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Psychosocial Support after Traumatic Experience; Helpers' Perspectives from Different Cultures

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Abstract

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People in different parts of the world undergo traumatic experiences. Mental health professionals seek ways to support trauma survivors as they process trauma and continue their lives. The aim of this qualitative research was to explore how professional helpers in different cultures describe psychosocial support and what kinds of interventions they consider helpful and effective. Questionnaires were sent by email to several professional helpers in different countries and snowball sampling was used to gain more respondents. Twenty-six helpers from Asia, Australia, Africa, North America and Europe took part in this study. Most respondents were Westerners.

Open-ended questions were analyzed using content analysis. Psychosocial support described by respondents consisted of three categories: Strengthening coping, psychoeducation and facilitating processing of trauma. Respondents also described prerequisites for effective care. These prerequisites were sufficient resources, reaching trauma survivors and the trauma survivor receiving offered help. Respondents highlighted the importance of social support and peer support, psychoeducating the public and promoting help-seeking.

Challenges and current resources to offer effective psychosocial care varied greatly in different countries. Similar interventions were used in different cultures. Active listening, empathy and maintaining hope were commonly used interventions. Specific interventions like EMDR, psychotherapeutic methods or debriefing were also used. According to respondents it was important, that the trauma survivor is helped in his or her native language.

Key words: trauma, culture, psychosocial support, crisis interventions

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Ihmiset eri puolilla maailmaa kohtaavat traumaattisia tilanteita. Mielenterveystyön ammattilaiset pyrkivät etsimään keinoja tukea trauman kokeneita ihmisiä käsittelemään kokemustaan ja jatkamaan elämäänsä trauman jälkeen. Tämä laadullinen tutkimus pyrki kuvaamaan, kuinka ammattiauttajat eri kulttuureissa kuvaavat psykososiaalista tukea traumaattisen kokemuksen jälkeen ja millaisia interventioita he pitävät tehokkaina ja hyödyllisinä. Kyselylomake lähetettiin sähköpostitse useille auttajille eri kulttuureissa ja uusia vastaajia hankittiin lumipallo-otantaa käyttäen. Tutkimukseen otti osaa 26 auttajaa Aasiasta, Australiasta, Afrikasta, Pohjois-Amerikasta ja Euroopasta. Useimmat vastaajat olivat länsimaalaisia.

Avoimet kysymykset analysoitiin sisällön analyysilla. Vastaajien mukaan psykososiaalinen tuki sisälsi kolme kategoriaa: selviytymisen tukeminen, psykoedukaatio sekä trauman käsittelyn mahdollistaminen. Vastaajat kuvasivat myös tehokkaan psykososiaalisen tuen edellytyksiä, joita olivat riittävät resurssit, trauman kokeneiden ihmisten tavoittaminen ja se, että tarjottu apu otetaan vastaan. Vastaajat korostivat sosiaalisen tuen ja vertaistuen, kansalaisten psykoedukaation sekä avun hakemisen merkitystä.

Haasteet ja tämänhetkiset resurssit psykososiaalisen tuen tarjoamiseen vaihtelivat suuresti eri maiden välillä. Eri kulttuureissa käytettiin samankaltaisia interventioita. Aktiivinen kuuntelu, empatia ja toivon ylläpitäminen olivat yleisesti käytettyjä interventioita. Myös erityisiä interventioita, kuten EMDR, psykoterapeuttiset menetelmät ja debriefing, käytettiin. Vastaajien mukaan on tärkeää, että trauman kokenut ihminen tulee autetuksi hänen omalla kielellään.

Avainsanat: trauma, kulttuuri, psykososiaalinen tuki, kriisi-interventiot

Table of Contents

1 Introduction

"Experiencing trauma is an essential part of being human", say Van der Kolk and McFarlane (1996, 3). Indeed tragic events and traumas have happened at all times, everywhere in the world, and continue to do so. In her book, Saari (2005, 14) defines trauma as a "powerful event in a person's life to which the individual in unable to respond appropriately and which has a powerful, sudden and enduring effect on him." Examples of traumatic events are accidents, rapes, displacement, natural disasters, suicide in the family, witnessing violence and assaults. In traumatic event some kind of threat and danger are present. A person's mind is flooded with extremely strong stimuli, which is beyond his or her ability to tolerate, control and process. The situation is often sudden and shocking and it overwhelms his or her resources and coping mechanisms at the time. Trauma causes a variety of emotional and physiological reactions and it can severely shake a person's belief system. Fear and feelings of vulnerability are common. A person's perception and appraisal of the situation are important factors in determining how traumatic a particular situation is to the individual (Von Peter 2008). (Johnson 2004, 135-136; Poijula 2002, 70-71; James & Gilliland 2001, 3-5; Saari 2005,14.)

Although trauma is universal in its occurrence, it seems that the response to trauma and appraisal of what is considered traumatic, are greatly impacted by culture, religion and personal world view. Biological trauma response in the brain seems to be the same in different cultures, however. Although previously thought otherwise, it seems that Western viewpoint and advances cannot be applied universally without much thought and consideration - and sometimes not even then. In this thesis research and experiences from non-Western cultures and settings are included as much as possible to describe the diversity and richness of human experience and resilience when faced with suffering. (Marsella 2010; Von Peter 2008; Mattar 2010; Wilson 2006; Mkize 2003; Summerfield 2000; Summerfield 2008; Stamm & Friedman 2000; Regel, Joseph & Dyregrov 2007.)

2 Aim of the Thesis

The aim of this thesis is to describe psychosocial support given after traumatic experience in different cultural settings. There are two research questions: How do helpers in different cultures describe psychosocial support after traumatic experience? What kinds of support and interventions are considered helpful and effective from the professional helpers' perspective?

Finnish mental health professionals have participated and will participate in international humanitarian aid projects in different parts of the world. Those staying in Finland may meet clients from different cultures: people who have come to Finland as refugees or immigrants.

Cultural knowledge and understanding how culture, religion and worldview are intertwined with trauma experience and the healing process are valuable assets for professional helpers both in Finland and abroad.

Literature review and research findings are thought to be helpful and to give insight for those who work with clients from other cultural backgrounds or are preparing themselves for such a work. Findings can be utilized in clinical work and development work, in teaching or in personal study. This thesis can be used by helpers, students, trainers or teachers as they pursue to deliver, teach about or develop culturally sensitive care.

3 Culture

Every person has been born into a certain culture; no one is without culture. Culture consists of learned behavior and meanings. Often people are not aware, nor can explain how their own culture affects them, but nevertheless assume that their view of world and behavior are normal, accurate and true. However, our view of reality is constructed by the culture around us. It guides all our perceptions and shapes our behavior and thinking. Through our culture we understand, predict and make sense out of the world and life experiences. Culture is present in values, attitudes, roles, beliefs, customs and taboos. It defines what is acceptable, inappropriate, good and bad. Relationships, how they are pursued, rights, restrictions and obligations that come along with them; roles and responsibilities are all defined by culture. Culture also impacts expression of thoughts and feelings – how it is or isn't done, in the presence of whom, what idioms are used and so on. However, culture by no means dictates all behavior and beliefs of an individual and there is lot of diversity and personal differences within cultures. (Marsella 2010; Heine & Ruby 2010; Andrews & Boyle 1995, 8-11; Mkize 2003; Mesquita & Walker 2003.)

Culture promotes survival and adaptation. Every culture has its own patterns and cures for victims of trauma. Religion - or the lack of – plays a great role in culture and people's world views. The concept of a spiritual world and how one relates to it are important factors in understanding how a person tries to make sense and find relief when trauma, suffering and loss have entered into his or her life. Culture also affects life goals and ideals of a desirable life. (Collinge, Rüdell & Bhui 2002; Marsella 2010.)

In the following chapters, examples from some cultures are presented. They are not meant to be comprehensive or exhaustive descriptions of the given culture. It is not in the scope of this thesis to offer an extensive and thorough review of continually evolving cultures and the interested reader is encouraged to seek other resources. Chapters, however, are meant to offer the reader examples of different ways to see the world, to find meaning in adverse life

events, to relate to other people and to express emotions. As such, they can serve as eye openers to different perspectives and approaches to life. The reader is reminded that every person should always be seen as an individual who may or may not have common characteristics of his culture and who may have been affected by several cultures and subcultures.

3.1 Middle East

Arab culture and Islam affect the Middle East, North Africa and Central Asia. Arabs are Sunni Muslims and in Iran the majority is Shia Muslims. Iranian culture is Persian. There are also Muslims in India and in South East Asia.

Islam as a religion is intertwined with every aspect of life and therefore impacts the values and behavior of people extensively. Arab culture found in the Middle East and North Africa has also impacted Sunni Muslims in other countries. Traditional Arab society is hierarchal and male-dominant, valuing social status and power. Family, extended family, clan and tribe are at the heart of society and Arabs are highly committed and loyal to the group in which they belong. For them, who you are is more important than what you do. Relationships are highly valued and family is a true source of support. This support, however, is conditional and depends traditionally on whether or not individual obeys the cultural norms and fulfills expectations. Grave disobedience can result in one being expelled from the social group. Separating genders and having strong cultural norms for proper conduct, especially for women, are observed. Improper sexual conduct of women causes shame and loss of family's honor. The need to restore honor can override some basic needs such as security and health, as is seen in honor killings and blood feuds. (Bucci 2012; Norris & Inglehart 2012; Khodayarifard & McClenon 2011; Al-Kandari & Gaither 2011; Dwairy & van Sickle 1996; Mohammadi, Evans & Jones 2007; Pely 2011.)

Life events, even adverse ones, are seen as part of life and willed by God. They are to be faced with patience, acceptance and restraint. Arabic language is emotionally rich and offers numerous possibilities of expressing oneself as is seen in poems. Communication is usually indirect and ambiguous, expecting the listener to know what is meant without saying it directly. The context of communication is important, not only the actual words used. Use of language promotes social harmony and direct questions are avoided to protect the other person from a possible loss of face. (Dwairy & Van Sickle 1996; Rassool 2000; Hedayat 2006; Zaharna 1995.)

3.2 East Asia and South East Asia

East Asians do not usually express their emotional distress publicly. They often expect others to be able to read non-verbal cues and the situation and to know what they are feeling even when it is not expressed verbally. Social strategies, that are effective and culturally normative in East Asia, differ from Western ones. These social strategies are overt submissiveness, pursuing peaceful relationships with others, focusing on pleasing others and maintaining harmony. They also protect one from being isolated from the group. Fulfilling one's role in relationships and meeting the expectations of others are usually valued more than individual desires or needs. Self-worth is not derived from individual achievement but rather from living up to the social expectations. Not being able to meet social roles and obligations can cause shame and guilt. Connectedness, family values and relationships in general are highly valued. (Hong & Woody 2007; Lee & Mjelde-Mossey 2004; Kim & Markman 2005; Ventura, Pattamadilok, Fernandes, Klein, Morais & Kolinsky 2008; Matsumoto, Consolacion, Yamada, Suzuki, Franklin, Paul, Ray & Vehida 2002; Smith & Francis 2005; Chio, Dhih, Chion, Lin, Hsiao & Chen 2006; Shibuwasa & Chung 2009; Kozuki, Kennedy & Tsai 2005.)

Buddhism originally developed as an answer to human suffering. It can be called a philosophy as well as a religion. According to Buddhism, suffering is an inevitable part of life. One main reason for suffering is attachment to people, things and ideas. Freedom from suffering comes from letting go of these attachments and accepting life as it is. Nirvana is the end goal and can be described also as nothingness. It is freedom from suffering. When there is no desire anymore, neither is there suffering. One technique to pursue this is mindfulness. The law of karma and cycle of re-birth connect present life with past and future. (Yusuf 2010; Arond 2006; Chang 2010; Masel, Schur & Watzke 2012; Nakasone 2007; Collinge et al 2002; Gehart & McCollum 2007.)

3.3 West Africa

In West Africa, community, family, caring for each other and respecting human life are highly valued. Relationships are interdependent and communal living is appreciated. Being a collectivistic society, problems have significance to family members and other people in the community, and they often take part in the decision-making process. Many West African countries have the history of being British or French colonies. That has influenced traditional African values and culture by bringing individualism and other Western values and ideas into African thinking. (Nyagua & Harris 2008; Arowolo 2010; Igboin 2011.)

Regardless of being practicing Muslims or Christians, most West Africans also follow traditional beliefs and practices or are at least influenced by them. "If you do not know how

a person sees their problem, you will not understand their response to it", say Nyagua and Harris (2008). For West Africans, the spirit world is part of everyday life. Dead ancestors, spirits, divinities and other supernatural forces are seen as essential parts of the universe. Visible and invisible elements of the world have continuous interaction and both are taken into consideration in daily life. "Nothing harmful happens by chance, everything is caused by someone or something, directly or through the use of mystical powers or witchcraft", explain Nyagua and Harris (2008). Ancestral spirits, disruption of customs, spirit possession, sorcery and breach of taboos can be seen as a cause for illness or misfortune. Remedies for these issues are carried out in the forms of rituals, ceremonies and healing methods. (Nyagua & Harris 2008; Igboin 2011.)

Dzokoto (2010) in her research studied Ghanaian students and their affective experiences. She noticed that compared to Euro-Americans, Ghanaians paid more attention to their body and somatic experiences and less to their emotions than their counterparts. Emotions and their expression are strongly linked to the physical body. (Dzokoto 2010.)

3.4 Russia

Russian culture can be seen in arts, literature and philosophy. It has been impacted by Communism. Widespread fatalism and pessimism found in Russia and Former Soviet Union countries may have resulted from and been strengthened by history as people have found their ways to cope with adverse circumstances. In the article in Pravda (2002) research of Zinaida Sikevich's research ´Ten years of Russia's Reforms as Seen by Her Citizens` is summarized. It is pointed out that co-existing with fatalism and pessimistic approach there is also the belief in "favourable fate and the hope that things will somehow work out". Fatalism, however, is also seen as a possible hindrance for help-seeking or building appropriate support networks. (Krakovsky 2009; Leigh 2006; Goodwin, Allen, Nizharadze, Emelyanova, Dedkova & Saenko 2002.)

Russians usually highly value family and family ties and are people-oriented. Krakovsky (2009) notes, that Russians control their emotions in public more than Americans. In private, however, they can be very expressive. Hugs, backslapping and kisses are examples of public physical contact. According to Wierzbicka (1998), free expression of emotion both verbally and bodily are typical for Russians: Tears, laughter, loud and unrestricted expression of emotions are socially acceptable. Wierzbicka (2002) also notes, that in Russia, expressing truthfully one's thoughts and ideas is encouraged, even if that would hurt the feelings of the listener. According to her, implying something that is not true in order to make another feel better is not as common as in some Western countries.

3.5 Western Countries

Western culture in this thesis means the dominant culture in Europe, North America and Australasia. Western culture has historically been significantly influenced by Christianity but nowadays most Western countries can be considered more secular than religious in terms of values. After the Enlightment, reason replaced religion in terms of social authority and the explanation model for life experiences. According to relativism, there is no absolute truth or validity. Contemporary postmodern societies trust in science. Research and scientific advances are pursued and valued. "The trend to minimize the social influence of religion is a particular Western bias", argues Pesut et al (2007) and suggests that nevertheless religion plays a role in Western societies. In general, the supernatural world and the idea of an afterlife have been rejected and the focus is in seeking happiness for oneself and others in this life. Problem-free living and life without suffering is a goal for many and is unconsciously thought to be achieved by a hard enough effort. It is assumed that the satisfaction of needs leads to happiness. (Norris & Inglehart 2012; Pesut, Fowler, Taylor, Reimer-Kirkham & Sawatzky 2007; Gehart & McCollum 2007; Boudon 2003.)

Western culture is an individualistic culture compared to many Asian and African cultures that are collectivistic in nature. Western social norms encourage direct and factual communication and open expression of emotions. Even though caring for others and relationships are seen as important, they usually do not defer individual needs. Self-efficacy, self-awareness, positive view of self, assertiveness, individual change, self-concern, self-growth and self-actualization are pursued goals. (Hong & Woody 2007; Khodayarifard & McClenon 2011; Zaharna 1995.)

Bracken in his article (2001) argues that PTSD (Post Traumatic Stress Disorder) might be caused by "a breakdown of meaning within the victim's world". He connects this to postmodernism and suggests that in postmodern cultures ´meaning´ itself has been undermined and institutions that provide order and meaning for individuals have been weakened. Self has become a source from which meaning should be found, as religious and other belief systems that have provided meaningful frameworks with which to face suffering have diminished in their importance and relevance. In most other cultures, meaning for life difficulties is derived through religion. (De Jong & Kleber 2007; Bracken 2001.)

In classic Christian tradition, it is thought that God created the world to be perfect, without pain or suffering, and that his plan for all people is good. After the fall of mankind, suffering and troubles entered the world and since have affected all people – believers and unbelievers alike. Creation is to be under these circumstances until the judgment day and the creation of a new heaven and earth. This means that God who is loving, just and all-powerful does not always intervene in times of trouble. However, in Christian thinking, God does not minimize

human suffering, suffers himself on a cross and offers comfort and hope. Caring for and comforting those in need and personally trusting God in difficult circumstances is encouraged. Justice will be carried out eventually. According to the Christian view, God can use suffering in different ways, for example to help people to grow and to mature. Still, the "why" – question of suffering remains a mystery as finite human beings are not thought to be able to fully understand the reasoning and purposes of infinite God. (Shaum 2012.)

4 Traumatic Experience

4.1 Trauma

Trauma is like a psychological wound. It happens suddenly, usually without prior warning, and leaves a person aching and struggling with emotional pain. Healing of this kind of wound is a process that can take a long time. The healing process often happens naturally by itself. In some situations the process can slow down, or even stop altogether leaving the wound open and unhealed. Most people go through the process successfully with their own resources and support systems and recover well without formal interventions or outside help (Bonanno 2004; James & Gilliland 2001, 4). Psychosocial support and crisis interventions are aimed at supporting victims, aiding their healing process and preventing further problems or fixation to some stage during the process. Those who are unable to process the traumatic experience or whose process remains incomplete usually develop trauma-related problems later on (Saari 2005, 115; James & Gilliland 2001, 4; Poijula 2002, 73; Hammarlund 2004, 112). Unresolved trauma will also come to surface with new traumas and makes the burden heavier each time (Palosaari 2007, 33; Saari 2005, 59-60; Schulman 2002, 173). The desired end result of the healing process is adaptation to the new situation. Then the memory of trauma is integrated to a person's life history in such a way that remembering it will not be accompanied with disturbingly strong negative emotions. (Saari 2005, 56-57; Poijula 2002, 74-75; Walter, Leißner, Jerg-Bretzke, Hrabal & Traue 2010.)

The victim's appraisal is important in determining how traumatic the situation will be for him or her. The type of trauma also contributes to the severity of the response. Man-made disasters or deliberate attacks may be more difficult to deal with than natural disasters or involuntary accidents. Whether the person knows the perpetrator, whether he or she is able to do anything to help himself or herself during the situation, and whether shame or cruelty are involved will all have an impact. How long the traumatic event endures and how the person is related to the situation matter as well. The person affected by trauma may be, for example, the direct victim of violence, the unintentional culprit for the accident that harmed others, a bystander, a relative of a victim or perpetrator, someone who barely escaped from being killed or a health professional treating victims. All of them face the trauma from their

own unique perspective and have unique issues to deal with. (Palosaari 2007, 32-36; Saari 2005, 29-34; Sharma 2006.)

Immediately after trauma a person enters into a psychological shock. Psychological shock is a state of mind that protects self from intolerable feelings and experiences that would otherwise flood a person's mind immediately after trauma. People in this phase often feel that "This can't be true, this can't be happening to me". All responses serve towards survival. There are usually no emotions or pain and mind has access to all relevant information and experiences gathered throughout the life. This helps the person act according to the situation. Sensory information is perceived and stored in a different way than usual. Some events are not perceived at all while others are remembered with great detail and accuracy. (Saari 2005, 36-41,44-45,114-115; Johnson 2004, 136; Halligan, Michael, Clark & Ehlers 2003; Palosaari 2007, 55.)

Psychological shock is the initial response to a shocking event and it gradually fades when the person recognizes the impact and meaning of what has happened. The situation starts to feel more real and the person starts to realize in a deeper way that what has happened, has indeed happened to and impacted him or her. For this shift to happen, the threat needs to be over and person needs to feel safe. (Johnson 2004, 135-136; Suomen psykologiliiton ja Suomen psykologisen seuran tieteellinen neuvottelukunta 2010.)

A traumatic event has an impact on a person's feelings and thoughts. Initially a person may feel anxious, irritable, fearful, numb or disconnected. His or her thoughts may be confused. He or she may have intrusive thoughts. The body is physiologically aroused. Trauma also often brings practical changes and challenges into the everyday life of a victim. Fire may burn the home and all the possessions of a victim. The rape victim may become pregnant. In the wake of trauma, a person may be temporarily or permanently unable to work. The person who is suddenly widowed faces a multitude of tasks in organizing a funeral and taking care of things that the person who passed away used to do. Depending on the type of trauma it has effects on relationships, behaviors, attitudes, dreams, hopes and beliefs. Life may never be the same again. (Williams & Poijula 2002, 3; Johnson 2004, 133-136.)

Trauma always includes some kind of loss. Possible losses may include, for example, a sense of wholeness or dignity, significant persons or relationships, a sense of security, values, view of self, way of life or future possibilities. Natural disasters, accidents or sudden illnesses may cause a loss of home, household, means of living, income, family members or one's own health. For those, who live without social security or savings, financial losses may be devastating. In some countries, rape for an unmarried woman may mean losing an opportunity

to marry. Basic assumptions about life and world may shatter, as well as hopes and dreams. (Walsh 2007; Poijula 2002, 73-75; Sharma 2006.)

Grieving losses is an important part of the recovery. Prigerson and Maciejewski (2008) describe grieving as follows: "Grieving seems to be emotional unrest and frustration in the situation wanting something one cannot have. Grieving person is emotionally unable to accept the loss of something precious and acceptance comes with letting go of efforts to regain what was lost." Letting go of what was lost and accepting the changes that trauma has brought into one's life are the essence of grief work.

4.2 Traumatization

A traumatic event is potentially traumatizing but experiencing one does not automatically mean that person will be traumatized. Those who can be called ´traumatized´ have abnormal posttraumatic symptoms and abnormal difficulties related to trauma. In their case, trauma has not been healed; it has not been processed successfully or integrated into self and personal history. The trauma may have been intolerably distressing or for some reason the person has not been able to process it. (Saari 2005, 115; Palosaari 2007,26, 102-105; Saraneva 2002, 53; Schulman 2002, 162; Van der Kolk & McFarlane 1996, 7.)

Dissociation is a concept often associated with traumatization. In dissociation some elements of trauma or the whole experience are dissociated (split of) from consciousness. Dissociation is a survival mechanism and a way to cope with an intolerable situation. Often painful feelings of trauma are dissociated from the experience while the experience itself is remembered. During psychological shock some level of dissociation is common. Immediately after a trauma event, the situation may feel unreal or surreal and the person can't really grasp the idea that the event is truly happening to him or her. This lack of self-reference and denial, if they continue, make processing of the event difficult or even impossible. Traumatic memories are not stored in the brain in a usual way, but initially as fragments of sensory perceptions, emotions and feeling-states. These are to be integrated and related to other trauma-related memories and eventually to autobiographical memory, but traumatized people often have difficulties with this process. Therefore the memories of trauma remain separated and fragmented, having only a few associations with other memories and sense of self. First the situation needs to be made personal and only then can processing become possible. (Saari 2005, 43, 115; Walter et al 2010; James & Gilliland 2001, 3; Halligan et al 2003; Schulman 2002, 172; Van der Kolk 1996, 296; Van der Kolk, Van der Halt & Marmar 1996, 306, 313; Lepo 2007; Williams & Poijula 2002, 71, 146.)

Fight or flight response is the usual response to threat. However, in extreme situations when neither of them seems possible, freezing happens. Freezing is associated with a feeling of total helplessness. The experience of being able to protect oneself and act in some ways during trauma helps in recovery. Many severely traumatized people have not been able to flee or fight. The freezing response may be a result of sympathetic and parasympathetic nervous systems activating simultaneously. (Ogden & Minton 2000; Saraneva 2002, 53; Poijula 2002, 71-72; Rothschild & Rand 2010, 99.)

Psychotherapeutic interventions like CBT (Cognitive Behavioral Therapy), EMDR (Eye Movement Desensitization and Reprocessing), Sensorymotoric Psychotherapy and other trauma therapies can be of help for traumatized individuals. (Suomen psykologiliiton ja Suomen psykologisen seuran tieteellinen neuvottelukunta 2010; Ponteva 2009; Palosaari 2007; Ogden & Minton 2000.)

4.3 Integration and Adaptation

Like a physical deep wound leaves a scar, so does significant trauma. Nothing can undo the trauma and take it away from the person's life history. What has happened has happened. Life after trauma has nevertheless opportunities for personal growth, new purpose, greater resilience and deeper compassion. A lot depends on the victim's motivation and willingness to go through the painful process of recovery. No one else can do it for him or her. Suffering, however, does not necessarily bring anything good to a person's life. Adjusting to losses and being able to continue life despite trauma is a good end result in itself. Facts cannot be changed but the outlook of life, thoughts and feelings associated to trauma and bodily reactions to the trauma reminders can be changed. When trauma has been integrated into self and personal life history, it becomes a restful and conscious part of the person. It is not preoccupying one's mind anymore and does not remind the person of its existence by intrusive thoughts or images. Remembering it will not trigger strong negative feelings anymore as the experience has been processed and worked through. (Palosaari 2007, 9-20; Poijula 2002, 74-76; Saari 2005, 56-57; Walsh 2007; Parappully, Rosenbaum, Van den Daele & Nzewi 2002.)

4.4 Process of Working Through Trauma

The process of working through trauma can be described as a recovery or healing process of a psychological wound. When a person emerges from the psychological shock and starts dealing with the trauma, he or she starts the process of working through it.

"The first step in dealing with trauma is to recognize its impact" (Williams & Poijula 2002, 3). Effects, losses and practical consequences gradually unfold as time passes. Coming to terms with trauma is helped by innate reactions and processing models that are automatically activated in traumatic situations and aimed at survival, maximal coping and adaptation (Saari 2005, 35).

Dealing with trauma means emotional and cognitive processing of the trauma and adapting to a new situation. It means that the trauma is confronted and faced and that the experience is integrated to a person's life history. Trauma is processed by talking, writing, drawing or expressing thoughts and feelings by other means. Lots of processing also happens silently in one's mind. Loss associated with trauma is processed by grieving. In the process of adapting to the new situation, the person will find new ways of coping and eventually a new balance. (Poijula 2002, 70-75; Williams & Poijula 2002, 14-15; Walsh 2007.)

4.4.1 Emotional Processing

During the psychological shock, emotions are not felt but when the shock fades, emotions take over. Emotional processing includes experiencing and expressing emotions. Even though feelings in this phase may be so strong and difficult, that one would rather avoid and flee from them, confronting and experiencing them helps successful recovery and integrating them into the overall trauma memory. One has to accept that trauma hurts and then allow it to hurt. Being able to feel feelings is a meaningful and important part of dealing with and working through trauma. (Hammarlund 2004, 37,102; Kiiltomäki & Muma 2007,18-19; Saari 2005, 47; Regehr & Sussman 2004.)

Ways of expressing and dealing with emotions are influenced by cultural norms and beliefs. In order to recognize, assess and understand another person's emotions, a person needs to know cultural idioms of distress (typical cultural style of experiencing distress), otherwise wrong assumptions and conclusions are made.

In expressing the emotions, cultures vary in how expression of emotions is controlled, in the presence of whom it is acceptable and in what ways emotions are conveyed. In the West "venting emotions" is usually seen as acceptable and helpful. In Japan however, "The traditional coping mechanism is not to express grief and anger, but to endure, tolerate and to move on, quietly supporting one another (Yamazaki, Minami, Sasaki & Sumi 2011). In Nepal a common way of expressing emotions is through somatic complaints. Anger can be expressed as a current-like sensation in the head, jealousy as an inflammation of the stomach and fear as a trembling in the legs (Tol, Jordans, Regmi & Sharma 2005).

4.4.2 Cognitive Processing

Cognitive processing goes hand in hand with emotional processing. Making a verbal narrative of the incident helps to process it (Murray & Segal 1994; Poijula 2002, 73). Going through the frightening and difficult memories by writing or talking, helps to process the experience and associated feelings. Remembering and confronting the memories of the trauma decreases the fear associated with them and allows the person to feel control over the experience and terror that was felt. (Williams & Poijula 2002, 14-15; Kiiltomäki & Muma 2007, 18.)

As senseless suffering is harder to cope with, people usually feel the need to find some meaning in their traumatic experience. People ask questions like "Why has this happened, why do bad things happen, are people evil, what does this mean?" Trauma is perceived and understood through a person's personal world view. Depending on to what extent the pre-trauma world view includes personal pain, suffering and loss, there may be a real clash between the perceived reality and existing world view. This can be a real struggle for some if the trauma has badly shaken their basic assumptions of the world and life. (Davis & Nolen-Hoeksema 2001; Regehr & Sussman 2004; Saari 2005, 22-23.)

Whatever is seen and believed to be a cause for the event, impacts on how person acts, and what kind of cure and help is sought. For example after the earthquake in Pakistan, people were asking forgiveness from Allah as they believed that the earthquake was a punishment for their sins (Suhail, Malik, Ahmad Mir, Salma Hasan, Sarwar & Tanveer 2009). Some other Muslims may think that adversity was sent by Allah to test the person's devotion and try to pass the test with their best ability (Afana, Pedersen, Rønsbo &Kirmayer 2010; van der Valk 2010). The reason for a traumatic event can also be seen as bad karma which is a result from the deeds done in previous life. Consequently, adversity is seen as a fair and deserved consequence. Other possible reasons might be spiritual events like cursing, spirit possessions, evil eye, soul loss or ancestors when specific rituals are needed. Evil and suffering can be seen as a result of the depravity of human kind. Traumatic events can also be seen from a non-religious perspective, focusing on natural explanations or concluding that no reasons exist and life is random. (Bagilishya 2000; Mkize 2003; Mercer, Ager & Ruwanpura 2005; Afana et al 2010; Kohrt & Hruschka 2010.)

4.4.3 Social Processing

In mass disasters and other traumas that affect the whole community, the community itself may be wounded and needs healing. Disaster may disrupt and damage social structure and networks. Elders and leaders may have died or fled, groups of people may have turned against each other and committed atrocities and the people may be displaced. Lack of social

structure adds to the uncertainty and confusion caused by trauma. The community needs to come together and people need to help each other. Structures needs to be re-organized and natural networks re-established. Meaning-making, finding hope and adjusting changes brought by trauma are done also as a community, not only as individuals. Ghosh and Murthy (2006) who write about communal traumas in Lebanon, emphasize that rebuilding community and rebuilding networks have great impact on personal mental health and recovery from trauma.

4.5 Resilience and Coping

When coping with trauma and adversity, people need good strategies that enable them to meet challenges and to adapt (Dyregrov, Plyhn & Dieserud, 79). Sachs et al (2008) present eight broad coping categories that are relevant across a variety of cultures: "distraction, situation redefinition, direct action, catharsis, acceptance, seeking social support, relaxation and religion". Some coping skills are problem-focused while others are emotion-focused. Problem-focused coping focuses on finding solutions to the problem. Emotion-focused coping is about coping with negative emotions. An example of emotion-focused coping mechanisms is acceptance. Accepting the situation as "God's will with restraint and understanding" is highly valued in Muslim contexts (Rubin & Yasien-Esmael 2004). This is shown by restraining the expression of emotions. In one research done for Thai elders, it was found that they valued highly a calm and peaceful mind and by the help of their Buddhist beliefs accepted life as it comes (Ingersoll-Dayton, Saengtienchai, Kespichayawattana, Aungsuroch 2001). (Smith, Nolen-Hoeksema, Fredrickson & Loftus 2003, 515-518; Sachs, Rosenfeld, Lhewa, Rasmussen & Keller 2008.)

Research shows that in many cultures religious coping methods like prayer, faith, reciting mantras and participating in religious rituals and ceremonies are considered important (Putman, Lea & Eriksson 2011; Taylor 2001; Mercer et al 2005; van de Put & Eisenbruch 2004; van der Valk 2010; Rajkumar, Premkumar & Tharyan 2008; Schweitzer, Greenslade & Kagee 2007; Khawaja, White, Schweitzer & Greenslade 2008; Bleich, Gelkopf & Solomon 2003; Sachs et al 2008; Crescenzi, Ketzer, Van Ommeren, Phuntsok, Komproe & De Jong 2002; Suhail et al 2009). Social support seems to be important in all cultures (Rajkumar et al 2008; Schweitzer et al 2007; Bleich et al 2003; Saari 2005, 58-59). Examples of other non-religious coping methods are humor, cognitive reframing, distraction, thought suppression, focusing on the future, relying on inner resources, physical activity, relaxation and the use of tranquilizers or alcohol (Bleich et al 2003; Khawaja et al 2008; Nordanger 2007; Stenius & Veysey 2005).

People vary in their abilities to cope and to process. Their overall situation and resources at the time of trauma matter, as well as their available support system. Personal history, previous traumas, personality and level self-esteem also play a role. The person who has

learned in his or her childhood and youth how to face up to losses, difficulties and frustrations and how to deal with them, is better equipped to deal with traumas in his adulthood. Prior mental preparation to the possible traumatic situation also affects coping and response. Having variety of coping skills and wide social networks are helpful. On the contrary, if person has unresolved traumas in his past, mental health problems, other significant stressors or illnesses at the time of trauma and recovery, these all present further challenges for coping. (Johnson 2004, 133, 137; Suomen psykologiliiton ja Suomen psykologisen seuran tieteellinen neuvottelukunta 2010; Saari 2005, 57-58; van der Kolk, van der Hart & Marmar 1996, 304; Sosiaali- ja terveysministeriö 2009, 12; Schaefer, Blazer, Carr, Connor, Burchett, Schaefer & Davidson 2007.)

Many people seem to endure hardships and potentially traumatic events remarkably well (Sachs et al 2008; Bagley 2003; Bonanno 2005). Two terms that can be used in describing people who endure and recover well are resilience and hardiness. Resilient people are able to maintain healthy functioning and move on with their lives in spite of trauma and hardship.

Grosshauser (2008a) defines resilience as "an expression of our stress tolerance in terms of our physical, emotional and spiritual condition". According to Grosshauser (2008b), resilience has five dimensions: Cognitive, social, emotional, spiritual or philosophical and physical domains. Cognitive dimension is characterized by self-acceptance, self-worth, general optimism and positive outlook toward other people. Social integration and involvement in social networks belong to social dimension. Emotional dimension is about the ability to express and accept a range of emotions. Spiritual or philosophical dimension means that a person's actions are guided by stable and consistent, internal values derived from religion, familial or cultural tradition or personal philosophy. Physical domain is about engaging healthy behaviors that promote physical wellbeing. (Bonanno 2004; Dyregrov et al 2010, 77-78.)

According to Bonanno (2004), hardiness means "being committed to finding meaningful purpose in life, the belief that one can influence one's surroundings and the outcome of events, and the belief that one can learn and grow from both positive and negative life experiences". A hardy personality helps in coping with life's difficulties (Beasley, Thompson & Davidson 2003).

5 Psychosocial Support

The person, family or community that has faced trauma will find support and strength from different sources: inner personal resources, family, friends, community, traditional healers, elders and religious leaders, God or Higher Power, health service providers, nature, music,

rituals, ceremonies etc. Social support is often mentioned as one of the most important coping skills. Friends, family and social networks are necessary as very few or none will recover in isolation. Trauma survivors often value informal support more than professional help. (Saari 2005, 58-59; Kato, Uchida & Mimura 2012; Rajkumar et al 2008; Kumpulainen 2006, 22, 29; Haravuori, Suomalainen, Turunen, Berg, Murtonen & Marttunen 2012, 30.)

Crisis workers and mental health practitioners have sought ways to support people after trauma using their professional skills and knowledge. Professional psychosocial support is aimed at fostering coping and preventing trauma-related problems. The content of support is important, but the way and attitude in which it is given is of crucial importance as well (Stenius & Veysey 2005). The goal is that the person would be able to face the trauma and associated feelings and reality as they are, integrate them into his or her life history and the look at the future with a sense of trust and hope. (Hammarlund 2004, 36, 65; Poijula 2002, 90; Panyayong & Pengjuntr 2006; Suomen psykologiliiton ja Suomen psykologisen seuran tieteellinen neuvottelukunta 2010.)

People vary in their needs for support. Support has to be based on the victim's needs. Content, amount, timing and the method all need to be considered. At all times support is to be culturally sensitive and offered without pressuring or forcing. It is important that the victim is able to maintain his dignity, self-respect and autonomy at the time of need and that these are not undermined by the helper. A good helper fosters realistic hope and trusts in the abilities and resilience of the victim, discouraging dependency. (Stamm & Friedman 2000; Mercer et al 2005; Kiiltomäki & Muma 2007,15; Männikkö 2009; Suomen psykologiliiton ja Suomen psykologisen seuran tieteellinen neuvottelukunta 2010; Poijula 2004, 73; Hammarlund 2004, 67,89; Stenius & Veysey 2005; Snider, Chelil & Walker 2012; Suomen psykologiliiton ja Suomen psykologisen seuran tieteellinen neuvottelukunta 2010.)

Practical challenges and needs caused by trauma are to be addressed as well. In mass disasters and conflict situations like war settings, this is especially true. Practical issues can be a real issue in personal traumas as well – this depends on the trauma. Miller and Rasmussen (2010) in their article highlight the effect of daily stressors on mental health in conflict and post-conflict settings and suggest that these should be addressed first before other interventions. (Bourassa 2009; Rajkumar et al 2008.)

5.1 Psychological First Aid

Support during psychological shock is called psychological first aid. It differs from the help given later, as at this stage the trauma victim is not yet ready to process what has happened. Support can be shown by accepting the person as he or she is and being available and present

in a peaceful, calm and non-intrusive manner. Compassionate verbal and non-verbal communication can convey the message that the survivor's reactions or the lack of, need for silence or talking, and the way he or she is and thinks, are accepted as they are, without criticism or pressure. Active listening and containing survivor's emotions are more helpful than comments, advice or empty words of comfort. Talking about normal little things and how to get back to a normal daily routine can bring the sense of control, normalcy and connectedness. Decreasing physiological arousal, providing comfort and helping the person to feel calm can bring some relief and a sense of security. (Snider et al 2012; Poijula 2004; Suomen psykologiliiton ja Suomen psykologisen seuran tieteellinen neuvottelukunta 2010; Männikkö 2009; Ponteva 2009; Suomen Lääkäriseura Duodecim 2012; Sosiaali- ja terveysministeriö 2009; Gray, Maguen & Litz 2004; Te Brake, Dückers, De Vries, Van Duin, Rooze & Spreeuwenberg 2009; Echeburúa 2010.)

Protecting the survivor from further harm, tending immediate injuries and providing safety are naturally necessary. Listening, assessing and addressing needs and concerns, is a way of helping practically and helps the survivor to feel that he orshe is heard and understood. Connecting with family or friends and giving basic information about the situation are central. Practical advice of how people can help themselves and connecting them with social support and official help may be needed. Information about reactions, how to reach help later and what kind of help is available should be given in writing. (Saari 2005, 110-112; Htay 2006; Kiiltomäki & Muma 2007, 16-18; Johnson 2004, 133-134; Hammarlund 2004, 62, 117; Snider et al 2012; Suomen psykologiliiton ja Suomen psykologisen seuran tieteellinen neuvottelukunta 2010; Palosaari 2007, 91-99; Poijula 2004; Männikkö 2009; Ponteva 2009; Suomen Lääkäriseura Duodecim 2012; Sosiaali- ja terveysministeriö 2009; Gray et al 2004; Te Broke et al 2009; Echeburúa 2010.)

5.2 Mass Disasters and Community-Based Interventions

Community-based interventions are especially useful in mass disasters and other occasions when the whole community has been affected. Collective trauma needs collective interventions even though some individuals may need individual interventions as well. Community-based interventions are best done and planned by the people affected but crisis workers can initiate and help facilitate them. Interventions include organized communal activities like drama, singing, sports, vocational training and organized peer groups or self-help groups in which people can share their experiences, give and receive mutual support, discuss trauma, receive psychoeducation and problem-solve and brainstorm ideas for particular concerns and issues. In mass disasters, leaders and key people may have died or fled shaking the social structure. Those who are left need to resume their role and remaining gaps need to be filled. Strengthening social networks by which people give and receive

support from each other is important. Communal ceremonies, rituals and memorials help the grieving process and moving on with the recovery process. (De Jong & Kleber 2007; Aarts 2010, 24-30; Herrman 2012; Ghosh and Murthy 2006; IASC 2007.)

5.3 Practical Help

Practical help is a recognized part of psychosocial support. Attending to the basic needs of food, shelter, finances, security, medical help and such are important. Mental health is not an isolated part of the person but connected with social and physical aspects and affected by those. These interventions are often not implemented by mental health practitioners but by other personnel. The holistic approach of psychosocial support and the need for different groups of professionals to work with each other towards the common goal of well-being and recovery is beneficial. The way and attitude of how practical help is given can help or hinder other efforts to promote mental health. (Bourassa 2009.)

5.4 Trauma-Focused Interventions

When the psychological shock fades, the person moves to a processing phase and starts to deal with the situation. Emotionally supportive relationships, empathy and listening are still needed when the person processes what has happened, what trauma means to him or her and how to go on with life after trauma. In some cultures, the expression of strong emotions and recounting traumatic memory in detail to others is not natural and can feel intrusive and inappropriate. (Te Broke et al 2009; Kim 2011.)

It is a challenging and demanding task for a professional to be able to recognize the small steps of proceeding with trauma process in vivo and to assess what the particular trauma victim needs, how able he is to process trauma and what kind of support is most helpful at a certain moment. The task is even greater when trauma has affected many people and professional intervention targets the whole group. Good skills and training are naturally needed so that formal interventions will be effective and felt suitable and helpful by participants. (Suomen psykologiliiton ja Suomen psykologisen seuran tieteellinen neuvottelukunta 2010; Palosaari 2007, 102-104.)

A lot of research has been done about PTSD, its prevention and treatment. It seems clear that a single session debriefing is not helpful in reducing the prevalence of PTSD. In many researches, EMDR and trauma-focused cognitive behavioral techniques have proved to be effective and promising interventions (Bomyea & Lang 2012; Agorastos, Marmar & Otte 2011; Foa, Zoellner & Feeny 2006; Nickerson, Bryant, Silove & Steel 2011; Nijdam, Gersons, Reitsma, De Jongh & Olff 2012; Roberts, Kitchiner, Kenardy & Bisson 2009; Seidler & Wagner

2006; Shalev, Ankri, Israeli-Shalev, Peleg, Adessky & Freedman 2012). These researches focused solely on PTSD and do not therefore give a full and comprehensive picture of all psychosocial support in different situations. They do, however, give valid information of how to help those few who are traumatized and need specific help. Foa et al (2006) in their research found that after 9 months, the outcome of trauma-focused CBT and supportive counseling were generally similar. Bomyea and Lang (2012) presented an overview of different approaches of treating PTSD. Even though trauma-focused CBT and EMDR seemed most effective, they mention that other approaches may well be needed and effective for some groups of people. (Agorastos et al 2011; Henriksson & Laukkala 2010; Watson & Shalev 2005; Ponteva 2009; Te Brake et al 2009.)

In this chapter, the following trauma-focused interventions will be introduced: psychoeducation, debriefing-type intervention used in Finland, trauma-focused CBT, EMDR and professionally led peer groups. Witteveen et al (2012) researched post-disaster psychological services in Europe. In their data they had answers from 286 representatives of organizations delivering care in 33 countries. They found out that in northern Europe (Scandinavian countries) psychological debriefing was used more than in other parts of Europe. EMDR was widely used in West and Northern Europe. In Eastern Europe psychodynamic interventions were used a lot, but cognitive behavioral techniques apart from psychoeducation were used less than in other parts of Europe. (Witteveen, Bisson, Adjukovic, Arnberg, Johannesson, Bolding, Elklit, Jehel, Johansen, Lis-Turlejska, Nordanger, Orengo-García, Polak, Punamäki, Schnyer, Wittmann & Olff 2012.)

Psycho-education is used widely with different interventions. It can be given to an individual, group or widely to the public. It varies from giving general information to the public to specific tailor-made information to the distressed individual. Giving information about trauma reactions, what to expect and about self-care is beneficial. It can normalize reactions, reduce fear, help cognitive process and bring some sense to the chaotic experience. The survivor is also encouraged to use positive coping strategies and to find new ones. (Kiiltomäki & Muma 2007,18-19; Hammarlund 2004, 64, 109-112; Aarts 2010, 24-30.)

Finnish crisis intervention (psykologinen läpikäynti) soon after trauma has a structure and main components of debriefing but does not include the main factors, for which debriefing has been criticized. It is not a single session intervention and the number of meetings depends on the needs of a group. It takes into consideration needs, abilities and the willingness of each group member and does not pressure or force people to talk or to process. It is conducted by professionals who are able to lead the group flexibly and professionally. If the intervention is not well planned and conducted, it could be harmful. Intervention is aimed at offering an opportunity to go through the situation and associated thoughts and

feelings in order to support the natural processing of the event. Psycho-education is also included. It is based on a theory of the stages of trauma done by a Swedish psychiatrist Johan Cullberg. The idea is to conduct this intervention when trauma survivors have passed the psychological shock phase and have started to deal with emotions and thoughts. After three days processing of trauma changes slightly and defense mechanisms are activated, so ideally intervention would happen before that. Sharing the experience with others can bring a more realistic and less fragmented picture of what has happened as the stories of others can fill the gaps the person might have. Hearing similar experiences from others fosters the feelings of normalcy and strengthens social support. For this intervention to succeed well, members in a group need to have enough common factors, for example being direct victims, family members or rescue workers in a particular accident. (Suomen psykologiliiton ja Suomen psykologisen seuran tieteellinen neuvottelukunta 2010; Palosaari 2007, 100-105; Ponteva 2009.)

Trauma-focused cognitive behavioral techniques include psychoeducation, exposure techniques, cognitive restructuring and often some homework. A trauma victim may have started avoiding situations and other stimuli that remind him or her of trauma and trigger fear. In exposure techniques, the victim will face traumatic memories and cues that trigger fear. It can be recounting the traumatic experience in detail (imaginal exposure) or approaching feared situations (in vivo exposure). The aim in this is, that during multiple sessions the trauma victim may gradually learn, that those feared situations, thoughts and trauma cues are not actually dangerous or signs of threat. Cognitive restructuring means correcting distorted thoughts and memories. Distortions may be for example about the person's coping abilities or about the dangerousness of the world. Other components may include teaching relaxation techniques and cognitive coping skills. Intervention is implemented through multiple sessions. (Agorastos et al 2011; Foa et al 2006; Nickerson et al 2011; Nijdam et al 2012; Gray et al 2004; Harvey, Bryant & Tarrier 2003; Echeburúa 2010.)

EMDR (Eye movement desensitization and reprocessing) is a technique that has proved effective in processing trauma memories and reducing symptoms. One example of using this technique is that the person first identifies what is the most distressing image of the trauma memory and related emotions and thoughts. Then person is asked to think about it while following with his or her eyes the therapist's finger moving back and forth in front of his eyes for 15-20 seconds at time. Then he or she can share his associations and changes in image, emotions and thoughts, take a deep breath and let the memory go. This is repeated until his or her distress level is low and then the positive cognition that has been chosen in the beginning of a session will be introduced to the target image. Intervention can be repeated to other distressing images related to trauma as needed. (Echeburúa 2010; Nijdam et al 2012.)

Peer groups can be led by a mental health professional or someone with another kind of training, for example a pastor or deacon. In peer groups trauma survivors share similar experiences so it may be easy to feel normal and talk about feelings and thoughts that are seldom shared with other people. Mutual deep understanding, giving and receiving support and getting ideas and input from other group members empower and bring hope. Examples of peer groups are bereavement groups that target specific group of people like those who have lost a family member through a suicide or tsunami. In Finland, after 2004 tsunami in Thailand, professionally led peer groups for survivors were organized and run for 2 years. They were very well received and results were promising. (Dyregrov, Straume & Saari 2009). (Dyregrov et al 2010; Narumo 2010; Palosaari 2007, 107-114; Saari & Palonen 2009.)

5.5 Multimodal Interventions

Multimodal interventions are psychological interventions that are not specifically trauma-focused but utilize different techniques, frameworks and approaches. Traditional healers and religious support will also be introduced in this chapter. Multimodal techniques can be applied in accordance to the needs of the distressed person and the training of the helper. These interventions do not necessary need such a long training as trauma-focused interventions. Interventions can be pure emotional support and active listening, different types of counseling, strengthening resilience and coping or teaching skills like relaxation or problem solving. (Nickerson et al 2011; Bomyea & Lang 2012.)

Use of traditional healers, traditional healing methods and religious support depend on the cultural context and the needs and preference of the victim. Some traditional healing methods can be such that they violate basic human rights or cause actual harm and in which case they naturally should not be used or recommended. If the helper truly tries to enter into the trauma victim's life and world, it will become clearer how the person's personal world view is constructed. What suffering means to him or her and in what ways he or she tries to make sense and find peace are important for his or her recovery and continuing life. For some people traditional or religious interventions can complement other interventions and enhance overall well-being and recovery. In some cultures going through a specific purifying ritual may be needed so that others would accept the trauma victim back into their midst. (Aarts 2010, 24-30; IASC 2007; Tol et al 2005.)

6 Crisis Interventions in Different Cultures

Cross-cultural means crossing cultural borders. In cross-cultural interventions, the helper and the one being helped are from different cultures. In these situations cultural sensitivity and cultural knowledge are of utmost importance. Knowing enough about the other culture can

decrease misunderstandings and wrong assumptions. The helper should also be aware of his own cultural background, biases, world view and basic assumptions about life and health. Both humility to respect the other and appropriate confidence in one's own competence are needed. Tol & al (2005) in their article about a counseling center for torture survivors in Nepal have given considerable thought and effort to offer help that is both effective and acceptable in the Nepalese context. They acknowledge the potential and worth of traditional methods and the advances and training of their Western background and say that they aim "to achieve an intervention that is maximally helpful instead of maximally Nepali". More often however, the problem has been that Western helpers have behaved as experts who do not need to partner and co-operate with local professionals as colleagues. (Aarts 2010, 24-30; Tol et al 2005; Bourassa 2005; Ganesan 2006; Rajkumar et al 2008.)

Crisis interventions in low- and middle income countries differ from interventions implemented in more affluent countries. In low-income countries, local trained professionals may be scarce or do not even exist. Some of these countries suffer from genocides, ongoing armed conflicts or recurrent natural disasters that affect huge populations and shake the whole society. The existing health care system may not be able to handle the vast needs in crisis situations so international humanitarian aid organizations and expatriate professionals participate in delivering help to trauma survivors. Language and cultural differences complicate direct aid delivery and most programs include training locals as part of the package to address these obstacles and to make services sustainable and widely available for the public. Comprehensive and extensive training is possible only through long-term commitment. In the acute relief work, training courses may be as short as 3 to 10 days and naturally the expertise of these trained helpers is rather superficial and skills may be weak. (Bourassa 2009; Becker 2006; Becker 2009; Ganesan 2006; Rajkumar et al 2008.)

In Western practice of trauma recovery people rely a lot on verbal expressions. This however, can be "out of synchrony with cultural norms or traditional healing practices" in some cultures (Wilson 2006). For some groups of people, talk therapy can be a completely alien idea and forgetting is a normal and common cultural way of coping. For example, for refugees, going through all memories thoroughly can be intolerably distressing and easily re-traumatizing. Therefore it should not be assumed that going through the experience verbally is necessary and needed in every situation. (Burnett & Peel 2001; Summerfield 2001; Kim 2011) Van de Put and Eisenbruch (2004) write about group session experiences in Cambodia where sharing thoughts in a group was traditionally not used: "Discussion of trauma was avoided partly because of the strict hierarchical organization of society which impedes free talk with those who are in a superior or lesser position and partly because the culture had never explored the therapeutic effect of talking to people who share your dilemmas and pain. This was totally new experience for participants. Cambodian villagers --- did not generally

indulge in in-depth discussion of emotional problems." However, these group sessions were eventually valued and sharing with others was considered very helpful by participants.

In the December 2005 tsunami in South East Asia many countries in the area were affected. In South India the "Train the trainer" community-based mental health program was launched. This project was implemented by mental health teams from the National Institute of Mental Health and Neurosciences. In a 3 day course they trained trainers who then went to the villages and trained community level workers. Community workers organized and facilitated support groups in their villages. In these peer groups relaxation techniques were taught, emotions shared and normalized, and groups also participated different activities in the community. Survivors were encouraged to practice their spirituals rituals. In the groups survivors discussed cultural proverbs and metaphors that were applicable to their situation. (Becker 2006; Becker 2009.)

The humanitarian organization Médecins Sans Frontières (MSF) has worked at camps for refugees and internally displaced people in Sierra Leone and Uganda. Their emergency conflict-related psychosocial interventions included psychological and social interventions. Psychological interventions consisted of psychiatric support, supportive counseling to individuals and groups, training national staff and advocacy. The social package included practical support, community education about psychosocial and mental health problems, community mobilization like reviving community structures, community activities and speaking out against human rights abuses. Counseling was based on cognitive behavioral techniques. Its aims were emotional support, improving coping skills, teaching problem-solving skills, complaint reduction and increased self-control. Spiritual leaders and traditional healers were used as advisors and referral options as appropriate and needed. (De Jong & Kleber 2007.)

Cambodia has suffered genocide and civil war. A program was started to enable people and communities to recover after traumatic experiences. After extensive preliminary work and research, interventions were developed. They were planned to complement structures and traditional healing methods that existed already and provided help for people. Locals were trained in basic counseling skills and psycho-education techniques for 2 years. Trained locals implemented interventions in their villages and facilitated self-help groups. There was a great relief in sharing similar problems and consequences. Self-help groups succeeded so well that new groups started to emerge. (Van de Put & Eisenbruch 2004.)

7 Research Methodology

7.1 Research Questions

Research questions of this research were:

1. How do helpers in different cultures describe psychosocial support after traumatic experience?
2. What kinds of support and interventions are considered helpful and effective from professional helpers' perspective?

The purpose of the research was to describe psychosocial support after a traumatic incident in different cultures. These descriptions were thought to be helpful for mental health workers, who treat clients from different cultural backgrounds or are preparing themselves for cross-cultural work.

"Whether aware of it or not, all researchers start their project with a certain set of values and ideas about –-- reality and the ways it can be known, which guides their question-asking and research design process." say Hesse-Biber and Leavy (2011, 36). Having worked cross-culturally for many years as a Western aid worker in Asia, I have become interested in trauma, and how to offer culturally sensitive mental health care. Much of the research and materials used in this thesis are done by Westerners in Western settings. This thesis is therefore greatly influenced by Euro-American culture and its view of the world and view of self. However, serious effort has been made to include a variety of perspectives and approaches from different cultures.

My theoretical approach is close to the interpretive approach, which focuses on subjective experience and understanding meanings. As researchers from this tradition, I consider experiences and perspectives as valuable sources of knowledge (Hesse-Biber & Leavy 2011, 15-17). The underlying assumption behind this project is that helpers' work experience in different cultures is a source of the knowledge of effective psychosocial support, and that helpers are able to convey some of that knowledge by expressing their opinions, experiences and thoughts.

The literature review reinforced my earlier assumptions that the culture of the client affects to a certain degree his or her trauma experience and ways of dealing with it. It was also assumed that interventions which have been developed and tested in Western settings need to be adapted at times, when used with clients from different cultural backgrounds. Another assumption made was that culture and its impact could somehow be seen in the perspectives and experiences of research participants.

7.2 Research Method

Purpose, method and philosophical standpoint are closely linked and a good fit between them is needed for valid research (Hesse-Biber & Leavy 2011, 5-6). Qualitative approach is usually used, when the aim of the research is to describe aspects and phenomena, understand subjective meanings, to interpret and to explore the topic and allow multiplicity of findings to emerge. (Eskola & Suoranta 1998, 13-16, 61; Hesse-Biber & Leavy 2011, 9-10, 33-45; Tuomi & Sarajärvi 2002, 87-88.) As the purpose of this research is to describe, qualitative method was chosen.

It would have been impossible in the scope of this research to interview trauma victims in different cultures due to logistical challenges, financial constraints and culture and language barriers. Therefore respondents for the research were decided to be helpers. Data collection was easier as they are already familiar with the English language and the concepts relevant to this topic. Oral interviews are one good method for data collection in qualitative researches. It would have been a good method to gain relevant data for the research questions of this study. However, as respondents were scattered in different countries, oral interviews were seen as impractical and difficult to conduct. Therefore a questionnaire sent by email was chosen as a data collection method. Oral interviews would have given more in-depth information and more insight to the interplay between trauma and culture. Conducting some additional interviews was considered when it became evident that the number of responses would be relatively low. It would have added value and depth to research, but could not be done due to lack of time and resources.

Preparing a questionnaire that could be sent by email was thought to be a practical and possible option for reaching a number of respondents in different countries. As the goal was to provide rich and detailed description with several points of view, the sample was hoped to be a heterogenic group with different experiences and perspectives. Compared to quantitative research, samples in qualitative research are usually smaller. Qualitative research does not require a randomized sample, but it is important that respondents would know a lot about the research topic or would have personal experience. Hesse-Biber and Leavy (2011) mention that “Very often researchers find the selection of the informants boils down to who is available, has some specialized knowledge and is willing to participate”. Professionals who participate in crisis work in different countries cannot be easily located so snow-ball sampling was adopted and eventually all available, knowledgeable and willing informants were accepted. (Eskola & Suoranta 1998, 18, 61; Tuomi & Sarajärvi 2002, 87-88; Hesse-Biber & Leavy 2011, 47.)

The questionnaire (appendix 1) was prepared in Finnish and in English. It was thought that a questionnaire received by email containing only open-ended questions could easily remain unanswered by a potential respondent. To make it "easier" to start filling it in and to provide complementary information about the research topic, quantitative questions were added to the open-ended questions. Holstein and Gubrium (2007, 267-270) highlight the importance of context in the process of understanding and interpreting. To gain more information about the cultural context of the respondents, section of quantitative questions about the culture was included in the questionnaire. Respondents were also asked to assess the effectiveness of particular interventions by responding to quantitative questions. The main focus in analysis, nevertheless, was in data collected through open-ended questions.

The questionnaire consisted of a demographic section, a section of helping in major disasters and a section of helping individuals and groups in a particular culture. For the section of helping individuals and groups, respondents were asked to choose one people group with whom they had worked. In open-ended questions respondents were invited to share a real life example and thoughts about how psychosocial support could be developed and improved among the chosen people group. The questionnaire included a letter of information about the author, research and its goals. Individuals were assured about confidentiality and informed that by responding they would give permission that their personal responses would be used in this research. The questionnaire was tested by 2 volunteers and minor changes were made as a result. (Hirsjärvi, Remes & Sajavaara, 2007, 119-161.)

7.3 Data Collection and Analysis

Snow-ball sampling was used. To recruit participants for this research, questionnaires were sent to 49 professionals who were known by the author or the supervisor to have worked with people who have faced traumatic incidents. Selection was made so that different cultures and professions would be represented. Each participant was requested to recommend other professionals in this field of work, who could also participate. Twenty (20) questionnaires were sent to professionals recommended by respondents. Data was gathered between 2nd November 2012 and 21st December 2012. The total number of responses were 28, but 2 of them were discarded because of misunderstandings about their permission to participate.

Respondents (*n* = 26) were from Finland, United States of America, Germany, Switzerland, Afghanistan, Russia, United Kingdom and New Zealand. Six respondents worked among their own people group and 20 were working cross-culturally. Respondents had helped people in or from South East Asia, Russia and Post-Soviet Union area, West Africa, Middle Africa, Middle East region, North Africa, Europe, North America and Australia. Some had worked with

refugees or immigrants. Table 1 shows the main demographic characteristics of the respondents.

Table 1:Demographic Characteristics of Respondents

Gender		
	Male	6
	Female	20
Age		
	18-29 years	1
	30-39 years	4
	40-49 years	5
	50-59 years	11
	60 years or more	5
Training		
	PhD in psychology	1
	Psychologist / Master's degree in Counseling	6
	Psychotherapists	4
	Psychiatrist	1
	Medical doctor	3
	Master's degree in Public Health	1
	Master's degree in Theology	4
	Bachelor in Nursing	3
	Bachelor in Social Services	3
Type of work		
	Clinical work	19
	Teaching / training	10
	Pastoral work	2
	Administrative	5
	Consultancy	2
Work experience among chosen people group		
	1-3 years	5
	4-10 years	9
	More than10 years	12

Analysis of the quantitative data was done first. Frequencies of descriptive variables were calculated by Statistical Package for Social Sciences (SPSS). Analysis consisted of only frequencies and mean values. Questions about the effectiveness of interventions were not planned in a way that the respondent could have been able to distinguish between gender, age group, type of trauma or time elapsed since the trauma. Some respondents commented on that and a few clearly had difficulties of choosing one option to describe their opinion. The number of responses was relatively low. The percentage of respondents choosing option "no opinion" was 4-62 % depending on the question. It was therefore eventually decided that the results were too random and could not give valuable information about the research topic and were discarded. Demographic data and cultural data, however, are presented in this report as they gave information about respondents and their opinions about the culture in

which they were working. Cultural data was not considered as statistically relevant and cannot be generalized to give a description of a certain culture.

Responses were categorized into cultural groups by the background culture of the trauma victim being helped. Groups became rather wide but this was necessary to protect the anonymity of the respondents as there were so few of them. Cultural groups were South East Asia, Russia and Post-Soviet Union Area, Middle East, West Africa and Western Countries. Each of these groups consisted of 3-13 respondents. Cultural groups having less than 3 responses were omitted from cultural data calculations.

Content analysis was chosen for analysis method for open-ended questions. Through it, psychosocial support in different cultures could be described. Meanings, intentions, consequences and context could all be part of description. Data analysis was done using the inductive approach. (Latvala & Vanhanen-Nuutinen 2003, 21-25.)

For the content analysis for open-ended questions, all data was read through several times. Responses viewed psychosocial support from three different angles: what respondents considered helpful and effective in major disasters, how they would like to develop psychosocial support among the people group they had chosen and one example described from real life. This data consisted of 10 pages (Times New Roman, Font 12). It was read and re-read several times, thoughtfully and thoroughly. It was re-read again and again throughout the process. Consideration was given to the context in which they were written: culture and how respondent had described it, work setting, type of trauma if mentioned and so on. Questions were made for the data: What does this tell about psychosocial support in that context? What does this quote tell about culture, context and how they are linked to psychosocial care? What is considered effective and helpful? Is there a negative effect of intervention mentioned? What does this action take for granted? What seems to be important and worth mentioning according to the respondent? What problems and challenges were encountered? How they were solved? Notes were made during this process. (Hesse-Biber and Leavy 2011, 305-307; Tuomi & Sarajärvi 2002, 102.)

Meaningful segments of the text were chosen as basic units of data. Segments that provided relevant information for research questions were extracted. Then segments were given initial codes. Similar codes were grouped, codes were clarified and coding was re-done as necessary. Some segments of text contained more than one code. Themes, patterns, similarities and differences were sought. This process of sorting out data was done until codes and categories made out of them were clear, consistent and made sense. The goal was to gain understanding and insight and to describe data in detail. (Hesse-Biber and Leavy 2011, 309-314; Latvala & Vanhanen-Nuutinen 2003, 25-29.

Table 2: Example of Coding

Quote	Code	Category
helping to find peer support groups	strengthening social support	strengthening coping
Then educating those family members as well about PTSD and on how to support practically and emotionally the young traumatized man	strengthening social support educating (category: psychoeducation)	strengthening coping
thinking about ways to cope	strengthening personal resilience	strengthening coping
Practical help as we gave blankets, food, heating supplies	meeting practical needs	strengthening coping
enough cash to go and see a doctor	meeting practical needs	strengthening coping
She was given safe housing	meeting practical needs	strengthening coping
she was in a "fog" of sorts for weeks. She was tempted to make some very unwise decisions so it was critical to have me and some other close friends available to help her evaluate choices	meeting practical needs	strengthening coping
Information about crisis services to the community so that everyone who needs it could get help – so that people could seek and ask for help	raising public awareness	psychoeducation
Make more positive psycho-educational material for communities available (e.g. radio-programs, TV-broadcasts, pictures, stories)	raising public awareness educating	psychoeducation
Most of my clients have needed a lot of information about typical feelings and reactions – there are myriad of myths! – "normalizing" the situation (you are not the only one, you are not crazy, this is not a sign of…)	education	psychoeducation
By training and teaching other nurses, midwives, community health supervisors, family members and clients. So that they would have knowledge and how they can help	education	psychoeducation
I don't think that the actual form of intervention is important – as long as the atmosphere I described can be created	creating safe opportunity to share	Facilitating processing of trauma
without anyone she could share her situation with. Crucial help for her was to cry and share her pain	creating safe opportunity to share	Facilitating processing of trauma
Listening and clarifying – what this particular person has experienced	listening	Facilitating processing of trauma
Excellent for this purpose have been thematic therapy groups	helping to process trauma	Facilitating processing of trauma
I would like to highlight the effectiveness of long psychotherapy	helping to process trauma	Facilitating processing of trauma

a day long "true of false" –discussion when she gradually started to see her situation from a different perspective and to understand her despair and confusion; she found hope	helping to process trauma	Facilitating processing of trauma

More responses, more respondents and more elaborated responses to open-ended questions would have provided fuller and more detailed codes and categories. If there were more data, there would have been stronger basis for interpretation and reliability of coding.

As data was gathered through email instead of interview, it was not checked that the opinions and experiences presented by respondents were fully and correctly understood by the author. Respondents did not have an opportunity to read the report before publishing and to correct possible mistakes. English language was not a native language of the author, or some respondents, so some information might have been lost in communication. Some quotes used in findings-section needed translation from Finnish to English and it was done by the author. It is not mentioned when quoting in order to protect respondents' anonymity. Translation was done to convey the meaning of the text as fully as possible but translation can never be as good as the original and the reader cannot check the original version and how the author understood it. Few responses to the open-ended questions were very short and the possibility of misunderstanding in those cases was greater. Cross-cultural experience and prior knowledge of some contexts helped greatly in the understanding and interpretation process. Possibility of misunderstanding still remains. Oral interviewing of respondents would have clarified, deepened and enriched the data.

7.4 Ethical Considerations

All respondents had voluntarily chosen to participate in this research. Their responses, personal contact details and emails were held only by the author and others had no access to them. Once the analysis phase was completed, all data and emails were destroyed appropriately. Data was not used for any other purposes and it was reported honestly and openly. Confidentiality and anonymity were ensured throughout the process. Throughout the process, everything possible was done to avoid offending any individuals or cultural groups. Different cultural viewpoints were respected and non-judgmental attitudes fostered. (Mäkinen 2006, 79-92; Hirsjärvi et al 2007, 25-28; Latvala & Vanhanen-Nuutinen 2003, 39-45; Eskola & Suoranta 1998, 52-60.)

When stories of survivors were quoted, explicit references to their countries were omitted and a few insignificant changes were made. This inevitably makes it more difficult for the reader to see the links between the culture, care and the logic of author, but it was

considered necessary to protect the anonymity of both the respondent and the trauma survivor. Cultural groups were made relatively large for the same reason.

8 Findings

8.1 Context

In order to help the reader put findings into a context and to evaluate their validity and usefulness for themselves, the context is shortly described first (Holstein and Gubrium 2007, 267-270). Respondents of this research were mostly highly qualified and very experienced. Most of them were Westerners who had worked cross-culturally in different parts of the world. The majority of them had worked in the host culture for many years (46% more than 10 years) so they had a fairly good understanding of that specific cultural context. They had worked in Russia and the Former Soviet Union area, Africa, Asia, Europe and Australia, helping refugees, asylum seekers, immigrants, displaced people, expatriates and people living in their home countries. The majority had worked with Muslims, but other religions and non-religious people were also represented in the responses. Respondents worked, for example, in clinics, hospitals, counseling centers, non-governmental humanitarian agencies, pastoral care, social services, voluntary work or private clinics. Countries where respondents had worked differed greatly in terms of financial resources, health care systems, challenges and needs for training.

Trauma victims that respondents had helped consisted of children, youth, adults, families and groups of people. Some were victims of major disasters like natural disasters or violent conflicts. Many respondents described care and support given for those who were traumatized by torture, sexual abuse, human trafficking or other human rights violations. Traumatic losses and other kinds of individual traumas were also accounted.

In responses, cultural features were mentioned in relation to relationships, issues of shame and honor, values, attitudes, worldview and work ethics. Trauma had taken place and support had been given in a certain context, situation and time. Table 3 shows how respondents assessed the culture of a people group in which they had worked. Results cannot be generalized to give a fair description of a given culture. They however describe how respondents of this research saw the culture around them and therefore help to understand their responses.

Table 3: Cultural Characteristics

Expressing Emotions
Mean value (1 = used very rarely, 5 = used very often)

	South East Asia *1	Russia	West Africa *2	Middle East *3	Western Countries *4
verbally	2.33	3.50	3.67	3.85	3.75
by crying	2.33	3.00	1.67	3.54	3.75
bodily (dancing etc)	3.67	4.50	4.67	3.33	1.50
through music	3.67	2.50	4.00	2.70	2.25
by other creative methods	3.00	3.00	2.33	1.91	2.25
through clothing	2.67	4.50	3.33	2.58	3.25
through attending ceremonies	4.00	4.00	4.67	3.83	4.00
through deeds	3.00	5.00	3.33	3.25	2.00
other	*5		*6	*7	

*1) Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor, Vietnam
*2) Benin, Burgina Faso, Cape Verde, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Saint Helena, Senegal, Sierra Leone, Togo
*3) Countries of South-West Asia and North Africa, extending from Libya on the West to Afghanistan on the East
*4) North America, Europe and Australasia
*5) unintentional psychosomatic illnesses
*6) worship, preaching, financial gifts, silent presence
*7) death wishes, praying, going to a lonely place to shout or cry (men), visiting holy places, art, poetry

To whom People Usually Talk about Difficult Issues
Mean value (1 = used very rarely, 5 = used very often)

	South East Asia	Russia	West Africa	Middle East	Western Countries
Family members	4.00	3.00	4.00	4.00	4.50
Peers from same gender	4.00	3.50	4.33	4.08	3.75
Good friends	3.33	4.50	4.00	3.23	4.13
Professional helpers	1.33	1.00	1.33	2.69	3.00
Respected wise people	3.67	2.50	3.67	3.62	2.13
God	3.00	2.00	3.67	4.00	2.25
No one	3.00	4.00	4.00	3.33	2.50
Someone else		*1		*2	

*1) total strangers in a bar or café, peers of opposite gender
*2) trustworthy outsider like an expatriate

Coping Mechanisms
Mean value (1 = used very rarely, 5 = used very often)

	South East Asia	Russia	West Africa	Middle East	Western Countries
distraction	3.67	4.00	3.33	3.54	3.00
situation redefinition	2.50	2.00	4.33	2.36	3.50
direct action	2.50	3.00	3.67	3.54	3.63

venting emotions	1.67	3.00	2.67	3.85	3.38
acceptance	3.67	4.50	3.67	3.69	3.75
seeking social support	3.67	3.00	4.67	3.42	3.50
relaxation	3.00	1.00	2.00	1.33	2.25
religion	4.00	2.50	4.67	4.23	3.38

8.2 Psychosocial Support after Traumatic Experience

Data collected was analyzed to give information about helpers' opinions and experiences about effective psychosocial support after traumatic experience in different cultures. Helpers described in their responses how they had strengthened survivors' resilience, fostered hope and helped in restoring what had been lost or adjusting to the loss that could not be recovered. This was done by reaching out to trauma survivors and offering support as is shown in Figure 1. Culture, society context and overall situation all have an effect and need to be considered in the helping process. They are like a frame in a figure 1: ever-present, affecting all interactions, problems and solutions. A person who has undergone trauma and is in need of help and support, is not alone but part of his or her family, network of friends, neighbors, colleagues and society at large (figure 1).

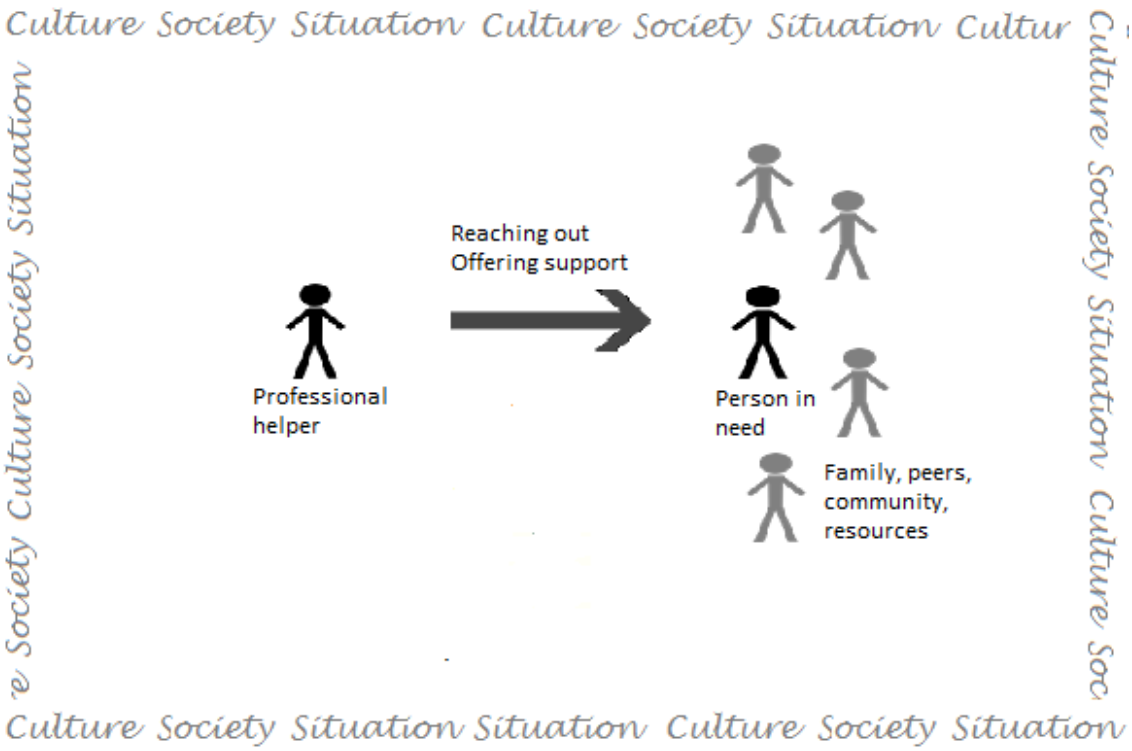

Figure 1: Offering Psychosocial Support

Three categories were elicited from data to describe different aspects of psychosocial support. These categories were: strengthening coping, psychoeducation and facilitating processing of trauma.

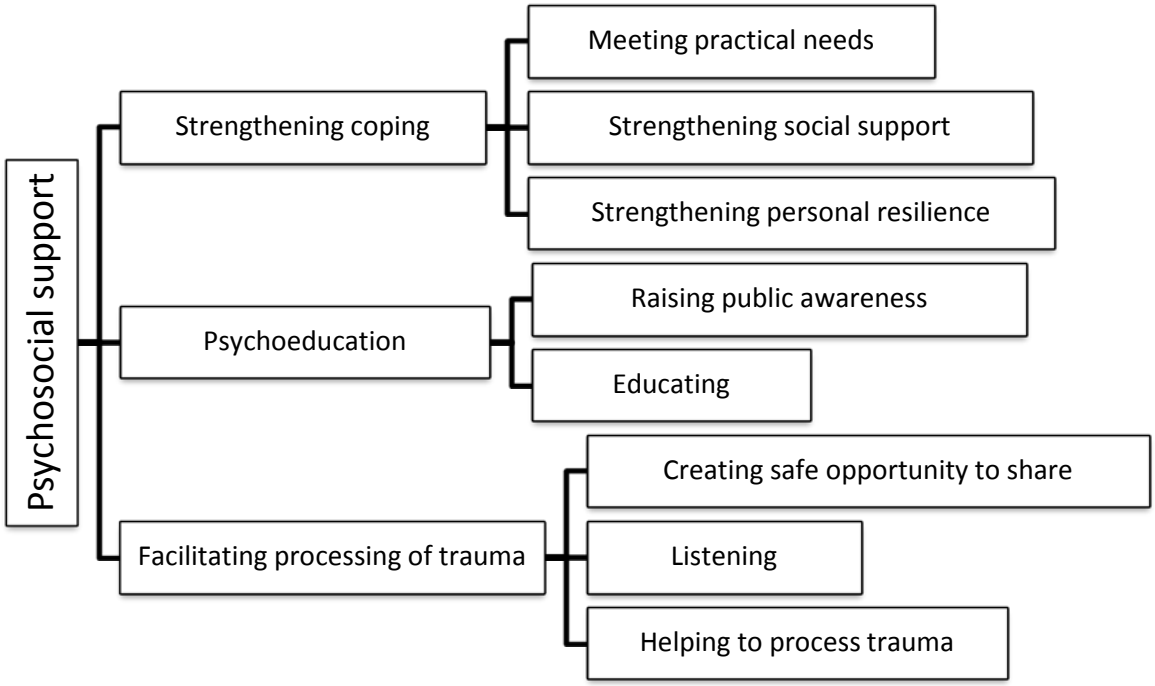

Figure 2: Psychosocial Support

8.2.1 Strengthening Coping

The category of strengthening coping consisted of three sub-categories: Meeting practical needs, strengthening social support and strengthening personal resilience. Meeting practical needs included meeting immediate basic needs like food, housing, heating, healthcare, necessary finances and safety. This category also included providing practical support like advocacy and help in decision making. In some cases respondents described addressing long term needs like means for making a living, eventually creating income. An example of practical help:

> "Assisting a woman with housing and healthcare, who was traumatised after having been forced into prostitution, raped and being forced to give her child to a policeman. She was given medical care, safe housing, counselling, personal development training and basic education."

Another example about practical help is from Africa.

> ”A refugee was going to a clinic to give birth, but the child was born on a jungle path while the father was getting a wheelbarrow. We came across and found out that baby is breathing, umbilical cord is cut and mother is not bleeding. We took them to the clinic and a midwife took care of them. Family was also given practical advice, financial support and mother was given health advice”.

One respondent described how her client was not ready to talk about her trauma for a long time. However, after been given some practical help and advocacy, she was able to open up and talk about the traumatic experience. Another respondent noted that the society she was living in had only scarce resources to help trauma victims. She says:

> ”Again and again I have noticed that maintaining hope of a better future without [giving] practical advice, help and resources --- is cruel and leads to disappointment and deadlock”.

Strengthening social support was often mentioned in responses. Informal support given by family members, peers and community was considered very important. According to respondents, promoting social support, supporting existing social networks and social structure, providing social support as needed, strengthening families and utilizing peer support were effective interventions.

One aspect of strengthening social support was to teach and train communities, families and individuals how they can support each other after traumatic experiences.

The subcategory of strengthening personal resilience included supporting existing coping strategies, planning for the future, meeting spiritual needs and stabilizing everyday life into a healthy and functional one. Following quotes clarify what was meant by stabilizing everyday life:

> “At that time, I did not yet understand how practical and tangible help she would have needed and how broken and distorted can someone’s mind be! We started the usual long term therapy focused on past instead of building up her life, self-image, relationships and ability to think and function independently.”
>
> “building up her real life, especially relationships, little by little into a safe, caring and functional one”.

The next example is about strengthening personal resilience in a life threatening situation:

> “I talked through with a person under death threat, what happens to his body after he has been killed. Information about Christian burial calmed his mind”.

8.2.2 Psychoeducation

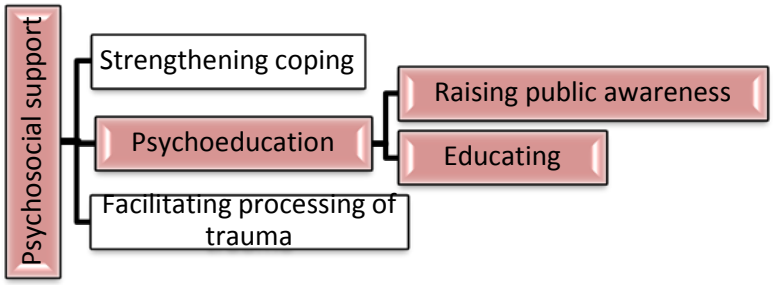

Figure 3: Psychoeducation

The psychoeducation –category included raising public awareness and educating. Respondents from both developing and developed countries highlighted the need of raising public awareness about trauma-related issues. Issues mentioned were, for example, how to recognize trauma-related problems and when, how and why to seek help or to refer someone else to get help.

In addition to raising public awareness, respondents mentioned psychoeducating the client about trauma, typical feelings and reactions. One respondent noted that there were many cultural myths about trauma, and facts were really needed to normalize the victim's experiences. Teaching basic crisis intervention skills to the public was suggested so that unreached victims needing help could be supported by people around them.

In one response, psychoeducation had not been successful:

> "Psycho education had a negative impact on her after she was given some fact sheets to read as she felt she is crazy."

In another response, psychoeducation had had a crucial part in recovery:

> "Young --- man who lost his fiancé as well as a big part of his family in the earthquake --- and who suffered from PTSD was helped by psycho-education about PTSD and also in being encouraged to seek contact to some more distant relatives - his only remaining family. Then educating those family members as well about PTSD and on how to support practically and emotionally the young traumatized man. --- The symptoms of PTSD became as a consequence significantly less severe and the young man could start to rebuild his life again."

8.2.3 Facilitating Processing of Trauma

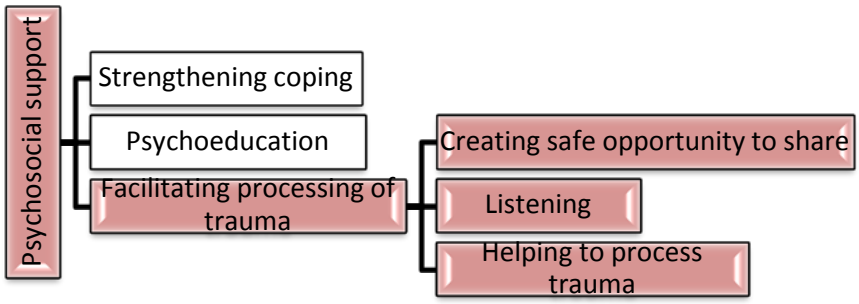

Figure 4: Facilitating Processing of Trauma

The category of facilitating processing of trauma included three subcategories: creating safe opportunity to share, listening and helping to process.

Several respondents mentioned in different ways how providing a safe context to share about the traumatic experience was an important aspect of psychosocial support. According to responses, a safe atmosphere was created by caring and culturally appropriate ways of relating, providing holding-environment and being respectful and sensitive to the trauma survivor's needs and wishes. In one story, however, this kind of atmosphere and opportunity had not been offered.

> When I was working at the hospital ward, there was a young girl who had attempted self-immolation. --- She couldn't have thought in what kind of situation she would find herself at after trying to commit suicide. Girl's mother was at ward almost all the time. --- I faced personnel's unwillingness – which was new to me - to treat this patient, because in their opinion she herself had caused the situation she was in. In this country people often think that after suicide attempt, person's value as a human being degrades. --- I had to urge nurses to tend the girl. They could not refuse, when I personally went with them. Now when I think back to the situation, I think that the girl was in a state of shock all the time and did not recover; neither mentally, nor physically."

Another respondent shared a story of an African man, who attended crisis management training:

> "[he] had been through threats and violence in a civil (ethnic related) uprising. While in a crisis management training, he had opportunity to talk about his experience for the first time. Although men are not supposed to cry, he was emotional and vulnerable in front of other --- men. This was healing, not only for him but for the --- men who witnessed this who then had the courage to open up about their own wounds in a safe context."

The second subcategory for this section was listening – responding empathically to the person who shares his or her trauma experience. Active listening and clarifying what the person has experienced were considered helpful and effective. Validating and containing emotions were also an important part of a response.

> "Verbalizing feelings or letting children express themselves by playing. Listening and clarifying – what this particular person has experienced. Sharing feelings and experiences with someone is very important. When working with children it's important that the parents are present too – that things are discussed together."

> "Feeling emotions, expressing them and being listened to are crucially important part of a process – most often they [emotions] have been devalued."

Many respondents shared their opinions and views about how to help survivors process the traumatic experience. This could happen in many ways and in many settings: through debriefing, counseling or therapy sessions, in one-to-one relationship or in a group setting. Specific interventions like EMDR or psychotherapeutic methods were also used. Peer support was recommended and utilized widely among respondents. One respondent wrote that health care providers of that particular country could usually not be trusted, and that the situation was not likely to change. In her opinion, people would be more likely to talk about trauma experience to their acquaintances and friends than to health care workers - so teaching basic intervention skills to the public might be the most effective course of action. Cultural ceremonies and rituals were seen to be helpful in processing trauma.

One example of successful crisis intervention is from a developing country in Asia:

> "Helping a young girl that was exposed to horrific scenes of death on the roadside and that developed PTSD symptoms (uncontrolled screaming, bed wetting, night mares, etc). Through several debriefing and counseling sessions she recovered well after 3 months."

In the processing phase a helper can be of help by grounding the survivor in the present. When the survivor is fearful to think about trauma and to proceed in processing, the helper can be clear and supportive and to explain why it is important to process. The helper can offer a kind of "vicarious or foster hope", supportive presence and help survivor to hold on to hope when processing is difficult.

Challenging distorted beliefs, thoughts and conclusions was mentioned as well as encouraging one to use healthy ways to express emotions instead of self-destructive ones. One respondent shared a cultural challenge concerning expression of emotions:

> "This culture strongly frowns on expressing emotions directly (verbally), and I found that without being able to directly deal with her emotions of anger or betrayal, that her mind was so clouded by emotion that she couldn't think practically - she was in a "fog" of sorts for weeks. She was tempted to make some very unwise decisions so it was critical to have me and some other close friends available to LISTEN and help her evaluate choices, and help her hold on to hope."

Gaining insight about past trauma affecting current life was described in following quote:

> "[A man] grew bitter towards his wife as she begun to act in the same manner as his mother in his childhood. He feels pushed, belittled, and as a result was pushing back. In talking with him he remembered that his will was crushed and he had no say in what he will eat or dress - that were mom's decisions. After he realised that, he begun to guard his boundaries and was able to control his childhood reactions as an adult."

8.3 Prerequisites for Effective Psychosocial Care

In addition to the actual psychosocial support given, respondents shared other factors preceding and influencing successful and effective care. Concerning caregivers, two themes emerged: Resources and reaching. A variety of resources is needed so that help can actually be offered. But resources are of no use if people in need are not reached (figure 5).

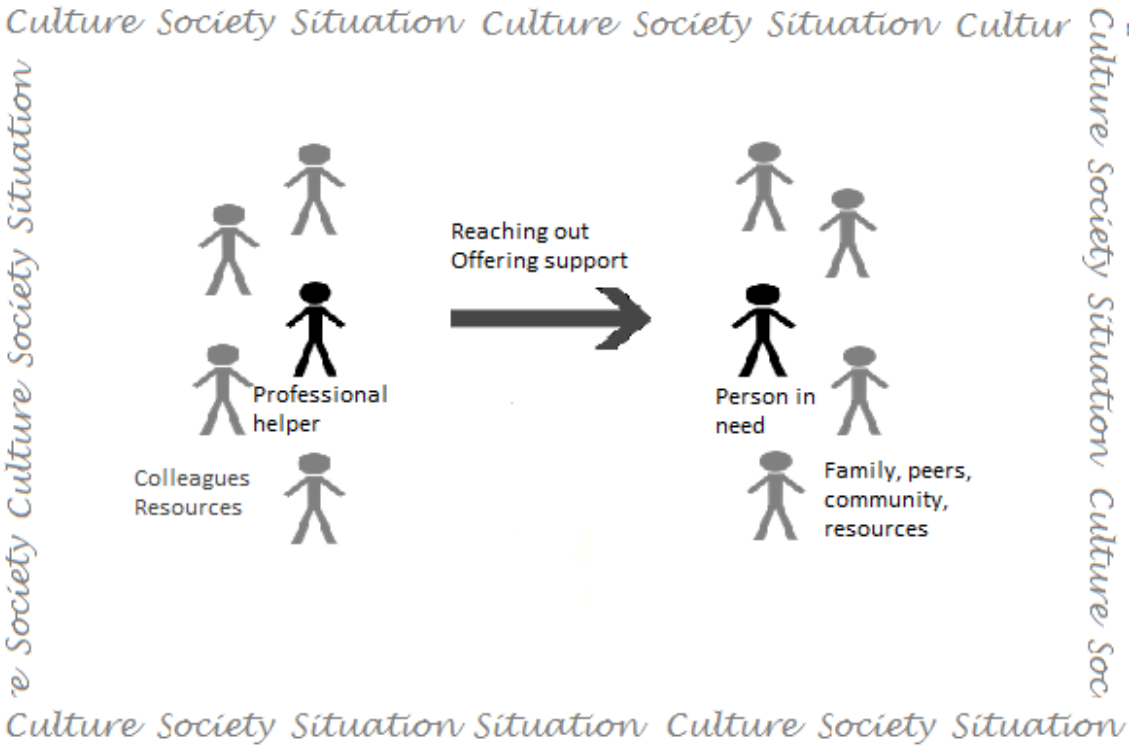

Figure 5: Resources for Psychosocial Support

Sufficient personnel resources are crucial in giving psychosocial support. Trained and skilled helpers with the right attitude can support effectively. Depending on a situation and setting helpers can be e.g. peer responders, health care workers, cross-cultural workers, national workers, psychiatrists, pastors, therapists or nurses. Trainers and supervisors are also needed. Language and cultural skills were considered highly beneficial for the helper.

It is helpful if psychosocial support is organized and given systematically. Facilities and service providers that people can contact at time of need and trust in are needed. If resources allow, the trauma survivor can ideally receive help as long as he or she needs it. Networks of professionals or facilities having several specialists offer a possibility to refer and to consult. To provide a sustainable helping system, initial training and further training need to be in place. In order to work efficiently in case of disaster, advance training and emergency plans are recommended.

Raising public awareness and promoting help seeking were suggested as means for better reaching of those needing help after a traumatic event as people would be more likely to seek support. Assessing and monitoring the psychosocial needs of refugees and asylum seekers were mentioned as a way of recognizing those of them who need further help in recovering from trauma. Efficient intervention needs to have the right timing. Helpers, resources and survivors need to be connected for helping to succeed. Several respondents implied that for reaching as many as possible, peers and other non-professional helpers are necessary.

The mentioned efforts of helpers together with resources are not yet enough for a successful end result. A person who needs help has to receive the support and actively take part in the process and do the work of getting better (figure 6). As reasons why people would not seek and receive support, respondents mentioned lack of motivation due to a fatalistic world view and an inability to trust the helper.

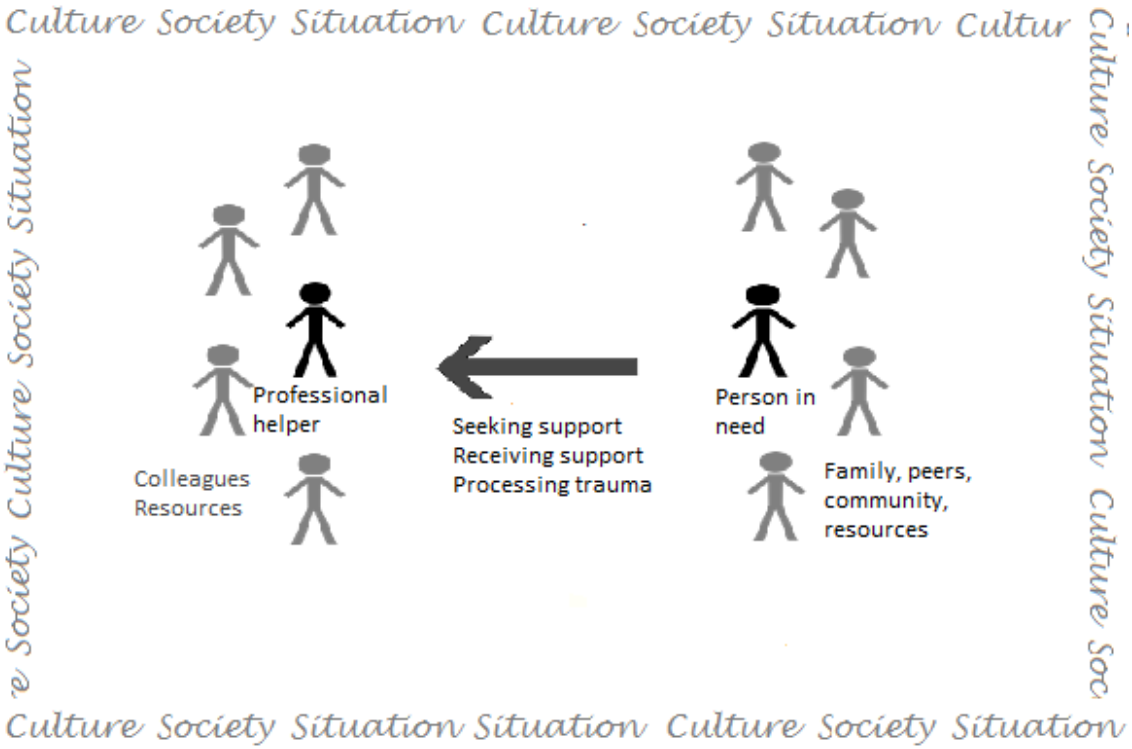

Figure 6: Receiving Psychosocial Support

8.4 Resilience, Hope and Restoration

Psychosocial support after a traumatic event aims at strengthening resilience, fostering hope and restoring what was lost or adjusting to the loss. Some losses mentioned in the stories of trauma victims were loss of a social support system, loss of manageable life due to trauma symptoms, loss of purpose and value, loss of self-confidence, loss of a sense of safety and loss of honor in the eyes of others. Respondents shared how in these cases the social support system was strengthened and rebuilt, trauma symptoms were reduced by effective care and how people survived and recovered.

In one story, a woman had suddenly learned her husband had taken a second wife when she overheard a relative gossiping. This was traumatic for her and she needed support to go through the shame and struggle. She found a closure and restoration after a traditional ceremony:

> “Emotional healing ---, and real healing in their marriage (they are still together 15 months later) did not really begin until her husband had publicly honored her by fulfilling a traditional "reconciliation ceremony" which publicly restored her honor in the eyes of her family and community”.

Another example of restoration was a young woman who got back purpose and value that she had lost in the course of multiple traumas: She was physically disabled in an accident, then forced to marry an older man who was a drug-addict and violent. Her baby girl died a few months after delivery and she was divorced. As a result, she had to move back to live with her parents, which was really shameful for a woman and for the whole family.

> "The lady came to clinic suffering from low mood, sadness and suicidal thoughts that had started five years ago and gotten worse during past two years. She had had two suicidal attempts. - - - During the counseling sessions she could share about her life and also got psycho education about depression and trauma. --- A year later she came to tell to the clinic that she had gotten married and her life has changed. She still had times when she needs to fight against depression but now she is able to handle those times without medication and doesn't have suicidal thoughts. With a big smile she told: "My life has purpose and value again."

In figure 7, a lay-out of effective psychosocial care is presented. On the right side of the figure, the trauma survivor is reached and offered help. He or she also seeks support, receives it and processes trauma. As a result resilience and hope are strengthened and life restored. The professional helper on the left has adequate support and resources for his or her work. The victim's family, friends and peers are also involved. Resources that victim and his or her family and community have are not overlooked but are utilized. All this happens in a way that is appropriate, possible and sustainable in a given culture and situation.

Figure 7: Resilience, Hope and Restoration

8.5 Psychosocial Support in Major Disasters

Half of the respondents had helped in major disasters. What they considered helpful and effective interventions were mostly the same interventions that were used in other traumas and presented in previous chapters. One example of helping in a major disaster is from Asia from a region that had suffered severe flooding, some loss of human life, the loss of livestock, and loss and severe damage to homes.

> "A team of EMDR trained --- Masters' students participated in a community intervention whereby over a period of 3 months an psycho-social assessment (measuring PTSD, anxiety and depression) of one rural community affected by the typhoon and provided treatment for trauma using EMDR and person centred talking therapy."

In major disasters, supporting resilience and meeting basic needs were seen as important. Many respondents stated that in their opinion, psychological first aid and strengthening informal social support were helpful and effective interventions. Psychoeducation was also among recommended interventions together with offering clear facts and information about the disaster situation. According to one respondent, support needed to be "properly resourced, correctly timed, evidence informed and needs-based." Debriefing was seen as helpful and effective intervention by two respondents, and one respondent advised against organized group debriefings.

The difference between helping disaster victims in a helper's own country or in some other country was evident. Those who had worked as a cross-cultural worker in a major disasters highlighted training nationals and helping nationals to prepare for further disasters by training and preparing emergency plans.

8.6 Psychosocial Support in Shame-Inducing Traumas

Five respondents shared stories of women who had experienced traumas that had caused intense feelings of shame. Examples of these traumas were sexual abuse, rape and human trafficking. Compared to other stories, these responses included more of issues of safety and problems in relationships. These women had special needs in rebuilding their lives after the trauma.

What is my value as a divorced or abused woman? How do I survive practically with life challenges after being trafficked, abused and divorced? Am I an ugly stupid idiot? Why has this happened to me? Am I the one to be blamed? According to respondents, these were some issues that these women had to struggle with. Issues of shame and honor, despair and hope were more evident in their stories compared to the others.

The impact of culture and society was clearly seen in relationships, social status and rights of women, and in the ways they dealt with shame. Many of these women had been the subjects of human rights violations. Their value as a human being or their future prospects for marriage might have been altered in this traumatic experience. In some cultures, it may be very difficult for a single woman to make a living and to take care of themselves. In addition, in cultures, which strongly value families, motherhood and sexual purity, life after sexual trauma, divorce or prostitution will be challenging. Practical repercussions, emotional scars, the way how community views the victim and the victim's self-image are all aspects of a recovery process. Understanding the culture and context together with careful listening to how the survivor sees the situation helps the caregiver to avoid wrong conclusions or unhelpful advice.

This example is about a student who started to study in a university far from home.

> "After six months she had been betrayed, raped and "trained" to be an elite prostitute. She had repeatedly faced death threats but on the other hand learned to enjoy fine clothes, luxury apartment and cars. --- She came to me, trying to escape from those criminals, without any money, believing that she has AIDS and is about to die. She had no one that she could tell about her situation and felt that she only had two options: life as a prostitute or death. --- For her, the turning point was to be able to cry and share her pain and agony, to get beyond the criminals' reach, to get enough money to see the doctor and a day-long, thorough "true or false" discussion."

This story of a student had a happy end. After receiving support and care she started to see her situation from a new perspective and found hope. Today she is happily married and the mother of two children.

8.7 Improving and Developing Psychosocial Support

In the questionnaire, respondents were asked to share their ideas about how they would like to improve and develop psychosocial care after a traumatic incident among the people group with whom they had worked. All but one response to that question were about offering support to non-Westerners. In figure 8 responses are summarized.

Figure 8: Developing Psychosocial Support

Structures for training and service delivery were lacking in some countries and needed attention. In other countries services especially for trauma survivors were scarce. Training material needed development. One respondent in another country was currently participating in the development of psychiatric nursing curriculum so that in future there would be a psychiatric nurses' training program in that particular country.

In terms of personnel, most of the respondents working in less developed countries plainly needed more trained personnel or further training for existing personnel. In Western countries, there was a need for trained personnel with language and cultural skills who could operate in a client's native tongue. Using the client's native tongue can also be a challenge for aid workers in a foreign country. One cross-cultural worker from Asia wrote:

> "More resources are needed, in particular by having trained psychologists, and psychotherapists, and it would be great to be able to try different therapies like EMDR using national staff in the client's native tongue".

One respondent wanted to develop culturally acceptable and effective ways of expressing emotions in a cultural context where verbal expression of emotion was strongly discouraged. Another one highlighted the importance of adjusting one's way of relating to fit into a client's culture.

One common challenge for all was how to further develop peer to peer support. Training peer responders and developing peer support was suggested as well as utilizing peer support groups more. Lack of trust between peers was seen as hindrance by some respondents. Raising awareness and psychoeducating the public was seen as important in both developed and developing countries. One respondent wrote:

> "Make more positive psycho-educational material for communities available (e.g. radio-programs, TV-broadcasts, pictures, stories)".

It was also seen as crucial that teachers, midwifes and other health care personnel, religious leaders and social workers would have a basic knowledge of trauma-related issues. These workers, who don't have specific training in the mental health field, should be connected with mental health professionals and resources. By understanding when the situation exceeds their capacity to help and where they can refer those people needing specific help, more people could be helped efficiently before their situation severely deteriorates.

9 Validity and Reliability

To protect the anonymity of respondents and trauma survivors, some details of the context and background information of quotes and respondents have been omitted in the text. This unfortunately makes it more difficult for the reader to follow the logic and to understand how author has come to certain conclusions. Also the English translations from Finnish do not contain all the nuances and details that have helped the author to understand the meaning of the respondent.

The author is inexperienced academically. The experienced researcher would have conducted the data collection and analysis better. However, a cross-cultural experience of many years and prior knowledge of the work setting and context of some respondents made it possible to understand and interpret data in a way that a researcher without these qualities could not have done. The author recognized that her personal link to data might have given her false assumptions of understanding more than she actually did. This was minimized by re-reading, re-coding and adjusting interpretations and conclusions whenever even slight doubt arose. There might be a slight personal bias towards cross-cultural work and against work in Western settings but effort was made to be objective. (Eskola & Suoranta 1998, 60-70, 211-220; Latvala & Vanhanen-Nuutinen 2003, 36-40; Hesse-Biber and Leavy 2011, 48-52.)

The weakness of this research was a small amount of data even though everything possible was done to gather more of it. Snow-ball sampling wasn't as successful as first hoped. Findings cannot be generalized or thought to have covered all aspects of psychosocial support in different cultures. Regardless of the limitations described, respondents gave relevant and

wide information about research questions. The group of informants covered a wide range of professions, work settings, cultural contexts and people groups. Data gathered has been described as thoroughly as possible. It offers a good view and perspective on cross-cultural psychosocial support. The findings give valuable information about real life experiences and challenges. They invite reader to ponder the topic. (Eskola & Suoranta 1998, 60-70, 211-220; Latvala & Vanhanen-Nuutinen 2003, 36-40; Hesse-Biber and Leavy 2011, 48-52.)

10 Conclusions and Discussion

This research project was designed to describe psychosocial support given after traumatic incident in different cultures. Twenty-six helpers from different cultures and settings shared their experiences, opinions and thoughts about the topic. The focus of the research was in the interplay between trauma and culture and how the helper can navigate through the helping process in both culturally appropriate and clinically effective ways. Findings show different aspects of psychosocial support and what the respondents considered important in providing effective support. To find out specifically how respondents adapted their knowledge and skills into different cultural setting would have needed a different questionnaire and more data.

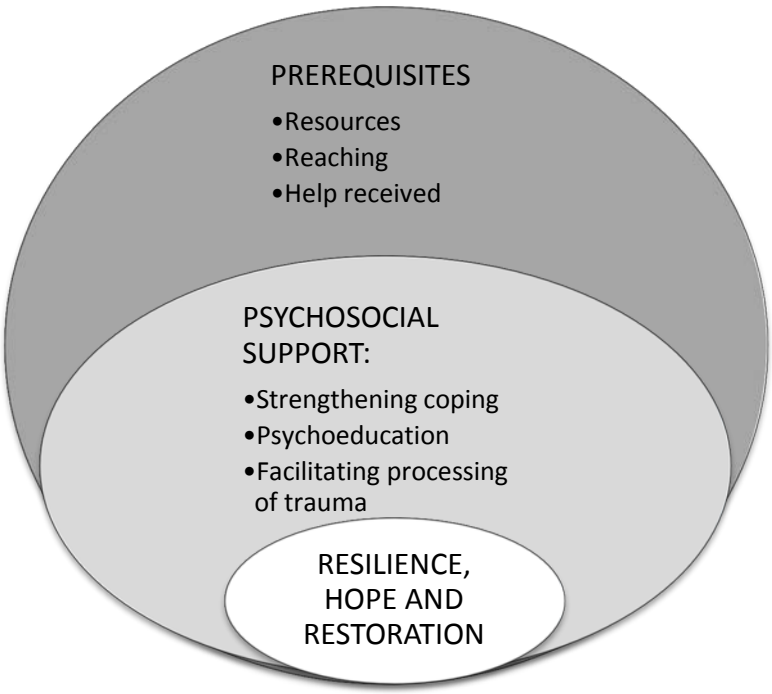

Figure 9: Findings in a Nutshell

The main findings of this research and answers to research questions are presented in figure 9. At the core of psychosocial support is the trauma survivor and his or her individual needs. Psychosocial support aims at resilience, hope and restoration. Instilling and maintaining hope are achieved by practical help and action, not only through words. In the helping relationship, hope is "incarnated" in the helper; in his or her supportive presence, in the ability to stay present and to listen and in specific skills to strengthen resilience and restoration. This is done so that the survivor can gain the confidence that "I am not alone with this, I can be helped, I can cope and survive and there is a future for me".

Psychosocial support described by respondents consisted of three categories: Strengthening coping, psychoeducation and facilitating processing of trauma. Respondents strongly highlighted the importance of social support: Promoting, providing, supporting, strengthening and utilizing it. Further developing social support, training peer responders, raising public awareness and teaching basic intervention skills to the public were recommended. Specific interventions and techniques used by professional helpers were considered important as well.

Respondents also described prerequisites for effective care. Situation and challenges vary greatly from one country to another. Personnel resources, finances and structure for training and help delivery are all needed. A crucial element of psychosocial support is a trained and skilled helper, preferably having also necessary cultural and language skills. Problems in reaching trauma survivors were a challenge mentioned by many and seemed to be an issue in many countries. Promoting help-seeking, raising public awareness and utilizing peers to deliver support were interventions aimed at better reaching. It was also suggested that educating people like teachers, health care personnel or religious leaders and connecting them with mental health personnel and resources would be useful. These people, when educated, can give basic help for trauma survivors they meet, and recognize when professional help is needed. Knowing where further help can be received and why it is important, they can encourage and refer those needing specific help to mental health professionals.

Figure 10 is based on both literature review and research findings and presents a few important topics about the issue of cross-cultural helping. Both the helper and the trauma survivor come to the helping relationship with a certain world view and set of beliefs which can be very different. During their life course they have learned to behave and interact with others in a certain way. Both will make conclusions and interpretations about the behavior and words of the other. Awareness of differences and knowledge of cultural backgrounds help in understanding each other and making oneself understood. Gaining information about the society, cultural beliefs and behavior of the survivor and recognizing his or her own, are useful for the helper. The trauma survivor is nevertheless an individual who may or may not

have typical cultural characteristics, and needs to be listened to and understood as a unique human being.

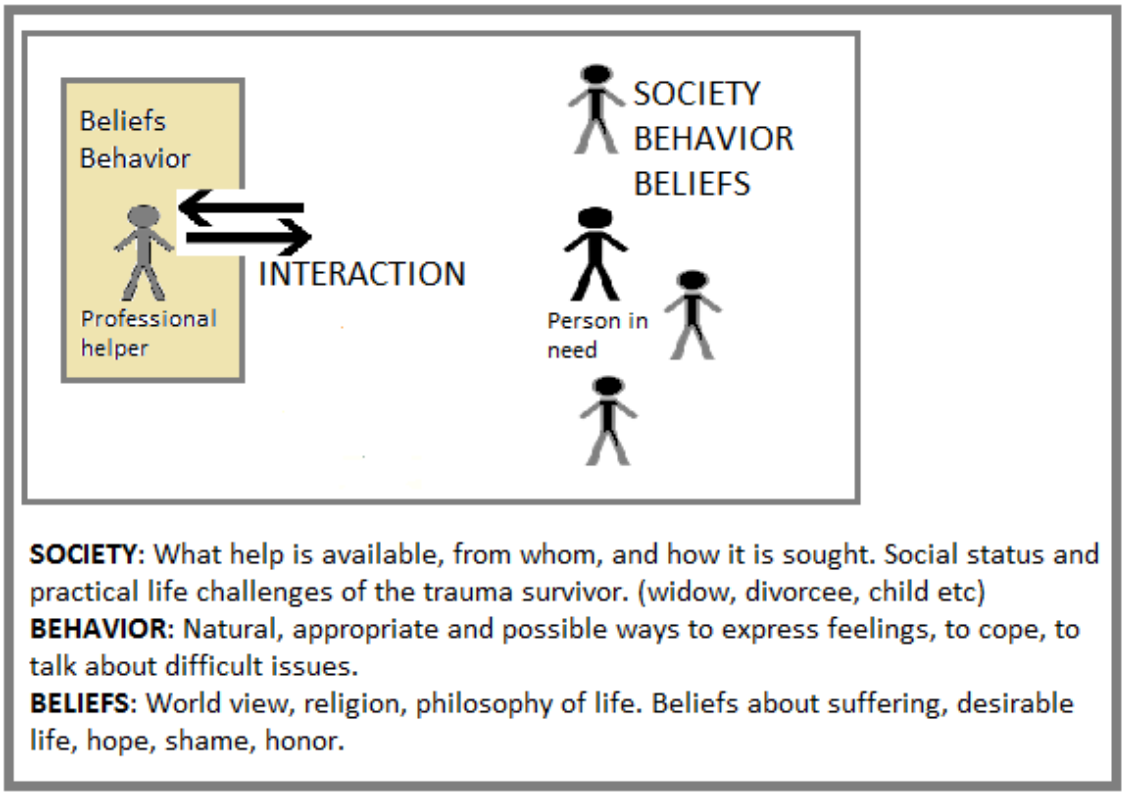

Figure 10: Cross-cultural Helping

The goal of this thesis was that the literature review and research findings would be helpful for the readers, who are interested in giving psychosocial support for trauma survivors. Although findings cannot be generalized for other situations, they still offer a view of what psychosocial support in different cultures can look like. In clinical situations helpers naturally need to adjust their care to fit to the situation, cultural setting, individual needs, type of trauma and other factors. Regardless of our cultural background we all have a lot in common and same the principles seem to apply in different settings.

Recommendations for further research:

1. Developing peer to peer support. Interviewing national people and cross-cultural workers about successes and challenges.
2. Teaching basic crisis intervention skills to public: How this has been done in different settings and what could be learned from their experiences.

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Figures

Tables

Appendices

Arvoisa Vastaanottaja,

Teen tutkimusta psykososiaalisesta tuesta traumaattisen kokemuksen jälkeen eri kulttuureissa. Tutkin auttajien kokemuksia annetusta tuesta ja sen vaikuttavuudesta. Tutkimuksen tavoitteena on kuvata trauman jälkeistä psykososiaalista auttamista eri kulttuurikonteksteissa sekä auttajien näkemyksiä psykososiaalisen tuen kehittämistarpeista. Tutkimuksella saatua tietoa voivat hyödyntää auttajat eri kulttuureissa, ja ne henkilöt, jotka valmistautuvat työskentelemään kulttuurirajat ylittävissä tehtävissä.

Olen itse sairaanhoitaja ja minulla on omakohtaista kokemusta työstä eri kulttuureissa. Tutkimus liittyy opinnäytetyöhöni Laurean ammattikorkeakoulussa. Opinnäytetyön ohjaajana toimii lehtori, TtL, RN, psykoterapeutti Aliisa Karlsson.

Tutkimus tehdään sähköpostin välityksellä. Toiveena on, että vastattuaan vastaajat lähettäisivät minulle sellaisten henkilöiden yhteystietoja, joilla on koulutus ja kokemusta kriisi- tai mielenterveystyöstä eri kulttuureissa. Näin tavoitettaisiin mahdollisimman suuri joukko auttajia, joilla on arvokasta tietoa tutkimuksen aiheesta. Vastatessaan kyselyyn vastaaja hyväksyy, että hänen vastauksiaan käytetään tässä tutkimuksessa. Kun opinnäytetyö on valmis, se on saatavilla internetissä englanninkielisenä. Suunniteltu aikataulu työn valmistumiselle on touko-kesäkuussa 2013. Kyselylomakkeen vastauksia säilytetään työn valmistumiseen saakka, jonka jälkeen ne hävitetään asianmukaisesti. Vastaajilla on mahdollisuus saada sähköpostitse linkki valmiiseen työhön niin halutessaan. Vastaajien sähköpostiosoitteita ei välitetä eteenpäin kenellekään, ei käytetä muihin tarkoituksiin ja säilytetään vain työn valmistumiseen saakka.

Vastaan mielelläni kysymyksiin ja annan lisätietoja tarvittaessa. Kyselyn vastaukset ja yhteystiedot henkilöistä, jotka voisivat mahdollisesti osallistua tutkimukseen, pyydetään lähettämään sähköpostitse lauantaihin 15.12.2012 mennessä. Sähköpostiosoite on soili.jakkula@laurea.fi.

Oulussa 2.11. 2012
Soili Jakkula

Kyselylomake

1. **Vastaajan sukupuoli, valitse alla olevista vaihtoehdoista:**

- ☐ mies
- ☐ nainen

2. **Vastaajan ikä, valitse alla olevista vaihtoehdoista:**

- ☐ 18-29v
- ☐ 30-39v
- ☐ 40-49v
- ☐ 50-59v
- ☐ 60v tai yli

3. **Mikä on kansalaisuutesi?**

4. **Missä kulttuurissa olet itse kasvanut?**

5. **Mikä on koulutuksesi?**

6. **Kuvaile työtäsi lyhyesti:**

Suuronnettomuuksissa auttaminen

Jos et ole osallistunut suuronnettomuuksissa auttamiseen, ole hyvä ja siirry kysymykseen 10.

7. **Nimeä suuronnettomuus tai suuronnettomuudet, johon liittyvään auttamistyöhön olet osallistunut:**

8. **Millaista tukea olet itse antanut? Valitse seuraavista vaihtoehdoista:**

- ☐ Psykologinen ensiapu
- ☐ Fyysinen ensiapu
- ☐ Pelastustoimet
- ☐ Tilanteen johtaminen

- ☐ Avun tarpeen arviointi (triage)
- ☐ Psyykkisen tuen antaminen sitä tarvitseville
- ☐ Käytännön tuen antaminen
- ☐ Perheiden yhdistäminen
- ☐ Ryhmämuotoisten interventioiden toteuttaminen
- ☐ Yhteisön sosiaalisten verkostojen vahvistaminen
- ☐ Yhteisöllisen toiminnan järjestäminen
- ☐ Yhteisön psykoedukaatio
- ☐ Vertaistukiryhmien johtaminen
- ☐ Työntekijöiden kouluttaminen
- ☐ Auttajien auttaminen
- ☐ Valmiussuunnitelmien tekeminen
- ☐ Muu, mikä:

9. Millaiset interventiot ja psykososiaalisen tuen muodot ovat kokemuksesi mukaan vaikuttavia ja hyödyllisiä? Kirjoita vastauksesi alla olevaan tekstikenttään.

Yksilöiden ja ryhmien auttaminen tietyssä kulttuurissa

Työssäsi kohtaat kenties asiakkaita oman kulttuurisi lisäksi myös muista kulttuuritaustoista. Näihin kysymyksiin vastatessasi sinun tulee valita asiakkaistasi **yksi kansa tai kansanryhmä**, esimerkiksi suomalaiset, pashtut tai vietnamilaiset. Voit myös valita muutaman kansanryhmän, jos niiden kulttuurit ovat lähellä toisiaan. Valitse kansanryhmä, jonka tunnet hyvin ja vastaa kysymyksiin sen ryhmän näkökulmasta. Kansainvälistä ulkomaalaisten yhteisöä kokonaisuudessaan ei voi valita kansanryhmäksi. Jos sinulla on kokemusta monista kansanryhmistä, voit täyttää kullekin erillisen lomakkeen.

10. Kansan tai kansanryhmän nimi / nimet:

11. Missä maassa olet heitä auttanut?

12. Kuinka pitkä työkokemus sinulla on työstä heidän parissaan? Valitse seuraavista vaihtoehdoista:

☐ alle 1v
☐ 1-3v
☐ 4-10v
☐ yli 10v

13. Mikä tai mitkä ovat kansanryhmän pääuskonnot? Valitse alla olevista vaihtoehdoista:

☐ Kristinusko
☐ Islam
☐ Hindulaisuus
☐ Buddhalaisuus
☐ Taolaisuus
☐ Shintolaisuus
☐ Animistiset uskonnot
☐ Jokin muu uskonto, mikä:
☐ Ei uskontoa

14. Kuinka tunteita ilmaistaan julkisesti kyseisessä kulttuurissa? Valitse alla olevista vaihtoehdoista:

☐ Voimakkaat tunteenpurkaukset julkisesti ovat sallittuja
☐ Tunteiden ilmaisu julkisesti on rajoitettua
☐ Tunteita ei ilmaista lainkaan julkisesti

15. Kuinka tavallisia vaikeiden tunteiden ilmaisumuotoja seuraavat vaihtoehdot ovat kyseisessä kulttuurissa? Valitse alla olevista vaihtoehdoista sopivin ja ilmaise valintasi kirjoittamalla valitsemasi numero tekstikenttään.

5=käytetään hyvin usein
4=käytetään usein
3=käytetään toisinaan
2=käytetään harvoin
1=käytetään hyvin harvoin

Tunteiden ilmaiseminen sanallisesti

Tunteiden ilmaiseminen itkemällä
Tunteiden ilmaiseminen kehon kautta (esimerkiksi tanssi)
Tunteiden ilmaiseminen musiikin kautta
Tunteiden ilmaiseminen muilla luovilla menetelmillä
Tunteiden ilmaiseminen pukeutumalla
Tunteiden ilmaiseminen seremonioihin osallistumalla
Tunteiden ilmaiseminen erilaisten tekojen kautta (esim kosto, itsensä viiltely jne)
Tunteiden ilmaiseminen jotenkin muuten, miten

16. **Kenelle kyseisessä kulttuurissa yleensä puhutaan vaikeista asioista?** Valitse alla olevista vaihtoehdoista sopivin ja ilmaise valintasi kirjoittamalla valitsemasi numero tekstikenttään.

5= hyvin usein
4=usein
3=toisinaan
2= harvoin
1=hyvin harvoin

Perheenjäsenille
Samaa sukupuolta oleville vertaisille (miehet miehille ja naiset naisille)
Hyville ystäville
Ammattihenkilöille (esimerkiksi terveydenhuollon ammattihenkilöt)
Viisaina neuvonantajina pidetyille henkilöille
Jumalalle
Jollekin muulle, kenelle?
Ei kenellekään

17. **Miten yleisiä seuraavat selviytymiskeinot ovat kyseisessä kulttuurissa?**

5= käytetään hyvin usein
4= käytetään usein
3= käytetään toisinaan
2= käytetään harvoin
1= käytetään hyvin harvoin

Huomion kääntäminen toisaalle
Tilanteen määrittäminen uudella tavalla
Toiminta
Tunteiden purkaminen
Tilanteen hyväksyminen
Sosiaalinen tuki
Rentoutus
Uskonto

18. Kysymyksiä psykososiaalisen tuen vaikuttavuudesta traumaattisen kokemuksen jälkeen

Vastaa kysymykseen sen mukaan, millaiseksi näet kyseisen tukimuodon vaikutuksen traumaattisen kokemuksen jälkeen. Merkitse vastauksesi numerolla vastaukselle varattuun tilaan.

5=merkittävä **positiivinen** vaikutus
4=lievä **positiivinen** vaikutus
3=en osaa sanoa
2=lievä **negatiivinen** vaikutus
1=merkittävä **negatiivinen** vaikutus

Aktiivinen kuuntelu
Puhdas emotionaalinen tuki
Psykologinen ensiapu
Psykoedukaatio
Tukea antava ohjaus
Rohkaiseminen tunteiden ilmaisuun
Toivon herättäminen ja ylläpitäminen
Traumamuistojen yksityiskohtainen läpikäyminen ammattilaisen kanssa
Traumatilanteen läpikäyminen debriefing-tyyppisessä istunnossa
Ahdistuksen hallintakeinojen opettaminen
Traumaan liittyvien ajatusten ja uskomusten tarkastelu ja muuttaminen
Intrapsyykkisten prosessien analysointi
EMDR (eye movement desensitation and reprocessing)
Yksilön selviytymiskeinojen ja resilienssin vahvistaminen
Ongelmanratkaisutaitojen opettaminen
Ihmissuhteisiin kohdistuva ohjaus ja neuvonta
Lääkehoito
Käytännölliset neuvot
Käytännön apu
Perinteiset kulttuuriin kuuluvat parantamismenetelmät
Hengellinen tuki
Vertaistuki
Ammatillisesti johdetut vertaistukiryhmät
Muistotilaisuudet
Yhteisölliset seremoniat ja rituaalit
Järjestetty yhteisöllinen toiminta (yhteisöllisen trauman yhteydessä)
Yhteisön sosiaalisten verkostojen vahvistaminen (yhteisöllisen trauman yhteydessä)
Jokin muu, mikä

19. **Kerro käytännön esimerkki trauman kohdanneen ihmisen auttamisesta kyseisessä kulttuurissa. Vastaa vapaamuotoisesti alla olevaan tekstikenttään.**

20. **Miten haluaisit kehittää psykososiaalisen tuen antamista valitsemasi kansanryhmän ihmisten parissa? Vastaa vapaamuotoisesti alla olevaan tekstikenttään.**

Taustatietoa vastaajasta

21. **Millaista psykososiaalista tukea olet itse antanut? Valitse alla olevista vaihtoehdoista:**

- ☐ Aktiivinen kuuntelu
- ☐ Puhdas emotionaalinen tuki
- ☐ Psykoedukaatio
- ☐ Tukea antava ohjaus
- ☐ Rohkaiseminen tunteiden ilmaisuun
- ☐ Toivon herättäminen ja ylläpitäminen
- ☐ Traumamuistojen yksityiskohtainen läpikäyminen
- ☐ Traumatilanteen läpikäyminen debriefing-tyyppisessä istunnossa
- ☐ Ahdistuksen hallintakeinojen opettaminen
- ☐ Traumaan liittyvien ajatusten ja uskomusten tarkastelu ja muuttaminen
- ☐ Intrapsyykkisten prosessien analysointi
- ☐ EMDR (eye movement desensitation and reprocessing)
- ☐ Yksilön selviytymiskeinojen ja resilienssin vahvistaminen
- ☐ Ongelmanratkaisutaitojen opettaminen
- ☐ Rentoutumiskeinojen opettaminen
- ☐ Ihmissuhteisiin kohdistuva ohjaus ja neuvonta
- ☐ Lääkehoito
- ☐ Käytännölliset neuvot
- ☐ Käytännön apu

☐ Auttajien auttaminen
☐ Auttajien kouluttaminen mielenterveystyöhön
☐ Jokin muu, mikä

Kiitos vastauksistasi!

Jos haluat saada sähköpostitse linkin opinnäytetyöhön sen valmistuttua, kirjoita sähköpostiosoitteesi alla olevaan tekstikenttään. Opinnäytetyö kirjoitetaan englanniksi ja se on saatavilla internetissä.

Jos tunnet jonkun, jolla on kokemusta ja tietoa tämän tutkimuksen aihepiiristä, ole ystävällinen ja lähetä minulle ko. henkilön yhteystiedot. Kaikki sähköpostit käsitellään luottamuksellisesti. Sähköpostiosoitteita ei käytetä mihinkään muihin tarkoituksiin ja niitä säilytetään vain tutkimuksen valmistumiseen saakka.

Ole ystävällinen ja palauta täytetty vastauslomake osoitteeseen soili.jakkula@laurea.fi

Dear Sir/Madam,

I am carrying out this research on psychosocial support after traumatic experience in different cultures. My focus is helpers' experiences about support given and their views about its effectiveness. The purpose of this research is to describe psychosocial support in different cultural contexts and helpers' ideas for further development. The information gathered during research could be useful for helpers in different cultures and those who are working or preparing themselves to work in cross-cultural settings.

I am a nurse myself and have cross-cultural work experience. This research is for my Bachelor's Thesis in the Laurea University of Applied Sciences. The supervisor of this thesis is Senior Lecturer, Lic. Sci (Health Sci), RN and psychotherapist Aliisa Karlsson.

Data for this research will be gathered by email questionnaires. The wish is that after answering, respondents would send me email addresses of other professional helpers, who have training and experience in crisis or mental health work in different cultures. That would enable reaching a wide circle of respondents who have unique experiences and valuable information, both much needed for the research. By answering the questionnaire, the respondent accepts that his/her answers will be used in this thesis. When the thesis is completed, it will be available on the internet in English. The thesis is scheduled to be presented by May-June 2013. Data gathered will be kept until the completion of this thesis and then destroyed appropriately. A link to the completed thesis will be sent by email to those respondents who have requested it. Email addresses of respondents will not be forwarded to anyone. They are not used for any other purpose and will be kept only until the thesis is completed.

Should you have any questions, please do not hesitate to contact me. Please send completed questionnaires and emails of other potential respondents by 15th of December 2012. Questions and questionnaires are requested to be sent to the following email address: soili.jakkula@laurea.fi

2nd November 2012 in Oulu, Finland
Soili Jakkula

Questionnaire

1. **Gender of respondent – please choose from the following:**

- ☐ Male
- ☐ Female

2. **Age of respondent – please choose from the following:**

- ☐ 18-29 yrs.
- ☐ 30-39 yrs.
- ☐ 40-49 yrs.
- ☐ 50-59 yrs.
- ☐ 60yrs or more

3. **What is your nationality?**

4. **In which culture have you grown up?**

5. **Describe your professional training:**

6. **Briefly describe your work**:

Helping in major disasters

If you have not participated in helping in major disasters, please continue from question number 10

7. Name the disaster(s), in which you have participated helping efforts:

8. How have you personally helped? Choose from the following:

- ☐ Psychological first aid
- ☐ Physical first aid
- ☐ Rescue work
- ☐ Leading helping operations
- ☐ Assessing needs (triage)
- ☐ Giving psychological support for those who need it
- ☐ Giving practical support
- ☐ Reuniting families
- ☐ Conducting group interventions
- ☐ Strengthening social networks
- ☐ Organizing communal activities
- ☐ Psycho-educating community
- ☐ Leading peer support groups
- ☐ Training helpers
- ☐ Helping helpers
- ☐ Preparing emergency plans for future
- ☐ Other, please state

9. According to your experience, what kinds of psychosocial support and interventions do you consider helpful and effective in major disasters? Write your answer in the space below.

Helping individuals and groups in particular culture

In your work you may have clients from different cultural backgrounds. When filling in following questions, please choose **one people group**; for example Finns, Pashtuns or Vietnamese. You may also choose several people groups if their cultures are similar. Choose the people group that you know well (preferably non-Western) and answer the following questions from that group's point of view. An international community of expatriates cannot be chosen as a people group in itself. If you have experience from many different people groups, you may fill in a separate form for each group.

10. **Name of people group(s):**

11. **In which country have you helped them?**

12. **How long have you worked with this people group? Choose one of the following options:**

Less than 1 year ☐
1-3 years ☐
4-10 years ☐
More than 10 years ☐

13. **What are the main religion(s) of the people group? Choose from the following:**

☐ Christianity
☐ Islam
☐ Hinduism
☐ Buddhism
☐ Taoism
☐ Shinto
☐ Animistic religions
☐ Some other religion, which?
☐ No religion

14. How are emotions expressed in public among that people group?
Choose one of the following:

☐ Strong emotional expressions are accepted
☐ Expression of emotions is restricted
☐ Emotions are not expressed publicly

15. How common are the following ways of expressing emotions in that culture?
Mark your answer by writing the number you have chosen.

5=used very often
4=used often
3=used sometimes
2=used rarely
1=used very rarely

Expressing emotions verbally
Expressing emotions by crying
Expressing emotions bodily (for example dancing)
Expressing emotions through music
Expressing emotions by other creative methods
Expressing emotions through clothing
Expressing emotions through attending ceremonies
Expressing emotions through deeds (for example self-mutilating, helping others)
Expressing emotions by other means, how?

16. To whom do people usually talk about difficult issues?
Mark your answer by writing the number you have chosen

5=very often
4=often
3=sometimes
2=rarely
1=very rarely

Family members
Peers from the same gender (men to men and women to women)
Good friends
Professional helpers (for example health care providers)
Respected people who are considered wise and able to give advice
God
To someone else, whom?

No one

17. What kind of coping mechanisms are common among that people group? Choose from the following:

Mark your answer by writing the number you have chosen

5=used very often
4=used often
3=used sometimes
2=used rarely
1=used very rarely

Distraction
Situation redefinition
Direct action
Venting emotions
Acceptance
Seeking social support
Relaxation
Religion

18. Questions about effectiveness of psychosocial support after traumatic experience

Answer this question <u>according to your opinion about the effect</u> of the particular intervention when given after a traumatic experience. Mark your answer by writing the number you have chosen.

What kind of effect has the mentioned intervention had in your opinion?

5=significant **positive** effect
4=mild **positive** effect
3=no opinion
2=mild **negative** effect
1=significant **negative** effect

Active listening
Pure emotional support
Psychological first aid
Psycho-education
Supportive counselling
Encouraging the expression of emotions
Instilling and maintaining hope

Going through trauma memory in detail with a professional helper
Going through a traumatic situation in a debriefing-type session
Teaching anxiety management
Correcting trauma-related distorted thoughts and beliefs
Analysing intra-psychic processes
EMDR (eye movement desensitisation and reprocessing)
Strengthening coping and resilience
Teaching problem-solving skills
Relationship counselling
Pharmacological interventions
Practical advice
Practical help
Traditional healing methods
Spiritual support
Peer support
Professionally led peer support groups
Memorials
Communal ceremonies and rituals
Organized communal activities (when trauma has affected the whole community)
Strengthening community's social networks (when trauma has affected the whole community)
Some other intervention, which?

19. Relate a real life example of helping a person who has gone through a traumatic experience (among people group that you have chosen). Write your answer in the space below.

20. How would you like to improve and develop psychosocial support among that particular people group? Write your answer in the space below.

Background information about respondent

21. **What kind of psychosocial support have <u>you personally given</u>? Choose from the following:**

- ☐ Active listening
- ☐ Pure emotional support
- ☐ Psycho-education
- ☐ Supportive counselling
- ☐ Encouraging the expression of emotions
- ☐ Instilling and maintaining hope
- ☐ Going through trauma memories in detail with client
- ☐ Going through a traumatic experience in a debriefing-type session with client
- ☐ Teaching anxiety management
- ☐ Correcting trauma-related distorted thoughts and beliefs
- ☐ Analysing intra-psychic processes
- ☐ EMDR (eye movement desensitisation and reprocessing)
- ☐ Strengthening coping and resilience
- ☐ Teaching problem-solving skills
- ☐ Teaching relaxation skills
- ☐ Relationship counselling
- ☐ Pharmacological interventions
- ☐ Giving practical advice
- ☐ Giving practical help
- ☐ Helping helpers
- ☐ Training helpers for mental health work
- ☐ Other, please state

Thank you for answering!

Please return your questionnaire to address soili.jakkula@laurea.fi

Should you wish to receive a link to the thesis once it is available on the internet, please write your email address below.

If you know someone who is trained in crisis or mental health work and has experience and knowledge of the topic of this research, please send his/her email address to me. All emails will be handled confidentially. Email addresses are not used for any other purpose and will be kept only until the research is completed.