

Letter to the Editor

Intervention 2004, Volume 2, Number 2, Page 158 - 160

Letter to the Editor

Some critical notes on Anica Mikuš Koš & Vahida Huzejrović: *Volunteers as helpers in war-related distress.*

In this journal, Anica Mikuš Kos & Vahida Huzejrović (*Intervention*, 2003, Vol. 1 (2) pp. 50-56) recently described the role volunteers can play as helpers in war-related distress. They base their description on their experiences in this field during the recent Balkan war in former Yugoslavia.

As a psychotherapist, I have been working professionally with (Jewish and non-Jewish) victims of the Second World War, refugees from recent political dictatorships and their families for almost twenty years. I concur with the authors that in our professional position we too often overlook or neglect the meaning and importance of the broader social context and social network of individuals afflicted by war, persecution and exile.

Anica Mikuš Kos & Vahida Huzejrović rightly point out that mental health professionals may sometimes be biased to a pathological view on the psychosocial functioning of victims of war and persecution.

However, I am concerned that the authors might unintentionally convey a far too optimistic message concerning the long-term psychological consequences of severe traumatisation by 'man made disaster'. In their conclusions they caution that volunteers' activities linked to war and post-war circumstances should not be idealised, although right at the start of their paper they suggest

that natural resources seem to have protected generations of children surviving the Second World War in European countries from developing psychiatric disturbances in adulthood. The authors were unable to find data in the research literature showing a higher number of psychological disturbances in Second World War generations compared to those born later. Therefore they assume that such natural resources must have been sufficiently available to many survivors of the Second World War. This assumption is highly questionable indeed.

In the Netherlands a steady flow of new patients apply each year for treatment in one of both specialised mental health clinics for survivors of the Second World War (Centre '45 and Sinai Centre), 59 years after the end of the Nazi-terror in Europe and the Japanese suppressive occupation of the former colonies in Asia.

Also, the authors mistakenly believe that studies showing the enduring adverse psychological consequences of war and persecution would prove to be nonexistent. I refer to Brom, Durst & Agassy (2002) and to Shmotkin & Barilan (2002), to mention just a few recent studies demonstrating the suffering of Holocaust survivors, more than fifty years after the Second World War came to an end.

The introduction of Post Traumatic Stress Disorder (PTSD) in the Diagnostic and Statistical Manual in the early 1980s has been a strong impetus for empirical research of the enduring psychological consequences of massive traumatic experiences. This new diagnostic category alerted clinicians and researchers to “man made disaster” as an important determinant of psychopathology. Unfortunately, the rapidly growing popularity of the PTSD concept has had harmful implications as well. The PTSD concept has become so dominant that its defining criteria (e.g., nightmares and intrusive recollections) have become the standard by which the importance and severity of underlying traumatic life experiences is evaluated.

Among others, Brom et al. (2002) have emphasized that the PTSD concept is unsuitable to describe the complex constellations of symptoms that have been observed in Holocaust survivors. The Brom et al. (2002) and the Shmotkin & Barilan (2002) studies demonstrate that (a) adverse psychological consequences of Holocaust experiences may present very heterogeneously and (b) psychopathology (e.g., chronic depressions) and personality disturbances (e.g. avoidant personality disorder) which are not specifically related to traumatic life experiences may obscure the late psychological sequel of huge traumatic losses, humiliation and deprivation.

I sympathize with Anica Mikuš Kos & Vahida Huzejrovic when they state that volunteers in certain cases can be better healers than professionals, in particular when these volunteers have more social and emotional capacity, have more time and more energy for individuals in need and when they are not in charge of many clients (*ibid.*, p. 51). However, their statement can easily be misunderstood and even lends

itself to misuse. Political decisions to cut the financial budgets of specialised mental health clinics for victims of war, persecution and torture can never be justified by the argument that the treatment of these patients by specialised mental health professionals would be a waste of money, with volunteers doing a better job. This argument is false, since professional treatment of war victims and refugees is limited to those victimised patients who exhibit major psychological problems and personality disturbances, frequently (but not always) coloured by posttraumatic stress symptoms. Mostly, these patients have only been referred to specialised mental health facilities after treatment in general psychiatric or psychotherapeutic settings has failed.

While medicalisation of traumatic life experiences may be stigmatising, trivialisation of exposure to “man made disaster” is really hazardous. Some policy makers are inspired by scientists who feel sceptical about the value of studies like those of Brom et al. (2002) and Shmotkin & Barilan (2002), since no strong conclusions concerning a unidirectional causal link between massively traumatic experiences (as the independent variable) and mental health (as the dependent variable) are warranted on the basis of their research designs. It should be noted that this argument applies to the issue of causality of mental health and mental illness in general. Except for some psychiatric syndromes that are evidently caused by brain injury, chronic abuse of toxic substances (alcohol or drugs) or by other deterioration processes of brain tissue, many competing theories exist in psychiatry and clinical psychology about the determinants of most syndromes, indicating that our knowledge of biological, psychological and social processes explaining the development of psychopathological conditions is still

Letter to the Editor

Intervention 2004, Volume 2, Number 2, Page 158 - 160

unsophisticated and incomplete. This has never been a reason to challenge the need for professional psychiatric and psychotherapeutic facilities, and rightly so. As we must accept that even modern causal theories of conditions like obsession, depression, phobia or schizophrenia have limited (predictive) validity, we are deemed to accept that we are simply unable to predict the kind and severity of mental health problems of victims of war or persecution in posttraumatic life. Thus, it would be quite unrealistic and unfair to require an unequivocal proof of the causal relationship between exposure to traumatic experiences and the subsequent manifestation of trauma-related psychological problems. In conclusion, non-professional as well as professional assistance of victims of war, exile and torture should remain a matter of solidarity, including adequate financial support of volunteer as well as professional mental health organisations. Certainly many victims will benefit sufficiently from the assistance by volun-

teers in their rehabilitation and recovery. However, a substantial minority of victims will need an additional professional approach and should have the opportunity to receive specialised professional help.

References

- Brom, D., Durst, N. & Aghassy, G. (2002). The phenomenology of posttraumatic distress in older adult Holocaust survivors. *Journal of Clinical Geropsychology*, 8, 189-201.
- Shmotkin, D. & Barilan, Y.M. (2002). Expressions of Holocaust experience and their relationship to mental symptoms and physical morbidity among Holocaust survivor patients. *Journal of Behavioral Medicine*, 25, 115-134

Anton Hafkenscheid

Anton Hafkenscheid works as a clinical psychologist at the Sinai Centre (Jewish Mental Health Services), P.O. Box 66, 3800 AB Amersfoort, The Netherlands. E-mail: a.hafkenscheid@sinaicentrum.nl

Summaries in Arabic

الخدمة الصحية العقلية الجماعية في أفغانستان:

بحوث ومساعدة في عام 2001 نظمت Save the Children و Unicef برامح جديدة في أفغانستان. لم يكن الاهتمام في الخدمة الصحية العقلية ولكن في استراتيجيات الدعم النفسي الاجتماعي ذو الأساس الجماعي المقال يناقش مبادئ العمل لدى هذه المنظمات. تعرض البحوث والتصاميم لمشروع تم تحقيقه في Kabul بين عام 2001 و 2002.

المصطلحات: الدعم النفسي الاجتماعي ذو الأساس الجماعي، البحث النوعي، منظمات الطفل للطفل.

العواقب العملية الصالحة في العمل مع مترجمين محليين في الصحة العقلية

إذا كان الحصول على الخدمات الصحية العقلية المناسبة ليس ممكناً لعدم إمكانية الأشخاص التكلم باللغة المتداولة المحلية، فالمترجم أو العامل ذو الحضارتين يكون مطلوباً "طلب لازم". هذا المقال يقدم اقتراحات للممارسة الجيدة في العمل مع مترجمين محليين في مناطق النزاع المسلح أو مع اللاجئين للحصول على الرخصة أو الأشخاص المهاجرين داخل بلدهم بسبب النزاع المسلح.

المصطلحات: المترجمين، اللغة، الحضارة، الصحة العقلية، تمرير، الدعم

مع الخلاصة بالعربية

بناء القدرة المحلية للمساعدة السيكولوجية للاجئين المصدومين نفسياً

الهدف الرئيسي لهذا المشروع هو إنشاء أهمية المبادرة العلاجية القصيرة المدى حين تطبق على لموظفين الطب المحليين في مناطق الكارثة. هذا المقال يشرح ويعالج المشروع للمعالجة عبر التعرض الروائي كوسيلة في مساعدة ضحايا الحوادث. المشروع يحتوي إشراف على المعالجة الجلدية لحصر انتشار PTSD المركزة من 1-31% في Bwanda إلى 47% من سكان Samal، مع العلم ان الحوادث استمرت ل 9 سنوات و 11 سنة لاحقة. الكاتب يستنتج أن البرامج الصحية العقلية مع اتجاهات صالحة في معالجة العوارض اللاحقة للصددمات النفسية المؤسسه على بحوث عملية، متينة ذو الفعالية المبرهنة و الصالحة للمراكز الحضارية الخاصة لتصبح من الضروريات الإنسانية.

مصطلحات: الجروح و الصدمات النفسية، PTSD، اللاجئين، مخيم، استشارة، NET، العنف المنظم، صوماليا، رواندا.

الاحتلال النفسي في مخيم اللاجئين الأمر بيتي

يوصى دراسة الانفصال على التشوش النفسي المفشى بين اللاجئين في مخيم كانوا في Kenya. هذه الدراسة مبنية على معلومات مسجلة من كتاب المهمة العادلة مذاكرة لمن 3 سنوات. الاحتلال الناتج عن الجروح النفسية بما التشخيص العام المفتش بين اللاجئين تقترح امكانية تأسيس مجموعة لخدمة الصحة العقلية ذات الكلمة المخفية في مخيمات اللاجئين في العلوات النائية مثل كينيا. هذه الخدمة تجذب الطلاب الحالي و الملح للمساعدة.

مرجع: الجروح النفسية، اللاجئين،
خدمة الصحة العقلية، الخدمة المستعملة
PTSD

المراقبة العادية للمستشارين في مناطق النزاع المسلح

في هذا المقال تعالج المراقبة العيادية للمستشارين في شمل منظم للدعم العاطفي، تربية وتوجيه التقديم المهني. هذا مؤسس على خبرة الكاتب خلال مراقبة المستشارين ذو التربية المهنية المحدودة في مناطق النزاع المسلح.

المصطلحات: الوضع النظري، المراقبة العيادية، استشار، تقييم.

لعمل مع الأحياء بعد الحرب: دور العيادة السيكولوجية

في هذا المقال، اكتشفت الاحتمالات للتقرب لطرق المعالجة النفسية العربية للحضارات التقليدية الجماعية. الحضارة السيريلنكية أحدثت كمثال تناقش الإنجازات للتمارين في المبادرة، المقاومة، التخمين، التعليم و البحث.

مرجع: العيادة السيكولوجية،
الحضارة الجماعية.