

Introduction

The idea for this book came about in 1996 as a result of a discussion with several associates of the Refugee Studies Programme (RSP) at Queen Elizabeth House, University of Oxford, about the increased awareness of and interest in providing psychological assistance to refugees. So, when I was asked to plan and direct the weekly RSP Seminar Series that treated current topics of interest to the university community about refugees and forced migrants, I accepted the offer with the idea that a full exploration and discussion of the subject of refugee mental health would clarify a number of issues, especially the issues of trauma, stress, anxiety, depression, and psychological adaptation and how these are defined and studied. The result was a lecture series entitled “Psychosocial Wellness of Refugees” held during Hilary Term at Oxford University, which presented many approaches to the study of the psychological aspects of the refugee experience. Most of the chapters of this book came from that series.

While there have been practitioners and researchers who regularly discussed the emotional toll of migration trauma, refugee programs with a psychosocial emphasis remained scarce until the war in the former Yugoslavia. There was a time in the field of refugee studies and services when the psychological aspect of refugee life was not considered, or if considered, not felt to be important. However, given the concern and generous financing of the international community and the readiness of the mental health establishment in Croatia, Bosnia, and Serbia as well as the organization of many non-governmental organizations (NGOs), more than one hundred psychosocial projects were established to provide psychological services, including emotional support, individual and group therapy, psychiatric attention, and, in some cases, social services.

This new emphasis on psychological services to refugees and displaced persons sparked a lively debate about the efficacy of such programs.¹ The concern for refugee mental health in the international

response to a crisis such as Bosnia, Serbia, and Croatia has been based upon the assumption that the stresses and traumas of war, migration, and resettlement have a negative effect upon the physical and mental health of refugees and displaced persons, affecting their daily functioning and long-term adjustment. However, the challenge for practitioners and researchers alike has been to identify these psychological consequences, understand their relationships with the events themselves and the process of adaptation, and explain how any therapeutic intervention assists individuals, families, and communities in this process. Others have been more skeptical, noting that the literature concerning trauma, stress, and refugee adjustment does not answer these questions, and besides, they argue, increased funding for these efforts have actually diverted funds that normally would have financed other activities and services for this population.

Most agree that researchers and practitioners alike, need to defend the assumptions of their psychosocial programs and demonstrate the efficacy and appropriateness of their interventions. It is through a careful application of research that definitions and program outcomes may be clarified, which, in turn, will fuel the discussion of policy, planning, and funding of psychosocial programs.

The nature of research today is often framed by one's professional orientation. Many social scientists, especially sociologists and psychologists, have attempted to study the relationship of stress, trauma, and forced migration by emphasizing operational definitions of the elements under study, controlling the research process, and employing quantitative analysis to discover "truth." Anthropologists and others, on the other hand, disagree, noting that a qualitative approach would be a better way of understanding refugee stress and trauma. A "bottom-up" process would allow refugees' "voices" to define and clarify their emotional struggles and psychological reality.

Most of the literature in this field focuses upon the study of stress, trauma, and emotional symptoms as indicators of psychological maladjustment. We prefer to emphasize the term "wellness" in our review of ways to study the relationship between the refugee experience and psychological consequences and adaptation because it highlights the perspective of strengths, resilience, and independence. It avoids, hopefully, the portrayal of refugees and displaced persons as "psychiatric patients," "victims," "emotional cripples," or as always dependent and helpless.

It is our goal to present students, practitioners, and researchers who are interested in understanding and investigating refugee psychosocial wellness with examples and suggestions, as well as the strengths and limitations of quantitative and qualitative approaches

in this field. Hopefully, readers will gain an appreciation of the difficulties of doing this type of research and draw concrete recommendations for conducting quantitative, qualitative, and mixed-method studies of psychological wellness of refugees.

As decision-makers in the international scene of refugee assistance, the NGOs, United Nations, and governmental agencies and ministries design, fund, and implement psychological assistance projects for displaced populations, they must be mindful of their responsibility for sound, appropriate, comprehensive, and effective services that result from a clear and carefully crafted policy. Decision-makers, program administrators, and service providers also should be cognizant of their accountability not only to their boards of directors, constituents, and funders, but also to the individuals and families who need and use their services. Crucial in the process of accountability is the monitoring and evaluation of psychological assistance programs that are provided for refugees. Finally, this book may be of assistance also to policy-makers, governmental ministers and planners, mental health consultants and promoters, and executives and service providers of psychosocial programs as they address the effectiveness of their policies, programs, services, and interventions in meeting the mental health needs of refugees and forced migrants.

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Note

1. Stubbs, P. and Soroya, B. (1996). War trauma, psychosocial projects and social development in Croatia. *Medicine, Conflict and Survival*, 12:303-314.