be confused and confusing. Newer words such as 'psychosocial' and 'social well-being' are now included in the proposals of many agencies, but there is often a lack of clear definitions. Words such as 'trauma' are now common parlance, and distinctions between mental illness and normal emotional reactions to abnormal and catastrophic events can be blurred.

Disagreements have compounded the lack of clarity. In summary debates have included:

- Should programmes prioritise individual mental health/distress or focus on re-building communities?
- Should psychosocial programmes be "stand alone" or fully integrated within all other programmes?
- Should psychosocial needs be addressed if physical needs have not been met?

In spite of these difficulties, it is common sense that 'positive changes in social frameworks affect psychological wellbeing' [1]. It is also completely 'obvious' that what is happening in your external environment affects how you feel.

Those who have experienced war, famine or natural disasters have not only experienced extremely distressing events and lost those whom they loved, but their social worlds have also been destroyed - loss of homeland, status, and the social and cultural patterns of their society. 'Going home' may be impossible, dependency on aid from others demeaning, and life itself may have lost meaning. Is hopelessness and despair surprising?

Much has been learned from the aftermath of the Tsunami. Many agencies supported the restoration of community life and recognised the crucial role of local religious beliefs in the process of healing - sometimes for the first time. However, it is still not 'routine' for agencies to incorporate psychosocial elements. Many agencies are unsure or apprehensive of taking a more holistic approach and emotional issues can still be forgotten.[2] [3]

### **What are some of the difficulties?**

#### Feelings work both ways

Accepting the reality of another's distress can be difficult. If you acknowledge emotional distress in another person, you also have to acknowledge your own feelings in response to this. Listening to the whole person in context - social, economic, political, emotional - is a risk. It requires patience, humility, and a respect for what may be very different views and values. The other person may have very different priorities from yours, s/he may want something different from that which you assumed you were there to give. Most aid workers have had very little training in either psychosocial health within the population with which they are working or in managing their own emotional responses.

It can be so much easier to rush in as 'experts' and engage in action to provide food, shelter and physical health care rather than having to deal with such complexities.

#### Accounting to donors

International aid is not 'value free'. The same ideology which underpins the biomedical approach also underpins what it is considered appropriate to measure and what methods of measurement are acceptable. Connections between psychological wellbeing and the restoration of social groups, religious activities, and some semblance of everyday life are 'common sense', but the assessment and measurement of the impact of mental health/psychosocial programmes is intrinsically problematic.

How can the 'invisible changes' of emotional healing which enable someone to begin to move from despair to the ordinary - doing the washing, mending the roof - be captured in a form acceptable to donors? Donors prefer quantitative data as 'proof' that funded programmes have had an impact, but what assessment tool can measure the moment when someone is once again able to find reasons for living?

#### Belief and cure

Difficulties in measuring impact are further compounded when addressing the power of belief. Placebo studies have shown that all kinds of treatments can make someone feel better if they believe it is going to help. For many people in the South, this belief system involves supernatural powers, ancestors or being bewitched in some way. If cultural context is accepted and understood, then it is clear why the powers of a traditional healer are often considered essential. How can this be accounted for to donors?

### The restoration of meaning

Loss of loved ones, home, familiar surroundings and livelihoods are catastrophic losses. How can life become meaningful again in a situation where most of the previous meanings by which life was lived have been obliterated. Traditional cultural values and traditional family and social roles are crucial in restructuring life and restoring meaning. Appropriate social interventions reviving familiar routines such as schooling for children and the restoration of cultural and religious events can have powerful positive effects. In all societies traditions and what is familiar are central to people's sense of order in the universe, giving meaning to the death of loved ones, suffering, and making sense of life anew.

If aid organisations are to truly respond to the whole person within their own cultural context, both within sustainable development and emergency relief, they must recognise the importance of integrating psychosocial health. Much lip service is paid to human rights and empowerment, but ensuring that local language and concepts of emotional healing take precedence over Western interventions needs far more care and thoughtfulness than simply 'delivering aid'. Each community has its peculiar 'genius' - ways of making sense of life and caring for its citizens. Supporting that 'genius' is the basis of psychological recovery and community development.

### **SIDE BOX:**

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The new IASC Guidelines cover all of the above issues. They are highly significant in that they address both mental health and psychosocial support in all areas of aid provision, including provision of shelter, food and physical healthcare. The Guidelines explicitly promote a holistic approach, but also address severe mental disorder and acute psychological distress. The final document will be published shortly, for the final draft see: [www.humanitarianinfo.org/iasc/content/documents](http://www.humanitarianinfo.org/iasc/content/documents)

### References:

[1] Sphere Standard 3:

<http://www.humanitarianinfo.org/darfur/infocentre/sphere/index.asp>

[2] + [3] 'UK NGOs and Mental Health: An Exploratory Review' + 'Psychosocial/mental health programmes in humanitarian contexts: problems, challenges and sharing good practice'

[www.janegilbert.co.uk/consultancyngo.htm](http://www.janegilbert.co.uk/consultancyngo.htm)