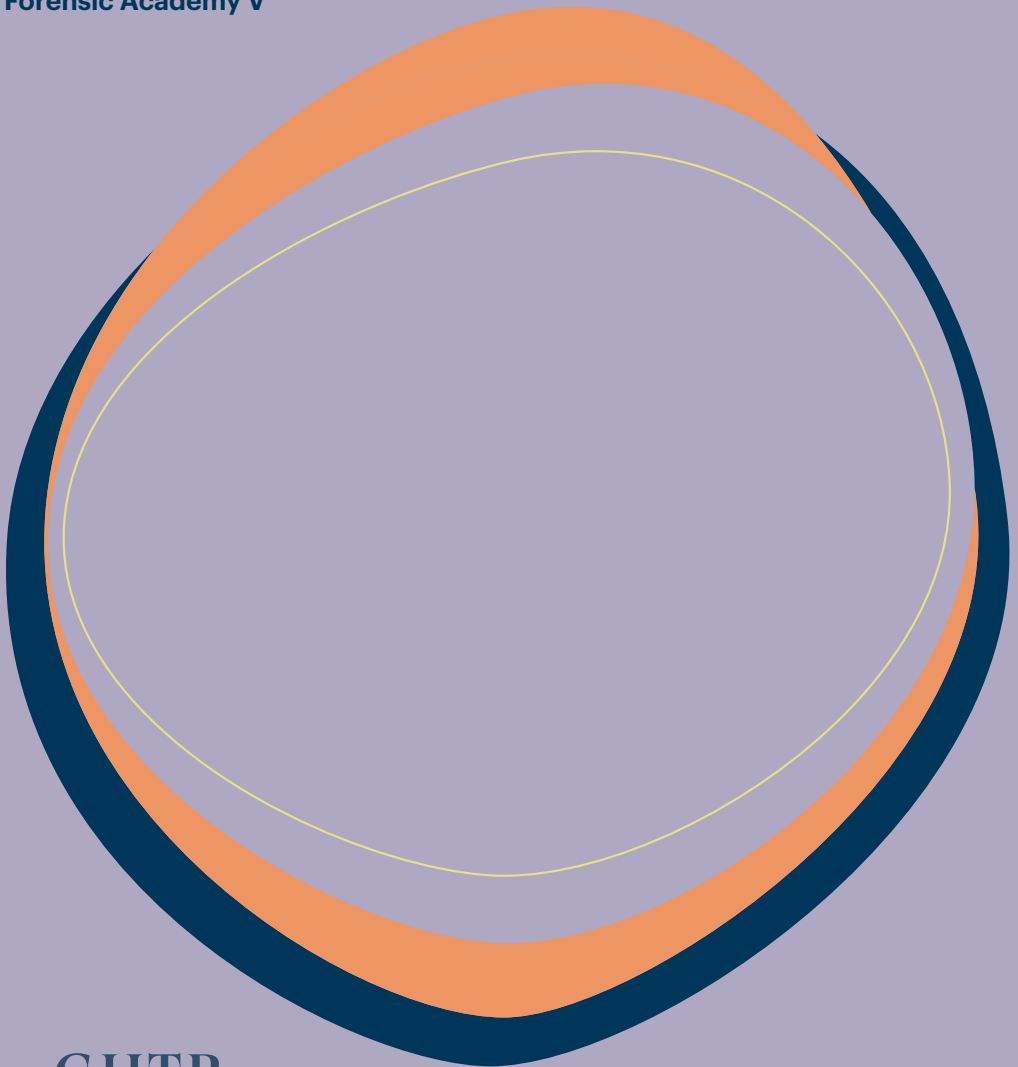


MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Forensic Academy V



GIJTR

Global Initiative for Justice
Truth & Reconciliation

ABOUT THE INTERNATIONAL COALITION OF SITES OF CONSCIENCE

The International Coalition of Sites of Conscience (ICSC or the Coalition) is a global network of museums, historic sites, and grassroots initiatives dedicated to building a more just and peaceful future through engaging communities in remembering specific struggles for human rights and addressing their modern repercussions. Founded in 1999, the Coalition now includes more than 300 Sites of Conscience members in 65 countries. The Coalition supports these members through seven regional networks that encourage collaboration and international exchange of knowledge and best practices. The Global Initiative for Justice, Truth & Reconciliation (GIJTR) is a flagship program of the Coalition.



International Coalition of
SITES of CONSCIENCE

Learn more at www.sitesofconscience.org.

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ABOUT THE GLOBAL INITIATIVE FOR JUSTICE, TRUTH AND RECONCILIATION (GIJTR)

Around the world, an increasing call exists for justice, truth, and reconciliation in countries where legacies of gross human rights violations cast a shadow on transitions from repressive regimes to participatory and democratic forms of governance. To meet this need, the Coalition launched GIJTR in August 2014. GIJTR seeks to address new challenges in countries in conflict or transition that are struggling with legacies of or ongoing gross human rights abuses.



A plaque at a killing site in Bangladesh sponsored by the Liberation War Museum.

The Coalition leads GIJTR, which includes eight other organizational partners: **American Bar Association Rule of Law Initiative** (ABA ROLI), United States; **Asia Justice and Rights** (AJAR), Indonesia; the **Centre for the Study of Violence and Reconciliation** (CSV), South Africa; **Documentation Center of Cambodia** (DC-Cam), Cambodia; **Due Process of Law Foundation** (DPLF), United States; **Fundación de Antropología Forense de Guatemala** (FAFG), Guatemala; **Humanitarian Law Center** (HLC), Serbia; and **Public International Law & Policy Group** (PILPG), United States. In addition to leveraging the expertise of GIJTR members, the Coalition taps into the knowledge and longstanding community connections of its 300-plus members in 65 countries to strengthen and broaden GIJTR's work. GIJTR partners, along with members of the Coalition, develop and implement a range of rapid-response and high-impact program activities, using both restorative and retributive approaches to justice and accountability for gross human rights violations.

The expertise of the organizations under GIJTR includes the following:

- Truth-telling, reconciliation, memorialization, and other forms of historical memory
- Documenting human rights abuses for transitional justice purposes
- Forensic analysis and other efforts related to missing and disappeared persons
- Victims' advocacy such as improving access to justice, psychosocial support, and trauma mitigation activities
- Providing technical assistance to and building the capacity of civil society activists and organizations to promote and engage in transitional justice processes
- Reparative justice initiatives
- Ensuring gender justice in all these processes

To date, GIJTR has led civil society actors in multiple countries in the development and implementation of documentation and truth-telling projects; undertaken assessments of the memorialization, documentation, and psychosocial support capacities of local organizations; and provided survivors in the Asia, Africa, and the Middle East and North Africa region with training,



Participants of the 2019 Guinea-South Africa exchange.

support, and opportunities to participate in the design and implementation of community-driven transitional justice approaches. Given the diversity of experience and skills among GIJTR partners and Coalition network members, the program offers post-conflict countries and countries emerging from repressive regimes a unique opportunity to address transitional justice needs in a timely manner, while promoting local participation and building the capacity of community partners.

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INTRODUCTION

The aim of this manual is to outline mental health and psychosocial support (MHPSS) in the context of enforced disappearances, and to provide insights into community-based psychosocial support interventions. It outlines strategies to mitigate risk factors for stress, secondary traumatization, and re-traumatization. It also takes into consideration that many of the participants of the Forensic Academies are practitioners, advocates, and professionals in various post-conflict countries who have been impacted to various degrees by war and conflict. As such, this manual seeks to highlight key learnings pertaining to collective trauma and journeys of healing for people, families, and communities that have survived and lost loved ones through enforced disappearance.

The aim of integrating MHPSS into the Forensic Academy is to amplify both trauma-informed processes and approaches to fieldwork and psychosocial support for victims.

The goal of the Forensic Academy project is to build the capacities of activists, academics, and practitioners in Africa, Asia, and the Middle East and North Africa to investigate cases of missing and disappeared persons and address the needs of victims' families in a holistic and integrated manner. The objectives to achieve this goal include the following:

1. Strengthening the knowledge of South-based activists, academics, and practitioners of forensic tools to locate and identify the disappeared, with a focus on participatory and holistic interventions, by providing intensive theoretical and practical expert-level training
2. Supporting the existing community-driven network of South-based activists, academics, and practitioners working on issues related to disappeared persons
3. Support Forensic Academy alumni to undertake community-based projects related to disappeared persons

MHPSS is a critical aspect in supporting participants in their training, as well as providing them with a much-needed understanding of mental health and psychosocial factors that are present in the field that they work in. The Forensic Academy has adopted a holistic approach to working with enforced disappearance, which includes an integration of MHPSS to ensure that the program is survivor-centered and trauma-informed.

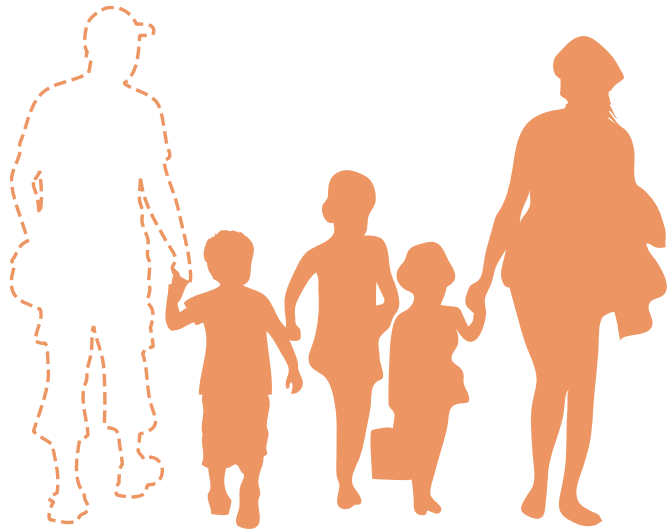
WHAT IS ENFORCED DISAPPEARANCE?

According to the Preamble of the Declaration on the Protection of All Persons from Enforced Disappearance, proclaimed by the General Assembly in its resolution 47/133 of December 18, 1992, an enforced disappearance occurs when “persons are arrested, detained or abducted against their will or otherwise deprived of their liberty by officials of different branches or levels of Government, or by organized groups or private individuals acting on behalf of, or with the support, direct or indirect, consent or acquiescence of the Government, followed by a refusal to disclose the fate or whereabouts of the persons concerned or a refusal to acknowledge the deprivation of their liberty, which places such persons outside the protection of the law,”¹

Enforced or involuntary disappearance is a human rights violation that impacts the person who has been forcibly disappeared, their family and friends, as well as other members of their community who are potentially also victims of the same violence. As such, while enforced disappearance has physical, legal, social, and economic ramifications, it further has impacts on collective well-being where the violence evokes both situational and temporal trauma on those who are directly and indirectly impacted. The collective trauma spans generations, wherein peoples’ histories are testament to the violence and destruction of families, communities, and ethnic groups due to abductions and political killings.

UNDERSTANDING ENFORCED DISAPPEARANCES AND THE INTERNATIONAL AND REGIONAL LEGAL FRAMEWORK

Enforced disappearance is a form of human rights violation with a strong psychological component.² The Convention on the Protection of All Persons from Enforced Disappearance (The Convention) defines the violation as occurring when a person is deprived of liberty by state agents, or with acquiescence of the state, and the authorities refuse to reveal any information about the fate or whereabouts of the disappeared, with the result of the person being placed outside the protection of the law.³ The Convention also defines a victim as “any individual who has suffered harm as a direct result of an enforced disappearance.”⁴ In this way, international human rights law recognizes the devastating impact that enforced disappearance has on the families of the disappeared, beyond that of physical harm.⁵ Enforced disappearance impacts both the victim, who is removed from the protection of the law and frequently subjected to torture, and on their families, who suffer from not knowing the fate of their loved ones.⁶



Enforced disappearance has frequently been used as a strategy to spread terror within societies, and to discourage dissent.⁷ The crime might be committed to silence citizens that are viewed as political liabilities, as well as to punish opponents and deter others who may have political differences with the ruling regime.⁸ Enforced disappearance is also used by governments to instill fear among the population to retain power.⁹ The crime is usually committed by state officials with an interest in concealing the events, and therefore statistics on its prevalence are limited.¹⁰ Due to state interest in concealing these crimes, countries where such crimes are prevalent lack policies and laws to prevent, investigate, and punish perpetrators.¹¹ While enforced disappearances are generally committed by state officials or by bodies with the acquiescence of the state, non-state actors, such as rebel and insurgent groups, have also been responsible for such crimes.¹² For example, approximately 45,000 people were documented as having been forcibly disappeared by government forces during the Guatemalan Civil War, which took place between 1960 and 1996.¹³ In addition to combatants, many of the disappeared were civilians. Guatemalan security forces engaged in massive disappearances during this period for the sake of both preventing dissent and intimidating the public into silence and compliance. In the Lebanese armed conflict, which lasted from 1975 to 1990, enforced disappearances were systematically used by all parties as a war tactic, along with extrajudicial executions, massacres, and forced displacements.¹⁴ More recently, in the Gambia, President Yahya Jammeh's 22-year rule, which came to an end in 2017, was marked by widespread abuses, including forced disappearances, extrajudicial killings, and arbitrary detention to silence any dissent or opposition.¹⁵

International Mechanisms

Enforced disappearance is the subject of international instruments, such as the Convention, which has been in force since December 2010. The Convention creates an obligation for states to make the offense of enforced disappearance punishable by appropriate penalties, which account for the extreme seriousness of the crime, affirming its status as a crime against humanity when practiced in a widespread or systematic manner.¹⁶ The United Nations also established the Working Group on Enforced Disappearances (WGEID), which assists families in determining the fate or whereabouts of their loved ones who have reportedly been forcibly disappeared.¹⁷ The Group acts as a channel of communication between the families of victims and/or organizations supporting them, as well as the governments concerned. It receives, examines, and transmits to governments reports of enforced disappearances, requesting them to carry out investigations and share information on a periodic basis.¹⁸ The WGEID has engaged with regional human rights mechanisms to strengthen regional and national policy and institutional frameworks to address enforced disappearances and enhance support for the families of those who have disappeared.¹⁹ Such bodies include the Inter-American Commission and Court on Human Rights, the African Commission on Human and People's Rights, and the European Regional Human Rights bodies.²⁰ The WGEID works alongside the Committee on Enforced Disappearance, which was established when the Convention came into force, to fight against enforced disappearances and to support victims.²¹ While the Committee's competence is limited to those states that have ratified the Convention, the WGEID is able to consider the situation of all countries.²²

Because enforced disappearance is considered a crime against humanity if committed in a widespread or systematic manner, the International Criminal Court (ICC), established by the Rome Statute, has jurisdiction to examine these acts.²³ However, the ICC does not have jurisdiction to adjudicate state responsibility, nor does it prohibit enforced disappearance unless they constitute crimes against humanity.²⁴ Further, a case is only admissible to the ICC when "the State is unwilling or unable genuinely to carry out the investigation or prosecution."²⁵

Regional Bodies: Latin America

Latin America has played a leading role in influencing the international response to enforced disappearance and shaping jurisprudence relating thereto. The WGEID was created largely in response to disappearances committed in Argentina and Chile, mainly due to the efforts of Latin American victims.²⁶ Out of the 13 countries considered during the WGEID's first year of operation, nine were Latin American, namely, Argentina, Bolivia, Brazil, El Salvador, Guatemala, Mexico, Nicaragua, Peru, and Uruguay.²⁷ In 1988, the Inter-American Court of Human Rights gave its first judgment on a case of enforced disappearance, stating that, "disappearances are not new in the history of human rights violations. However, their systematic and repeated nature and their use not only for causing certain individuals to disappear, either briefly or permanently, but also as a means of creating a general state of anguish, insecurity, and fear, is a recent phenomenon."²⁸ The Inter-American Court's analysis of enforced disappearance was influenced by Latin Americas, Amnesty International, and the WGEID, which helped to establish legal principles to prevent, investigate, and punish those responsible for the crime.²⁹

The Inter-American Court developed a comprehensive, progressive doctrine on enforced disappearances, contributing to the understanding of the continuous nature of the crime, the right to know the truth about the fate of the victim, the right to know the scope of reparations, the inapplicability of amnesty laws and statutes of limitations in such contexts, the broadening of the scope of the concept of "victim" to include family members of the disappeared, the presumption of violations of rights in such cases, and the shifting of the burden of



proof to rest upon the state.³⁰ The Court has also repeatedly granted provisional measures in disappearance cases to counter state attempts to intimidate witnesses and applicants.³¹

Latin America, as a region, has a significant number of countries that have also made progress in terms of prosecuting officials for enforced disappearances in national courts.³² Across the region, five former heads of state and several high-ranking military, police, and civilian officials have been convicted.³³ As such, Latin America has played an important role in developing enforced disappearance as an international concern by virtue of its status as a complex and specific human rights violation.

Further, the region has witnessed the development of strong search techniques and forensic capabilities in Guatemala, Argentina, and Peru, with forensic teams leading the search for the remains of the disappeared.³⁴ These skills and technologies are known to be some of the most advanced globally.³⁵

Regional Bodies: Europe

The European Court of Human Rights (ECtHR) has heard many disappearance cases. The Court receives its competency from the European Convention on Human Rights (ECHR) and has developed case law that obliges the state to investigate enforced disappearance based on the right to know the truth, as stressed in the ECHR.³⁶ The obligations under the ECHR—namely, the right to life and the prohibition of torture and inhumane and degrading treatment—are significant in adjudicating cases of enforced disappearance.³⁷ However, it is common for states in this context to derail the process by denying the events in question, and lack of state cooperation renders the process extremely difficult.³⁸ As a result, the burden of proof at the ECtHR has been adapted in situations in which the applicants cannot reasonably be expected to satisfy the traditional legal onus of beyond reasonable doubt.³⁹ In the case of *Varnava and Others v Turkey*, the Court found that, "where the events in issue lie wholly, or in large part, within the exclusive knowledge of the authorities', allegations amounting to a prima facie case of disappearance will give rise to 'strong presumptions of fact', whereby the

Government will bear the burden of proof to furnish a ‘satisfactory and convincing explanation.’⁴⁰ As such, the failure by the government in question to provide the documents necessary for establishing the facts leads to strong inferences in favor of the applicant being drawn.⁴¹ This, along with the tireless efforts of non-governmental organizations and human rights bodies in representing applicants, eases the difficulties that they face in bringing claims against state bodies. Judgments are difficult to implement, especially due to governments’ reluctance to recognize disappearances, which often translates into a failure or refusal to implement judgments.⁴² While compensation orders may be paid swiftly, measures are not implemented at a domestic level to address the structural problems that prevented the effective investigation of the disappearances.⁴³

Regional Bodies: Africa

The African Commission on Human and People’s Rights (ACHPR) adopted two resolutions that raised awareness of the crime of enforced disappearance.⁴⁴ The ACHPR issued its General Comment No. 3 on the Right to Life in November 2015, stating that where a state or its agent has forcibly caused a person to disappear, a violation of the right to life has occurred.⁴⁵ It further explicitly provides that states are to take appropriate measures to investigate such cases and bring those responsible to justice in order to avoid a tolerance of impunity.⁴⁶ The African Union, on the other hand, has not adopted a treaty banning enforced disappearances. While the African Charter on Human and People’s Rights does not specifically prohibit enforced disappearance, the Charter does enshrine the right to life and the prohibition of torture and cruel and inhumane treatment.⁴⁷

UNDERSTANDING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

MHPSS can be understood as a collective of mental health components and components of psychosocial support services.

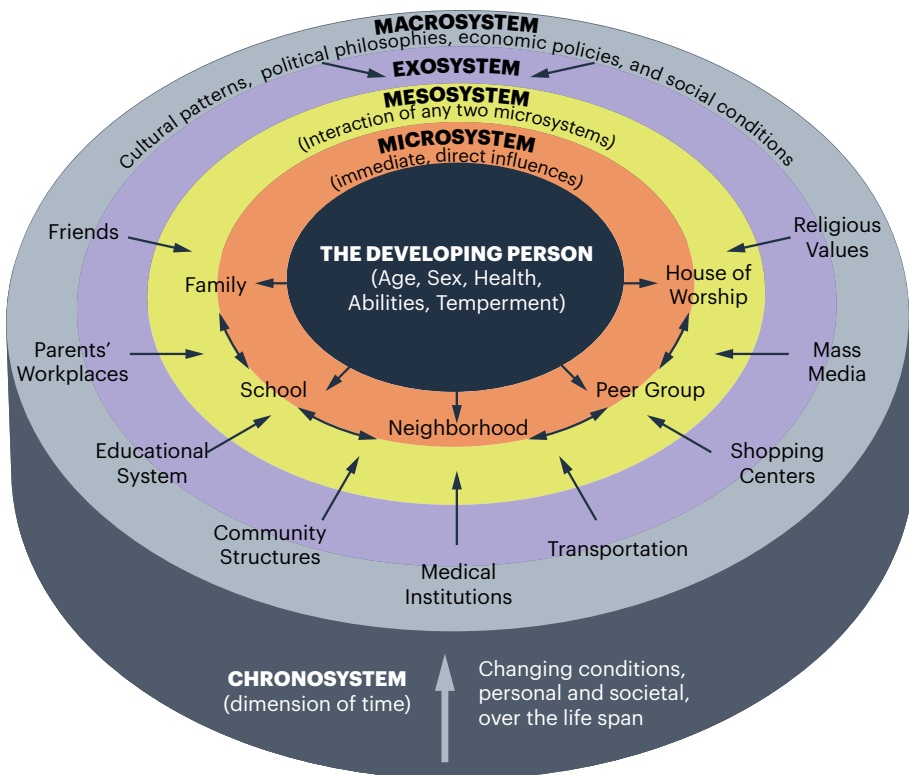
Defining Mental Health

According to the World Health Organization, mental health can be defined as “a state of well-being that enables people to cope with stresses of life, realize their abilities, learn well and work well, and contribute to their community.”⁴⁸ Mental health is centered in one’s emotional, psychological, and social well-being and how they are interrelated with how people feel, think, behave, and understand themselves as part of their immediate environment and broader society.

Mental health affects, and is impacted by, how people develop a self-concept, how they develop relationships, communicate, make healthy decisions, and respond to everyday stressors. It is a key component of development across a person’s lifespan and should be considered as intentionally and rigorously as physical health. There are various theories that outline psychosocial well-being across a lifespan, which highlight chronological age development and social and cultural development within one’s various systems or environments as significant contributors to mental health.

According to Erik Erikson, psychosocial development is the process through which people develop their sense of self as they overcome the various psychosocial challenges they encounter across a lifespan.⁴⁹ This theoretical understanding purports that various life stages require a certain level of development to manage the expectations of a person in their sociocultural environment.

According to Uri Bronfenbrenner's socioecological theory, psychosocial development takes place across a lifespan, wherein a person is part of an interconnection of systems that form part of their community.⁵⁰ It describes human development throughout life, emphasizing the interconnectedness of individuals and their interdependent communities. It highlights the importance of social interaction and community in human development, and the destructive impact of war on individuals and their families.



The theory also provides insight into the trauma that may emerge due to the disruption of psychological and social systems that support human growth and development. It further brings to the fore how events or series of events that are potentially traumatic have impacts that span generations.

Considering this, it is key to understand mental health across the various stages of life from childhood through adulthood and into to the end-of-life phases. It is equally important to emphasize that violence significantly impacts a person's mental health and sense of safety.

Defining Psychosocial Support

The term "psychosocial" denotes the interrelationship between an individual (a person's psyche) and their environment (social contexts). The psychological dimension comprises one's emotions, thoughts, and internal responses; and the social dimension comprises an individual's relationships with other people (friends, family, colleagues), their community, and their values, practices, and mores. It encompasses the interconnection between people and components of everyday life such as cultural, ethnic, religious, and other community contexts. As such, psychosocial support incorporates interventions that are centered on the emotional and social needs of people with the objective of assisting people in accessing their resources in order to help them cope and enhance their resilience.

Drawing from Bronfenbrenner's socioecological model, there is an understanding that people develop across time in relation to various systems that are accessible to them. When the systems are healthy and cohesive in their approaches, ethos, and understanding of diversity, they serve as a positive contributor to healthy development.

Defining Mental Health and Psychosocial Support

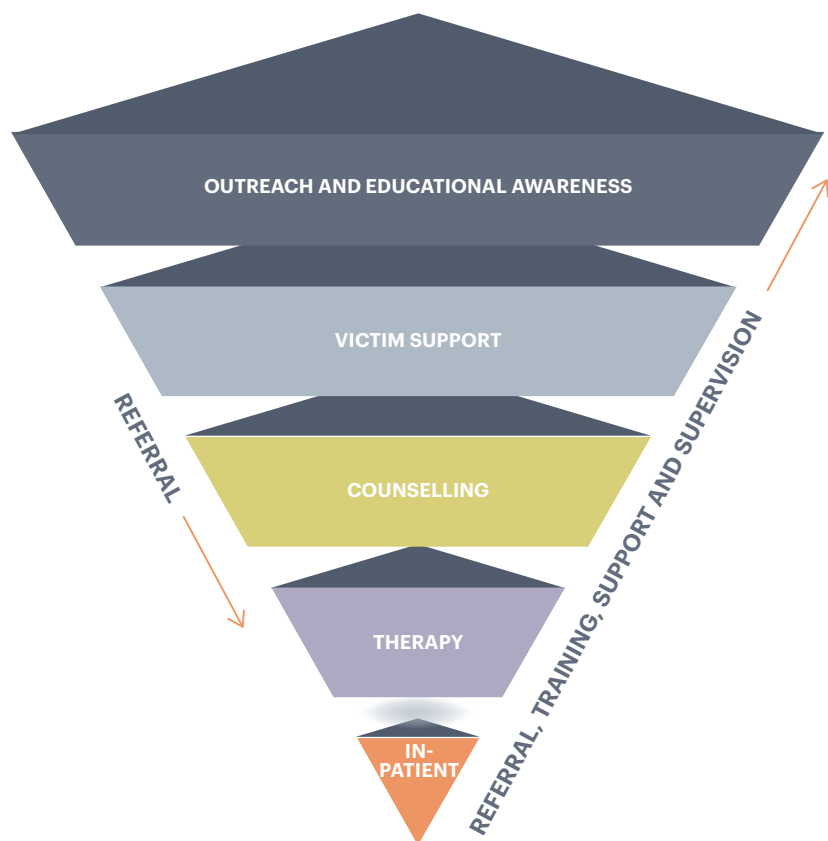
The term "mental health and psychosocial support" refers to any type of support or interventions that are aimed at treating or preventing mental illnesses, promoting mental health, and/or protecting psychosocial well-being.

Ill mental health, or mental illnesses, include a diverse range of difficulties such as emotional distress, social issues, behavioral difficulties, and substance abuse. Intellectual and neurodevelopmental impairments that impact individuals across their lifespan also fall under the umbrella of MHPSS problems. Furthermore, various mental illnesses such as depression, anxiety, and post-traumatic stress disorder are prevalent in society. Severe mental illnesses include schizophrenia

and a range of psychoses. Mental health difficulties are often treated by specialized practitioners in structured treatment programs.

Mental Health and Psychosocial Support Services

The MHPSS pyramid below provides an illustration of the different types of interventions and levels of MHPSS services that are required and/or accessible to people in different contexts to promote well-being and healing. The following are descriptions of the various interventions and their beneficiaries:



Outreach and Educational Awareness

These include interventions with a wide reach, often taking place in community settings. One of the main objectives is to raise awareness about emerging issues in a community such as various types of violence, how prevalent they are in a particular community, as well as their historical underpinnings. These interventions are often facilitated by community leaders and community social and emotional support personnel in partnership with organizations and institutions that focus on MHPSS services. One of the key components of an awareness activity is to achieve broad population reach, in addition to psychoeducational services wherein people are capacitated with knowledge and insights into a particular social issue or area of violence. This equips community members to better understand a key issue and how it presents itself in peoples' immediate communities (family, school, religious, and other social circles). Outreach and Educational Awareness interventions are crucial in contexts that have experienced significant violence, promoting social cohesion and communal insight into the various historical and sociocultural factors that perpetuate violence.

Victim Support

Within the process of psychoeducation is psychosocial support to victims and survivors of violence and enforced disappearance. These are typically one-off or short-term capacitation or support interventions that promote collective healing for those who are direct and indirect victims of violence. This may include emotional containment for victims who are experiencing distress. Emotional containment is a process wherein a person assists a victim who is experiencing emotional distress or having troubled thoughts to contain or manage that distress to help them foster a sense of internal calm. Containment creates an environment for a victim or survivor who is experiencing distress to feel safe and protected.

Trained emotional support personnel and community practitioners facilitate interventions for victims and their families. These include support through the stressors of navigating daily life related to their mental well-being, access to resources, relationships and communication, loss of sense of self and status, and vulnerability to repeated victimization. They may also be structured in the form of group sessions, psychosocial dialogues, and home visits.

Counselling Services

Provided in clinical, educational, or community-based settings and comprising short-term interventions that typically range between 2 and 12 sessions, these services aim to help a survivor explore and understand challenging situations, make meaning of their thoughts and emotions, make positive choices, and engage in healthy decision-making. Over time, counselling assists clients with symptom reduction and distress management, as well as developing healthy coping mechanisms that have long-term impacts. Counselling also helps with developing resilience and adaptive functioning, which are critical in contexts that experience sporadic conflicts and violence.

Reliant on the presenting problem and accessibility to resources, a victim is referred to the relevant professional or practitioner. Lay counselling services can be provided by community practitioners who have received adequate training or capacity building; and counselling services are provided by formally trained mental health professionals.

Therapy

Psychotherapeutic services are a level of mental health care interventions that are provided to people who may require a more specialized care or treatment plan. These typically include people living with continuous traumatic stress, chronic mental health difficulties, and mild to severely ill mental health. They are applicable to all ages and include individuals as well as groups of people who have experienced trauma, such as those within the family system (i.e., siblings, couples, the family unit). Therapy services are provided by trained psychologists or social workers and range from short- to long-term interventions. The interventions are situated in community clinical or outpatient hospital settings.

Inpatient Services

In situations where an individual requires admission for inpatient treatment, they are often referred to a psychiatrist or other mental health care professional within the hospital/clinical setting. The individual may require interventions from a multidisciplinary team to manage the presenting issue and symptomatology. These interventions are developed according to a treatment plan that is structured to promote healing and ensure that when a person is discharged, they can retain their optimal functionality and good quality of life in their community.

It is imperative that an understanding of the mental health pyramid be integrated into healing and treatment processes. This allows for a victim-centered and trauma-informed approach to managing individual, community, and collective healing. It takes into consideration that diverse levels of care are needed and referrals are made to practitioners where there is a need for more specialized care according to a victim's needs. The MHPSS pyramid also amplifies the importance of ongoing capacity building and supervision support. These are imperative for practitioners and emotional supporters who facilitate interventions to large groups of people at a time, and often live within the same community or historical context of violence within which they are working.

UNDERSTANDING BEREAVEMENT, GRIEF, AND AMBIGUOUS LOSS

Bereavement and Grief

Bereavement is understood as the experience of losing or being separated from a loved one, particularly in the context of death. It is a person's response to a situation when someone who is significant in their life has died. The bereavement period is the phase after the loss when an individual begins to adapt to the loss. It involves adjusting to life without the person, as well as engaging in any crucial efforts and requirements to ensure that the burial and affairs of their loved one are resolved. Bereavement can also be associated with the loss of other significant items or necessities that a person requires for a stable and healthy quality of life (e.g., loss of financial security due to retrenchment).

Grief is an inevitable and natural response to the loss of someone significant. It is key to recognize that every grieving experience is unique, and grieving is often linked to social and cultural norms. As such, grieving is a process that takes place both individually and collectively. Grieving is not limited to what people see in actions or changes in behavior; it also includes the emotional and psychological experiences that people do not see. Through the grieving process, the individual is left to experience the emotions and memories attached to their loved one who is no longer present. Eventually, during the grieving process, an individual can accept the loss, despite how they feel emotionally.

Signs of grief differ between people and can change form over time; however, grief is normally understood through feelings of deep sadness. While the signs of grief can resemble symptoms of depression, the significant difference is that grief

is a natural response to a loss, and the sadness associated with grief is located in death and/or separation. The persistent sadness is a result of the grief and loss—and people tend to grieve based on their relationship with the person who has died or disappeared. Grief is often a collective experience, although an individual can often feel alone in their grief. Grief is often impacted by how communities or the broader society views the loss, which can sometimes result in negative experiences, such as a loss of life being disregarded.

Grief impacts people socially, psychologically, and physiologically; similarly, a person's state of well-being also impacts their grieving process. People who experience grief may develop a deep sense of sadness and isolation and distorted perceptions of the world as dysfunctional and meaningless without the person from whom they have been separated. In these situations, grief may leave an individual feeling destabilized, with distinct difficulty functioning in their everyday life with the same ability as they had prior to the separation or death.

Grieving the loss of a loved one is a normal process; however, when the process extends beyond certain time frames and impacts a person's level of functioning, it can become categorized as "complicated grief." Complicated grief emerges when the grief response is prolonged or delayed and there are psychological barriers to an individual embarking on the journey of healing from their loss. These psychological barriers include denial and avoidance of reality, as well as feeling emotionally disconnected from the reality of the loss. The time frame for this grief is unique to every situation, the protective factors that help a person to process the grief, and the risk factors that contribute to the rumination about the loss and persistent sadness.^{51,52} It often becomes difficult to determine when a person's grief has entered a stage where it can be classified as complicated grief; however, it is important to note that some people remain stuck in the grieving period, which indicates that they are unable to find peace about the loss or separation. In these situations, a person may need additional psychosocial support to assist them in processing the loss.

Common reactions to loss include thinking about a loved one and searching for meaning about why their death happened, what could have been done to prevent their passing, as well as questioning a higher power who could have "prevented" the death or loss. Another common reaction involves fluctuations in one's sleep cycle (increased sleep or loss of sleep), appetite, and energy levels. These are a result of the disturbance that has taken place physically and psychologically. There

are often significant mood shifts wherein a person who is related to the loved one experiences overwhelming feelings of sadness. Normalizing the difficulties that emerge due to loss are important for understanding the mental health impacts of bereavement, as well as for purposes of promoting the expression of loss so that people do not resort to avoiding the often-overwhelming emotions that emerge because of death. It is when the emotional responses extend beyond a significant time period and impact an individual's functioning in everyday life that there may be a cause for concern.

There are distinct reactions that emerge during the grieving phase when one typically would need to ensure that they are receiving mental health support. This involves disturbances in social and occupational functioning, which include significant difficulties with relating to oneself and others, as well as engaging with one's school or work or other everyday tasks. These difficulties are often identified by other people who are within an individual's close proximity; alternatively, one may notice that they have a diminished ability to concentrate, attend to, or retain information, which may also present as though one is ininterested or unable to remember what they are doing during simple tasks. Within the mood domain, this may present as feeling "numb" or disconnected from their emotions, losing interest in tasks that were previously enjoyable, and a sense of apathy.

Individuals who may be struggling with grief may also experience health problems and physiological difficulties such as increased blood pressure, disrupted vision, tension, and pain in joints and muscles.

AMBIGUOUS LOSS: LOSS IN THE CONTEXT OF ENFORCED DISAPPEARANCES

From a mental health and psychosocial perspective, there are a variety of experiences of grief that people encounter and embody. The type of grief is determined by the context of a loss and how a person or people can engage with the situation within which a loss has taken place. The aim is not to categorize the grief as distinct, but rather to provide insight into how a physical loss can be experienced at differing psychological levels in somewhat of a grief spectrum. Types of grief include (but are not limited to) normal (common) grief, disenfranchised grief, ambiguous grief, complicated grief, collective grief, delayed grief, and anticipatory grief.

Ambiguous Loss

A type of loss that is considered "ambiguous" is one in which there is no paperwork or record to support the absence of the person—either physically or mentally. There is often a paucity of records or documentation to verify the physical absence or validate the psychological absence. There may be knowledge that a person is missing based on the circumstances under which a person disappeared; however, there is no definitive "evidence" to confirm a victim's whereabouts or indeed that an individual has been killed. In some situations, there may be witnesses who state that a person has been killed, or some evidence that a person left (was taken)

against their will based on the conditions of the place they were in. In the context of enforced disappearance, the inability to proceed with the legal, social, and cultural components of burial and “sending off” may contribute to the ambiguity and unresolved feelings of grief in which the loss appears to be endless.

The psychosocial impacts of ambiguous loss are vast and include difficulties with closure, making meaning of a loss, and ultimately being deprived of the opportunity to transition into grief. These amplify the uncertainty and tend to inhibit the process of grief, which includes experiencing the world without a positive connection with a loved one. Due to the uncertainty, some individuals remain stuck in a state of hopefulness and sometimes denial that their loved one’s absence is not real. This is a trauma response related to enforced disappearance. This type of dissonance happens when the people who remain behind are still living with the emotional presence that lingers despite the victim’s physical absence. This dissonance is not uncommon with grief; however, it becomes exacerbated in situations where the people remaining behind have been deprived of the natural progression of the stages of grief and remain suspended in the “denial” stage. The grief process itself is largely dictated or directed by circumstances outside of a person’s control. This psychological dissonance also takes place in situations where one knows the victim has been killed, but due to the violent nature of the involuntary disappearance, one cannot locate the body or their remains in order to validate the traumatic experience.

The dissonance and distortion in the grieving process emerges because a person’s loved one may not be able to understand the emotions they are experiencing, which may be a mixture of deep sadness, shock, anger, and despondency. The grieving process is a natural one in which people can often navigate, explore, and develop healthy ways to accept or cope with a loss. Culturally, where there is no burial ceremony or ritual, individuals and families may struggle to accept their loved one’s passing because, spiritually or culturally, there has not been a send-off conducted for the person.

In the context of enforced disappearance, it is key that ambiguous grief be considered from both an individual psychological and a collective sociocultural perspective. The various contributors to ambiguous loss through enforced and involuntary disappearance are a result of activities and politicized actions that are outside the control of victims.⁵³

Grieving Enforced Disappearance

The grieving and mourning process is unique for everyone, regardless of the conditions of loss. It is normal for people to undergo a grieving process after someone has passed. This process is often underpinned by stages, as documented by Elizabeth Kübler-Ross and John Bowlby. These stages are not linear, and people journey through their different phases based on their lived experiences, culture, and other aspects of their life that take place concurrently. In the context of enforced disappearance and other human rights violations, the grieving process is often abrasive and disrupted based on the sociopolitical contributors to the death as well as the condition of the environment. It is also dependent on the psychosocial well-being of the person or people and their connection to the person who has disappeared.

Understanding Loss

There are many forms of loss that people may experience over the course of a lifetime. Loss can be a physical loss, such as when we lose someone we care about through death. There is also the physical loss of possessions and land that people had acquired for themselves and their families. Loss can come in the form of symbolic loss: an intangible psychological loss such as a loss of identity, a loss of a sense of self.

The loss of a loved one can be one of the most unbearable forms of loss, resulting in many different psychological processes. Loss can affect the physical, social, and psychological well-being of an individual. The context in which the loss occurs is a significant determining factor for how a person experiences and manages such a loss.

Collective Loss

Collective loss is a form of loss or grief wherein a group of people or community experiences a significant loss of life or property. A loss can threaten a community’s sense of safety and sense of identity. A loss typically becomes more complex

due to the identifying group dynamics that determine a community's norms and ultimately how the collective responds to the loss and the rituals that are associated with death. During a collective loss, the traumatic experience is shared; however, the process for understanding the trauma and loss differs based on the contexts surrounding the loss.

Working through grief can be difficult due to the different experiences of individuals in a community, as well as the sociopolitical contributors that impact the processes that people embark on during the grieving process. During collective loss, the individual and collective transition through the different phases and processes of loss over time. Collective healing occurs when the group can move through collective grief together as they lean on each other for support.⁵⁴ This may be done by engaging in the collective sharing of the experience of the grief, re-establishing life routines together, and mending the social network that has been disrupted by the grief.⁵⁵ Collective healing is also useful in exploring how individuals may be traumatized at multiple levels, including collective levels. In contexts that have experienced enforced disappearances, such as Guatemala, communities rest on spiritual identities and a sense of hope for reconciliation with their loved ones' remains as a contributor to collective healing.

The Grieving Process

The grieving process is a multi-layered and multi-directional one. Kübler-Ross described five stages of grief that most people encounter when they experience a significant loss.⁵⁶ These are outlined as denial, anger, bargaining, depression, and acceptance. Grieving is not a linear process and people move through the difference phases according to their situation and various contextual factors. Some of the factors that contribute to how people experience the grieving process include the relationship with the deceased, the cause of death, culture, religion, age, and socioeconomic status.

Denial

This is a common coping mechanism wherein the bereaved have difficulty accepting the loss, either consciously or unconsciously. Common reactions during this stage are shock, disbelief, and numbness as the bereaved tries to comprehend their loss. In an attempt to deal with the range of emotions associated with grief, the bereaved may reject the news of the loss or have difficulty processing the details of the loss.

Anger

As the reality of a loss sets in, the bereaved may experience frustration, emotional discomfort, and resentment toward the loss. These reactions may exhibit themselves in the form of anger. The bereaved may experience feelings of injustice, blaming themselves, others, a higher power, or even the deceased for dying.

Bargaining

This is a process in which the bereaved try to delay, undo, or change the reality of their loss by negotiating with a higher power, themselves, or others. This reaction to loss often stems from feelings of helplessness. Therefore, to minimize the pain of the loss, the bereaved may seek to postpone the loss by making promises, often to God, to being a better person in exchange for sparing their loved one. The bereaved may also consider what they could have done to spare the life of the deceased.

Depression

This is a stage characterized by feelings of sadness, emptiness, loneliness, and despair at the realization of the certainty of the death. As the bereaved comes to terms with the reality of the loss, they may isolate themselves, have a deep longing for the deceased, or struggle to find meaning in their grief. The bereaved may find it difficult to get through their daily activities.

Acceptance

This refers to the process of accepting the reality and consequences of the loss and the need to adjust to life without the deceased. This stage is often characterized by the bereaved making meaning of life and death and making new plans or finding new ways to continue with life.

The stages of grief vary based on the situational and contextual components of a loss. As such, the manner in which grieving people experience their communities is often determined by how they are transitioning between the phases. It is further impacted by the emotional support (or absence thereof) during the different phases. Other factors that contribute to how people grieve include character, state of well-being, and support systems in the form of relationships. The key component to transitioning well through difficult periods of loss involves the healthy acknowledgement of the intensity and nature of the loss, and its resultant impacts on the people who have been left behind, and the systems that foster a sense of community, sense of security, and social cohesion.⁵⁷



The Kübler-Ross Change Curve

WORKING WITH FAMILIES OF ENFORCED DISAPPEARANCES

Many families that have lost a family member due to enforced disappearance often experience ambiguous loss or complicated grief. In many wounded contexts, the nature of grief is delineated by the collective experience and the opportunity to follow procedures and systems that facilitate the practices for burials and send-offs. This component contributes significantly to collective healing processes. It is also important to provide the opportunity for individuals and family members to understand and define the loss and make meaning of the impacts of the loss on the people who have been affected.

Therefore, when working with a family, practitioners need to be aware of the emotional and trauma responses that may emerge while engaging with them. Emotional responses are normal and communicate that family members are emotionally affected by the loss of someone in their lives. Practitioners should be equipped to honor these emotional responses and not infringe on families as they experience the emotions related to their loss.

How a practitioner responds to a family or community will differ based on the context, the purpose of their interaction with the family, and the level of engagement that is required by them (e.g., psychosocial accompaniment, information gathering or investigation of an enforced disappearance, counselling, legal representation, etc.).

Trauma-Informed Approaches to Working with Families of Enforced Disappearances

A trauma-informed approach to working with families of the disappeared mandates that practitioners be aware of the diverse psychosocial impacts of grief and loss. A key requirement for practitioners is that they ensure that their interaction with the families does not cause further traumatization. Many families of the disappeared have experienced trauma due to the violent nature of their loss. As such, the process of the grief cycle may often feel quite disjointed for a family. The barriers to closure and processing a loss can result in a sense of despondency and perpetual cycles of hope and disappointment. Practitioners who engage with families should be sensitive to the process that an individual or family is embarking on and be honest and transparent about their role in supporting them. In situations wherein individuals or families are tracing the disappearance and remains of family members, there is often a strong reliance on practitioners who have the resources or knowledge regarding how to facilitate this process. As such, it is important that practitioners engage in best practices for trauma-informed care. Practitioners should acquire as much information as possible about a situation or context to ascertain the nature of the impact. This involves ensuring that they do not create unrealistic expectations or promises that they will be able to provide the solutions that their families are desperately hoping for. Practitioners who work in wounded contexts or humanitarian settings often are driven by purpose and empathy. As a result, it is not uncommon for practitioners to aspire to providing solutions that will potentially alleviate families of uncertainty and pain. Practitioners should endeavor to have an awareness of these emotional dynamics and be clear and concise about expectations, processes, and timelines. They should also be transparent about where there is uncertainty and unpredictability in the process or locating/recovering the remains of their loved ones to mitigate retraumatization.

A trauma-informed approach is a framework for understanding and responding to individuals who have experienced trauma. It is a methodology that is centered on acknowledging the diverse impacts of trauma on survivors' mental health and well-being. By recognizing the impact of trauma, practitioners are positioned to have a more in-depth understanding of survivors' well-being, needs, and behavior. Practitioners are also empowered to explore how working with trauma and

survivors of violence may potentially impact themselves, and how they engage with survivors.

In the context of grief and loss, a trauma-informed approach involves the recognition of the context within which a death or disappearance took place. This includes the geographical context and sociopolitical context, as well as the historical factors that have contributed to the violence. These underpinnings assist practitioners in developing the cultural competency to work with people who have faced ongoing traumatic situations. Recognition of the historical, ethnic, and cultural context also enables practitioners to value and respect the agency of survivors in their healing process. By applying a trauma-informed approach, practitioners are better equipped to position themselves in a supportive and non-directive role, which cultivates a sense of safety and ownership for survivors to direct their own healing practices centered around their own identities and how they have made meaning of the loss.

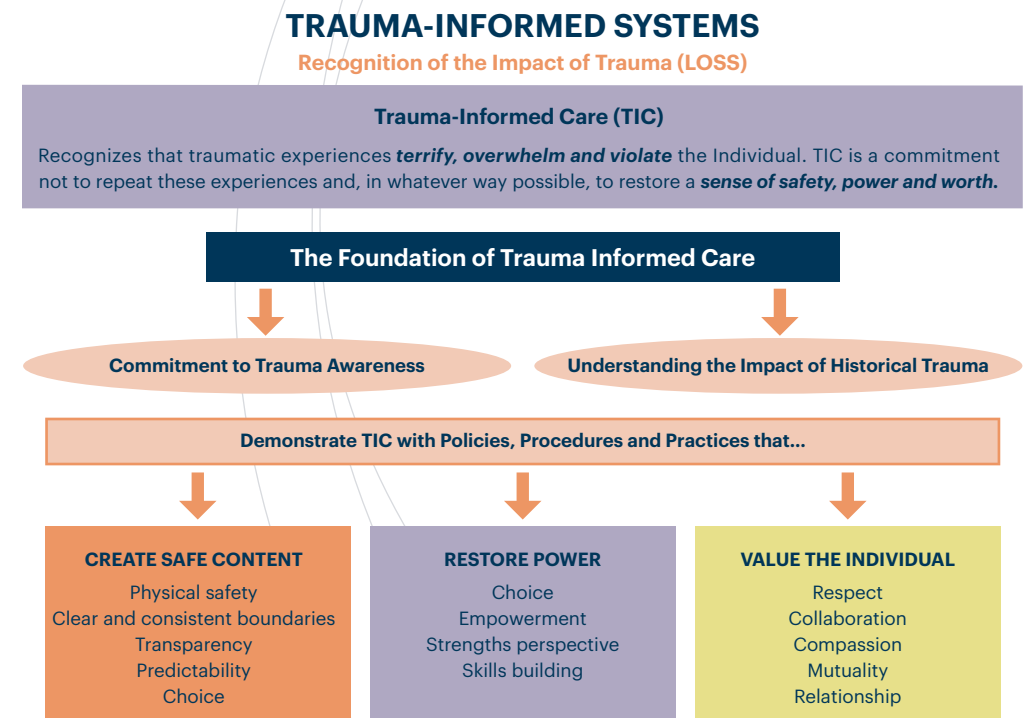


Image Credit: "Trauma Informed Oregon, 2014"

MHPSS APPROACHES TO ENFORCED DISAPPEARANCE AND AMBIGUOUS LOSS

Psychosocial support in the context of enforced disappearance is centered on acknowledging that grief processes are different. A community that has experienced the violence and enforced disappearances will often lean into its collective identity and resilience to create a narrative and process that will cultivate healing in a manner that resonates with their beliefs, culture, and values. As such, MHPSS interventions should be adaptable to cultural contexts to ensure that the structure is aligned with the people it serves. This includes the following:

Focus on interventions that manage and alleviate the symptoms of grief, with the understanding that they are a natural emotional response to loss. In adequately resourced contexts, these would involve interventions provided by skilled and trained mental health service providers where the bereaved can explore and express the emotions linked with their loss. Survivors are taught to identify symptoms of grief and their impact on their sense of self, their memories of the loved one, and how this translates into their daily functioning. MHPSS interventions enable survivors to explore individual and social resources that foster healthy coping and promote healing.⁵⁸ Interventions such as psychotherapy and counselling can help the bereaved understand and rebuild disrupted beliefs in the safety and predictability of life and facilitate the integration of loss.

Psychoeducation

This involves providing information to victims and survivors on their psychological, behavioral, and emotional reactions in the aftermath of an enforced disappearance or ambiguous loss—and on how they can develop coping skills to deal with those reactions. The information provided helps those affected to make sense of their grief. The bereaved may also be provided with information about their rights and other service providers who may be able to assist the families with their needs.

Family and Community Interventions

These involve assisting family members with dealing with the ambiguity of a loss. This includes helping the family find meaning, building their capacity to cope with the uncertainty and process the experience of unclear loss, and reconstructing their identity and roles within the family without the person they have lost. Community interventions focus on identifying key stakeholders and resources in the community in caring for victims and families. Additionally, various service providers in the community are trained in psychosocial interventions.

Referral processes enhance social, legal, advocacy, and financial support. This involves identifying and linking the bereaved to other local services that fall beyond MHPSS services and providing support to individuals and/or families whose needs cannot be met within the scope of MHPSS providers. Networks of

service providers are key to promoting holistic support, which ultimately promotes healing through other avenues, such as reparations.

Multiple approaches to managing grief or bereavement exist. There are a variety of models, therapies, and approaches that seek to support people with grief.⁵⁹ Existential approaches draw from the understanding of people with sociocultural histories and focus on assisting victims by helping them confront their pain instead of denying it and with exploring ways of making sense of their loss as a difficult yet integral part of living. This approach helps a survivor address questions that have been brought by their loss, such as, “What is the point of living?” It also assists in contexts wherein there are broader power dynamics that contribute to violence and loss, and survivors often experience dehumanization through traumatic losses.

Attachment-informed grief approaches focus on identifying attachment-related obstacles to mourning. These approaches are centered on family systems and the physical bonds that are often broken through the loss of a child, parent, or other caregiver. They take into consideration that people experience the world through the safety that is developed through early developmental relationships. Grief processing is centered on making meaning of the emotional bonds and retaining a sense of connection through actionable processes such as rituals and practices of commemoration of a life lived with their loved one. The nature of a griever’s relationship to the deceased and the disruption caused by the loss is explored and understood as potentially deeper than the physical connection.

Behavioral approaches focus on a variety of actions and practices that can help facilitate the process of adaptation to loss. The aim is the exploration and employment of new adaptive behaviors and routines that assist grieving individuals and families to begin the adjustment process of living without their loved one, or the uncertainty that their loved one is still alive.

A key component to grief that is often employed in healing practices is centered on the spiritual approaches to loss and grief. These are often integrated into the grieving process, particularly when taking into consideration Kübler-Ross’s stages of grief (the bargaining phase) wherein people who are bereaved are often bargaining with a higher power or source of divinity to “shift” or “nullify” the death or disappearance. As such, spiritual approaches to healing can focus solely on transcending the loss through faith-based activities or be integrated into other healing approaches based on a survivor’s beliefs and values.

Ethical Considerations When Working with Families and Victims of Enforced Disappearances

Cultural Sensitivity

Culture impacts how grief is understood and expressed, as well as the meaning attached to the loss. It is therefore important to allow the bereaved to reflect upon their own cultural beliefs and practices without making inaccurate interpretations that may result in doing serious harm to them, especially in religious, ethnic, or culturally diverse contexts.

Beneficence

This refers to a practitioner working in the best interest of a victim or survivor and their context and draws from the capacity to adapt to the best practices required for supporting people in need of MHPSS support. This also includes having the professional competence to work with the grief process of victims and survivors of enforced disappearances in a way that promote individual and collective healing.

Autonomy

During the process of grief, individuals may feel helpless or have a sense of despondency that leave them feeling that they have lost control over their lives. It is crucial that mental health practitioners recognize survivors’ sense of agency and respect their right to make decisions and participate in their own healing journey.

Informed Consent

Mental health and psychosocial service providers need to give families and victims adequate and sufficient information on the nature of the service and limitations to confidentiality to help them make informed decisions. This is a key component of best practices when working with survivors or families of the disappeared, as it communicates a practitioner’s commitment to maintaining a survivor’s sense of dignity through consent—something that often is threatened or taken away through violence.

Approaches to Grief Therapy and Healing

Cognitive behavioral therapy approaches focus on changing maladaptive thinking.⁶⁰ A variety of cognitive-behavioral techniques, including cognitive restructuring, disputing irrational beliefs, guided imagery, and relaxation training are used to help individuals deal with emotional dysregulation, behavioral problems, and maladaptive thought patterns that have developed because of a loss. The notion is that healthy cognitive processes and behavior can alter the experience of grief.

Postmodern constructivist approaches focus on meaning-making and the understanding that multiple people in one context may understand an incident or series of events through different lenses and/or positions. These approaches to grief often incorporate philosophical, religious, or spiritual understandings to help the bereaved make sense of loss in such a way as to reformulate their lives, develop a new sense of purpose, and move from the past to the future. These approaches are particularly beneficial in contexts that experience intergenerational or collective violence and the resulting trauma. Healing approaches transcend time and draw from diverse areas of experience and insight wherein the bereaved are provided the opportunity to rewrite their narratives about a loss and how they make meaning of both their relationship with the person and other subsequent relationships.

Systems approaches to healing from loss focus on how grief impacts the system. These include family systems, communities, and broader collective societies. Within the family system, these approaches focus on understanding the context of behavior, the impact of change (the death or disappearance) on family relationships, a family's level of cohesion, and the nature of a family's interactive behavior patterns. The aim is to understand how the system of relationships has been disrupted and how the members are responding to the loss and responding to each other as they experience the loss. The main objective is to minimize the probability of debilitating effects of grief within the family system; it draws from healing a loss of relationship through relationships.

Healing Approaches in Low-Resourced Areas

A key understanding of grief and ambiguous loss is centered on time spent with a loved one and the nature of the relationship that was cultivated. Hence, the process of grieving and healing from loss can be a long-term experience. As such,

the grieving process cannot be prescribed and is not time-based, even though the counselling or healing approach is situated within a time frame.

Short-term Approaches

In low-resourced areas, long-term therapeutic approaches to grief counselling are not always possible. Short-term approaches such as trauma-sensitive mindfulness approaches are centered on self-awareness, well-being, and the healthy development of resilience while embarking on a healing journey from loss. These approaches foster collaboration, empathy, individual healing, and awareness of collective loss. The techniques can be applied on a one-off basis and are set up in a way that mindfulness practices can be used independently by the bereaved. This approach can help improve self-regulation, ease their experiences of grief, and make the bereaved understand the connection between thoughts, feelings, and physical symptoms.

Key Areas of Focus

Specifically, these areas are acceptance of loss, restoration, and reconciling and adapting to a loss. The primary focus of restoration is attending to the life changes that have resulted from the loss. This may involve occupying new roles, developing new relationships, and/or making life changes. Adapting to a loss is the process of transitioning from psychosocial disruptions to daily functioning created by the loss to adaptive behavior and patterns of being. Aided by a mental health practitioner, the bereaved can learn and employ affective, cognitive, behavioral, and spiritual adaptive strategies to help them continually adjust to the ongoing changes posed by the loss.⁵³

Practical Mindfulness Activities

These are developed and practiced to explore and manage the sadness related to a loss. Mindfulness activities such as body scanning target the avoidance of grief, and body mapping can assist in exploring the embodied experience of grief that can be processed through expressive art. One of the tasks of grief work is to identify and experience the feelings of grief. Mindfulness activities can make the individuals aware of their feelings of grief in the present moment and can help them understand the connection between thoughts, feelings, and bodily sensations.

Objectives of Grief Therapy and Healing Approaches

Grief therapy and approaches to healing from grief are aimed at helping bereaved persons actualize their loss, identify and experience their feelings of grief, adjust to an environment without the person they are grieving, and find meaning.⁵¹ They take into consideration that contexts under which someone dies or disappears have a complex impact on the survivors and how they experience grief and closure.

The key principles of the healing process include creating a platform for authentic healing wherein an individual can understand themselves as whole despite the loss and still hold in awareness the magnitude of the impact of the loss on their life. Individuals are capacitated to foster a sense of empathy for themselves and accept that grief is not an easy or linear process. Individuals are also empowered to understand low mood, sadness, fluctuating distress, and loss of hope that are symptomatic of loss of a loved one, especially in violent contexts.

Healing from grief is centered on reconstructing relationships and fostering a community of support through difficult seasons and processes in pursuit of justice. A key objective is to ensure that regular and healthy relationships are centered on authenticity, vulnerability, and emotional safety.

A key difficulty when an individual or family experiences loss is centered on both remembering and forgetting. Oftentimes, survivors want to forget the loss or the events that led to the loss with the hopes that the pain or trauma will dissipate. The difficulty lies in the contention between remembering their loved one and forgetting the context under which they became separated. As such, the healing process includes the openness to experience the spectrum of memories one has of their loved one, as it is often more comfortable to remember happier times and positive moments. The healing process from grief allows survivors to remember the entire spectrum of moments and memories without the compulsion to experience their loved one merely through sections of their lives.

As an objective within the healing journey, the families of enforced disappearances and violent bereavement are supported in experiencing their loved ones as whole despite the context of their death or disappearance. Individuals and families are supported in their processes to explore rituals, practices, and activities that facilitate closure and acceptance of the loss or separation.

Barriers to Healing

The barriers to healing from loss or enforced disappearance can be personal or contextual. People tend to want to gravitate toward healing and alleviating the pain related to the loss or separation.

Some of the barriers to healing include the following:

Lack of Social Support

The process of grief can be an isolating experience. The lack of social support can further perpetuate the feelings of loneliness and isolation.⁵³

A Person's Assessment of Their Own Ability to Survive the Loss

Due to the feelings of helplessness, the bereaved may believe that they do not have the capacity to heal or do not trust their ability to move forward.

Socialization and Society's Acceptance of Who Can Grieve or How They Grieve (Publicly and Privately)

The maintenance of strong cultural practices and gender roles, for example, may prove to be an obstacle in healing, as a man may deny feelings of grief or divert feelings should they come to the surface.

Shame and Stigma

The bereaved may experience these feelings from the community for seeking professional help.

Guilt

The bereaved may experience a loyalty conflict between developing new relationships and holding onto the lost relationship. Due to the uncertainty, the bereaved may remain stuck in a sense of hope and may be holding onto the idea that they will reunite with those they have lost, which may hinder their ability to adjust.

MHPSS SUPPORT FOR PRACTITIONERS IN VIOLENT CONTEXTS

The importance of practitioners' well-being in violent contexts is centered on how they are positioned to manage their mental health and navigate their sociocultural environmental contexts, as well as their organizational contexts. It is vital that, when working in wounded contexts, support provisions are available to ensure practitioner well-being and promote practices that enhance mental health when working with trauma. Self-care, which can be defined as an activity or series of activities required to manage discomfort, fatigue, or burnout due to high workloads or highly stress-oriented contexts, is a key component of a trauma-informed approach to working in documentation missions.

As part of developing this manual, documenters of enforced disappearances were engaged to share their expertise and insights of the mental health impacts and implications of working in contexts where there is significant psychological trauma. This includes documenters who had participated in investigation missions reflected on their experiences of working with the families of the disappeared. Most alluded to experiencing feelings of deep sadness and having to engage with different strategies to cope with the intense emotions that emerge whenever they encounter family members who have strong emotional responses when recollecting the events that led up to the disappearance or killing of their loved one.

In other instances, documenters spoke about how their work had helped them to reframe their histories. Through the lived experiences of the people they encountered through their work, they were able to connect to some of the aspects

of their countries' histories that they were often prevented from connecting to. Despite the fact that this occurs through a lens of death and loss, some documenters alluded to feeling strengthened through a deeper understanding of their histories. Other documenters referred to the fulfillment that comes with being able to do meaningful work that focuses on supporting survivors of enforced disappearances.

Psychosocial support for practitioners in wounded contexts includes the following:

Debriefing Support

This includes structured psychosocial support that takes place regularly after documentation missions. It can be in the format of individual debriefing and/or group debriefing. These support measures assist practitioners in reflecting on the work they have conducted and the people they have engaged with, as well as making meaning of the emotions that emerge because of the nature of their work.

Counselling Support

This is key for practitioners in violent contexts who have their own lived experiences. Practitioners in conflict or post-conflict zones often find themselves working with trauma in communities or settings that are related to their own sociocultural histories. As such, it is imperative that counselling support be integrated into the work to promote well-being and a psychosocial culture of engaging with the impacts of working with violence.

Organizational Well-Being

Integrating a trauma-informed approach to organizational well-being provides the ongoing opportunity for organizations to prioritize the well-being of their staff. This includes an understanding of the impact of cycles of violence and trauma on organizations that work within areas of conflict, and the consequential impact on staff due to the nature of the work. Organizational well-being is an ongoing process that is centered on self-care opportunities and the approach to collective care. The significance of staff self-care is the prioritization of the long-term mental health of organizations' staff.

Self-Care

This refers to an ongoing and dynamic approach to self-help and well-being that is focused on an intentional relationship one has with oneself personally and professionally. It is critical that practitioners in violent contexts are aware of trauma-related responses such as stress, anxiety, burnout, and vicarious traumatization. Self-care is the process during which practitioners engage in activities that promote their well-being across their different dimensions (e.g., emotional, physical, environmental, spiritual, and other spheres that encompass the spectrum of mental health). These dimensions are interdependent, and it is crucial that practitioners be aware of how their work context impacts these various areas—as well as how to ensure that there is a healthy balance of investing in the distinct aspects of one's life to promote healthy overall wellness.

Psychoeducation

A key component of ensuring well-being for practitioners in violent contexts involves the awareness that trauma is part of the legacy of violence. This requires that practitioners be provided with resources for learning and understanding the holistic impact of the trauma they may encounter in their work. As such, an openness to exploring and practicing healthy coping strategies capacitates practitioners to integrate well-being into their practices even outside the workplace structure, and also in their personal lives. This ensures that, when they experience triggers or encounter situations that may cause emotional distress, they are able to access support from external structures. They will then also be able to reach into their internal coping strategies that assist with self-regulation as well as help normalize the emotions that arise due to distressful contexts. Often, practitioners tend to avoid these emotions because they are difficult to experience. However, when practitioners are aware of the psychosocial demand of working in high-risk or wounded contexts, they are better positioned to understand their own emotional responses and manage them effectively.

CONCLUSION

This mental health manual is structured as a comprehensive guide for understanding and addressing grief within diverse settings, with a focus on violent contexts that result in enforced disappearances. It outlines the multifaceted nature of grief, its impact on individuals' and communities' psychosocial, developmental, and sociopolitical well-being. It incorporates the several factors that influence the grieving process, particularly when there are contextual barriers to accepting loss and grief.

The manual discusses the importance of adopting a trauma-informed and holistic approach to loss and grief assessments and interventions, amplifying the diverse ways in which individuals experience and express their grief across diverse cultural, religious, and social contexts. It outlines the value of MHPSS services that are centered on empathy and a recognition of survivors' unique experiences, values, and capacity to adjust to adversity and develop healthy coping strategies.

Additionally, the manual outlines evidence-based approaches and therapeutic techniques and interventions for supporting individuals and families who are grieving the traumatic loss or disappearance of a loved one. Various mental health and healing practitioners are equipped with a range of strategies to support people as they navigate their grief journey and foster a sense of resilience when they encounter loss.

As society continues to advance its understanding of enforced disappearance and ambiguous loss, this manual serves as a valuable resource for practitioners in all sectors to explore the complexities of grief in their various contexts. By integrating trauma-informed approaches to individual and collective healing, practitioners are better capacitated for ethical, empathetic, and culturally conscious care that promotes healing from trauma and fosters a sense of safety, security, and resilience within communities with histories of violence and trauma.

REFERENCES

Conventions and Instruments

Declaration on the Protection of All Persons from Enforced Disappearance (UNGA Resolution 47/133 of 18 December 1992).

International Convention for the Protection of All Persons from Enforced Disappearance, 20 December 2006, UN General Assembly.

The African Charter on Human and People's Rights, 27 June 1981, CAB/LEG/67/3/ rev.

The Rome Statute of the International Criminal Court, 1998, the UN General Assembly.

Cases

Blake v Guatemala Judgment of 24 January 1998, IACtHR; *White Van (Paniagua-Morales et al.) v Guatemala* Orders of Provisional Measures of 1998.

Varnava and Others v Turkey, Appl. Nos 16064/90, 16065/90, 16066/90...ECtHR [GC], 18 September 2009.

Articles

Bianchi, M. G. (2023) Enforced Disappearances: Absent Bodies, Inner Presences. *Journal of Analytical Psychology*. 68, 2. 327–336.

Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Harvard University Press.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 513–531.

Dulitzky, A. E. (2023) Latin America's Contributions to the Development of Institutional Responses to Enforced Disappearances. *Book of the Disappeared: The Quest for Transitional Justice*. 29–61.

Erikson E. H. (1982). *The life cycle completed*. New York: W.W. Norton & Company.

James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Wadsworth.

Keller, H. & Heri, C. (2014) Enforced Disappearance and the European Court of Human Rights. *Journal of International Criminal Justice*. 12. 735–750.

Kübler-Ross, E., (1969) *On death and dying*. Toronto: MacMillan.

Nudd, E. & Vincente, A. (2021) Addressing a forgotten struggle: Victims of enforced disappearance in Africa. *International Rehabilitation Council for Torture Victims*. Vol. 31, No. 2.

Sarkin, J. (2011) The Role of the International Criminal Court (ICC) in Reducing Massive Human Rights Violations Such as Enforced Disappearances in Africa: Towards Developing Transitional Justice Strategies. *Studies in Ethnicity and Nationalism*. Vol. 11, No. 1.

Saul, J. (2022). *Collective trauma, collective healing: promoting community resilience in the aftermath of disaster*. Routledge: New York.

Steffen, E.M., Milman, E., & Neimeyer, R. A. (2023). *The handbook of grief therapies*. SAGE:UK.

Theisen-Womersley, G. (2021). *Trauma and resilience among displaced populations: a sociocultural exploration*. Springer.

Worden, J. W. (2018). *Grief counselling and grief therapy: a handbook for the mental health practitioner* (5th ed.). Springer Pub.

Websites

Human Rights Watch (1995) Disappeared in Guatemala—The Case of Efrain Bamaca Velasquez. Available at <https://www.hrw.org/legacy/reports/1995/Guatemala.htm>.

Human Rights Watch (2024) Yahya Jammeh. Available at <https://www.hrw.org/tag/yahya-jammeh>.

Regional Network for Historical Dialogue and Dealing with the Past. A Comparative Analysis of Enforced Disappearances and the Missing in Middle East, North Africa and Caucis. Available at <https://enforceddisappearances.dealingwiththepast.org/lebanon/#:~:text=Enforced%20disappearances%20did%20not%20solely,later%20thrown%20into%20the%20sea>.

The Office of the High Commissioner of Human Rights (2023) About Enforced Disappearance: Working Group on Enforced or Involuntary Disappearances. Available at <https://www.ohchr.org/en/special-procedures/wg-disappearances/about-enforced-disappearance>.

Usmani, F (2023) What is the Kübler-Ross Model (Five Stages of Grief)? Available at <https://pmstudycircle.com/kubler-ross-model/>.

World Health Organization (2022) Mental Health. Available at https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-responses/?gclid=Cj0KCQiAo7KqBhDhARIsAKhZ4uhiO7uBLYYbHT6fHaINhZ55xDmjT_n_8iDUYOWtkz8eHuKB2HSkrHEaAjQLEALw_wcB.

Endnotes

- 1 OCHR (1992) Declaration on the Protection of All Persons from Enforced Disappearance (UNGA Resolution 47/133 of 18 December 1992). Available at <https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-protection-all-persons-enforced-disappearance>.
- 2 Bianchi, M. G. (2023) Enforced Disappearances: Absent Bodies, Inner Presences. *Journal of Analytical Psychology*. 68, 2. 327–336. P 327.
- 3 United Nations General Assembly, International Convention for the Protection of All Persons from Enforced Disappearance, Article 2. 20 December 2006; *Ibid*, P 328; Keller, H. & Heri, C. (2014) Enforced Disappearance and the European Court of Human Rights. *Journal of International Criminal Justice*. 12. 735–750. P 736.
- 4 United Nations General Assembly, International Convention for the Protection of All Persons from Enforced Disappearance, 20 December 2006.
- 5 Bianchi (2023), P 330.
- 6 The Office of the High Commissioner of Human Rights (2023) About Enforced Disappearance: Working Group on Enforced or Involuntary Disappearances. Available at <https://www.ohchr.org/en/special-procedures/wg-disappearances/about-enforced-disappearance>. Accessed 2023/12/06.
- 7 *Ibid*.
- 8 Sarkin, J. (2011) The Role of the International Criminal Court (ICC) in Reducing Massive Human Rights Violations Such as Enforced Disappearances in Africa: Towards Developing Transitional Justice Strategies. *Studies in Ethnicity and Nationalism*. Vol. 11, No. 1. P 132.
- 9 Nudd, E. & Vicente, A. (2021) Addressing a forgotten struggle: Victims of enforced disappearance in Africa. *International Rehabilitation Council for Torture Victims*. Vol. 31, No. 2. P 68.
- 10 *Ibid*.
- 11 *Ibid*.
- 12 *Ibid*. P 69.
- 13 Human Rights Watch (1995) Disappeared in Guatemala—The Case of Efrain Bamaca Velasquez. Available at <https://www.hrw.org/legacy/reports/1995/Guatemala.htm>.
- 14 Regional Network for Historical Dialogue and Dealing with the Past. A Comparative Analysis of Enforced Disappearances and the Missing in Middle East, North Africa and Caucis. Available at <https://enforceddisappearances.dealingwiththepast.org/lebanon/#:~:text=Enforced%20disappearances%20did%20not%20solely,later%20thrown%20into%20the%20sea>.
- 15 Human Rights Watch (2024) Yahya Jammeh. Available at <https://www.hrw.org/tag/yahya-jammeh>.
- 16 The Office of the High Commissioner of Human Rights (2023) About Enforced Disappearance: Working Group on Enforced or Involuntary Disappearances. Available at <https://www.ohchr.org/en/special-procedures/wg-disappearances/about-enforced-disappearance>.
- 17 *Ibid*.
- 18 *Ibid*.
- 19 *Ibid*.
- 20 *Ibid*.
- 21 *Ibid*.
- 22 *Ibid*.
- 23 Keller, H. and Heri, C. (2014). P 736.
- 24 *Ibid*.
- 25 Article 7(1) of the Rome Statute of the International Criminal Court (2001); Sarkin, J. (2011) P 134.
- 26 *Ibid*. P 33.
- 27 *Ibid*.
- 28 Dulitzky, A. E. (2023) Latin America's Contributions to the Development of Institutional Responses to Enforced Disappearances. *Book of the Disappeared: The Quest for Transitional Justice*. 29–61. P 30.
- 29 *Ibid*. P 34.
- 30 *Ibid*. P 35.
- 31 *Blake v Guatemala Judgment of 24 January 1998, IACtHR & 'White Van' (Paniagua-Morales et al.) v Guatemala Orders of Provisional Measures of 1998*.
- 32 Dulitzky, A. E. (2023). P 35.
- 33 *Ibid*.
- 34 *Ibid*.
- 35 *Ibid*. P 39.

- 36 Keller, H. and Heri, C. (2014). P 737.
- 37 *Ibid.*
- 38 *Ibid.* P 738.
- 39 *Ibid.* P 739.
- 40 Varnava and Others v Turkey, Appl. Nos 16064/90, 16065/90, 16066/90...ECtHR [GC], 18 September 2009; Keller, H. and Heri, C. (2014). P 739.
- 41 *Ibid.*
- 42 Keller, H. and Heri, C. (2014). P 747.
- 43 *Ibid.*
- 44 Nudd, E. & Vincente, A. (2021). P 68.
- 45 *Ibid.* P 77.
- 46 *Ibid.*
- 47 *Ibid.* P 76; The African Charter on Human and People's Rights, 27 June 1981, CAB/LEG/67/3/ rev.
- 48 World Health Organization (2022) Mental Health. Available at https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response/?gclid=CjOKCQiAo7KqBh-DhARIsAKhZ4uhiO7uBLYYbHT6fHaInhZ55xDm-jT_n_8iDUYOWtkz8eHuKB2HSKRHEaAjQLEALw_wcB.
- 49 Erikson E. H. (1982). The life cycle completed. New York: W.W. Norton & Company.
- 50 Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 513–531.
- 51 Protective factors include emotional well-being and support from family and community, access to resources, and services that enhance quality of life.
- 52 Risk factors include previous mental health difficulties, inaccessibility to support, and resources that help people cope during difficult periods or traumatic experiences.
- 53 Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Harvard University Press.
- 54 Theisen-Womersley, G. (2021). *Trauma and resilience among displaced populations: a sociocultural exploration*. Springer.
- 55 Saul, J. (2022). *Collective trauma, collective healing: promoting community resilience in the aftermath of disaster*. Routledge: New York.
- 56 Kübler-Ross, E., (1969) *On death and dying*. Toronto: MacMillan.
- 57 Usmani, F (2023) What is the Kübler-Ross Model (Five Stages of Grief)? Available at <https://pmstudy-circle.com/kubler-ross-model/>.
- 58 Worden, J. W. (2018). *Grief counseling and grief therapy: a handbook for the mental health practitioner* (5th ed.). Springer Pub.
- 59 Steffen, E.M., Milman, E., & Neimeyer, R. A. (2023). *The handbook of grief therapies*. SAGE:UK.
- 60 James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies* (8th ed.). Wadsworth.



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