

**PROGRAMME FOR OASIS' ANNIVERSARY SEMINAR ON 15TH NOVEMBER
2002 - "NEW CHALLENGES IN THE TREATMENT OF TRAUMATISED
REFUGEES"**

**PSYCHO-SOCIAL DEVELOPMENT AID IN
TRAUMATISED COMMUNITIES**

INTRODUCTION

In the last century we have innumerable examples of mass violence committed upon innocent people by perpetrators, be they organisations, gangs or nations. Carefully orchestrated violence by governments have been the most difficult to oppose and stop. Tibet is such, one example which lost its independence in 1959 to China. Communist China's People's Liberation Front bulldozed into Tibet in 1951 and completed its 'peaceful liberation' of Tibet in 1959. The Dalai Lama and just over a hundred thousand Tibetans fled into exile in India.

India although a country that Tibet shared the closest ties with, particularly through culture and religion was not prepared for the sudden occupation of the buffer state of Tibet and therefore had to make emergency preparations to rehabilitate the fleeing refugees. The exodus began just at the start of the hot Indian summer of the sweltering plains. Many refugees died, unable to withstand the heat and climate change, as well as the tropical diseases that their immune systems were challenged with.

India, the land of many great spiritual masters including the Buddha and therefore blessed by their teachings seemed to be just the second best place for Tibetans to be. There was little culture shock or other traumatic experience that Tibetan faced when they were rehabilitated. India most graciously received the Tibetans, as their guests and extended great generosity to the refugees.

Meanwhile in Tibet for those who could not flee, the past was just as if a beautiful dream had suddenly been disrupted. What meant most for Tibetans, their religion was systematically destroyed as Mao felt it was like 'opium' for the people. What took centuries to import, nurture and build in the hearts and mind of the people was now something to be shunned and annihilated. This was the greatest trauma to this peaceful nation. A fatal blow had been struck to the soul of this country. Over two thousand monasteries were destroyed and a million lives lost. The entire country of Tibet was turned into a 'gulag' where the mere utterance of 'free Tibet' meant torture and imprisonment. Family members were made to spy on each other, monks and nuns forced to disrobe, family members made to witness the torture and execution of their loved ones, children made to witness the torture of their parents.

Yet this resilient group of people were not cowed down by such inhuman treatment. Rather the Tibetan refugees have been recognised as one of the most successful refugee groups in the world. On the world platform it is common knowledge that the struggle by Tibetans for a free Tibet is receiving tremendous and overwhelming support because of its non-violent nature.

DEVELOPMENT OF PSYCHO-SOCIAL AID

The refugees who fled, gradually started a new life in India and even a government-in-exile was formed under the leadership of the Dalai Lama. Almost everyone had been separated from family members in Tibet and nothing was to be heard of their state until the early '80s. Following their long period of anxious wait, many were to hear of the terrible things that happened to their family and friends. It was also during this period that the first handful of refugees managed to escape into India through Nepal.

It was through these escapees that we were able to gather information of what was actually happening in Tibet. Tibet was a virtual police state where everything was closely monitored and this is the situation even today. The military and police controlled everything, huge prisons were built that housed thousands of prisoners. Torture was rampant and the most common methods used being beating, electric cattle-prod shocks, interrogations and solitary confinements.

For a long time the Tibetans in the free world did not believe that the trauma they suffered in Tibet was significant enough to warrant any serious

attention. It was in the early 90's when Stella and Stephen Mathiason visited Dharamsala the north Indian town where the government-in-exile was located and where most refugees arrive when they escape from Tibet. They conducted a survey on torture survivors and contact was made with health care providers there. A program was initiated by the Tibetan Department of Health in 1993 and later in 1996 this became the Tibetan Torture Survivor Program.

Two NGOs became involved in the program. Danida was the first to enter into partnership and the program focused mainly on training of physicians, nurses, health coordinators, treatment of trauma survivors and social rehabilitation. The Dutch program was more broad based and therefore was more of a training program for community health workers to teach skills in diagnosis, supervision and counseling of mental patients. Together, the two programs contributed and fulfilled a much desired need in this community that was lacking before. The two NGOs had different styles of approach. The Dutch program was implemented by an expatriate general physician and psychologist who stayed at the project site. The project was planned and guided by a Dutch psychiatrist based in Holland with whom there was minimal contact in the Tibetan Department of Health. The principle behind the concept of mental health in this program was neither discussed seriously nor debated and the assumption was to follow the traditional approaches of modern medicine. Sustainability of the program was not known.

The Danish program differed in the significant aspect that not only an approach that the Danish partners were familiar with was introduced but local partners participated in all decisions and traditional resources were encouraged. This was an unconventional and open-ended approach where project implementers made key decisions on how the local resources were to be included. There was no expatriate remaining at the project site and the locals were left to implement the project themselves in the manner they felt was the best. Training was conducted by Danish resource personnel, but it also included sessions on Buddhist mind training taught by a Tibetan Buddhist monk. This in fact proved to be a highly popular subject with the trainees.

SOCIAL PROGRAM

The social program was much sought after by the traumatised refugees as this provided their basic needs of food, clothing and shelter. Social workers made home visits, and loans were advanced for those who needed the money

to start an income-generating project. Training was provided to develop skills that would enable them to seek employment. Social programs should be carefully monitored so that they do not fall into the trap of causing a 'dependency syndrome' to develop.

Financial support is essential especially when trauma survivors initially arrive and need time to settle into their new life. However in the social assistance there must be an inbuilt system where the support gradually tapers off and this may need to be done on an individual basis depending on the capacity of that person. Therefore the capacity building component of the social program is crucial so that self-reliance can be achieved.

MEDICAL PROGRAM

Many trauma survivors have medical problems ranging from minor to major health set backs. In the program both modern and traditional medical systems were made available and in case they required treatment in a tertiary care centre at a place outside the program then they were taken there and all costs were met. In Tibet before the Chinese occupation began there were no Tibetans trained in the modern system apart from a few Chinese doctors in Lhasa the country was totally dependent on the traditional system. After occupation the Chinese mainly promoted the modern system as they had little respect for the traditional way. The hospitals that provided treatment were mainly staffed at the senior level by Chinese. Only later did they gradually begin to have more Tibetan staff. Much later the Chinese began to see some benefits of Tibetan medicine and could not help ignore it so they began to support this system but by deleting its Buddhist content.

The communist Chinese saw culture, religion and anything linked to these as backward and something to be destroyed. But it was culture and religion that identified Tibet as a separate nation from China. Therefore in a country that lost its freedom Tibetan medicine symbolised roots, freedom and identity. This is important to understand because the trauma survivors had much to be grateful to Tibetan medicine when they were desperately ill in prison and since this system was only practised by Tibetans, it was something they could trust. There have been incidences when for instance during the riots of the 80's against Chinese occupation the injured were taken to Mentseekhang (traditional Tibetan medical institute) for treatment because that was the only trusted place where they could receive care without being arrested and imprisoned.

With this backdrop it was crucial for care providers in India to realise that Tibetan medicine must form an essential part of the health facility to be provided for the trauma survivors. There is an innate feeling of closeness and trust for this system.

However it was obvious that Tibetan medicine alone could not meet all the needs and therefore modern medicine was also important. The program decided to provide these two systems in an integrated manner so that they complement each other. Joint clinics were held where consultants of both systems see patients together and also multidisciplinary meetings were held where social workers, medical consultants and project administrators meet.

SPIRITUAL HEALING

At the heart of the Tibetan spirit lies its spirituality. It is the life force that has nourished the people through centuries and is a sole factor that has helped the traumatised group of people not only survive horrific brutality, but come out stronger than ever before. At the core of this resilience is the spiritual path that has helped the traumatised victims see the meaning of their suffering and therefore anchor an inner locus of control.

With the help of a monk, aspects of Buddhism particularly relevant to the problems faced by traumatised persons were taught to both victims and care providers. For the care providers it was a new experience of learning their own philosophy so they could actually put it into practice. The survivors preferred to have one to one interactions with the monk rather than classroom sessions.

What actually transpired between the monk and others was nothing other than Buddhist psychology with a practical approach. It taught coping skills and self-transformation processes which is fundamental for healing.

DISPLACED PSYCHE

In the early 80's when the first refugees managed to flee from Tibet it started a gradual but steady flow of people who had already spent ten years or more under Chinese rule. As the years passed by most who reached India had been born in Tibet and had never seen the independent Tibet of the pre 1959. Therefore the Tibetans from Tibet and those who had lived in India after 1959 had very different backgrounds.

We began to notice subtle differences in their behaviors which were different from those who were already living in India. The group from Tibet were called 'new-comers' and they were much more emotionally labile, even talking to them in a candid way maybe mistaken as being unfriendly, hostile or rude and they may easily feel slighted.

They tended to be more suspicious and aggressive. Physical aggression was not uncommon amongst the younger people. Knowledge of Buddhism was limited. Knowing and understanding these differences mattered significantly when dealing with trauma survivors.

There is a systematic, subtle and sometimes gross but intentional manipulation of the Tibetan culture, language and identity. The Tibetan dress can be seen to be modified when you watch cultural performances from Tibet, pronunciation of words, tune of Tibetan songs are made to sound more like Chinese. Chinese language has been promoted through socio-economic incentives. Therefore Tibetans would prefer to speak Chinese rather than Tibetan.

The psycho-social development aid needs to address these issues so that care-providers can have better insight into the 'displaced psyche' of Tibetans from Tibet and develop more effective interventions. It entails almost a de-conditioning process of what the Chinese regime has inflicted.

Today there are very few countries in this world where the state machinery is still used to manipulate and indoctrinate people's minds; despite sweeping globalization and spread of democratic principles. Therefore this is a unique situation that the world needs to know and people who stand up for freedom, human rights and compassion must challenge.

WORKING IN PARTNERSHIP

One of the primary goals of the program initially was to acquire new experiences and effective ways to overcome the suffering of the traumatised community and share these techniques with other communities should they find it useful.

By working with foreign NGOs who bring in their own experience and strategies, the above aim can be fulfilled. Trauma has much to do with culture and societal value systems and therefore there are specific ways of healing that are appropriate to only a particular community, so also there are

approaches that can be universally applied. So working together can be a very enriching experience by learning from each other. It is of vital importance to be open minded, respectful of belief systems of the survivors and their care providers. Sensitivity to feelings and beliefs create a climate of trust and security. No way is the best way. For every community there needs to be a tailored approach, therefore it would be detrimental to come armed with your way and impose it on that community, assuming it is the best and only way.

Communities that NGOs work with may seem to be passive and therefore there could be an illusory appearance of ready acceptance of a program which is not appropriate. But the damage maybe only diagnosed much later. Passivity from the aid recipient's side is a trap that NGOs can fall into without realising it and therefore one can easily slip into a role of a unilateral decision-maker. It does not help by telling the community to come forward and take their own initiative or bring their own ideas. Skilful ways of bringing out their potentials is essential. A project whose goals and objectives have been mutually agreeable can then be left at that level and the community allowed to develop their own method of implementation without active input from the NGO, this is one such way of proceeding.

Open resistance maynot be shown but the NGO may encounter passive resistance and not know why this is happening. It is important to be aware of such a phenomenon. Therefore if a project is not able to make satisfactory progress then this maybe a factor to be considered seriously.

Acceptance of everything at face value can be a grave mistake. Having knowledge of the culture and behavior of the community can be a great advantage.

Moving to the other side of the coin, aid recipients often mistakenly think that NGOs are there only to give and not receive anything from them. This is not the reality and is a very naive perception of NGOs that provide aid in many different capacities. NGOs too have their own aims and objectives of why they have taken up a certain project. Some of these aims overlap with the recipient and some do not. There could be for instance humanitarian, political, religious or personal aims. One of the aims of a project for an NGO may just be for its survival. For a program to be successful both partners must have clear knowledge of each other's goals.

Periodical meeting of the partners at all levels, from administrators to grass root level is essential to getting to know the people you work with and building rapport. Opportunities should be created where project staff can meet on a one to one level or small groups so that there is less inhibition to sharing opinions and ideas.

Communities involved with NGOs always entails administrative work especially reports and financial statements besides money transfers. There is very likely to be major differences in account keeping between organisations and therefore countries. NGOs need to understand how the administration of their partner works so that inefficiencies and misunderstandings can be lessened if not eliminated.

It is essential that the NGO understands what priority psycho-social programs are given by the community. Before the program begins if this issue is clear to both partners then expectations are less likely to be exaggerated and the NGO would know where their program stands. Priority should not be determined by the leaders in the community alone, the community members' views should also be sought. Prioritisation is a policy that should be predetermined by the community in the which the NGO functions, at the outset of the program, and there should also be the flexibility of allowing change if the need arises.

Like every aid program, sustainability becomes a key issue. Having invited an NGO to work together on a program, which in itself is a recognition of the need, within the program there must be in-built components to sustain any psycho-social development aid. These components are equality of partnership, capacity building, maximizing use of local resources, recognition of importance of psycho-social needs by the community, political commitment and minimising dependency on outside funding resources. When sustainability is not achieved it can lead to more harm than good. It is analogous to providing a benefit which by the time people get used to, is suddenly withdrawn, and this can lead to deprivation. Financial assistance for living expenses, salaries and recurring administration expenses are not sustainable. If they are provided then ways and means should be determined as to how the community will continue after the funds are exhausted. Monetary support to meet living costs is like being on social security. It is an easy way out and can discourage people from being self-reliant.

CONCLUSION

The program I have been involved in is barely a decade old and therefore still in its infantile stage. I think it is an experiment for the future because the survivors we encounter are a trickle of what lies beyond the Himalayas. We have so much more to learn and share with you. Your country has made great contributions to humanity in the field of caring for trauma survivors but much more needs to be done. This partnership I have cherished will hopefully help to lessen a little the open wounds in the heart of my people in Tibet and in exile.