

Trauma & Space perception disorder within people in forced displacement situations

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I. Origins of psychological effects on displaced people: The Case of Refugees

1. First Hypothesis: psychological effects do not start when a person is labeled a refugee:
 - 1.1 Refugees begin in the violent and poverty-stricken environment where they live and are very pronounced once they become refugees in law)
 - 2.1 displaced psychologically begins when a refugee disowns their own values to survive
 - 3.1 begin to have a segmented identity

However dangerous it may be for them to stay, for as long as possible, because it gives them a sense of who they are.

Once their coping mechanism has been burnt out and their sense of sanity has been crushed, they flee.

II. Specific Conditions and Varieties:

1. **Category I:** Refugees moved from one Country to another , and hold status of Refugee:
 - 1.1 The refugee/immigrant seems to live between two worlds.
 - 2.1 Changed countries and cultures.
 - 3.1 The language and customs are different. Values, religions and moral codes, even modes of thinking, may differ.
 - 4.1 May have a different appearance than inhabitants of the new country. Within the individual, a process seems to begin of comparing homeland childhood and adult experiences with those of the new country.
 - 5.1 Seems to be forced to see, remember, question and compare the old with the new. A long, difficult and sometimes painful psychological process of questioning oneself and one's life, life style and values begins, which may be experienced differently.
2. **Category II:** Refugees have been compelled to stay in a buffer zone, or between two paradoxical spaces; a troubled place they were forced to leave, and a stable place to which access remains difficult.
 - 1.1 The feeling of unrest and instability
 - 2.1 A sense of survival, but with the changing conditions from the feeling of a stable life with the sense of strategic life forecasting to the logic of Day-to-Day struggling for survival

3.1 Sense of injustice, and oppression, accompanied by the development of mechanisms to bargain

4.1 Inhibition in Memory activities or high-speed memory activities and awkward memory

3. Cases:

<p>Case I:</p> <p>Syrian woman Aged 43 Years old. She was displaced twice from Syria to Jordan, then to Morocco. She suffered from Space perception disorders, sleeplessness, eating behavior disorder and major memory disintegration disorder</p>	<p>Case II:</p> <p>Seven Years Boy from Syria displaced with his family to Morocco. He was a subject of hard Physical Abuse during first stages of displacement. He suffered from eating behavior disorders and Separation from Caregivers syndrome</p>	<p>Case III:</p> <p>A 45 years old man, escaped from Tindouf camps. He expressed Space disorder, Resettlement Stress, Migration and Loss, Acculturation and Acculturative Stress-, Stigma.</p> <p>Agitation, Hyper-activity, discomfort</p>
<p>Case IV: Public Panic and Epidemic Cases: Fukushima Tsunami</p> <p>Disaster survivors can be difficult to deal with, mainly when we are dealing with a huge number in uncomfoting conditions, and within a team who perceive Survivors' mental Health is not a priority.</p> <p>But survivors' stories- may remind the public of failures it would like not to remember — not just failures that caused the disaster, but failures of will, public attention, sympathy and concern that might have prevented it.</p> <p>In hard cases, we have faced, trauma among</p>	<p>Case V:</p> <p>A 48-year-old ethnic Uighur. native of Hotan, a predominantly Uighur oasis town in the south of China. Setteled in settled in Beijing then moved to Tokyo as a migrant.</p> <p>Inter-cultural fluency, low self-esteem, light but chronic persecution feeling within non ethnic environment, fragmented infant memory</p>	<p><u>Consulted Cases:</u></p> <p>Five Syrian Refugees cases based in Rabat.</p> <p>Two escaped persons from Tindouf camps based in Laayoune.</p> <p>20 evacuated persons during Fukushima disaster (Japan)</p> <p>One Uyghur case visited Hozumi Hospital for Psychiatric consultation(Japan)</p> <p>One Mongolian Case visited Ikeboukuru Counseling Center consultation (Japan)</p>

evacuated community may affect and could be a source of disturbance for public panic management		
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III. MENTAL HEALTH CARE:

Trauma-focused counseling deals directly with the horrifying memories many refugees have, Psychosocial treatment is defined as any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder,

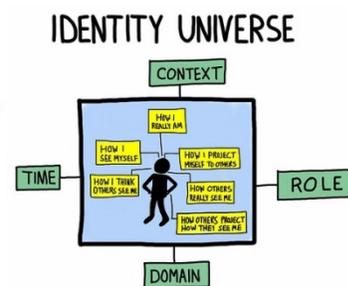
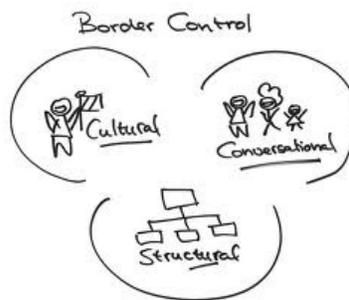
Psychosocial interventions that work in the real world where refugees live (Open-Space, non-permanent space, exceptional conditions, brief therapy,

Unaccompanied refugee minors constitute a small segment of refugees, but they are probably the most vulnerable because they lack families and adults to watch over them

Six aspects to deal with for an inclusive therapeutic involvement:

- 1.1 the states of being;
- 2.1 the adaptation cycle;
- 3.1 childhood;
- 4.1 experiences;
- 5.1 relevant background conditions;
- 6.1 the reason the individual/family sought asylum or immigrated;
- 7.1 transition-related conditions.

Towards a New Theory on Space deformation Disorder: Physical Borders VS Mental Borders



Specific Measures:

1. Specific treatment models and psychological assistance:

IV. Recommendations:

1. Human rights organizations need a better conceptualization of what they are treating, whether it's trauma or the breakdown in social infrastructure. However, these are the two main treatments, and, to a certain extent, they work