

**Hawke Institute Working Paper Series  
No 8**

**THE LOCAL-GLOBAL NEXUS AND MENTAL HEALTH OF  
TRANSNATIONAL COMMUNITIES**

Nicholas Procter

Hawke Institute,  
University of South Australia  
Magill, South Australia  
2000

© Nicholas Procter and the Hawke Institute,  
University of South Australia 2000

The Hawke Institute  
University of South Australia  
St Bernards Road  
Magill  
South Australia 5072  
Australia  
[www.unisa.edu.au/hawke/institute/institute](http://www.unisa.edu.au/hawke/institute/institute)

ISSN 1443-9298  
ISBN 0 86803 807 5

# THE LOCAL-GLOBAL NEXUS AND MENTAL HEALTH OF TRANSNATIONAL COMMUNITIES

Nicholas Procter \*

## WORK, MASS MIGRATION AND GLOBALISATION

On May 6 this year, *The Economist* magazine ran a story on the need for increasing numbers of migrant workers to be employed in unskilled and skilled positions across Europe. Historically, Europe has exported its people to settle or govern in distant places. Now the continent of Europe—or at least its central engine, the European Union—is at the forefront of major change. In order to keep its working-age population stable between now and 2050, at current birth and death rates, Germany would need to import 487 000 immigrants a year, according to a recent report by the United Nations Population Division. France would need 109 000, and the European Union as a whole 1.6m. To keep the ratio of workers to pensioners steady, the flow would need to swell to 3.6m a year in Germany, 1.8m a year in France and a staggering 13.5m in the EU as a whole.

As the EU's economies thrive and its populations age, they are turning increasingly to refugees and asylum seekers. Globally, it is estimated there are somewhere between 13 and 18 million refugees in the world, many of which are awaiting confirmation of their refugee status (Jones and Gill 1998; Refugee Council 2000). The definition of a refugee was set by the United Nations Refugee Convention of 1951: refugees are those who are fleeing persecution for 'reasons of race, religion, nationality, and membership of a particular social group or political opinion'.

Such a call for increased migrants, many of whom are likely to be refugees and asylum seekers, requires careful sifting, sorting and critical interpretation to discover what it really means. The facts do not necessarily speak for themselves.

By looking beyond the taken-for-granted issues associated with refugees and asylum seeking, a number of questions emerge which have significant, although complex, implications for health and helping professionals. What interface will these people have with health services, should they become ill, fall pregnant or

---

\* Senior Lecturer, School of Nursing and Midwifery, University of South Australia. This paper was completed while the author was on secondment to the Adelaide Central Community Health Service (Migrant Health Service), during the second semester of 2000. The members of that service are warmly thanked for their friendship and collegiality. Thanks also to Berit Ramfjord-Wold (Oslo University College) and Kate Leeson and Rhonda Sharp (Hawke Institute) for their constructive and thoughtful suggestions on earlier versions of the paper.

seek health checks? What will be the national support arrangements for these refugees and asylum seekers? What of their links with a homeland they were forced to leave? How can health and human service professionals respond to issues of long-distance devastation and emotional problems of living for these people? What scope is there for advancing cultural tolerance and attributes of civil society? Physically they may be in nearby European countries, or perhaps in Canada, New Zealand or Australia, but emotionally many are still in their homeland. Many remain concerned for their future and worried about the safety and wellbeing of family left behind.

Health and human service workers see such people at the very point of their distress, and, at the very least, their conditions of stay in Australia will influence their help-seeking behaviours. This interpretation of global economic forces impacting on health and human service provision in a local context takes into consideration Giddens's (1996) sentiment (to be elaborated upon later) that nobody is outside the influence of the global in social life.

Asylum seekers and refugees often face particular mental health challenges. Coping with cultural bereavement and disruptive change are widely shared experiences of migration. Many refugees have experienced war, torture or imprisonment and may be suffering from poor social relations, flashbacks, neurosis, anxiety, depression and phobias (Jaransen and Popkin 1998). As Jones and Gill explain:

Refugees are distinguished from other migrants by their lack of choice. Refugees have to leave their countries of origin to escape persecution, imprisonment, torture, or even death. Families may have been physically separated, causing much grief. Refugees are often preoccupied by worry about relatives left behind in the country of origin. Many refugees, including children, have no other relatives in their country of destination (1998: 1444).

The lives of refugees and asylum seekers are, in this sense, influenced by events both locally and globally. The nature and scope of this argument is aligned with the views of anthropologists Roland Robertson, George Marcus and Ajun Appaduari, namely that diaspora migrant groups can no longer be seen as isolated from their country of origin. Rather, they are subject to global influences over personal and social life. Robertson (1992) argues that transglobal events are part of our personal lives and must be recognised as such. Marcus (1995: 115) considers the apparently increasing global integration of people's lives as 'intimately becoming more integrated and this, paradoxically, is not leading to an easily comprehensible totality but to an increasing diversity of connections among phenomena once thought disparate and worlds apart'. Appaduari (1999) argues that we are living in a world that is fundamentally characterised by objects and

events putting lives in motion. These objects include ideas and ideologies, people and goods, images and messages, information technologies and techniques.

Within this perspective, the experience of Serbian Australians as revealed in this paper involves aspects of what Robertson (1995: 30) describes as the concept of *glocalisation*. For Robertson, *glocalisation* is the simultaneity and the interpretation of what are conventionally called 'the global and the local'. The compression of the world, Robertson continues, 'increasingly invokes the creation of and incorporation of locality processes which largely shape the world' (1995: 40).

In relation to the life of people living in the shadow of a world catastrophic event and the emotional problems associated with this, Robertson's formulation encourages an emphasis on the local condition and local situations. I take this view of *glocalisation* as one that demands the examination of the mental health and wellbeing of people in local contexts. It is for these reasons and through these connections that the substantive issues surrounding the global-local nexus are linked to health and human service issues. This means that mental health and human service work in a global era are both complementary and deeply penetrative.

I consider these views to have very important practical and theoretical implications, because of the ways in which migrants and refugees are caught up in the experience of loss and dislocation. Hence the title of this working paper.

This working paper examines issues surrounding the impact of global catastrophic events on refugee populations, with particular emphasis on the way individual mental health intersects with cultural tolerance and understanding. The key reference point to engage this discussion is the emotional connection made by people with their homeland families, places and memories. These associations are intensely private, difficult to access in interpersonal relationships, and complex in structure. Such understandings have encouraged me to explore what people may actually feel and need from others as they try to manage problems of living brought about by events both local and global.

This analysis forms part of what I understand to be the local-global nexus. As will be demonstrated in this paper, this enlargement of focus led me to search for what practical help people may need from health and human service workers. It does so using recent events in the Balkans as a reference point. Using the experiences of Serbian Australian migrants living in the shadow of the Balkan War as a guide, this paper discusses how people without formal mental health service supports have managed the complex and dynamic interplay between homeland events, mainstream media reports, ethnonational bonds and mental health issues in Australia. Ethnographic techniques reveal that, while the Balkan conflict forced open a multitude of potent health and emotional concerns for Serbian Australians,

their coping was helped along by an intimate sense of belonging and re-association with their historical, religious, cultural and national identities. By engaging in spiritual connections with their culture and ethnicity, the transglobal effects of the Balkan War upon Serbians in Australia revealed that sources of mental health promotion and healing can no longer be seen as a localised mono-logic phenomenon. They must also be seen as something that promotes civil society and tolerance of others.

As will be seen in the next section, these arguments carried significant weight as unforgettable scenes of human misery and mass destruction were being beamed into lounge rooms.

### **THE TRANSGLOBAL EFFECTS OF EUROPEAN CONFLICT ON SERBIAN AUSTRALIANS**

Between July 1991 and early 1996 a series of tragic and emotionally charged wars raged among the states of the former Yugoslavia. The Balkan War transformed historical, religious and cultural events of the past into a life and death struggle of the moment (Cohen 1993). The war did not only impact on the people living in the former Yugoslavia and a 'distant' global television spectator audience; migrants from the former Yugoslavia, living throughout the world, were also caught up in events (Stone 1991). As the then Australian Prime Minister Paul Keating observed in his speech at the luncheon to honor the Croatian President's visit to Australia during the conflict, the issue of the Balkan wars

concerns all Australians ... with the appalling loss of life and suffering taking place there. Australians have been touched by it. We understand the pain the conflict causes citizens of communities with links with parts of the former Yugoslavia. With the suffering and horrors which have been deeply felt here, it has been a tribute to those of former Yugoslav descent to not allow the tensions and pressures of this appalling conflict to spill over into this country. (Keating 1995)

Nevertheless, the Balkan War was a distressing life event for Croatian, Serbian and Bosnian Muslim refugees living in Australia. While many Australians were lounge room spectators of this conflict, Australians from the former Yugoslavia identified completely with the pain and anguish they saw night after night on the television screen.<sup>1</sup>

---

1 The impact of catastrophic television images from afar on other countries is not a recent phenomenon. Perhaps the most striking example was when camera operator Mohamed Amin brought to the world images of African famine in 1984. His footage of the starving and dying was dubbed by popular opinion as the 'celluloid seconds that stabbed a billion hearts'. The images led to an international

## RESEARCH GROUP AND CONTEXT

This study of Serbian Australians was developed in response to recent calls in health and social science literature for nursing research and development in the twenty-first century to engage with critical global events (Meleis 1995), globalisation of identity and collaboration with the social sciences (Mechanic 1995). In addition, it has been a study concerned with the health and social life of one of Australia's most under-researched ethnic groups, the Serbians (Department of Health, Housing and Community Services 1993). While examination of the numbers of Serbians living in South Australia is limited by the paucity of available population data other than for a homogenised group of Yugoslavians, Australian census data at the time of the study reveals 790 males and 722 females (total 1512 persons) reported speaking Serbian and 1613 males and 1569 females (total 3182) reported speaking Yugoslav or Serbo-Croatian. These figures represent 0.1 percent and 0.2 percent of South Australia's population, respectively (ABS 1992).

This study of Serbian Australians was conducted in the shadow of events that proved to be global in outreach, rather than restricted to the complex and seemingly arcane world of Balkan politics. Any attempt to understand the effect of the war on Serbian Australians required an understanding of their emotional life 'here and now', as events unfolded thousands of miles away and impacted upon their health and wellbeing. It has *not* been a socio-political study concerned with 'right' and 'wrong', or who was 'at fault' in the conflict.

## SAMPLE AND METHODS

The focus of my work was interpreting Serbian Australian participants' understanding of, and perspectives on, the vicarious experience of the Balkan War in the 1990s. To interpret issues that are significant in the lives of Serbian Australians in the present day, I was guided by ethnographic techniques (Marcus 1995) involving open-ended, in-depth confidential interviews with a community-based sample of adult participants (thirteen men and fourteen women aged between 18 and 70 years, with an average age of 32 years) born in the former Yugoslavia. Six participants were interviewed more than once. In addition to in-depth interviews, data was generated from extensive periods of participant observation at Serbian Orthodox Church and community centers. Use was made of a fieldwork journal incorporating reflective and interpretive entries (informed by Denzin 1994). The empirical data contained in this working paper, then, is based on a total of more than 30 interviews typically lasting two to three hours each and hundreds of hours of participant observation.

---

humanitarian relief effort and Sir Bob Geldolf's 'Live Aid' concert that raised millions of dollars for famine relief.

The data discussed in this paper comprises part of a larger research project undertaken during a postdoctoral fellowship with the Hawke Institute during 1999 (see Procter 1999; 2000a). The postdoctoral fellowship period was spent undertaking further research into the clinical mental health principles of effective therapeutic relations, empathy and empowerment (Barker 1997) to generate active listening with participants who were living in the Serbian Australian community without any structured mental health support. I sought throughout the postdoctoral research process to learn as much as possible from participants about how they managed the complex and dynamic interplay between homeland events, mainstream commercial media, ethno-national bonds and mental health issues in Australia. This meant asking questions about how they felt when they saw, on the television screen, their country of origin being destroyed, or when contact with relatives in and around fighting had been lost.

The techniques used in the field for this study—interviewing, participant observation and social networking—were complemented by my experience as a practising mental health nursing professional of more than fifteen years. Two main issues led me to construct an analysis using nursing as an influence. Firstly, nursing is concerned with the multitude of events impacting on a person's life and their health in particular. Mental health nurses relate to people who are distressed or disturbed, whether or not their predicament is capable of formal psychiatric classification. Central to the practice of mental health nursing is the ability to engage with others in mental distress (Ritter 1989). In particular, mental health nursing requires the interpretation of distressed people through observation of their actions, careful listening to what they say, and the building of trust and helping relationships (Arthur, Dowling and Sharkey 1992).

Secondly, contemporary nursing is concerned with the care and comfort needs of all people, including those for whom issues of war and ethnicity are salient features in their health status and needs.

## **TREATMENT OF QUALITATIVE INFORMATION**

The treatment of data was guided without the use of researcher 'bracketing' so that the unit of treatment and analysis of data was derived through what Gadamer (1976) terms the fusion of horizons. This means that I reached understanding as a result of open interpretation and re-interpretation between my own horizon, pre-judgments and experiences in the field. Hence, understanding originates in the researcher's historical context and from within the Heideggerian notion of the 'hermeneutic circle' (Koch 1995). The collapse of data into categories was guided by a systematic search for the attributes (components of meaning) associated with cultural affirmation expressed by participants and collected by the researcher (Leininger 1989). This required a close reading of the transcripts, making voluminous marginal notations, and at the same time being open to the concepts, values, value orientations, core symbols and world views that serve to preserve

and protect the emotional wellbeing of participants during great emotional stress and uncertainty. Following this procedure, a comprehensive indexing process was generated of issues related to the 'lived experience' (van Manen 1990) of being a Serbian Australian in the shadow of a world catastrophic event.

### **THE IMPACT OF THE BALKAN WAR ON THE LIVES OF SERBIAN AUSTRALIANS**

The effects of a world catastrophic event (the Balkan War) on Serbian Australian participants—what I call 'long-distance suffering and devastation'—included sleeplessness, irritability, inability to concentrate, feelings of frustration, loneliness, sadness, worry, nightmares and bouts of extreme emotional exhaustion. For some, they could not watch television, as it made them physically ill, brought on ideas of suicide or caused problems in everyday relationships. The following quotations from participants serve to illustrate the diversity of response. One female participant aged 19 years told me:

When I first heard of [my birthplace being destroyed] I was just hysterical. I just had to do something, so I started to do the dishes really quickly to expend some energy. My sister, who knows how I feel about our family over there, she just suddenly started to look at me and, like, I'd just burst into, like, uncontrollable heaving and crying. I became really nervous for days and days afterwards. For seven days I just lived for the news, the TV. I would get up at 7.00 am in the morning and catch the news, lie down again, catch the 11.00, the 12.00, catch the 5.00, catch the 6.00 and the 7.00 news. It was just a constant thing for days; you did not know what the story was so you just kept going on. Then, one Tuesday, we were watching the news, and I saw my auntie, on TV in a refugee camp. When I saw her, I jumped out of my seat, nearly onto the TV. It was not something that I was really aware of, just an automatic reaction. After that, we just went into frenzy for as much information about the refugees as we could.

On some occasions these feelings became internalised and there were reports of attempted suicide by participants, as one male member of the community explained:

I had a woman telephone me at 3.30 in the morning telling me that she was sitting in her backyard with a can of lawnmower petrol and a cigarette lighter ready to blow herself up. She told me that she 'can't take it anymore'. She just can't take seeing her family being forced off their land that they had held for hundreds of years and now she just doesn't know where they actually are ... if they have been captured or killed.

I just talked her through all this. I knew it was difficult for her and I know that my helping her was due to her having the same feelings and frustration that I have. (I have got a brother in Sarajevo that I have not heard from for months. I don't know if he is dead or alive.) I asked some of the women from the church to come around and see her, get her to go out more with them and I found that they helped her a lot.

Within the process of Serbs talking to Serbs, community leaders played a significant community support and consultation role, helping to prevent civil unrest, as another male participant explained:

A lot of young Serbs about 20, 25 or 30 years of age are coming to talk to me. They are full of frustration about the situation and even though a lot of them have been born here, they still feel that they are Serbs. They said that their family and friends have been killed over there and it's against Australian law to go to fight but they are frustrated and say they want to go over there. They say that they want to defend their country.

Another, a young woman in her teens, saw the solution to her feelings of frustration this way:

It's something that builds up [inside of me], it's a build up and I have to take it out somehow. Some days I feel that I want to take my anger out on something, so I might go down to the gym and work out. Or it might be that I go for a walk and clear my head, or go down to the beach, or get stuck into some fatty foods and think that this is bad but it makes me feel good, you know. Other times, I just sit there and watch TV or listen to music and get completely off, off my train of thought. You get yourself off into a different sort of feeling. I can't always use fighting as the solution—you can't always use aggression to cope with these feelings.

While war in the former Yugoslavia forced open a multitude of potent health and emotional concerns for Serbian Australians, their coping and prevention of civil unrest was helped along by an intimate sense of belonging and re-association with their historical, religious, cultural and national identities.

Moreover, as participants found that they were able to help others and themselves at the same time, there was a transition from feeling traumatised towards recovery. This again drew on their cultural and historical background. Notwithstanding the degree of severity of the traumatic event (such as their birthplace being razed to the ground, or their family becoming refugees or being slaughtered), it became increasingly clear that, for some Serbian Australians, the only way they could feel

better about their situation was to become ‘more of a Serbian’. To illustrate this important point, a 47-year-old married female participant told how she managed to ‘feel better’ again:

I realised that when people asked me my nationality, I was telling them that I was a Serb. I used to get a variety of mixed reactions and I could see people going, ‘oh, you’re one of those, you’re the bad guys’. Now, after all that I’ve been through, I never say that I am Australian. I always say that I am Serbian. I say it over and over to myself, more and more that I am Serbian. And more and more I think it is important to say that I am Serbian. I think that I am a good model for the Serbian people. I am a good Serbian. I think that the more people know that I am Serbian, the better I feel.

In reinforcing the self-as-Serb, there was a simultaneous development of strong cultural connections as a means to preserve and protect one’s wellbeing. The strong Serbian cultural connections acted as an emotional bulwark against the pressure and frustration that actually emerged from being Serbian in the first place. As a female participant aged 50 years described during an interview:

It hurts me so much to see this land and people destroyed this way. It’s devastating to see this land which is so beautiful be destroyed so badly. It is devastating to see the faces of children crying, doesn’t matter who they are, Moslem, Catholic, Serbian, or whoever they are, they are innocent children and they have no idea why this war is on and it’s dreadful to see this.

Through this process of being intimately connected with global catastrophic events, there was an opportunity to work through issues such as emotional pain and loss of homeland. Relationships made during childhood, and memories of them, were also inextricably linked with the re-development of a national and cultural identity in the shadow of homeland devastation. At the same time, there was a paradoxical process of Serbians helping fellow Serbian refugees move towards re-connection, and a re-awakening of all that is Serbian. Another male participant aged 47 years described his experience of this as something ‘inescapable’.

A natural thing to happen that is to become—if it’s possible—to become more of a Serb. I am more of a Serb from the point of view that I have been exposed to our community activities, to our community needs, far more, and therefore things like having to use the Serbian language far more frequently and reading material in Serbian has of necessity made me more tuned-in, if you like, or closer to the community ... although I have been extremely close in my heart and own spirit to my cultural heritage all the time.

The above quotation highlights that the Serbian cultural and national interests that caused this participant to feel he belonged in the world were interwoven with his mental health needs during these times of personal crisis. This situation suggests that Serbian cultural, religious and language traditions re-affirm individual identity and a sense of belonging. In this way, participants experiencing episodes of long-distance suffering and devastation were helped to cope with feelings of worry, hurt, isolation, frustration, sleeplessness and emotional exhaustion by the process of discerning individual meaning in life through cultural and national identification.

## **DISCUSSION**

The important point to emerge from the interview data above is that, with the dissolution of what was Yugoslavia, the Serbian Australian experience of long-distance devastation, and events in Australia, became shaped by the cultural, social and spiritual life of 'being' Serbian. While some participants sought comfort from others outside the Serbian community, there began a network of supportive friendships and relationships that expressed empathy with and support for each other, and with those made homeless by the war. The frustrations of wanting to retaliate in kind to property violence, death threats and the destruction of Serbian-held territory in the former Yugoslavia were held back by a determination to remain calm in Australia. This prevented inter-ethnic violence in Australia. At the very heart of these efforts to maintain Australian civil society was the Serbian Orthodox Church as a presence representing local security and stability.

As I continually observed throughout my fieldwork, the Serbian Orthodox Church demonstrated a restrained approach to the situation, despite their property and parish members being the target of violence, graffiti attacks and death threats. Under these circumstances, had there not been this kind of support and restraint, it is almost certain that there would have been much inter-ethnic violence in Australia that would have required high-level strategic police intervention. There is a need for some caution in analysing the complex way in which this operates; after all, little is known from sources outside this study about the relationship between the teachings of the Serbian Orthodox Church and the lives of people living outside of the former Yugoslavia. However, Bulich, for example, has undertaken a qualitative inquiry into the relationship between the Serbian Orthodox faith and the mental health of Serbian Americans. He found that personal engagement in and experience of the church liturgy equipped and enabled people to feel

comfortable about oneself, to relate and share with other people, to cope successfully with daily life tasks and demands, to have a full and wholesome life, to think and feel about himself not as an isolated individual but as an integral part of the community. This person has a

strong sense of believing and belonging, [and] has meaning and purpose. (1985: 2–3)

Moreover, by calling on national, religious and spiritual commitments there was less mental distress and greater protection from feelings of long-distance devastation. That is, an important emotional bulwark was created to obliterate the pain of the Balkans tragedy on people living it and its unwanted effects from thousands of miles away. Having a strong sense of belonging and sense of community also helped to release tension and frustration, thus directing it away from others from the region also living in Australia.

### **IMPLICATIONS FOR HEALTH AND HUMAN SERVICE WORKERS**

How can health and human service professionals respond to issues of long-distance devastation and the emotional problems of these people? What scope is there for advancing cultural tolerance and attributes of civil society? These considerations have significant although complex implications for the analysis contained within this working paper. As Giddens reminds us:

It is wrong to think of globalisation as just concerning the big systems, like the world financial order. Globalisation isn't only about what is 'out there' remote and far away from the individual. It is an 'in here' phenomenon too, influencing intimate and personal aspects of our lives. ... This is truly a global revolution in everyday life, whose consequences are being felt around the world in work and politics. (1999: 12)

Consider, for example, the recent political heat in Australia about refugees and asylum seekers. A shift in refugee law has meant that, in Australia, new legislation is now being applied to some refugees, most recently from countries such as Iran, Iraq and Afghanistan. These people have become 'temporary protection visa holders'.

As the Australian Government has repeatedly informed us, several hundred of these people arrived illegally on Australian shores, largely by boat and without documentation, in the last six months of 1999. On being apprehended, these people were placed in detention centres while all their available documents were processed. Many have now been released into the Australian community with temporary protection visas. Those deemed to have arrived illegally in search of work are not entitled to permanent residence status; this will only be granted if, after three years, they are able to demonstrate that they are still refugees. Their visas give three-year temporary, rather than permanent, residence, under a policy that was introduced by the Federal Government to make Australia seem a less attractive destination for illegal immigrants. To this end, the government of Australia has built in a number of disincentives to discourage unauthorised arrivals

(Ruddock 2000). For example, temporary protection visa holders are unable to sponsor their families to join them; they are not eligible for on-arrival accommodation, English language tuition, or material assistance under the Community Refugee Settlement Scheme. Hence, what seems to be the gift of temporary respite also carries a clear and unwelcoming message in the restrictions attached to these temporary visas. They are not as straightforwardly positive as they may seem.

Inherent in the process of securing the visas are a number of health and human service-related concerns and issues that are significant to this group. Firstly, the decreed non-access to English language classes will eliminate opportunities for cultural and religious networking and emotional support, and this may give rise to increased feelings among refugees of isolation, rejection and alienation. For those who do not speak English, trying to find emotional and social stability in a foreign land will be more difficult. Secondly, boredom, loneliness and a lack of meaningful purpose—already a problem for some members of this group—will increase, as social supports and interactions built around English language proficiency and material assistance with settlement are diminished (Procter 2000b).

From this perspective, mental health and helping strategies for immigrants must incorporate personal reflection, therapeutic sensitivity, compassion and understanding. The Queensland Government Transcultural Mental Health Service offers guidelines for effective communication by health and human service professionals with migrants from diverse cultural and linguistic backgrounds.<sup>2</sup> These guidelines have been used as a basis to generate the following practical steps to help immigrants and asylum seekers. When working with immigrants and asylum seekers it is suggested that people ascertain the person's preferred language; if an interpreter will be or was used as necessary; the person's customs, beliefs and practices about health, illness and death and what influence they may have upon relationships with people who hold differing views; if the human service worker/clinician, him or herself, has specifically encouraged the person to talk about any issues, needs or problems that they may be experiencing in the hospital or community setting; what the person believes is causing the problem; what level of family involvement the person would prefer; and any network that may be available for informal support, such as religious groups or friends.<sup>3</sup>

Linkages between the items listed above and clinical mental health situations are important. Cultural sensitivity should frame how the person is questioned. Simply asking a question can be an opportunity for the development of a trusting and effective therapeutic relationship.

---

2 <http://www.health.qld.gov.au/hssb/cultdiv/check/home.htm>

3 I also use these notions to think about the development of practical and theoretical strategies during cross-cultural health research and project management. See Fallo and Procter (2000).

To achieve these aims, health and human service professionals must also identify their own prejudices and biases, and what is suggested and inferred by them. Below are some questions adapted from Procter and Willis (1998) to help guide this reflective process:

- What are the workers' own feelings towards refugees and migrants? Do they indulge those who are distressed or non-communicative? Do they fear or dislike them? Are they unsettled by them? And if so, why?
- How are worker experiences, ideas, thoughts and feelings about working with people who speak a different language manifest during clinical practice?
- How do media and popular opinion shape professional views?
- To what extent do I believe that refugees and asylum seekers are entitled to the full range of health and human services free of charge, including ongoing help from mental health professionals?

Perhaps the most difficult aspect of health and human service practice with immigrant people in the shadow of a world catastrophic event is that they mainly access the health care system at the very point of their distress. Nevertheless, from migration to re-settlement, health and human service professionals can assist immigrant people make sense of a sometimes hostile world, better understand the reasons behind their needs, develop culturally sensitive problem-solving abilities, and appreciate factors that may help calm stressful situations (Procter 1998).

With an informed knowledge base of background issues in the wider world, including the political background, the health and human service worker, immigrants and their families may work together to target strategies and support programs with the goal of maximising ongoing coping and health choices. It is through understanding the history of migration within the wider social and political context, and the mental health implications of migration and settlement, with a particular focus on the more vulnerable groups, that individual and community benefit can be gained (Minas 2000).

## **CONCLUSION**

My consideration of recent events in the wider world led me to re-visit work undertaken as a Hawke Research Fellow during 1999. The nature and timing of my involvement, and my deployment of interpersonal skills and strategies informed by a professional background in mental health nursing, has enabled me to examine how refugees and asylum seekers conceptualise and interpret highly emotional aspects of their world. My experience of 'being there' in the

participants' social world, as Balkan events unfolded, gave rise to my interpretation of the impact of global events on local lives.

These considerations have major implications for the health and human service professions, and in particular for those working in mental health. By engaging in spiritual connections with their culture and ethnicity, the transglobal effects of the Balkan War revealed that mental health problems in the shadow of a world catastrophic event could be helped through cultural affirmation for the protection of emotional wellbeing. Since the conflict tended to vary in intensity over time, participants developed an ability to cope with the effects of stressful situations (eg intensification of fighting; breakdown of telephone contact between Australia and areas in conflict) that were constantly being altered in the face of changing family circumstances. These changing circumstances included confusion over whether or not certain relatives were dead or alive, when a particular village had been destroyed, and the arrival of erratic and fragmented pieces of largely unconfirmed news and information from the region. As people are struggling to find a means to help themselves and each other to cope with the many health problems associated with being a refugee, they are also using aspects of their culture and spirituality to help cope with the problems of living in Australia.

What this analysis has also achieved is to draw attention to wider implications of the need for increasing numbers of migrant workers to be employed in skilled and unskilled positions across Europe and elsewhere in the world. This enlargement of focus also gives rise to examples of mechanisms that may be used by people to help avoid physical clashes, property damage and violence towards others from areas where civil and political strife originates. Police and emergency personnel, for example, will be better informed to cope with the effort needed to calm or prevent violence, following perceived provocation of the kind identified above, by considering the global and local factors that trigger and motivate people to respond this way. These triggers include evolution and articulation of the nature of how individuals interpret the past, as well as events in the 'here and now' and projections into the future. As refugees and migrants are seeking to establish themselves in a new world context through the search for employment, they will not do so without obliterating unwanted feelings that emerge from the experience of long-distance devastation. Through an understanding of these conditions, social and legal authorities may come to realise that how individuals experience long-distance devastation and hurt has a lot to do with the catastrophic and powerful mix of events in the global and local worlds.

## REFERENCES

- Apparduari, A 1999, 'Globalization and the research imagination', *International Social Science Journal*, no 51, pp 2229–38.
- Arthur, D, J Dowling and R Sharkey 1992, *Mental health nursing: strategies for working with the difficult client*, WB Hall, Sydney.
- Australian Bureau of Statistics 1992, *Census data 1992*, Australian Government Printing Service, Canberra.
- Barker, P 1997, *Assessment in psychiatric and mental health nursing*, Stanley Thornes, Cheltenham.
- Bulich, S 1985, *The relationship between Serbian Orthodox liturgy and positive mental health*, University of Pittsburgh, Pennsylvania.
- Cohen, L 1993, *Broken bonds: the disintegration of Yugoslavia*, Westview Press, New York.
- Denzin, N 1994, 'The art and politics of interpretation' in N K Denzin and Y S Lincoln (eds), *Handbook of qualitative research*, Sage, Newbury Park, pp 500–515.
- Department of Health, Housing and Community Services 1993, *Help where help is needed: continuity of care for people with chronic illness*, National Health Strategy Paper No 5.
- Fallo, T and Procter, N G 2000, 'Cultural sensitivity and research methods in psychiatric research', paper delivered at the Annual Conference of the Australasian Society for Psychiatric Research, Adelaide University, Adelaide, 8 December.
- Gadamer, H-G 1975, *Truth and method*, Sheed and Ward, London.
- Giddens, A 1996, *In defence of sociology: essays, interpretations and rejoinders*, Polity Press, Cambridge.
- Giddens, A 1999, *Runaway world: how globalisation is reshaping our lives*, Profile Books, London.
- Jaransen, J and M Popkin 1998, *Caring for victims of torture*, Psychiatric Press, New York.

- Jones, D and P S Gill 1998, 'Refugees and primary care: tackling the inequalities', *British Medical Journal*, no 317, pp 1444–6.
- Keating, P 1995, Speech at the luncheon in honour of Dr Franjo Tudjman, Parliament House, Canberra, 20 June.
- Koch, T 1995, 'Interpretive approaches in nursing research: the influence of Husserl and Heidegger', *Journal of Advanced Nursing*, vol 21, pp 827–836.
- Leininger, M 1989, *Qualitative research methods in nursing*, Grune and Stratton, New York.
- Marcus, G 1995, 'The redesign of ethnography after critique of its rhetoric' in R F Goodman and W R Fisher (eds), *Rethinking knowledge: reflections across disciplines*, State University of New York Press, Albany, pp 103–122.
- Mechanic, D 1995, 'Emerging trends in the application of social sciences to health and medicine' *Social Science and Medicine*, vol 40, pp 1491–6.
- Meleis, A 1995, 'Foreword' in B Neuman (ed), *The Neuman systems model*, Appleton and Lange, Connecticut, pp xix–xx.
- Minas, I H 2000, 'Culture and psychiatric education', *Synergy*, Spring, pp 20–22.
- Procter, N G 1998, 'Violent ethnic wars and worldwide people movement: implications for mental health nursing practice', *Contemporary Nurse*, vol 7, pp 148–52.
- Procter, N G 1999, 'Cultural tolerance and mental health issues in the context of the new millennium', Hawke Institute seminar paper, University of South Australia, Magill Campus, Adelaide, 21 October.
- Procter, N G 2000a, *Serbian Australians in the shadow of the Balkan War*, Aldershot, Ashgate.
- Procter, N G 2000b, 'The heart of acceptance: cultural healing uncovered', Plenary Address to the South Australian Transcultural Mental Health Network Forum Promoting Multicultural Health and Wellbeing: Looking to the Future for Communities, Carers and Professionals, Adelaide Congress Centre, Adelaide, 17 November.
- Procter, N G and E Willis 1997, 'Alienation and anomie: youth suicide, media and Hansonism', *Contemporary Nurse*, vol 7, pp 107–9.

- Refugee Council 2000, Homepage, <http://www.refugeecouncil.org.uk/home.htm>, accessed 7/10/00.
- Ritter, S 1989, *Bethlem Royal and Maudsley Hospital manual of psychiatric nursing principals and procedures*, Chapman Hall, London.
- Robertson, R 1992, *Globalisation: social theory and global culture*, Sage, London.
- Robertson, R 1995, 'Glocalisation: time-space and homogeneity-heterogeneity' in M Featherstone, S Lash and R Robertson (eds), *Global modernities*, Sage, London, pp 25–44.
- Ruddock, P 2000 'States are wrong, Immigration Minister says', Media Release 042/2000[http://www.minister.immi.gov.au/media\\_releases/media00/r00042.htm](http://www.minister.immi.gov.au/media_releases/media00/r00042.htm), accessed 15/05/00.
- Stone, A 1991, 'Yugoslavia's war tears at US communities', *USA Today*, 16 June, p 8.
- van Manen, M 1990, *Researching lived experience: human science for an action sensitive pedagogy*, State University of New York Press, New York.

## HAWKE INSTITUTE WORKING PAPER SERIES

- No 1 Marjorie Griffin Cohen, *The World Trade Organisation and post-secondary education: implications for the public system in Australia*, 2000.  
ISBN 0 86803 800 8
- No 2 Claire Woods, *Communication and writing: footprints on a territory*, 2000.  
ISBN 0 86803 801 6
- No 3 Rhonda Sharp, *The economics and politics of auditing government budgets for their gender impacts*, 2000.  
ISBN 0 86803 802 4
- No 4 Anne Hawke, *Measuring the impact of gambling: an economist's view*, 2000.  
ISBN 0 86803 803 2
- No 5 Debra King, *Stakeholders and spin doctors: the politicisation of corporate reputations*, 2000.  
ISBN 0 86803 804 0
- No 6 Lois Bryson and Alison Mackinnon, *Population, gender and reproductive choice: the motherhood questions: directions for policy*, 2000.  
ISBN 0 86803 805 9
- No 7 Margaret Brown, Justin Beilby and Eric Gargett, *Participating in end-of-life decisions: the role of general practitioners*, 2000.  
ISBN 0 86803 806 7
- No 8 Nicholas Procter, *The local-global nexus and mental health of transnational communities*, 2000.  
ISBN 0 86803 807 5
- No 9 Rick Sarre, Meredith Doig and Brenton Fiedler, *Using the principles of corporate social responsibility in the process of risk management and accountability*, 2000.  
ISBN 0 86803 808 3

- No 10 Wendy Seymour, *The technological promise: enhancing social participation and citizenship for people with disabilities*, 2000.  
ISBN 0 86803 809 1
- No 11 Gerald McBride, *Adelaide's recipe for life: wisdom of the Kaurna*, 2000.  
ISBN 0 86803 810 5

Available from: Kate Leeson, Editorial Assistant,  
The Hawke Institute  
University of South Australia  
St Bernards Road  
Magill  
South Australia 5072  
Australia

Telephone +61 8 8302 4371  
Facsimile +61 8 8302 4776

Email: [katherine.leeson@unisa.edu.au](mailto:katherine.leeson@unisa.edu.au)

[www.unisa.edu.au/hawke/institute/institute](http://www.unisa.edu.au/hawke/institute/institute)

## **THE HAWKE INSTITUTE**

The Hawke Institute undertakes research and fosters debate on democratic participation in political, economic and social life.

The central themes of the Institute's work are

- the social, cultural and economic aspects of globalisation and its sustainability;
- issues of participation, equity and citizenship in working life, in education and in society; and
- questions of identity, of cultural production and representation, and of our place in the international community and specifically in Asia.

The Hawke Institute hosts seminar series, conferences and public lectures. It offers Hawke Research Fellowships, visiting fellowships and scholarships, and supports the work of fourteen affiliated research centres and groups. For details of the affiliated research centres and groups see the Hawke Institute website: [www.unisa.edu.au/hawke/institute/institute](http://www.unisa.edu.au/hawke/institute/institute). As well as promoting research on a local and national level, the Institute has strong international links. It is the research arm of the Bob Hawke Prime Ministerial Centre.

Hawke Institute Director: Professor Alison Mackinnon

Telephone +61 8 8302 4370

Facsimile +61 8 8302 4776

Email [alison.mackinnon@unisa.edu.au](mailto:alison.mackinnon@unisa.edu.au)

Hawke Centre Director: Ms Elizabeth Ho

Telephone +61 8 8302 0371

Facsimile +61 8 8302 0420

Email [hawke.centre@unisa.edu.au](mailto:hawke.centre@unisa.edu.au)