Psychosocial interventions, or integrated programming for well-being?

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Over the past 25 years, humanitarian programming has increasingly included attention to the psychological and social impacts of conflict. Over this time, a wide variety of approaches have been developed to address these 'psychosocial' issues. The authors argue that labelling these approaches, as a distinct and separate sector of activity is not helpful, either conceptually or programmatically. They further believe close operational co-ordination is essential among the various kinds of intervention required to help any particular population affected by armed conflict to improve its psychosocial, biological and material well-being. The article includes a graphic framework that reflects the integration of safety, participation, and development within the various elements of well-being. An integrated perspective and approach is proposed that calls for inclusion of psychosocial issues within humanitarian programming, across all sectors of intervention. The significant question is not, therefore, what constitutes a 'psychosocial intervention,' but rather how do humanitarian interventions together promote overall well-being. Throughout the article, points are illustrated with examples from field practice.

Keywords: psychosocial, psychosocial interventions, psychosocial well-being, humanitarian, conflict, biological, social, spiritual, emotional, mental, cultural, analysis, planning, needs, rights

Psychosocial: a problematic concept

Humanitarian interventions for conflict-affected populations have traditionally focused on meeting biological and material needs. Increasingly, however, over the last 25 years agencies have also addressed the social and psychological impacts of armed conflict. These continually evolving efforts have been driven by an obvious need to respond to tremendous civilian suffering in such conflicts. Refugee situations, such as the influx of Cambodians into Thailand from the late l970s, the civil war in Lebanon, horrific attacks on Vietnamese boat refugees, the increasing use of child soldiers in such countries as Mozambique, Iran, Sri Lanka, Liberia, Sierra Leone and Uganda, war in the Balkans where rape and the mass killing of civilians were widespread, and genocides in Rwanda and Sudan are only some of these conflicts. Also contributing to the increasing attention given to the social and psychological impacts on civilians are the growth and development of such fields of practice internationally as psychology, psychiatry, anthropology, and social work. Organizational capacities to respond have evolved as needs have been increasingly recognized.

The term 'psychosocial' acknowledges that social and psychological issues tend to be closely inter-related, and the number of programmes addressing psychosocial needs among conflict-affected populations has been increasing since the l980s.[1] The concept of 'psychosocial', which reflects the dynamic inter-relationship between psychological and social issues,[2] and the term, has come into wide use among agencies working with

populations affected by armed conflict. A wide variety of approaches have been used to address the psychosocial impacts of armed conflict. Some of the more common have included: psychiatric and psychological clinical interventions, training local para-professional counsellors, community-based social support and integration, cultural activities, sports, play opportunities, educational activities (formal and non-formal), support for traditional cleansing and healing and many others.

Along with this increase in response to psychosocial issues, there have been intense disagreements among practitioners who advocate the different approaches. However, there has also been implicit agreement among many of these practitioners with conflicting views that 'psychosocial programming' constitutes a sector of humanitarian programming that is distinct, and parallel to, such other sectors and areas of programming as water and sanitation, food and nutrition, health, and shelter.[3] Application of knowledge and skills from such fields as psychology, psychiatry, anthropology or social work is often referred to as 'psychosocial programming' and the particular activities as 'psychosocial interventions'. Such programming tends to be understood as an area of intervention defined by the kind of result it seeks to achieve, variously described as trauma healing or the promotion of psychological or psychosocial well-being.

We believe and argue here that trying to establish psychosocial programming as a distinct sector is a conceptual blind alley and is ultimately not helpful, either to those addressing psychosocial issues or as part of the broader set of programmatic responses to conflict generally. The material, biological and psychosocial aspects of well-being are integrally related, and it is not helpful to try to separate them into separate areas of programming.

In the authors view, emphasizing 'psychosocial programming' has tended to compartmentalize mental and emotional issues as distinct from physical and material issues. We recognize that some interventions very appropriately address specific psychosocial issues and aim to bring about psychosocial well-being, but their potential effectiveness depends to a significant degree on whether biological and material needs are also being met. We believe that it is important that *all* interventions with populations affected by armed conflict should be informed by, and incorporate, a working understanding of the relevance of psychosocial issues. Trying to distinguish what is, or is not, a 'psychosocial programme' is ultimately not useful. Considering 'psychosocial programming' as a separate (or independent) sector of intervention can be counterproductive because it encourages actions that are isolated from other humanitarian interventions.

Also, the term, 'psychosocial', can be problematic in other ways. In our experience, it tends to create more confusion than clarity in work with populations not familiar with the Western concept of psychology. We have found that training members of a conflict-affected community to understand and apply the concept, 'psychosocial', is neither necessary nor a useful starting point for addressing what practitioners might define as psychosocial issues. The jargon gets in the way.

'Psychosocial' is a term with no literal translation in the languages of most communities affected by armed conflict. Its implication of medical (read: 'clinical') expertise leaves the lay person with a sense of alienation, and perhaps intimidation. Consequently, the term is frequently misunderstood, and its mystification puts it in the domain of so-called 'experts'. In camps for the internally

displaced in Uganda, people would cry out, 'the psychos are here!' when particular agencies would arrive. Using technical terminology further reinforces the idea that help needs to come from outside, since it requires specialised expertise, and therefore diminishes communities' confidence in their abilities to care for their own members. At the least, this could further erode the resilience that psychosocial interventions seek to strengthen; at worst it can harm. Whether intentional or not, practitioners sometimes come into communities with the attitude of having specialized knowledge to share, thus preventing a genuine learning exchange with community members about how issues of mutual concern are understood and how they might be addressed. This is particularly the case in emergency settings, where there is always the excuse of urgency to act. The resulting imported interventions, though, run the risk of being self-defeating. Even in emergencies, doing the wrong thing quickly is neither efficient nor effective.

Similar to the confusion the term 'psychosocial' can cause at community level, it is a rather fuzzy concept that can undermine clear communication and collaboration with practitioners who are addressing more concrete issues in the standard sectors of relief and development work. Effectively, some practitioners who address more tangible issues have the view that,'I don't quite understand what you are doing. It may be important, but it doesn't relate to my work'.

We are not arguing that the term, 'psychosocial', should be abandoned. Those familiar with, psychology, other social sciences, or social work can usefully employ the word as shorthand to refer to a complex set of inter-related issues in communication among themselves. What we are suggesting is an alternative way to conceptualize and communicate psychosocial issues and related interventions that involve a wider set of actors.

Those who have sought to define the area of 'psychosocial programming' have done so primarily in terms of the kinds of interventions that it includes. Galappatti (2003) describes the disagreements among practitioners in Sri Lanka over, 'what types of interventions can be considered psychosocial' and their articulated need 'for a clear, common definition that will settle these disputes'. Similar concerns have been raised in other countries by those addressing psychosocial issues among war-affected populations. Unfortunately, much of the unproductive debate that has gone on in the psychosocial realm has at its base differences about the classification of different interventions, which we believe is not the point. We suggest here, that it is more useful to think in terms of interventions that contribute toward well-being than it is to try to develop a system for determining whether a particular intervention should be considered 'psychosocial' or not.

Instead of the current debate about what constitutes 'psychosocial programming' as a sector of intervention, it appears more useful to consider action responding to psychosocial issues as a part of a comprehensive set of approaches which will enable conflict-affected populations to achieve an adequate level of well-being. Separating psychosocial needs from physical needs is not useful ultimately because these needs are inter-related and their fulfilment is inter-dependent. We contend that adequately fulfilling biological and material must include attention to inter-related psychosocial issues, and that adequate fulfilment of psychosocial needs requires adequate provision for biological and material needs. We present this point of view in the hope that such a re-conceptualisation of the psychosocial dimensions of

emergency response can lead to more effective integration of the whole range of interventions that may be essential to a population affected by armed conflict.

We believe that this debate is of concern to the broader humanitarian community because inadequate attention to the psychosocial dimensions of an emergency situation is a major underlying factor in programmatic failure. Things often begin to go wrong in the response to an emergency because the enterprise is conceived as rescuing helpless victims. We believe that the most important resource in an emergency *is* the affected population. From the earliest stage, planning and action should be based on an understanding of what people are able to do for themselves, and what input they require in order to be able to better meet their own needs. From day one in responding to an emergency, it is critically important for an agency to give some degree of attention to the time-limited nature of its role, and to begin to consider how to make its continued involvement unnecessary by improving the capacity of the affected population to meet its own needs.

Here are some basic points of reference for the approach we propose:

- activities intended to promote positive psychosocial results should be integrated with other interventions within the broader humanitarian context in order to promote the common goal of *well-being*;
- in situations of armed conflict, practitioners concerned with psychosocial issues, needs, or problems should focus on the results that they and the affected population want to achieve, and bring to bear a set of interventions that facilitate achieving these results; and
- significant collaboration is needed amongst practitioners addressing all areas of physical and psychosocial needs.

Need for an integrated perspective and approach

In emergency and development work, physical and biological issues tend to receive primary emphasis in terms of funding allocations and organisational priorities. Social, psychological, or psychosocial issues are, at best, seen as secondary. Maslow's hierarchy, which reinforces this view, has often been used in training related to emergency response. As typically presented in such training events, it suggests that human well-being depends upon the fulfilment of a series of needs, starting with the most fundamental physiological needs and progressing upwards through the need for safety, love, self-esteem, and self-actualization.[4] What this concept of reality implies is that in responding to an emergency, the first attention must be given to provisions to ensure the physical survival of the affected population. While we agree with that, we disagree with the operational assumption that follows and states that in emergency response attention to psychosocial issues has to wait until the physical and material needs have been addressed. Such an approach is based on the fallacy that the biological and physical issues *can be* effectively addressed without concurrently giving attention to psychosocial dimensions of the situation. In our view, this approach results in less effective programming in emergencies than what is possible and what should be the norm.[5] We believe that the biological, material, social and psychological dimensions of human functioning are inter-related and *cannot be addressed effectively if they are not addressed in an integrated way.*

In an emergency, it matters both what needs are addressed and how this is accomplished. In our view, emergency response can create longer term problems when those intended to benefit are treated as helpless victims at

the end of an aid pipeline rather than people who have survived because they have individual capacities. This manner of thinking is found in the 'Do No Harm' approach put forward by Mary Anderson and the Local Capacities for Peace Initiative.[6] While many humanitarian interventions do not have an explicit goal of promoting psychosocial well-being, they should all make conscious efforts to do no harm, and this should include avoiding psychosocial harm.

When a population is treated as if it is entirely dependent upon external aid, over time its members learn to become dependent, family roles and relationships are undermined, and community relationships can become distorted. Negative psychosocial impacts are generated both by peoples' experiences of violence, loss and displacement, and by the changes and stressful circumstances in which they may have to live, sometimes in an artificial environment or camp. When life is organised around the mechanisms of delivering material assistance that are most efficient for the government and aid agencies, rather than approximating and reinforcing normal family and community functioning among the affected population as closely as possible, psychosocial distress is intensified. Clearly, both *what* is done and *how* it is done matters. As Galappatti (2003) observed, 'what is crucial is not only what types of community development activities are carried out, but also fundamentally how they are implemented'.

These issues were addressed well in a report by McCallin & Fozzard (1990). The first part of their report presents statistical measurements of the stress women and children were experiencing in the Ukwimi refugee settlement in Zambia and their experiences with violence during the war in Mozambique. That report includes the following, broadly pertinent observations:

'*. . . there are very real concerns for the physical well-being of the women and children. In such a situation, the needs of the refugees are prioritized. Psychosocial needs are recognized, but, set against the necessity of providing adequate food, shelter and medical aid, do not generally receive more than a passing concern. They are seen as an "additional" need, which, in a climate of budgetary constraint and lack of professional resources, cannot be adequately addressed.*

The diffuse impact that the refugees' unmet emotional needs can have upon the successful outcome of a variety of programmes is not recognized. If the problem is conceptualized only as a mental health issue, then the situation is not likely to change. An approach, which recognizes psychosocial needs as a community issue, as well as an individual one, offers the possibility of addressing the concerns within existing community structures. . . .

Their emotional well-being will have been directly affected by the traumatic events they have experienced, but the changed circumstances of their lives compounds this effect, creating a cumulative impact upon their ability to cope. We consider it important, therefore, to address mental health needs within the broader framework of psychosocial needs, and to set them in the context not only of the refugees' past experiences, but also the present conditions under which they are living and trying to cope . . ..

An individual's psychological well-being has implications that affect all aspects of one's life − as a parent, a spouse, a friend, and in all the family and community relationships that give meaning to one's daily life. This is most pertinent when trying to understand the implications of the multiple losses experienced by refugee communities.'

It seems clear that well-being (and the mitigation of distress) is dependent on some degree of fulfilment of biological, material and psychosocial needs and that that these

should all be considered when assessing a situation of armed conflict and determining how to intervene to help the affected population.

A different paradigm

We suggest that programming for conflict-affected populations can be better integrated and made more effective by:

1. framing all interventions in terms of a common set of objectives to ensure well-being;
2. recognizing the various areas that contribute to well-being and the interdependence among them and further ensuring that appropriate programming attention is given to each of them;
3. considering the aspects of well-being meaningful to the population concerned; and
4. measuring program results in an integrated way.

The conceptual framework below can be used to facilitate dialogue, analysis, and planning among selected members of a conflict-affected population and those who design and implement interventions intended to benefit them. It identifies issues and elements in such contexts that are potentially relevant to the improvement of, or undermining of, individual and collective *well-being*. Each of these factors is discussed in the text below, and for each we have suggested examples of questions that may be relevant to understanding and making effective interventions. However, the most important questions to consider and address will vary from situation to situation.

The framework concerns well-being generally, not just its psychosocial aspects, because we believe that it is more useful to use an integrated perspective when responding to a vulnerable population. This is based on our experience that well-being has too often been considered in emergencies only within physical and material terms (or too narrowly in psychological terms by psychosocial programmes). Also, as we have indicated, an integrated approach is preferable to trying to distinguish what is or is not 'psychosocial', particularly within an emergency context. In addition, we believe that psychosocial skills and perspectives are broadly relevant to analysis and programming in emergency contexts and can help inform good programming across all sectors. However, because this article is for an audience specifically concerned with psychosocial issues, the 'operational considerations' included below are intended to draw attention to:

- contextual factors that can affect psychosocial well-being;
- issues that may need to be addressed to improve psychosocial well-being; or
- implications that psychosocial issues may have for interventions in sectors addressing material needs (e.g. water, sanitation, food, shelter, medical services, physical safety).[7]

One of the problems with typical programming in response to armed conflict is that the agencies involved tend to focus on single sectors of activity, rather than on the whole goal to be achieved.

In every sector, this can be understood to be an adequate level of well-being. To oversimplify things, sometimes it seems that the practice in relief and development work is driven by 'the rule of the tool' – which is, if you give a small boy a hammer, suddenly everything needs pounding. Too often programmatic interventions are determined more by what the people planning and implementing the programmatic response learned in school rather than the reality on the ground. This is not surprising, since many of us spend years in school seeking to gain some level of competence and academic

certification in a particular field of study. Before starting to work for an agency responding to the impacts of armed conflict, most practitioners invest years, money, sweat, and tears to earn academic recognition in a particular area of knowledge and practice (e.g. psychology, social work, public health, medicine, nursing, engineering, communication, architecture, etc.). Then we go out into the 'real world' and try to apply what we have learned. Some learn an interdisciplinary approach in school and may graduate knowing how to use both a 'hammer' and a 'screw driver', but all of us are limited to some extent by what we have learned about how to conceptualise problems and solutions.

Similarly, too often programmes fail to assess the knowledge and skills of the affected population or what they consider are their priority needs. Interventions are often developed based on what we 'know' to be the fundamentals of our sector of emergency response. We implement what we know how to do. Problems arise when practitioners see themselves as 'the experts' who know more than semi-literate community members. We convince ourselves that these community members need our understanding, for example, of psychosocial issues and how to address them. In the authors' experience, the 'psychosocial' training of members of a conflict-affected population can be one of the areas where problems arise. This is especially true when the starting point includes trying to make the term itself meaningful, rather than starting with what people already know, what they are concerned about, and how these problems might be addressed through their culture and capacities.

Three essential issues

We see safety, participation, and development as three contextual issues necessary to address in promoting the well-being of a population affected by armed conflict.

A Framework for Collaborative Analysis and Planning
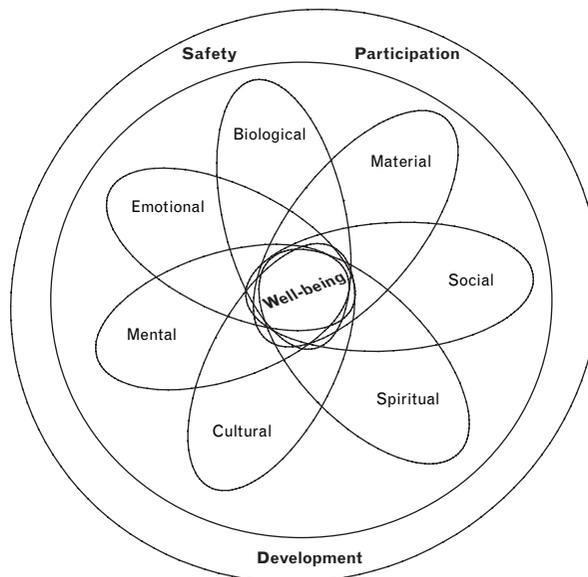
Safety. The need for safety is obvious. Without it, some people do not survive and well-being is not possible for the others. In a recent report on programming that responds to psychosocial issues among formerly abducted children and child soldiers in northern Uganda, one of the authors noted that the insecurity and crowding in camps for the displaced population present, 'a fundamental problem for appropriate implementation of the reintegration services for children who have returned from abduction. . .. How best to integrate children to live in an unacceptable situation is not a fully answerable question'. A recent 'Humanitarian Update' concerning the ongoing conflict and insecurity in northern Uganda by UN Office for the Co-ordination of Humanitarian Affairs observed that, 'the security situation . . . remained fluid, hindering activities of humanitarian agencies and civilians. The continued attacks are a cruel reminder of the rebel presence and capacity to destroy the lives of people in northern Uganda' (Williamson, 2005).

In relation to safety, we can mention the following operational considerations and questions.

- Which members of the population face the most significant threats to their safety?
- What are the causes of their insecurity?
- Which authorities are responsible for ensuring security?
- What targeted interventions can be made to improve safety?
- What can be done to improve the security of the population generally?
- How are 'security/safety' conceptualised by the population?

Participation. Participation implies *agency* – members of a conflict-affected population playing an active role in securing and maintaining their own safety, well-being and development. Including participation in the above framework reflects the central importance of working with members of an affected population and building their own capacities to meet their needs instead of only providing them with a one-way flow of assistance.

One example of children's participation in a project to pilot some participatory tools and methods in a conflict-affected area of Sri Lanka found that the main significant sources of insecurity for the children in the project were not necessarily the conflict. Snake bites, dogs and elephants all ranked high in the prioritisation of safety concerns for the children (Armstrong, M., Boyden, J., Galappatti, A. & Hart, J. 2004). This finding led to the development of new programme interventions to educate children about these issues and helping to allay their fears.

A new workshop process called *The Journey of Life* is a tool for participatory work. Developed by the Regional Psychosocial Support Initiative (REPPSI) in Southern Africa, it helps people at grassroots level consider what their children need, what threats children face locally and what the community can to address these threats. The tools included in *The Journey of Life* help communities to identify and define problems (obstacles to well-being) in their own terms, identify local resources and their own capacities, and to take action.[8]

In relation to participation, the following operational considerations should be mentioned.

- What is the demographic profile of the conflict-affected population?
- In what ways does the population currently contribute to meeting their own needs?
- What could they be enabled or assisted to do for themselves through material inputs,

better access to local resources, and/or training opportunities?

- How can assistance be provided in a way that promotes and encourages further participation?

Development. Development, in the above graphic, refers to processes at both the individual and societal levels. On the societal level, the inclusion of development refers to sustained socio-economic development. This is one element within the framework that some may object to, since the focus of this article is populations affected by armed conflict. How can development be considered within such contexts? We include it because we see development as a process, not an end point, and a process that should be considered even within the context of ongoing conflict. It may be viewed as a continuum that can begin with emergency relief and continues through to socio-economic reliance and stability. Including development indicates that what exists (such as potential resources and human capacities) and what is done (such as survival mechanisms and assistance efforts) even in an emergency context, can have either positive or negative implications for the evolution of a situation and for the longer term development. Respecting and involving the affected population in assessment of an emergency response helps to set a course that may eventually lead in the direction of peace and development. The negative case is perhaps easier to see: if we treat people as helpless victims, we undermine their prospects for future progress from relief to development.

At another level, including development in the framework also reflects the fact that the seven elements of well-being included in these frameworks do change over time. They are not static. Some degree of change is likely within each of them, and it is essential, in some of them, for the population's well-being to improve. The relationship among these areas may also change over time, with changes in each of the seven areas either supporting or undermining well-being.

Individual development is also implied. Children have developmental needs that must be met for them to grow and mature in healthy ways, and to function well in their social environment. Childhood is characterised by a number of developmental stages through which it is important to pass in order to become a healthy adult. Children's developmental needs can be found in all seven of the identified domains, and their ability to meet these needs and develop appropriately is essential to their well-being. Thus, interventions in various domains may (or may not) promote normal development. Adults too must be able to learn, adapt and change over time, as they typically progress through stages of development throughout their lives. Interventions in multiple domains may be needed to promote normal individual development.

In relation to development, the following operational considerations should be mentioned.

- What are the priorities of the affected population?
- What are their own capacities?
- How is the current situation different (better or worse) than it was at specific point in time previously?
- Considering such patterns of change, in what direction does the current situation appear to be evolving?
- What kinds of interventions could help the situation evolve in a more beneficial direction?
- How does the current situation affect the abilities of individuals (children and adults) to develop normally?
- Is the manner in which assistance is being provided promoting or limiting

individual and community developmental processes?

Seven aspects of well-being

Human well-being depends upon many factors. The overlapping ovals within the graphic framework above suggest that achieving individual and collective well-being depends upon what happens in a variety of areas, that meeting some minimum level of need in each these areas is essential, and that these areas are to somewhat inter-related. These areas of need and their fulfilment are all potentially relevant when assessing a situation and determining how to intervene.

The framework suggests seven overlapping areas (or aspects, elements, dimensions, realms or domains) upon which individual and group well-being depends. While they are represented in the diagram as all the same 'size', giving the impression they are equal, this is for convenience. Each represents a concept rather than a discrete set of things. Each area is distinct in some ways, as well as overlapping in others. Unlike Maslow's hierarchy, the framework does not suggest any priority or sequence among these aspects of well-being. It should not be understood as suggesting that each area necessary for well-being is equal to the others in importance, just that they are inter-related and to some extent, inter-dependant (for example, there are biological aspects of mental functioning and vice versa).

While the authors are inclined to see these seven aspects of well-being as having some degree of global relevance, we recognise that this view is derived from our own particular cultural and educational perspectives. Others may find that different terms or configurations better represent the key aspects of well-being in their own context.

Even from our perspective, these seven areas are fairly arbitrary. Any one of them could

be subdivided or represented differently. For example, aspects of human biology could be divided into the neurological, muscular, skeletal, physiological, reproductive, etc. Likewise, there are legal, political, economic and other aspects of social interaction. These seven areas are suggested because they seem to be fairly comparable in terms of their level of abstraction and are not overly technical. Readers, based on their technical orientation, purposes and conceptual abilities, may find other breakdowns better suited. Nonetheless, these seven are proposed with the intention of suggesting some basic concepts as meaningful points of reference for discussion among those involved in providing and benefiting from emergency response, regardless of their role or technical background.

A fundamental premise underlying the framework is that individual and group well-being are intimately inter-related. As human beings, we all require at least occasional help from others and depend on those around us not to do us harm. Furthermore, those of us who are very young, infirm or significantly disabled, may not survive without the help of others. Similarly, no group can exist or function without the individuals who make it up. Consequently, when considering what is required to achieve some level of human well-being, both individual and group aspects must be considered.

Since each of the seven areas overlap, they cannot be defined in ways that suggest they are mutually exclusive. Moreover, they are not presented as sectors of activity, rather as areas in which some results are necessary to enable a population affected by armed conflict to attain an adequate level of well-being. Two areas that have been suggested as additions to the framework are 'political' and 'economic'. Well-being depends, to a significant degree, on the adequate functioning of

political mechanisms. People also generally depend on some type of economic activity to meet their material needs. On reflection, both of these concepts refer to means of addressing inherent needs in the seven areas, rather than constituent elements. We also recognise, that using the framework in analysing a situation and planning how to promote well-being, lead directly to consideration of economic, political and other mechanisms.

Each of the seven areas included in the diagram is discussed below, with examples of how programming to meet these needs can contribute to, or detract from well-being. It is perhaps significant that most of these categories relate to a characteristic of resiliency, as discussed by Apfel & Simon (1996), further highlighting the integration of aspects of well-being.

Biological aspects of well-being

This area concerns the many inter-related requirements and functions necessary for human beings to live. It includes respiration, hydration, nutritional intake and the overall functioning of the body. Aid expertise that has particular application in this area of working with conflict-affected populations includes: water and sanitation, nutrition, public health, and medical services. It should also be recognised that the effectiveness of biologically essential interventions depends (partially) on a working knowledge of the social, cultural, and educational characteristics and opportunities and constraints of the population concerned. It must also include such factors such as their mental and emotional functioning, their physical environment, their social and cultural context and their spiritual condition (as defined below).

Some forms of mental illness are organic in origin and psychiatric medication can be very effective in treating them. Typically, though, there are also social, emotional, mental and cultural aspects of the illness that also need attention. In a situation of armed conflict, some people with mental illness are more at risk unless appropriate attention is given to their condition.

Human biology is inherently related to other biological elements of the environment we inhabit. The food we consume, for example. Much of our clothing and shelter is also of biological origin. Agriculture is inherently biological, but not exclusively so. As the diagram is intended to suggest, full understanding of the biological aspects of a crop and its environment would be insufficient to practice agriculture because there are many other factors from other aspects of well-being which can influence agricultural practices. Considering the categories in the diagram, agriculture also has material (tools), social (marketing systems) and mental (education) aspects. In many settings, agriculture also has social, cultural and spiritual dimensions as well. The implication for those who do relief and development work with a population affected by armed conflict is that some level of knowledge, skills and understanding of other aspects of well-being are necessary to address biological issues effectively.

The provision of food aid is an example of how the method of distribution can affect the psychosocial well-being of the recipient population. Pastoralist refugees from Congo were being given full rations of food aid in a refugee camp setting in Uganda. Relief workers noticed the lack of energy and motivation in the population. During a participatory evaluation exercise, the refugee representatives complained of how badly they felt not providing the food for their families, which they felt fully capable of doing if they were given some land for grazing and cultivation. The development of a

'self-reliance' refugee policy by the Government of Uganda, which offers long-term refugees some land suitable for cultivation and a certain level of integration into Ugandan communities, is an approach to humanitarian intervention that meets biological needs in a fashion that also promotes emotional and social well-being.

In relation to biological aspects of well-being, the following operational considerations should be mentioned.

- To what extent are members of the affected population able to meet their needs for water?
- To what extent are they able to meet their needs for food?
- What factors affect their ability to maintain their health?
- How do health issues and access to food and clean water vary within the contexts of: gender, age, ethnicity and other differences within the population?
- Which members of the population have the most difficulty meeting their own biological needs?
- Which members of the population are inherently favoured by current systems of relief distribution and which are disadvantaged?
- What measures may be needed to enable people with physical disabilities to meet their basic needs?
- Are there members of the population whose psychosocial distress or mental illness impairs their ability to meet their own biological or material needs, or those of their family members?
- Are there members of the population who have been subjected to physical torture?
- What skills do members of the population have that would enable them to better meet their own physical needs and those of their dependents?

- What inputs or resources would be required for these skills to be used?

Material aspects of well-being

There can be no well-being without a place to be. For our purposes, material aspects of well-being include the non-living aspects of the physical environment and all that is in it. This would include roads, vehicles, tools, equipment, the structures in which people live and work, and many aspects of their environment. Clearly material elements are essential aspects of well-being and are relevant to all of the others. Even spiritual aspects of well-being are affected to the extent that a population's sense of meaning takes into account the physical environment, or that religious practices involve places and structures for worship.

Shelter is one of the most important of the material aspects of well-being. Typically, it reflects cultural values and norms. In *Acholi* culture, a family unit builds additional huts as children enter adolescence. This is to mark their transition into independence, but also to allow parents privacy in their marital relations. With the current displacement due to conflict in northern Uganda of almost two million people, many displaced *Acholis* now live in congested camps, where every family is limited to one, small hut for all of its members. This reality is being blamed for the corruption in moral values of the young, who, they argue, are now entering into sexual activity at an early age due to exposure to their parents' sexual activity. This change is lamented by all generations, and blamed for significant psychosocial distress.

In relation to material aspects of well-being, the following operational considerations should be mentioned.

- What aspects of the environment threaten the survival or health of the population?

- What resources within the environment are members of the population currently using?
- What resources were they using prior to the current circumstances (and if there is a difference, how is this perceived by the population?)
- What potential is there within the local environment for resources that the affected population might use in meeting their own needs?
- Are there cultural, spiritual, or other beliefs or practices of the affected population that affect how they relate to their current environment?
- What aspects of the local environment are threatened by the survival strategies of the affected population?
- Are some aspects of the environment particularly hazardous to children, women, or people with physical or mental disabilities?
- What legal, cultural, or other factors determine access to land?
- How do current shelter arrangements affect social relationships within families and more broadly the community?

Mental aspects of well-being

As we use the term here, mental aspects of well-being concern cognitive and other functions of the mind, which including learning how to learn, acquiring information, and being able to use it. In order to function and attain some level of well-being, all human beings need information about their environment, circumstances, threats, opportunities, constraints, opportunities, and so forth; and they need to be able to take in, process, apply, and retain essential information. School is one response to cognitive needs, but the concept here is much broader than formal education. In addition, mental illness typically affects cognitive, emotional, social, cultural and spiritual functioning, and there may also be cognitive, emotional, social and cultural aspects of its treatment.

Understood in this broad way, the mental and informational needs of people affected by armed conflict are significant, and often not adequately addressed by those who intervene in such emergencies. Anyone who has ever worked in an emergency knows the importance of information. You need to know what is happening, what is likely to happen, what resources are available, how they can be accessed, what areas are likely to be safe and which are dangerous – the list is endless. Even more so, the affected population has extremely urgent needs for information relevant to their circumstances, survival and safety. Helping a conflict-affected population to improve its well-being requires ongoing attention to how they can obtain the information that they need.

For example, rural women in a remote, conflict-affected mountainous region on the border between the Democratic Republic of Congo and Uganda were participating in a programme promoting internal savings and lending, while at the same time offering literacy classes and other social activities. When asked their feelings about the programme, all of the women responded enthusiastically that they were very happy to have learned to read. One woman gave a specific example of why she was happy: She explained that often people would be asked to deliver written messages, and there was always suspicion that they were from the rebels. Now that she could read, she said, if anyone asked her to carry a message when she was going to market, she could read and know if it was related to some rebel activity. She said this made her feel safer. So the literacy and savings programme not only boosted family income, but also increased the confidence and sense of personal safety of women affected by two generations of conflict.

For children the opportunity to go to school is incredibly important in a conflict-affected situation, provided they could do so safely (Interagency Network, 2004). Education is a key activity that illustrates the inter-relatedness of mental, emotional and social needs. In addition to promoting cognitive development for children, going to school on a regular basis establishes a degree of normalcy and dependability in a situation that has been disrupted by conflict. We would argue that school is second only to the family in terms of children's emotional well-being. For parents, and the population generally, it is important for children to be able to go to school because seeing their children go to school on a regular basis is an emotionally important indicator for adults of social normalcy.

How education and training is provided, however, also impacts psychosocial well-being. Well-intentioned efforts to develop special programmes for groups deemed to be particularly vulnerable, such as child soldiers or orphans, can stigmatise and marginalise such children to an extent that it may outweigh the benefits of a good academic environment. It is important to recognise that in a conflict-affected community, all children are potentially vulnerable and in need of services. Children themselves recognise this clearly. In Kinshasa, in the Democratic Republic of Congo, a group of former child soldiers were meeting with a consultant from a child protection agency that had been providing support services for these boys. One of the boys had a question for the consultant, asking her why the agency was only providing support to child soldiers. 'I don't really need the help', he said. 'You should help the boy who lives next door to me, he wasn't a soldier, but he's really poor'.

In relation to mental aspects of well-being, the following operational considerations should be mentioned.

- What kinds of information and skills do people need to avoid harm and maximise their use of available resources in their current environment?
- What are their current sources of information? (Are they adequate? Accurate? Who controls them? Who has access to them and who does not?)
- What kinds of knowledge and expertise are available within the affected population?
- Have there been changes in the sources of available knowledge and expertise or how these are transmitted, due to the current circumstances?
- Are there skills in conflict management and resolution that could be taught which might help to reduce or mitigate conflict?
- What kinds of knowledge or skills could help people to improve their livelihoods?
- What opportunities exist to promote cognitive development of children? (Are schools functioning? Are normal patterns of informal learning continuing?)
- Is mental disturbance putting the survival of some members of the population at risk?
- What might be done to improve their safety?

Emotional aspects of well-being

The increased development in recent years of programming to address psychosocial issues reflects in part the recognition that it is important to give attention to the severe emotional consequences of armed conflict. Well-being depends upon the concrete circumstances in which one lives, but we must also *feel* well in order to truly be well. It is somewhat arbitrary to distinguish between mental (as we have used the term above) and emotional well-being, since these areas are so closely related, but since our purpose

is to highlight issues that require attention when responding to armed conflict, it seems important to distinguish the two areas within the framework. Ensuring ongoing access to relevant information and the essentials for safety, health, shelter, and nutrition are all relevant to emotional well-being, but it also must be recognised that an adequate level of emotional and mental functioning are important to making effective use of the material resources and opportunities available. The quotes above from Galappatti and from McCallin & Fozzard make this point.

Fear is a pervasive emotion in situations of armed conflict and one that has many consequences. Fear is at the same time essential to survival and can undermine well-being. The capacity to fear is built into human beings because it is an adaptive response to threat that is part of our evolutionary heritage. Fear prepares us for fight or flight; it preoccupies us with the threat at hand, and prepares us to act, not to think (which is one of the reasons it is so often manipulated to achieve political goals). From a psychological perspective, fear is a primal emotion that often underlies other emotions. Anger and hatred, for example are often stimulated and sustained by fear. These emotions are driving forces in situations of armed conflict. Clearly, alleviating fear and the circumstances that cause it are essential to well-being and to building peace.

While love is more than an emotion, feelings are perhaps the most obvious aspect of it. We would agree with Maslow that love is an essential human need. From an operational perspective, this is one of the reasons that preserving family unity and reunifying family members, especially separated children, is an essential part of any emergency response. Happiness is not a word that one normally encounters in articles about responding to armed conflict, but it can be argued that the capacity and opportunity to experience happiness and joy is essential to human well-being.

Much more could be said about the relevance of emotions to well-being. Trust and a sense of connection are essential to social interaction. Self-confidence and self-esteem are keys to personal development and the ability to care for oneself and family. Interventions may either foster these or inadvertently promote feelings of shame and humiliation, thus undermining the original progress toward well-being. It has been reported in some emergency circumstances (such as the Gujarat earthquake in India) that the distribution of used clothes to an affected population brought a sense of shame, given the local cultural norms about dress and appearance. Programmes addressing sexual violence must be particularly cognisant of the social and cultural taboos on the subject and the risk of identifying survivors publicly. There is a significant medical literature on the links between emotion and physical health. The emotional and spiritual aspects of human experience are closely entwined. A sense of safety is largely dependent upon one's material circumstances and knowledge of these circumstances. Emotional capacity may be an integral part of human beings, but one that develops over a lifetime into the capacity to recognise and respond to feelings within others and ourselves.

It should also be recognised that adversity could develop positive qualities, not just negative impacts. For example, some children formerly associated with fighting forces admit that they gained a strong sense of identity, confidence and esteem while participating in combat, and that it is quickly eroded by a disarmament, demobilisation and reintegration process that associates participation in armed forces with only harmful outcomes.

In relation to emotional aspects of well-being, the following operational considerations should be mentioned.

- Does the psychosocial distress of some members of the population prevent their ability to function safely?
- What aspects of the current environment are most stressful for members of the population (according to age, gender, ethnicity, religion, or other factors)?
- How is that stress manifested at individual and community levels?
- What cultural, social, or religious mechanisms have members of the population traditionally used to cope with stressful events? (Have these changed? If so, why, and how are those changes perceived? Do methods of assistance promote, or obstruct, these traditional practices?)
- Are there other types of contextually and culturally appropriate interventions that might be appropriate?

Social aspects of well-being

Any human interaction is social. Human beings living in the same area develop social rules and patterns that make interactions among them more predicable. We need to know what to do and how to behave when we encounter someone else. In a situation affected by armed conflict, such rules and patterns may break down due to the divisions, fear, displacement, loss or other dynamics caused by the conflict. As the term is used here, the 'social' aspects of well-being involve human interaction that may be influenced by legal, political, economic, informal or cultural factors.

The family is the fundamental social unit of a society, and the preservation and reunification of families is incredibly important in situations of armed conflict. When writing in 1943 about the importance of family care for children during the Second World War and comparing children who had been evacuated from London with those who had remained with their families throughout the blitz, Anna Freud and Dorothy Burlingham wrote:

'The war acquires comparatively little significance for children so long as it only threatens their lives, disturbs their material comfort or cuts their food rations. It becomes enormously significant the moment it breaks up family life and uproots the first emotional attachments of the child within the family group.'[9]

Despite the importance of family unity, programmes for children and youth in camps for refugees or displaced populations often focus solely on the children and youth, in an effort to maximise resources for them, while ignoring the role of the adults in the life of the children. A youth-oriented reproductive health programme in a refugee camp in Tanzania initially did not allow adults, such as parents, into the centre, because it wanted to create a 'safe space' for youth. The very traditional parents were offended and became convinced that the centre was showing pornography during its video education sessions. As a result, some parents no longer allowed their children to go to the centre. Once parents were invited to visit the centre and to contribute to the development of the programme, children started coming back and the programme developed a parent–peer educator programme, which recognised of the needs of the whole family.

Membership and participation in a social or cultural group is integral to the identity and daily functioning of most people. The disruption of social functioning that armed conflict causes typically undermines well-being. Enabling an affected population to regain, as much as possible, their normal social functioning can improve well-being. Often, effective response to a conflict-affected

population involves re-establishing the rule of law and respect for basic human rights, civil and political structures, economic relationships, cultural functioning and opportunities for group religious practices.

In relation to social aspects of well-being, the following operational considerations should be mentioned.

- How are separated children within the population currently being cared for? (Where are they are and how many are they? What changes may be needed to ensure their safety and well-being and to facilitate family reunification?)
- What aspects of the current situation strengthen the integrity of family units?
- What aspects undermine family functioning and unity?
- To what extent are men, women, girls and boys each able to carry out normal social roles?
- What social strains do limitations on these roles create?
- How does the current situation affect traditional social roles—positively and/or negatively?
- In what economic activities are members of the affected population currently engaged?
- What opportunities might be developed to expand their opportunities for economic self-support?
- To what extent are governmental authorities willing and able to ensure the protection of the population?
- Are particular segments of the population (based on aspects such as ethnicity, class, gender, etc.) excluded from protection or participation in political decision-making?

Cultural aspects of well-being

Culture involves learned patterns of belief, thought and behaviour. It defines how things are supposed to be for us. How we interpret what we experience is, to a significant degree, culturally determined. Cultural patterns evolve within a population over a long period of time to give meaning and order to its members' experience and interaction. Culture makes life and its stages more predictable, and enables a society to maintain itself. A culture also develops, adopts, or adapts the tools, types of shelter, transportation, and other physical items needed to maintain itself. It defines standards of beauty, both of things and of people, and prescribes acceptable and unacceptable ways to express emotion. It defines what behaviour is considered normal or abnormal. A culture evolves and changes over time, but not always easily or smoothly. The reasons or conditions that led to the development of certain behaviours in the past may no longer pertain in the present (for example, when there is displacement between rural and urban areas), yet people tend to continue the behaviours that they know. Traditional cultural practices may clash with new realities caused by armed conflict or displacement, or culture may in turn offer ways of coping with these changes. At the group or community level, culture and social norms evolve and change over time. This can be beneficial or harmful to the population as a whole, or to particular members within it. Change may further exacerbate the stress of a conflict situation, with significant changes in gender roles and expectations, changes in diet and shelter, agricultural practices, or other factors.

For example, culture can contribute to conflict where cultural groups have incompatible understandings of their environment and how to function within it. Cultural patterns of belief and behaviour may generate conflict, for example within a society or between societies as competition for limited resources becomes more intense. Conflicts between

pastoralists and agriculturalists, for example, are cultural as well as economic.

Conflict may also develop between generations within a culture. In a displaced population, children and young people tend to adapt more quickly to a new situation than their parents and grandparents, who may be more steeped in traditional ways of life.

Culture is typically also linked to language, through which members of a cultural group learn it as they grow up. Language can also help define cultural boundaries; which is 'one of us', or not. It can enable, or frustrate, communication.

Those who work with a conflict-affected population need a working knowledge of its culture(s). They need some understanding from the population's perspective of what was the norm and what is now current practice. Those who intervene need to consider these cultural norms in relation to the current context and its opportunities and constraints. Problems often arise with a conflict-affected population when the opportunities of its members to support themselves and function in their normal way are prevented by the situation. For example, a camp for a displaced or refugee population is a new and very artificial environment that becomes more problematic the longer that people are required to live in it. Finding themselves in a totally new cultural environment can cause what Maurice Eisenbruch (1991) has called, 'cultural bereavement', which refers 'to the experience of the uprooted person or group- resulting from loss of social structures, cultural values and self-identity. . .'.

Before initiating any intervention to address needs within a conflict-affected population, it is important to assess the extent to which its cultural and social means of coping with their needs and problems are intact and, to the extent that these are not functioning normally, the potential to revive or strengthen

them. Helping the population recover from the effects of armed conflict may involve enabling them to re-establish an adequate level of normal cultural functioning, and/or adapting traditional cultural practices to significantly changed living circumstances. For example, in the early 1980s, a group of Cambodian refugees in the Khao I Dang camp in Thailand were in training as para-professional social workers and were asked to list the greatest needs and problems in the camp. Despite the many difficult aspects of their daily life and confinement in the camp, the trainees ranked 'restoring traditional Khmer culture' as the most important issue on the list.

The changes in cultures that come as a result of conflict may not always be bad. In some cases there are opportunities to help a population change traditional practices that are harmful to some members of a population, particularly ones that can violate the rights and well-being of women and children. Humanitarian interventions may introduce new ideas and practices. For example, in northern Uganda over 90% of the population is living in internal displacement. Relief workers visiting a large camp for the displaced learned from the camp leadership of a number of hearing-impaired and mute children in the camp. Leaders told the relief workers that special educational programmes needed to be set up for the children, though when asked, they admitted that these children previously did not have such services. Later, the relief workers discussed this situation, and it was suggested that perhaps the displacement itself was highlighting the issues of particularly vulnerable children who may have been culturally marginalised. They agreed to help develop services needed, since this new thinking would return to the communities during resettlement and be a positive outcome of displacement.

In relation to cultural aspects of well-being, the following operational considerations should be mentioned.

- What are the ethnic or linguistic differences within the affected population?
- What are the ethnic or linguistic differences between a displaced population and the local population?
- What roles do cultural factors play in the conflict?
- Are there any traditional mechanisms for conflict resolution that might be supported?
- Are there cultural beliefs that result in some members of the population being subject to stigma or discrimination?
- What are the cultural implications of gender for the population and what are the implications concerning gender for interventions?
- What are the differences in cultural beliefs and practices between the conflict-affected population and those who intervene regarding the causes of illness, psychosocial distress, spiritual issues, etc?
- How might these differences affect provision of assistance?
- Are there traditional healers, midwives or other cultural helping roles within the population? (What roles are these people currently playing? How does this relate to current or planned interventions? What roles might they play?)

Spiritual aspects of well-being

The vast majority of the world's population finds meaning and value in some kind of religious expression or practice. Religion and spirituality are not the same, but religion (whether one of the world's major religions or indigenous traditional beliefs) can be understood as a structured way to deal with the spiritual reality in which participants believe. Because spiritual belief and practice are so pervasive, we believe that it is essential to include this dimension when considering the elements required for well-being.

Garbarino & Bedard (1996) make the distinction between religion and spirituality. They define the latter as 'the inner life of children and adolescents as the cradle for a construction of meaning'. Applying that understanding to adults as well as young people makes their definition of the spiritual relevant here. For most people, spiritual beliefs and practices are intimately related to their sense of well-being. Many Northern practitioners who address psychosocial issues among people affected by armed conflict would make a distinction among psychosocial issues, physical health, and spiritual issues. However, among many conflict-affected populations, these would not be meaningful distinctions. For those who intervene in a situation of conflict, it is important to have some level of understanding of a population's spiritual beliefs and religious practices because these relate directly to their emotional well-being, normal social functioning and the restoration of cultural integrity. Enabling a population to resume its traditional religious practices can be an important part of their recovery from the impacts of armed conflict.

In relation to cultural aspects of well-being, the following operational considerations should be mentioned.

- How does the spiritual beliefs of the population influence their ability to cope with loss and distress?
- To what extent are people able to carry out their normal religious practices?
- What roles, if any, has religion played in creating or mitigating conflict?
- What roles are religious or spiritual leaders currently playing in the population?
- Does a religious ceremony, belief, or practice offer the possibility for enabling

distressed members to find meaning in their situation and recover from traumatic experiences?

- How do differences in religious or spiritual beliefs between the target population and those providing assistance impact that assistance?

Needs, rights and well-being

Much of what has been written in recent years regarding relief and development work takes a rights-based approach. We have not used this language above because it would have added an unnecessary level of complexity to the essential points we wished to make. We would like to state that the understanding that underlies this paper is that well-being and the fulfilment of human rights are two sides of the same coin. Human rights are the formal recognition in national and international law of what is essential in terms of fulfilling basic human needs, and preserving human dignity. The following are some points of reference that we believe are relevant to programming for conflict-affected populations.

- Human beings are entitled to the fulfilment of their rights, which are defined in national and international law.
- The fulfilment of human rights is a legal obligation undertaken by governments, which puts much of the responsibility for their fulfilment on those governments.
- A rights framework is needed when comparing what is with what should be.
- A rights framework is essential, but it is not sufficient in itself to guide programming.
- There is no contradiction between giving attention to human rights and human needs; these approaches can and should be complementary.
- Rights cannot be properly understood without understanding needs.

- For children needs are not only immediate, they also include the requirements for healthy development.

Conclusion

There has been longstanding disagreement among practitioners who address psychosocial issues in relief and development contexts about how to define this field of practice. As we have explained here, it is extremely important to address psychosocial issues in situations of armed conflict. But we maintain that it is more useful to re-conceptualise the whole enterprise of emergency response and focus on the results to be jointly achieved by all types of intervention, rather than to focus on psychosocial interventions as a sector of practice. The framework and its description presented above suggest that the basic elements required for well-being are interrelated and that the operational implications of these relationships need to be recognised and addressed in all programming intended to benefit a conflict-affected population. We present this framework in the hope that it can be used (modifying it as necessary to be contextually relevant) to understand more clearly both how to achieve positive psychosocial results and to clarify the relevance of psychosocial issues to all humanitarian interventions in situations of armed conflict.

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[1] For a thorough discussion of the development of psychosocial programming in humanitarian work, refer to Maryanne Loughry and Carola Eyber, *Psychosocial Concepts in Humanitarian Work with Children: A Review of the Concepts and Related Literature.* National Academies Press (2003).

[2] In the humanitarian context, there is general consensus on the definition of 'psychosocial' as 'the dynamic relationship that exists between psychological and social processes, each conti-

nually influencing the other', Written by Elizabeth Jareg in consultation with Marie de la Soudiere, this definition was reviewed and agreed upon at the UNICEF Regional Workshop on Psychosocial Care and Protection in Nairobi in April 1997. At the same time the Symposium on the Prevention of Recruitment of Children into the Armed Forces and Demobilization and Social Reintegration of Child Soldiers in Africa, organized by UNICEF in co-operation with the NGO Sub-group of the NGO Working Group on the Convention on the Rights of the Child, Cape Town, 30 April 1997, which adopted the Cape Town Principles, agreed to a similar definition referring to 'the close relationship between the psychological and social effects of armed conflict, the one type of effect continually influencing the other'.

[3] This article was motivated in part and influenced by the conceptual framework developed by the Psychosocial Working Group. See for example, 'Psychosocial Intervention in Complex Emergencies: A Conceptual Framework', Psychosocial Working Group (October 2003), Alison Strang & Alastair Ager, 'Psychosocial Interventions: some key issues facing practitioners'. *Intervention,* December 2003, *1* (3), 2-12.

[4] The terms used to describe each successive level of need vary somewhat among trainers, but the fundamental concept of a pyramid of needs based on physical needs and progressing upward is consistent. Perhaps the earliest published version is, Maslow, A. (1943). A theory of human motivation. *Psychological Review, 50,* 370-396. Retrieved June 2001, from http://psychclassics.yorku.ca/Maslow/motivation.htm.

[5] We are not breaking new ground in questioning the utility of Maslow's hierarchy in conceptualising human need. See, for example, Linda Richter', Parenting and Poverty: Young Children and Their Families in South Africa', Chapter 9 in Lotty Eldering & Paul Leseman, *Effective Early*

Education: Cross-cultural Perspectives. Falmer Press, New York, pp. 191–211.

[6] *Do No Harm: How Aid Can Support Peace or War.* Lynne Rienner Publishers, 1999.

[7] If used by a group of practitioners with a more diverse set of backgrounds, the framework might generate a more varied set of operational issues to consider. These operational considerations are framed as examples of the kinds of questions that may be important to address in a given situation and are by no means exhaustive. These operational considerations cut across sectoral lines. This may make the framework more useful because its focus on the various requirements for well-being encourages consideration of priorities for action from the perspective of the conflict-affected population, rather than in terms of standard sectoral implementation requirements. For the collective response to a population affected by armed conflict to be effective, multiple kinds of expertise and intervention (much of which is likely to exist with the conflict-affected community) must be applied in an integrated way that makes sense to the population concerned.

[8] *The Journey of Life* is available from the Regional Psychosocial Support Initiative at: http://www.repssi.org/ or at: info@repssi.org

[9] From *War and Children*, Medical War Books, New York, as quoted by Kirk Felsman in 'Young children in complex emergencies', Early Childhood Matters, June, 1998.

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