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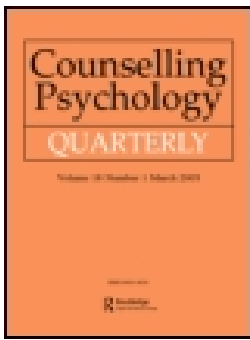
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**RESEARCH REPORT**

# Critical incidents for refugee counsellors: an investigation of indigenous human resources

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**ABSTRACT** *The mental health of refugees is increasingly being recognized as an important dimension of refugee welfare. In 1992 the Finnish Refugee Council established one of the first aid programmes to provide a therapeutic intervention to traumatized refugees. In an attempt to establish the necessary therapeutic skills to work with this client group, we investigated the experiences of 15 refugee counsellors, using the technique of Critical Incidents Analysis. All of these counsellors were themselves refugees. Key features of their work are identified and the pros and cons of employing refugees as counsellors are discussed.*

The prolonged armed conflict in Mozambique has created a life-threatening environment in which the civilian population has been the target of Renamo (Boothby, 1991; Stuvland, 1991). As a result large scale displacements of civilians has occurred not only within Mozambique, but also across international borders and especially into Malawi. Mozambican refugees started entering Malawi in large numbers in 1985 (Dzimbiri, 1992).

In the department of psychology at the University of Malawi we have sought to develop an understanding of the psychology of refugeehood both from the perspective of the refugees themselves (Ager, Ager & Long, 1991; MacLachlan & Kanyangale, in press) and from the perspective of those who work with refugees (Ager, 1992; MacLachlan, 1993; MacLachlan & Mc Auliffe, 1993; MacLachlan & Makwakwa, 1993). In this paper we combine these perspectives by reporting on the experiences of refugee counsellors, who were themselves refugees. In doing so our concerns are twofold: firstly, to identify the training needs of refugee counsellors, and secondly, to consider whether refugees are well placed to provide a therapeutic intervention to other refugees, or not.

These questions are of crucial importance for how the mental health of refugee populations is managed in future conflicts. To place the present study in context we begin by providing a brief overview of the psychology of refugeehood.

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### **The psychology of refugeehood**

The war in Mozambique has had a devastating impact at the individual, family and societal levels (Boothby, 1991; Ferris, 1991). Large numbers of Mozambicans have been uprooted from their familiar social and cultural milieu (Boothby, 1991; Save the Children, 1990; MacLachlan & Kanyangale, 1993). The psychosocial impact of relocation and the disruption of the social and cultural milieu may result in loss of self-identification, social isolation, loss of the sense of security, and loss of the sense of well-being (Boothby, 1991; Dodge & Raundalen, 1991).

The separation of family members from each other occurs because flight is immediate and unplanned in most cases (Ressler *et al.*, 1985; Boothby, 1991; MacLachlan & Kanyangale, 1993). A substantial number of Mozambican refugees have suffered the psychological impact of separation from parents, family, neighbours and friends, whom they often fear are dead (Boothby, 1991). Such separation often removes the protection and social support that can help individuals to cope with the psychological effects of trauma and distress, experienced before or during flight (Athey & Ahearn, 1991; Ager, 1992; Boothby, 1991).

For most children loss of parents or long term separation from parents, particularly the mother, is an overwhelming experience (Athey & Ahearn, 1991). Usually, when a child loses a parent in a war context, it is through unanticipated and violent death. Both children and adults may disbelieve the reality of sudden violent death. Severe grief reactions, sleep disorders, depression and other emotional problems are common (Pynoos & Nadir, 1988; 1990). Furthermore, the loss of a parent is likely to generate feelings of vulnerability since family disintegration will disrupt and deprive the child of the protective social network which promised normal development (Boothby, 1991; Athey & Ahearn, 1991). The emotional problems of children may escalate when surviving family members themselves suffer psychological distress making them less able to respond to the emotional and social needs of the child (McCallin, 1991).

In the context of refugee women, loss of a spouse may directly expose her to major environmental stresses (Ressler *et al.*, 1985). The difficulty of taking on new roles in a refugee setting may pose a further source of stress. Preserving the family entity may become more difficult in exile, further straining the good relationship between mothers and their children, which is fundamental to the psychological well being of refugee children (Ager, 1992; Ferris, 1991, McCallin, 1991). Subsequent to war-related experiences pessimism about the future is common (Pynoos & Eth, 1986).

Mozambican refugees may have suffered the severe psychological impact of being compelled, sometimes under the threat of death, to harm or kill others (Boothby, 1991; Dodge & Raundalen, 1991; Wilson, 1992). Such war experiences often generate feelings of guilt. The exposure of Mozambican children to the violent, abusive and dehumanizing world of war has bred 'child soldiers'. These children have been socialized into a world of violence and aggression, one which is uncaring regarding the plight of others (Boothby, 1991; Wilson, 1992). Of course this world also produces women soldiers and adult and childhood victims of repeated rape,

with its devastating psychological scars (Boothby, 1991). The norms of base camp life, which legitimize and rationalize aggression, violence, rape and other asocial behaviours, may have profound effects on the individual's personality and functioning (Wilson, 1992; Boothby, 1991).

Some Mozambican refugees have been the victims of or have witnessed torture, public beatings, physical mutilation, stabbings and other gruesome events (Boothby, 1991). Inevitably, such events erode confidence in the integrity and security of human relationships (Pynoos & Nadir, 1988). Most of the war-related distressing events which refugees experience fall within the definition of trauma (Dodge & Raundalen, 1991). A great deal of energy may be required to repress the thoughts and feelings related to traumatic experiences (Dodge & Raundalen, 1991). However, traumatic events are usually still re-experienced in a variety of ways (Pynoos & Nadir, 1988; 1990). Consequentially symptoms of post traumatic stress disorder are common among children exposed to violence (Pynoos & Nadir, 1990).

Some of these disruptive consequences are short lived while others may have life-long effects on the processes of development (Ager, 1992; McCallin, 1991). Furthermore, the cumulative effects of exposure to a series of traumatic events, as well as the individual's own effort to cope, may complicate the problem and its treatment (Ochberg, 1988).

These considerations underline the importance of developing methods and mechanisms for early intervention in order to address the mental health and developmental needs of refugees. From the developmental perspective, helping refugee women recover their mental health also provides greater support to the well-being of refugee children. This is one reason why the two programmes within Malawi which have specifically addressed the mental health problems of refugees, have focused on women and children.

### **Refugee counsellors**

Working to alleviate the distress of refugees who have suffered traumatic experiences is demanding work which is likely to have an emotional effect on the workers themselves (MacLachlan, 1993). While such relief work may be provided by a plethora of agencies, Ager (1992) has argued for the benefits of using indigenous resources in the management of refugee problems. Within Malawi the Finnish Refugee Council (FRC) has extended this logic to recruiting refugees to work as counsellors for those refugees who have been severely disturbed by war-related experiences.

It may be argued that the use of refugees in counselling traumatized refugees has a number of advantages:

- (1) They are familiar with the culture of the traumatized refugees.
- (2) They share the experience of being displaced from their communities.
- (3) They may share the experience of traumatization.

- (4) They are a readily available source of labour, as they are unemployed and living within the refugee camps.
- (5) Within the context of very scarce resources refugees represent an inexpensive source of labour, as compared to recruiting people from the host country or to recruiting foreigners.
- (6) The involvement of refugees in helping other refugees may assist in establishing a sense of independence as well as an atmosphere of self-help and community.

Despite the potential benefits of recruiting refugees to act as counsellors, our review of the literature suggests that the experience of refugeehood can have pervasive and distressing effects. However, that all refugees are to some extent suffering as a result of their flight can certainly be disputed (MacLachlan & Kanyangale, 1993). Another barrier to the effectiveness of refugees as counsellors could be their generally low level of education. This may effect their ability to assimilate the necessary skills to become effective counsellors within the short period of their training.

The present study therefore sought to investigate the experiences of 15 refugees who had worked as refugee counsellors with the FRC. By employing the methodology of critical incidents, which has previously been used to identify the training needs of students working with refugees (MacLachlan & Mc Auliffe, 1993), we sought to answer two questions:

- (1) What are the training needs of refugees who are to work as refugee counsellors?
- (2) Are there any difficulties with regard to employing refugees to counsel other refugees?

## **Method**

### *Subjects*

Fifteen refugee counsellors of Mozambican nationality were interviewed out of a total of 36 counsellors, who 11 months previously had completed the Finnish Refugee Council's two-week induction programme on counselling.

The induction course ran for four hours a day over a two week period. The following topics were covered in the course: human development, development disrupted by war, ways of working with families, communication, working with war affected children, and working with war affected families. Role playing and practical casework were important components of the training course.

The FRC programme, one of the first in refugee assistance programmes to specifically target mental health, was addressed to providing a therapeutic intervention for women and children who had been traumatized through their war-related experiences. The mode of intervention was through Group Work which included discussing war experiences and taking part in activities. Each of the counsellors acted as a Group Leader to a number of refugee women or children. The 15 counsellors interviewed were selected on the basis of their availability during the five days when interviews were being held at Luwani and Chifunga Refugee Camps, in the south western part of Malawi, close to the border with Mozambique.

Eight male and seven female counsellors were interviewed. Although some counsellors were reluctant to give their age (culturally this is a rather sensitive and private matter, and in some cases people do not know their exact age), counsellors were mostly between the ages of 20 and 40. Eight counsellors (four men and four women) had been working exclusively with children while the other seven counsellors (four men and three women) had worked exclusively with women. The ability to read and write was a requirement for being chosen as a counsellor. On the basis of a screening questionnaire (concerning education level, life-history and so on) refugees were recruited to act as counsellors. On average counsellors had been educated to advanced primary school level.

### **Procedure**

As with other refugees it is possible that refugee counsellors may themselves be suffering with feelings of humiliation and self-defeating thoughts (Ochberg, 1988). This in turn may effect the readiness with which they will disclose weaknesses and training needs. The flexible critical incident technique commonly used in the field of Occupational Psychology has the advantage of allowing interviewees to reflect on their past job performance, without directly inquiring about their training needs (Flanagan, 1954). This technique was previously used in the context of refugee counselling to assess the experiences of two Psychology students serving an Internship with Save The Children Federation in another part of Malawi (see MacLachlan & Mc Auliffe, 1993). Although the procedure followed in this study was essentially the same, the explanation of the procedure and rationale given to the refugee counsellors, was slightly longer and involved more repetition. This was because of the substantially lower level of education of subjects in the present study.

Interviews were conducted in Chichewa under round, thatched roof huts within the refugee camps. Each counsellor was interviewed individually. The interviewees were told: "The interview will involve you recalling some incidents which have happened during your work experience in the camp. The incidents I am going to ask you to identify and recall are those which made a striking impression, or strong impact, on you. A Critical Incident has a beginning and an end and its outcome is of relative importance to the objectives of your work. The incidents should be 'critical' to your work as a counsellor in the intervention programme."

### *Statement of objectives*

"Every job has objectives and identification of what are the objectives of your job is an initial step in identifying critical incidents. I would like you to state your own opinions about what you see as the objectives of the job you are doing. I do not want you to tell me how other people have understood or described the objectives of your work. You have experienced the job. You are therefore an 'expert' in your own right. As an expert, you are in the most appropriate position to define the objectives of your work." Every interviewee was requested to come up with six specific and clear statements concerning the objectives of their work.

### *Recording of critical incidents*

Following the identification of objectives, which were read out by each interviewee, they were then asked to recollect one critical incident which had a positive impact and another incident which had a negative impact on them. The interviewer recorded each incident on a separate critical incident record sheet. The record sheet was divided into two vertical columns. A brief account of the incident was recorded under the left hand column of the record sheet, which was headed 'Incident Detail'. The heading on the right hand column read 'Abilities/Characteristics'.

*Probing of critical incidents*

After the incidents had been recorded the interviewer concentrated on one incident at a time. Initially the interviewer probed the interviewee for more information in order to enhance the subject's reflection on the incident and provide for a more vivid recall of the experience. Examples of probes used include "What led up to the incident?", "Why did the incident occur?", "Who was involved?", "What were you thinking/feeling?", "How did you attempt to deal with ...?", and "If the incident occurred again how would you deal with it?"

*Specifying job related attributes*

After obtaining a full account of the critical incident, the interviewer asked "Taking this incident as an example of the sort of work your job requires, what would you say are the main abilities or characteristics that somebody should have, in order to perform well in the job?" The interviewer gave counsellors the opportunity to express whatever they thought were essential attributes. This took the form of a discussion where the interviewer was able to clarify some of the ideas expressed by counsellors. The whole interview took roughly one hour.

## **Results**

*Objectives of work with refugee children*

Table I shows that most of the objectives identified were shared by less than half of the counsellors involved in working with refugee children. The most commonly agreed upon and shared statement refers to playing with children in order to help them forget their war experiences. This objective was given by five of the seven counsellors. The therapeutic aspects of sharing experiences and story telling were each mentioned by three counsellors. Three counsellors also identified the importance of changing depressive cognitions through participatory activities, while two others saw such activities as an objective in itself. Only one counsellor stated the creation of a sense of security as an objective.

*Objectives of work with refugee women*

Most of the objectives identified by counsellors working with refugee women were also shared by less than half of them (see Table II). The idea of using handwork activities in order to help people forget was the most frequently mentioned objective, with four out of eight counsellors suggesting this. Singing, dancing and other cultural activities were also mentioned by three counsellors. In all cases these activities were described in the context of helping people to forget about their experiences. Encouraging social interaction in order to create a sense of community was mentioned by three counsellors. Two counsellors gave the sharing of experiences as an objective. Helping people to see their emotional reactions as normal responses and interpreting dreams were each mentioned by one counsellor only.

*Critical incidents*

A total of 30 critical incidents, 15 positive and 15 negative, were collected from the fifteen counsellors interviewed. The counsellors also identified 15 attributes relevant



TABLE I. Objectives of work with refugee children

Statement of objective	Frequency
(1) To play a variety of games with refugee children so that they can forget their war experience.	5
(2) To encourage group sharing of personal war experiences.	3
(3) To change the depressive feelings and thoughts of refugee children affected by war by inducing their participation in activities.	3
(4) To give advice to refugee children through telling them meaningful stories.	3
(5) To involve refugee children, without their parents, in singing, dancing, and other cultural activities.	2
(6) To create a sense of security.	1

to their work with traumatized women and children. We subsequently identified six more attributes, from the descriptions of critical incidents. Table III presents these 21 attributes grouped into three categories: Interview process, Analytical skills and Self in relation to others. Since some of the attributes are relevant to more than one category, these divisions are made simply to aid comprehension.

TABLE II. Objectives of work with refugee women

Statement of objectives	Frequency
(1) To engage refugee women in handwork and make them busy in order that they gradually cease remembering their war experiences.	4
(2) To involve refugee widows in dancing signing and other cultural activities in order that they become happy and slowly forget their war experiences.	3
(3) To enhance social interaction through working together as a group and helping each other.	3
(4) To encourage refugee widows to share their war experiences with group members.	2
(5) To alleviate the suffering of refugee widows by 'normalizing' their emotional reactions.	1
(6) To comfort refugee women through interpreting their dreams.	1

TABLE III. Job-related attributes identified by refugee counsellors

Attributes	Frequencies		Total
	+ ive	- ive	
<i>Interview Process</i>			
Create a sense of security and trust	4	6	10
Communicate a sense of being understood and cared for	1	8	9
Sympathy	4	5	9
Tolerance	4	7	11
Patience	3	4	7
Sensitivity to individual's needs	1	2	3
Non-judgemental	1	3	4
Prompt verbal communication	7	3	10
Facilitate open discussion	3	3	6
Probing	4	5	9
<i>Analytical Skills</i>			
Interpret emotional reactions to be reasonable and normal	5	3	8
Challenge assumptions	2	1	3
Awareness of defense mechanisms*	2	3	5
Identify reinforcers of maladaptive behaviour	4	5	9
Sensitivity to emotional readiness to confront painful experiences*	1	3	4
Observe abnormal behavioural patterns	7	6	11
Awareness of step by step progression towards goal achievement*	1	2	3
Awareness of non-verbal behaviour	1	1	2
<i>Self in Relation to Others</i>			
Perception of self and others*	3	1	4
Being flexible in problem solving	1	4	5
Awareness of the influence of power relationships on communication*	1	1	2
Sensitivity to the communicative function of physical contact*	3	4	7

\* Attribute identified by authors.

To illustrate how the job related abilities and characteristics in Table III were identified we describe one of the incidents, indicating the subsequent identification of abilities/characteristics from this incident. The following incident was rated as a positive Critical Incident and describes a young boy who was reluctant to join in activities:

It was time to play football and a certain boy could not play with the others. Every time I tried to make this boy participate, he would complain of pain

from a tiny wound on his left leg. On this day I chatted with the boy for a long time behind a fence, and learnt that the child's father was killed in Mozambique. I was also told that peers mock and segregate the boy saying that he is a fool. He stays with his mother and has no father. I also gathered that peers refuse to play with him. I felt sorry and assured the child that he was free to play without being mocked, like any other child in the programme. Currently, the boy leads others in singing and dancing and he is good at riddles. The boy consults me for advice whenever he is provoked.

The counsellor identified several job related attributes from this incident: the ability to create an environment of security/trust (from giving the child an opportunity to play without the fear of disapproval), the ability to probe (from having investigated the boy's home life and uncovering the fear of disapproval), the ability to communicate a sense of being understood and cared for (from comforting the boy, showing interest and giving reassurance). In addition to these attributes the authors also identified awareness of defense mechanisms (from the counsellors recognition of the boy's projection of his fears onto the pain from the tiny wound) as an important attribute. The counsellor described the incident as positive because the boy began to see him as a caring and potential attachment figure.

The attributes so identified from each critical incident were then collapsed into related themes. These themes were in turn placed within the three categories described above and in Table III. Other example of how job related abilities and characteristics may be derived from critical incidents are reported by MacLachlan & Mc Auliffe (1993).

Table III shows the number of times a particular characteristic was identified within positive and negative incidents and as a total of all incidents. Although these frequencies reflect our subjective interpretation of qualitative data, examination of the overall frequency of an item and the number of positive and negative incidents in which the item was described, is informative. Having tolerance, observing abnormal behaviour patterns, creating a sense of security/trust, and prompting verbal communication were the four most frequently derived job related attributes. Being able to prompt verbal behaviour was derived from seven positive incidents and four negative ones. This being one of the most frequently occurring abilities to be derived from positive incidents, highlights its importance in creating positive therapeutic encounters.

In contrast, the ability to communicate a sense of being cared for and understood, was derived from one positive and eight negative incidents. As such the failure to convey empathy and support may be important in determining whether an interaction with a client will have a positive or negative outcome.

## **Discussion**

For those counsellors working with refugee children there was a consensus (five out of seven) that playing with the children in order to help them 'forget', is an objective of their work. However, the other objectives given by refugee counsellors were

shared by less than half of those that were interviewed. This is an important finding because it suggests that the counsellors perceived their work objectives somewhat differently, despite having undergone the same training and having worked with the same client group for a period of eleven months.

The same is true of the counsellors who worked with refugee women, except to an even greater extent. Here the highest agreement was only for four out of the eight counsellors sharing a similar work objective. Interestingly this also related to the idea of using activity in order to help people to 'forget' about their war experiences. It would be surprising if the discrepancies in what counsellors saw as their overall objectives at work, did not influence the cohesion of therapeutic intervention achieved by the programme.

Within both groups of counsellors it would seem that they attribute the therapeutic effect of activity (playing or handwork) to the process of forgetting. The critical incidents themselves reveal that the refugee children often play football and escape games (like fly). It may be that counsellors perceive the 'healing effects' to be inherent in the process of forgetting rather than in a more cathartic discharge of energy or as a medium of self expression and social interaction.

Perhaps one reason for this is because of the apparent change in the individual's preoccupation, from distressing cognitions to observable pleasure in activity. Since forgetting appears to occupy a central place in what counsellors perceive as the rationale behind activities, the other potential therapeutic effects of activities should also be emphasized during training. The benefits of 'working through' distressing experiences, in order to alleviate both psychological and physical problems, has been demonstrated in the 'west' (see for example Pennebaker & Hoover, 1986; Pennebaker & Beall, 1986). However, it should be remembered that what has been found to be therapeutic in one culture may not be therapeutic in another (Marsella and Dash-Scheuer, 1988, Athey, 1989).

An example of the disparity in the refugee counsellor's understanding of their work objectives is that the interpretation of dreams was seen as a work objective by only one counsellor. It has been well established that dreams are a common and often very distressing aspect of post-traumatic stress disorder (see for example Ross *et al.*, 1989). However, it is equally true that the interpretation of dreams is extremely complex (Freud, 1933). There are clearly some dangers in counsellors, who have only had the benefit of two weeks training, confronting such a task.

From the analysis of job related abilities and characteristics it is apparent that many of the attributes of good counselling within the refugee camp setting relate to the process of therapeutic intervention. Many of these skills concern being able to foster a therapeutic space through interpersonal communication. We use the word 'space' here because it is often difficult to set aside the ongoing burdens of refugee camp life (insufficient food, shelter, clothing and medical facilities, overcrowding, large and often single parent families, no source of income, dependency on powerful others etc.) in order to focus on traumatic experiences in the past. There may be enough to trouble people in the present, to keep the past at bay. Without privacy and the comfort and security of a consulting room, it takes an exceptional individual to establish and maintain therapeutic relationships. Our results indicate the importance

which counsellors attribute to the process of intervention and emphasizes the value of this aspect of therapeutic work in the training of refugee counsellors.

A range of analytical skills were also identified. Some of these skills could be described as behavioural in nature, for instance, identifying the reinforcers of maladaptive behaviour, observing abnormal behaviour patterns and being aware of step by step progression towards a goal. Other skills were more psychodynamic in orientation, such as awareness of the use of defence mechanisms. Cognitive skills (challenging assumptions) and perhaps humanistic skills (being sensitive to the emotional readiness to confront painful experiences) were also given as analytic job related attributes for a counsellor to perform well in the job.

The diversity of these analytical skills presents psychologists with the challenge of providing training courses which are truly eclectic. If we are to recognize the expertise of refugee counsellors who actually do the job, this may mean avoiding the dogma of one therapeutic school being superior to another. On the other hand clearly there is scope for researching which skills are the most effective (necessary) in dealing with which sort of problem.

The category of self in relation to others included certain attributes which were also reported by MacLachlan & Mc Auliffe (1993). Perceptions of the self and others, awareness of the influence that 'power relationships' can have on communication and being flexible in problem solving, all emphasize the relationship between the counsellor and the client, as well as the social matrix in which change must occur.

The job related attributes and abilities described in this study present an outline of what should be included in a course which seeks to train people to work as counsellors with refugees. As such we hope that these results will be incorporated into the design of future training courses in refugee mental health. Particularly so because they value and promote the experience of those who have first hand experience of the job (see MacLachlan & Mc Auliffe, 1993).

We also posed the important question of whether counsellors, who are themselves refugees, are in a good position to provide help to those who are distressed by their war-related experiences. There were certainly some difficulties such as not sharing similar work objectives and individual counsellors using potentially problematic techniques, such as dream interpretation. On the other hand, any group of counsellors will probably differ to some extent in how they describe their objectives and this will often be related to differences in therapeutic techniques. It is difficult to say whether the difficulties experienced by counsellors is due to their low level of education, or to their short period of training before going 'into the field'. We would suggest that in order for the training to provide counsellors with the skills suggested by this study, a period of two month intensive training would be required, followed by weekly case meetings and 'supervision' meetings with each counsellor.

We have argued for the importance of providing mental health services to refugees. If the cultural, economic, experiential and community advantages of recruiting refugees to work as refugee counsellors are to be reaped, then there is a need to focus attention on the imparting of therapeutic skills. This is likely to be a very challenging task when the trainee counsellors come from a relatively deprived

educational background and also have to contend with their own experience of refugeehood (see MacLachlan & Makwakwa, 1993). However, one thing is sure, that the need to counsel those who escape from war and prosecution will be with us for some time.

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