

# Adolescence and youth among displaced Ethiopians: A case study in Kaliti camp

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The effects of trauma on adolescent mental health were studied via ethnographic fieldwork and the application of psychological testing. A random sampling of 108 war traumatized subjects (86 male and 40 female) was given the Trauma Event sub-scale of the Harvard Trauma Questionnaire and the Symptom Check List 90-Revised. More than 90% of the sample lost their property, 70% suffered extreme thirst and more than a third witnessed death. They had all been living for the past six years in an extremely poor camp for the displaced. Yet, the psychopathology of the group was considerably less than expected. The author attributed this to the adolescent's appraisal of the particular circumstances of their lives. They compared their poverty with other Ethiopians, and they compared their relative freedom given to them by their community with the adolescence of their parents and of other Ethiopians. The openness of the community in allowing adolescents to live outside of traditional norms was particularly salient for the females. The authors concluded that situational and circumstantial factors must be considered in assessing the mental health of war traumatized adolescents.

## Introduction:

Ethiopia, a country of nearly 60 million people, is part of the East African region bordering Sudan, Somalia, Djibouti, and Kenya. Wars with other countries have left more than 400,000 refugees living in Ethiopia. There are also nearly half a million Ethiopians who were refugees but have returned to live in Ethiopia (Allen, 1996). In 1991 one of Africa's oldest civil wars essentially came to an end after 30 years of consuming lives and budgets. The war resulted in 200,000 Ethiopians becoming displaced (Christian Relief and Development Association, 1996). These are the Ethiopians who were forced to leave their homes in what was Ethiopia but is now Eritrea, and then made to relocate in Ethiopia. At least half of all of refugees, returnees and displaced persons are children and adolescents (Children Youth and Family Welfare Organization, 1992). This paper presents information about a group of war-traumatized displaced Ethiopian adolescents living in a shelter in Addis Ababa, Ethiopia. The data is based on 18 months of

ethnographic fieldwork with a group of Ethiopian students, and from administering standardized and non-standardized psychological tests.

Schlegel and Barry's (1991) approach to a cross-cultural understanding of adolescence has been helpful to our analysis of these displaced adolescents. These authors looked at antecedent factors (prior psychological experiences) and situational factors (current social realities) to explain adolescent behavior in a survey of 186 non-Western societies using the Human Relations Area Files. We also add the point of view of Aptekar and Stocklin (1997) in their cross-cultural review of traumatized adolescents and children. They emphasized the importance of understanding trauma in reference to the adolescent's circumstances. Because the ethnographic detail we used in this study we are able to describe how circumstantial factors mitigated antecedent traumas and severity of current situational difficulties to produce less than the expected amount of psychopathology.

To put the study into the perspective of the existing literature it is important to point out that several antecedent traumatic factors have been mentioned as ameliorating **and** exaggerating psychopathology in adolescent development. The reviews of Losel & Bliesener (1990) and Aptekar & Stocklin (1997) illustrate two variables that have been found to be mitigating factors in several different cultures. One of these is a stable psychological relationship with at least one parent, or at least having a parent or an adult caretaker present and calm in the midst of trauma. For further information on this see McCallin & Fozzard (1990), McFarlane (1990), Garbarino, Kostelny, & Dubrow (1991a, 1992), Ajdukovic & Ajdukovic (1993), and Zeidner, Klingman, & Itzkovitz (1993). The results from these studies indicate that parental care taking is particularly important for children and preadolescents, the clear effects waning with age (see Terr [1990, 1991 for the contrary point of view). The second mitigating factor is positive interpersonal relations with people. When this is combined with an active approach to problem solving it is particularly helpful in reducing psychopathology (Ressler, Boothby & Steinbeck, 1988; Garbarino, Kostelny, & Dubrow, 1991a; Hobfoll et al., 1991; Wertleib et al., 1990; Saylor, 1993).

The literature on situational factors is also contradictory. Again studies have indicated situational factors both retard **and** inflame the outbreak of post traumatic stress disorder (PTSD) among traumatized adolescents (Aptekar, 1990, 1991, 1994; Elbedour, Ten Bensele, & Bastien, 1993). For example, the type of trauma a person is immersed in has been related to the degree of pathology - natural disasters are considered less difficult to cope with than technological disasters, which in turn are supposedly more benevolent than war trauma. However, the level of trauma people experience (another situational factor) can also have an impact. The level of trauma varies from a single event affecting only one person to multiple events involving entire communities. (Even this must be amended because incest is highly traumatic in large part because it is so private). A third situational factor is the intensity of the traumatic experience, which can go from only witnessing trauma to having one's total family destroyed by it. Finally, there is the suddenness of the onset, which can range from the unpredicted earthquake to predicted seasonal flooding. All of these factors can of course interact with one another, making individual responses to the trauma difficult to predict.

While it is necessary to consider the above factors in trying to understand psychological responses to traumatic events, it is still not sufficient. As we said circumstantial factors contribute to the ideas and meanings the adolescent uses to interpret what is happening to him or her. An example of how circumstantial factors can override antecedent and situational variables was found in studies of highly traumatized Cambodian children and adolescents living as refugees in the USA (Kinzie, et al. 1986; Sack et. al., 1986). The participants of these studies were severely traumatized having experienced the death of family members, witnessing killings of relatives, being beaten, and being starved. Yet when the authors obtained information from each individual there was no simple or direct relationship between specific reported traumatic experiences in Cambodia and the degree of psychopathology.

This is not to say that many of these children did not suffer from mental disorders; half were diagnosed as having PTSD and many had clinically diagnosed depression, a depression that persisted over considerable time. It was just difficult to predict what antecedent or situational factors led to a diagnosis for a particular individual. Why was this the case? We believe it is best explained by circumstantial reasons, namely the victims unique appraisals of their situations and the culturally appropriate coping strategies they employed as a result of their circumstances. Thus Sack et al, (1996) explained that the absence of overt psychopathology was related to the participants' cultural reactions to their American schoolteachers. The schoolteachers helped find them part time jobs, promoted Cambodian culture in their schools, and provided ample opportunities to help them learn about American culture. What separated the resilient from the psychopathological was that the resilient adolescents reasoned (using their cultural framework as a reference point) that it would have been impolite not to adjust since their hosts were doing so much to help them. In fact, the authors contrasted this resilient approach with what has been found in the West where adolescents are more likely to respond to trauma by acting out in delinquency and drug abuse. It was the close proximity the researchers had to their participants that allowed them to come up with these conclusions. This is why the ethnographic approaches of listening to the voices of the participants over time and in many different conditions, was used in this study.

The literature also revealed to us another circumstantial variable, political commitment, that is important in distinguishing between adolescents who suffer from psychopathology following trauma and those who do not (Garbarino, Kostelny, & Duborw, 1991b). Among adolescents from Ireland, (Conroy, 1987; Hosin & Cairns, 1984) Palestine (Baker, 1990; Punamaki, 1988; 1989), and South Africa (Straker, 1991), those who believed their cause was just and fighting for it appropriate had much less psychopathology than the traumatized adolescents in the same circumstances who did not have political convictions. In these different cultures neither the situational or antecedent factors were as important in determining the adolescents' psychological well being as political belief systems. This literature illustrates how adolescents in various cultures were able to overcome an extreme variety of traumas by taking into account the particular circumstances of what was happening to them. Like Rutter (1990), we believe that resilience is not merely a fixed reaction to particular traumatic events, as if the amount

and severity of trauma could be added and then used to predict behavior. To get to the bottom of this it was necessary to understand how the participants explained their daily lives, and is why the research was conducted over 18 months, during which there were daily encounters with the participants.

Antecedent factors for the Kaliti adolescents:

Before being displaced, the adult males of Kaliti lived and worked for decades in Asab the major port on the Red Sea, or Asmera the capital of what is now Eritrea. Their wives were native to these cities or to the villages near them. As families they owned homes, they produced children, sent them to schools, and took care of their health needs. They gave their children time and attention. They were able to do this because their incomes were relatively comfortable. In short, in Ethiopian terms, they lived a comfortable middle class life.

In 1991, Asab and Asmara fell to the Eritrean's People's Liberation Front (the EPLF is now the ruling party in Eritrea) which forced Ethiopian men and their children to leave. The women, considered Eritreans, were placed into a horrendous dilemma, and forced to make a nearly instantaneous decision. They could stay in Eritrea with their extended families, which meant saying good-bye to their husbands and children who were considered enemies in Eritrea, or they could join their husbands and children on the long uncharted march back to Ethiopia through the Danakil Depression. In the Danakil Depression there is no vegetation or water, and temperatures reach 140 degrees Fahrenheit in the shade. Natural hot springs produce steam that obliterates the view. Volcanic rocks spew hot fumes, producing a real life image of Dante's inferno.

The suddenness of having to leave was portrayed to us by Yosuf, who was then a child of eleven living with his family in an army barracks. He recalled arriving home from school with a friend to see the barracks cordoned off by barbed wire. In spite of being able to see his parents, he and his friend were forced to board a lorry and leave without their families. The second night his friend collapsed. Yosuf held him in his lap, and listened to him calling out over and over again, "water, water, water." It was his first witness to death. The next morning he was forced to leave without knowing if his friend would be buried. Of the 100 people in his lorry, only 40 arrived alive. As he stepped off the lorry he recalls climbing between dead bodies of relatives and friends.

The journey was even worse than everyone feared. For those who walked, the important thing was to make progress. However slowly they moved, it was always necessary to move forward. After the early morning hours, the heat beat down, and the wind began to blow. Before the middle of the day the marchers shuffled, and suffered in silence. For many, their feet gave out and they tied cardboard on them so they could carry on. The sun would not relent. As they scanned the sky for relief planes, they kept walking. They tried not to look at the old, the infirm, or the small children whose parents could no longer carry them, because they knew they could not help them, nor watch their agony, nor participate in their death. There was only energy for self-preservation. When they stopped at the end of the day, the bereaved tried to enlist the strongest to bury the dead. Most of

the dead were not buried. Water finally was dropped from a helicopter. The parents sent their children to fetch it. Many of these survivors who are now in the later teens and early twenties know they survived when their younger siblings and grandparents did not, simply because they were stronger.

Situational factors for the Kaliti adolescents:

According to the World Bank, Ethiopia is the poorest country in the world with a per capita GNP of \$130.00. Sixty percent of the population earns even less than that. In a United Nations study of poverty as a multi-dimensional measurement rather than just as a measure of income, Ethiopia was rated as the world's third poorest country (The Economist, June 14-20, 1997). Hailemariam & Asrat, (1996), and a 1992 survey showed that two-thirds of Ethiopian children under 5 years of age were stunted (low height for age) and nearly half malnourished (Central Statistics Authority, 1993). (In the mid 1980s Ethiopia had one doctor for every 77,000 people, and less than 40% of the population had any access to medical services. Nearly 60% of child morbidity was preventable. [Ofcansky & Berry, 1991]).

That the great majority of Ethiopian adolescents are seriously impoverished is not disputed. However once Ethiopians become refugees and therefore are officially on the dole of the United Nations, they begin in relative terms to fare better than before. Compare the statistics between child refugees living in Ethiopia and Ethiopian children in general: In the refugee camps there were organized schools with full attendance, but only 23% of Ethiopian children entitled to attend school were enrolled (UNICEF, 1997). In the refugee camps the food was nutritious and the water safe to drink. Less than 20% of the Ethiopian population had access to safe water (Voutira & Harrell-Bond, 1995). Furthermore, the refugee shelters were considerably more stable than three-quarters of Ethiopian houses which were made of thatched roofs (Office of Population and Housing Census Commission, 1996). Finally, health care and availability of prescription medications in refugee camps exceeded what was available locally, particularly among the poor.

The situation for the displaced Ethiopians of this study was considerably less comfortable than that of the refugees, and of the general populace. Unlike Ethiopian refugees living relatively well because they were supported by the United Nations, and unlike the general populace who maintained their low economic status over generations, the displaced of Kaliti were moving down the socio-economic scale.

After the adolescents arrived in Addis Ababa in 1991 and 1992, they spent some months being "processed." Then they were sent to Kaliti where they have remained ever since. One resident told us his assessment of the camp, "Look at this shelter. This is not a living place, but a graveyard. We are put in a graveyard while we are still alive (Feleke)." Our ethnographic record indicated that there were deaths not only among children and the elderly, but also among adolescent men and women.

The approximate size of Kaliti camp (including living areas, public play areas, the school room, the committee room, the two latrines, the stores, and all other communal areas) was about 4,125 square meters, or slightly less than an acre (4,840 square yards). Given the current population of 2,076, if the camp were one square mile there would be nearly a million people living in it. The density of living space (about one person per 3.18 meters) meant that if you took a step in any direction you would either meet another person or be forced to take a side step. (In fact, this was in excess of the population density of the Warsaw ghetto at its most crowded time [Goldhagen, 1996]).

Soon after the displaced arrived, two latrines were built for the camp. There were eight open stalls for the more than 2,000 people. For a short while there was a health clinic in Kaliti. Now to get medical attention the displaced must first go the local government office and obtain a paper certifying their insolvency. Then they have to walk the more than two miles to stand in line at the neighborhood health center where they will be rationed a total of ten visits per day for the entire camp population. Recently, a mother in her early twenties had a baby in the early morning hours, and then had to walk home. When she arrived she was in toxic shock. Her life was in jeopardy. Her ordeal was not treated as unusual.

Medicines, when available, were provided by the government. But if they were not available the displaced had to buy them, which was well beyond their means. Adolescents have died because they could not afford a one-dollar injection of antibiotics, or because they did not have 25 cents to pay for transportation to the emergency room in the hospital.

Families were given grain rations of 500 grams per day per person by the government, which in turn received the grain free from international donors. If the government's daily grain ration were sold on today's market, it would fetch at the most one Ethiopian birr or about 14 cents. From this amount the people had not only to eat grain, but they had to buy oil, spices, soap, fuel, and other necessities. Furthermore, grain prices plunged with very short notice. What was worse was that the grain ration did not always come, or came late, perhaps a few months late. The tardiness often involved bureaucratic details. Lately, for example, the government demanded that the donors pay tax for the food they were donating, thus making the displaced wait until the issue was resolved.

Given their terrible ordeal on the march (antecedent factors), and their current living situation (situational factors), we would have expected to see a good deal of psychopathology. Yet, as we became better acquainted with these adolescents, we were surprised at how well they were coping. Rather than falling to cynicism and despair about what might become of them, they worked toward conventional futures, by striving for salaried employment and hoping to create families. There was very little delinquency and virtually no drug abuse, nor many of the signs of PTSD as defined in either the Western oriented Diagnostic Statistical Manual IV-R (American Psychiatric Association, 1994) or in the World Health Organization ICD-10 (World Health Organization, 1992). Before explaining how our respondents were able to cope as well as they did it is necessary to understand adolescence in its traditional and modern Ethiopian contexts.

## Traditional adolescence in Ethiopia:

In a diverse country with nearly 60 million people it is nearly impossible to describe a common adolescent experience, either current or traditional. Ethiopia is composed of Nilotic, Hamitic and Semitic peoples and languages, of nomads, pastoralists, and urbanites, all of which have their own developmental particulars. However, the Amhara and Tigrenya ruled the country for the past 1600 years except for about 300, and 74% of the sample is Amhara and 17% are Tigrenya. (Of course the very fact that the Amhara have been in power so long has meant that relations between them and other groups, including the Trigrenya, have not always been sanguine.)

Traditionally Amhara and Tigrenya babies (*hiason* [this and following terms are in Amharic]) would be circumcised at seven days. They remained *hiason* until 3 years of age when they became children (*lidge*). This change was not only related to the cessation of breast-feeding, but also to child rearing practices and philosophical beliefs about human nature. Mothers and fathers indulged their babies up until three years of age. After three they were no longer treated permissively. *Lidge* were given orders and expected to follow them. If they didn't they were harshly disciplined - no questions asked. Traditional Amhara believed that basic human nature was aggressive and people were untrustworthy by nature. Unless children received physical discipline during their formative years, they would not be properly socialized. Children learned this the hard way, by considerably difficult physical (and verbal) attention. It was not uncommon for a child to remain standing holding a candle for light while his parents ate. He or she would not have considered turning around, facing their parents, and eating with them until asked to join. In fact, children rarely talked directly to their parents, and if they did, it was expected they would speak in a very soft voice (Pankhurst, 1990).

By seven or eight years of age, children of both sexes began working as assistants to their parents. Boys did simple farming chores and by the time they were in the early teens they were helping with plowing and harvesting. Girls began with gathering wood and cooking. By the time they reached menarche they were capable of full household responsibilities. Yet, in spite of the accomplishments of both genders, they remained completely under the firm discipline of their parents.

There were no ritual ceremonies among the Amhara or Tigrey that marked puberty, although there is a descriptor, *watat* that describes ages twelve to eighteen. During this time preparation for marriage and avoiding inappropriate behavior which might risk marriage was vigilant. The unmarried of both genders were not allowed to associate in peer groups. Unwed teenage girls stayed at home guarded by their mothers, while unwed teen-age boys were in the fields with their fathers. The opinions of *watat* were never considered important, nor were their interests and desires taken into account. Because traditional marriage was not between two adults, but between two families, it was considered an insult for a young man or woman to choose his or her spouse, rather than to accept the choice one's parents made.

Youth traditionally started at age 18 and did not conclude until age 30. When a male became a youth he was given a piece of land, and was expected and capable of making *it* useful. He retained a certain percentage of his crop as savings for marriage expenses. When females became youth they were married. Before marriage, sex was more likely to be available to boys than to girls. It was very important for a girl to be a virgin on her wedding night. Levine (1965) described the first night of marriage to be rather unenjoyable for the girl, in large part because the boy was expected to take her by force. She was expected to heartily refuse, because she had been taught that sex was “rude” and she must not submit to it. On the wedding night, the greater the violence the more successful the result. In fact if the husband could not overcome his wife, he could ask some friends to come and help him.

Adult status, when the woman became a *set*, and the man a *saw*, involved several criteria. These included marriage, establishing a life in one’s own household, and becoming a member of the community. (There are several types of community associations, which insure that when there are times of need the less well off will have access to community support. The two most important are the burial association [*edirs*] which provides enough resources for every community member to receive a proper funeral, and the credit association [*equub*], which helps provide resources when they are necessary).

Adults were also expected to be good Christians, characterized mostly by fasting and obeying the dietary laws, and by showing respect in the form of obedience to one’s elders and to people of higher status, including those who represented the government and the church. Adult status did not mean that men or women could abandon their obligations toward their parents – on the contrary, these obligations were at the heart of adult responsibility (Pankhurst, 1990). “Obedience and politeness are the overriding goals in bringing up children among the Amhara (LeVine, 1965, p. 266).”

Divorce was common and accepted. This helped to insure that relations between children and parents would be considered more important than relations between spouses. Both partners entered the marriage with their own property and if they separated they retained it, particularly if the property was land. Husband and wife often had their own memberships in credit associations, which added to their financial independence from one another. After being divorced however, a woman had a very hard time starting a new family. This was much less true for a man.

### Modern adolescence in Ethiopia and in Kaliti

Although more than 85% of the Ethiopia population still lives rurally, traditional life has much less salience than it once did. When Ethiopia expanded access to public schools in the 1950’s, the government offered room and board for all qualifying students of all ethnic groups, and entrance and promotion were based on merit rather than on ethnic origin. This was a big change to the traditional system of feudal patronage. Under Haile Selassie students were almost completely chosen from the urban Amhara and Tigrey. Although these groups were still over represented, they were forced for the first time to



have classes with adolescents from other ethnic groups. Because students were paid to study and given support to live away from home, they enjoyed a degree of freedom unheard of among their traditional peers who had no money to spend and were forced to live under strict parental supervision (Marcus, 1994).

As the schools expanded, more teachers were needed and there were not enough Ethiopians to fill the posts. Many teachers were hired from western countries (from 1961 to 1974, for example, 40% of the secondary school teachers were American Peace Corps volunteers [Negash, 1996]). During the 1960's and 1970's there was some degree of exposure to Westerners, at least for the chosen few who attended high schools.

When the military government took over in the early 1970's, the overall literacy rate was about 10% (Ofcansky & Berry, 1991). In 1975 the military government closed all the schools and sent some 60,000 high school students into the countryside to teach literacy, which itself produced a general modernizing factor. By 1990 nearly two-thirds of the adult population was literate (Ofcansky & Berry, 1991). (It should be noted that the government supplied these figures. The figures which appear in the 1997 State of the World's Children report give the adult literacy rate for males as 46% and for females, 25% [UNICEF, 1997]).

Because of the policies of the military government, which ruled until 1991, many educated people left the country and took up residence in the west. Inadvertently, this also increased the interactions between people inside and outside of the country, which led to further modernization of thoughts and deeds.

How much these changes affected most Ethiopian children is difficult to know, but surely urban Ethiopian adolescents were no longer living as traditional Amhara and Tigrey. By 1990, a study conducted by the Ethiopian Ministry of Labor and Social Affairs (1991) found that in the urban areas of Ethiopia half the males and a fifth of the females experienced premarital sex. Abortion, which accounted for a third of maternal deaths in the country, was the highest cause of adolescent deaths (Hailemariam & Asrat, 1996). Suicide, often associated with parental-adolescent conflict, became common among urban adolescents (Wakbulcho, 1996). These facts were unheard of among traditional adolescents.

Some of the "modern" behaviors, which are quite distinct from what is expected by the older generation, have placed adolescents in direct contrast to the institutions that serve them. For example, in spite of the fact that modern Ethiopian adolescents are not particularly violent in their misbehavior (certainly not by Western standards), they continue to receive very harsh discipline (again by Western standards). For example, the four major behavior problems in schools were failure to do homework, cheating during examinations, tardiness, and truancy by jumping over the school fence (Wondimu, 1996). More than 50% of the teachers responded to the above infractions with physical punishment. The most frequent physical discipline was to have students kneel down while they received blows from sticks on their hands, backs, and legs. Reason, advice, or verbal reprimands were used in less than 20% of the cases. That this form of discipline

exists today is not completely surprising because obedience and respect for authority are still the mainstay of child rearing practice.

Book learning was only valued in traditional Amhara culture for studying religious doctrine and in mastering the techniques of herbal medicine. It has since come to be accepted in a secular if not even democratic framework. Parents, including we learned those in Kaliti, were aware that students received non-religious instruction in government schools and they supported the curriculum. Both girls and boys went to school, but girls still were more likely than boys to leave because of financial reasons.

Many of today's adolescents and certainly the adolescents in Kaliti, as they eagerly told us, will not only choose their own marriage partners, but physical puberty will have little bearing on the age of marriage. It is more likely to be determined by their ability to supply financial support to their children, and on love. The expectation - or at least the hope of those we talked with in Kaliti - was to avoid divorce, a distinct change from tradition.

There will be some marriages outside of one's ethnic group, although not between Orthodox and Muslims. These "mixed" ethnic marriages will produce tensions between adolescents and their parents, depending in large part on the degree of modernity of the parents. In some cases it will pass with little fanfare.

We were told by some adolescents that virginity in Kaliti was still considered important, but most of them said it was not nearly as important as in the traditional upbringing. And even having children out of wedlock did not prevent a young Kaliti woman from marrying, although it was problematic for her. While all the women mentioned in the study have been circumcised, only one woman planned to have her daughter circumcised.

The Kaliti adolescents said they believed in Western science and medicine yet they also told us they maintained their traditional beliefs. Solomon, who was gravely ill for several years before passing on at the age of twenty-two went through as much Western medicine and as many Western doctors as he could before he sought out a natural healer. He saw many of the traditional beliefs (such as the evil eye) to be old fashioned and out of touch with reality. It was only his desperation to stay alive that led him back to traditional medicine.

This is not to say that Kaliti adolescents (and modern Ethiopian adolescents) are not proud of their culture. They repeatedly expressed to us over and over again how proud they were of being Ethiopian, and showed us this was the case by many of their behaviors. They dressed traditionally for special occasions and they observed many of the old ceremonies. Although they were comfortable with knife and fork in eating western meals, they were far more likely to eat traditional food with their hand while sitting in community around the common basket. They knew the traditional dances and songs along with the modern ones, and they enjoyed them all. They maintained their devotion to the Ethiopian Orthodox Church, although there was a Protestant Christian movement that was capturing many adolescents in Ethiopia. Kaliti adolescents wanted their children to be religious.

At the same time they were proud of their culture, adolescents in Kaliti also had a stake in the international youth culture. Western sports heroes, Hollywood movie stars, and other media moguls were as apparent on the walls of the tents of Kaliti adolescents as they are in the bedrooms of adolescents living in the West. No matter how poor the Kaliti adolescents may have been, the T-shirts and shoes they wore shared the same logos as those of adolescents around the world. These international brands were as likely to be admired by the Kaliti adolescents as the adolescents in the Bronx or in Rome. Their hairstyles were more likely to be seen on Western television than among rural Ethiopians. The older Kaliti adolescents went to the local hotels to watch movies piped in with satellite dishes, while their rural counterparts might not have seen a television more than once or twice. The few words they might know in English could easily be found among the international culture.

In short, although adolescents in Amhara culture were brought up to be obedient to authority and to respect parents and others in positions of influence, they have also been able to adopt a modern international adolescent culture to some extent. The adolescents of our study were not rural bumpkins unconnected to any aspect of modern international adolescent culture. In fact, 34% of the boys and 28% of the girls in the Kaliti sample had nine or more years of schooling. In contrast, in 1986 only 5.3% of the potential 5.5 million adolescent students were enrolled in secondary school (Ofcansky & Berry, 1991). In Kaliti, parents encouraged education for both sexes because even if education didn't have a financial prospect. Several of them told us they believed education bettered the person, made them worth more as people. On one hand the Kaliti adolescents continued in their Amharic tradition of respect for authority, particularly their parents, while on the other hand they were moving into a modern culture, one that gave more freedom to women, and one that respected secular education.

#### Trauma among the Kaliti sample:

We wanted to have some quantitative measure of trauma among the adolescents of Kaliti. Because this study was part of a larger epidemiological survey we had access to the complete list of Kaliti inhabitants. We drew from this list a sample from ages twelve through twenty-five because this would include adolescents and youth. We were aware that this represented considerable differences in psychosocial maturity and in physical and cognitive development, which makes generalizations difficult and particulars important, a fact we will return to later. There were 835 people in this age span, which constituted 40% of the total population.

Each of the 835 young people was then randomly assigned a number and we selected every tenth person on the list. We were able to secure 78 participants (the remaining ones having already left the camp or died). In order to get a larger sample size we increased the number of participants to 13% by randomly choosing 30 more participants from the age group list. This gave us 108 participants (86 male, 40 female) who answered our questionnaire, which we constructed to include demographic information, and reliability checks. The mean age was 17.7 years ( $SD=8.41$ ). All of the participants agreed to participate, but not all of them completed the protocol. We were able to obtain 72 valid

responses to the Trauma Event sub scale of the Harvard Trauma Questionnaire (HTQ) (47 males and 25 females) and 104 valid responses to the Symptom Check List-90-Revised (SCL-90-R) (64 males and 40 females).

We divided the sample into two nearly equal groups, those from 12 through 16 and those from 17 to 25 years of age. The ages of the younger group at the time of the march were six through ten. The ages of the older group were 11 through 19. This meant that at the time of the march there were considerably developmental differences between the two groups.

The HTQ is a self-report instrument consisting of three parts. Section one has 17 items used to describe a range of traumatic events, from lack of food and water to the killing of a family member. The test measures the variety of traumas the participant experienced; it does not detail the intensity of each trauma (Mollica, et. al, 1992). Evidence for its validity exists among several groups, including Vietnamese refugees (Smith-Fawzi, et al., 1997, Smith-Fawzi, 1997), Serbian refugees (Bilanakis, 1996), Afghan refugees (Mghir et al., 1995), and among a multicultural refugee populations living in Sweden (Ekbad, 1997).

We administered part one of the HTQ, which asked the participants to mark whether or not they had experienced the trauma in question. (Ethiopians administered the tests after translations and back translations were conducted.) We omitted two of the 17 questions because they were not pertinent to our study. For the group of 72 participants, we obtained a mean of 4.63 (SD=2.43) of traumas experienced.

Examination of the percentages of the participants who experienced each type of trauma revealed that nine of ten people lost property, seven of ten suffered from lack of water, and six of ten from lack of food. Nearly half were sick. Perhaps the most shocking result was that more than a third witnessed the death of a family member, and nearly a third felt that they were near death. A quarter of the sample was tortured.

(Insert table #1 about here).

The results confirmed the participant's stories of their experiences, namely that although some of them were victimized by the violence of soldiers, more were traumatized by their need to survive the inhospitable Danakil depression without sufficient water and food.

The SCR-90-R is a self-report symptom checklist, which yields three pathology indexes. The first (the PST) corresponds to the number of different symptoms experienced; the second (the PSDI), refers to the intensity of symptomology; and the third (the GSI) takes both the PST and PSDI into account to give a more global psychopathology scale. Evidence for the validity of the SCR-90-R in assessing psychopathology with traumatized populations exists (Bonyng, 1993).

Studies from various cultures indicate that pathology is significant and enduring across cultures. For example, Vietnamese refugees living in Norway (Hauff & Vaglum, 1993) showed psychopathological responses 7 years after they left Vietnam. Children of World

War II victims had elevated SCL-90 scores (Mook, et al., 1997), and prison of war soldiers of the Yom Kippur war in 1973 showed elevated SCR-90 scores twenty years after being traumatized (Zahava, 1995). Studies without longitudinal data also show heightened SCL-90 scores. The majority of Korean-American victims of the Los Angeles riots also showed severe stress and symptoms of PTSD on the SCL-90 (Mikyong et al., 1995). The same findings come from Chilean and El Salvadorean refugees (Thompson & McGorry, 1995).

For the 72 valid participants who took both the HTQ and the SCL-90-R we found that the higher the number of different traumas experienced on the HTQ the higher the intensity of psychopathology (PSDI) on the SCL-90-R ( $r = .45$ ,  $p < .01$ ) and the higher the global psychopathology (GSI scores,  $r = .35$ ,  $p < .01$ ). These results were not only as expected, (the larger the variety of traumas the more intense psychological symptoms and greater overall psychopathology), but they also served as a measure of reliability of responses from our participants.

We had considered the possibility that participants might purposely show themselves as more traumatized or psychopathological than they really were, on the assumption that this would bring them more services. However, the significant correlations above suggested that they did not do this. To have an additional check for faking answers we had the participants state their ages ( $M = 15.74$ ) while asking the interviewers to mark the observed ages ( $M = 16.00$ ). (Because there was a minimal age needed to obtain services we thought this would also serve as reliability test). The results indicated no significant difference between the mean stated age and the observed age.

The results further revealed significant differences between the age groups. The older group reported experiencing a significantly greater variety of traumatic experiences ( $M = 5.02$ ) on the HTQ than did the younger group ( $M = 3.56$ ),  $t(54) = -2.60$ ,  $p < .05$ . Likewise the older group experienced more intense symptoms on the SCL-90-R (Mean PSDI score = .38) than did the younger group (Mean PSDI score = .29),  $t(98) = -2.73$ ,  $p < .01$ . Older adolescents also had higher global psychopathology scores (Mean GSI score = .12) than did the younger adolescents (Mean GSI score = .08),  $t(94) = -2.46$ ,  $p < .05$ . There were also significant gender differences. The males showed a higher number of traumas on the HTQ (Mean = 5.04),  $t(53) = 2.09$ ,  $p < .05$ , as well as more intensity of trauma ( $M = .38$ ),  $t(102) = 2.36$ ,  $p < .05$  on the SCL-90-R than the females ( $M = .30$ ).

We offer several possible explanations for the differences. The older group had a greater ability to intellectually comprehend what was happening (they were between 11 and 19 years of age when they left Eritrea). They could understand death without first having to see it on the faces of their caregivers. The younger group, which was from six to ten years of age at the time of the march, on the other hand rose or fell to the tune of the well being of their parents or guardians. In fact many more of the younger group than the older group were able to stay with their parents. As Aptekar & Boore, (1990) point out, being with parents during traumatic times is an extremely important mitigating factor for young children.

While the younger group experienced tragedy through the eyes of their caregivers, the older group was forced to confront the existential experience and to come to their own understanding, an understanding that could help them make sense of what was happening to them. Many times they had to do this alone, or knowing their parents were unable to protect them (see Gabarino, Kostelny, & Dubrow, 1991a; 1991b for the devastating psychological difficulties of the inability of parents to protect their children).

During the march, the enemy perceived the older boys as potential soldiers. Their peer groups were dispersed, and bonding between young men was discouraged, sometimes with violence. Indeed when we ran chi-squares on gender differences for the frequencies of different types of trauma reported on the HTQ, we found that boys more than girls received torture ( $\chi^2 (df=1) = 6.50, p. < .05$ ), imprisonment ( $\chi^2 (df=1)=5.09, p. < .05$ ), and injury ( $\chi^2 (df=1) = 4.82, p. < .05$ ). Furthermore, in comparison to the younger group, a greater percentage of the older group reported experiencing nearly all of the 15 traumas mentioned on the HTQ, often overwhelmingly. More than one in ten of our sample was imprisoned, but in every instance they were older males. Developmentally, at the very time the older boys needed their peer community, they were deprived of it.

#### Discussion of circumstantial factors:

Even after arriving in Kaliti the older males had more difficulties. At the end of the war 160 males were sent to Kaliti under a special program for unaccompanied children, that is children living without parents or relatives. When we first heard about them we were surprised that they were all male, particularly since we knew many females who were also without parents. We discovered that young men without parents were considered “orphans,” a special class for aid agencies, while there was no easily discernable category for young females without parents. The females seemed to belong to the larger category of single women in charge of families, even if they did not have their own children.

While the benefits seemed in the boys’ favor, being considered “orphans” actually worked adversely. The assistance (which they needed to survive) encouraged the boys to stay apart from the community and retain their special orphan status. This in fact was quite a low status because being without family was almost the same thing as being without an identity. The benefits also kept them from starting their own families, because if they did become adults they would have had to give up their financial resources they received as unaccompanied children. Yet, by prolonging their economic links to assistance, they had also to endure the personal cost of community isolation.

After a few years, the aid agencies stopped giving help when their emergency assistance grants ran out and the more difficult to obtain development assistance funds were not obtained. It is common in international emergencies to obtain money as soon as the tragedy begins, but much less common to continue having money to rebuild what has been lost, especially as in this case some six years after the displacement. As a result, the orphans had to live off the goodwill of others in the camp who, in spite of wanting to help, had very little material support to offer. In fact the orphans’ survival was due in part

to their age which allowed them to conquer many physical difficulties that would have been fatal to others. Because of their low socio-economic positions, their precarious connection to family and thus community, and their identity as orphaned which was reinforced by the aid they received, they were inadvertently forced to face additional stressors. This may explain why they scored less well on the testing.

The symbolic nature of the aid was not appreciated by the donors who often responded more to budgets, programs, and large-scale objectives than to the far more difficult problems of individual needs in developmental and cultural contexts. Guiday, now a young man in his early twenties, was orphaned during the war when he was still in his early teen years. He walked in the countryside for the better part of a year foraging on what he could find and took what he was offered. Finally, like other orphans he went to a military barracks and offered to help clean shoes, wash laundry, make beds and the like in exchange for food and lodging.

When the aid agency came to Kaliti he became attached to the several people who were working with him. Even though it has been five years since these people left Kaliti he still felt abandoned, shaking his head from side to side, repeating over and over “they just left us, they just left us.” Being left without support by the aid community only reinforced Guiday’s bereavement over losing his parents. The loss also came at a difficult time of life.

He and others like him in similar circumstances had to let the past go and begin to look to the future. Almost everyday, the older boys could be seen in large numbers, often 20 or more, in one of the two tearooms in the camp, playing a card game called “conqueror” with the older men for 10-cent coins. They sat together hour upon hour, sharing the few cigarettes between them, while dropping the card or pairs of cards to the bamboo table with exaggerated yet routine bodily movements, almost like a nervous tic. The only interruption was the shuffling of the double deck for the next game. They languished in a kind of developmental no-man’s land, hanging around with the men, but not quite growing into adulthood.

With no work to be had, and no secure future to contemplate, they could not but be influenced by their elders whose lack of hope (either because of their own trauma, or because there was no work to be had) spread a listless disappointment over every moment. In the tearoom these boys did not come to grips with the grim reality of having little opportunity outside of government whim, nor did they move to find a way past their impasse. They did not talk about their dead parents, or the sights and smells of their shared traumatic memories. Nor did they acknowledge what lies outside. The latrines remain clogged, the small children unschooled, the elderly hungry and lonely.

The behavior of these young men was most conspicuous in what they did not do. They did not leave the tearooms to commence working on these problems. They did not begin an association for a common buying power in basic foods or medicines. They did nothing about the loan sharks that charged usurious rates to widows with children. In contrast, the behavior of the older girls was conspicuous in what they were doing. The girls found some work in the Food for Work program, either for themselves if they had children, or

by substituting in the program for their mothers. They also eased the family burden by doing household chores and caring for relatives.

We believe the girls were less troubled in part because they were less traumatized. At the time of the march for example only 7.7% of the female sample was isolated from a family member while more than a quarter of the males experienced this isolation (see table #1). The girls were also less stressed by family disruptions, and less needy of a peer community (see Schlegel & Berry, 1991 for cross-cultural gender differences on this developmental point). They also had more options for finding some type of work, and found an easier niche in the camp, namely continuing their traditional roles as family care givers.

This is not to say that the girls were without burdens, far from it. The burden was particularly heavy for the girls who had only their mothers at home and who had to take on a larger amount of family work. The difficulty was increased for those girls who had aspirations beyond those of the traditional female. For example, female adolescents who wanted to attend school were a financial burden to their families, who had to pay school fees, supply extra clothes, and incur the indirect cost associated with the lack of possible income. Not unlike young females in other cultures, their hopes of bettering themselves increased their immediate problems, often in quite a painful way.

This was certainly the case for Eskeda, a withdrawn young woman of 17, who preferred spending most of her time working on her schoolwork. But she also had considerable family responsibilities. She lived with her brother of eight and her mother who was dying of TB. For the most part her mother was so sick she was unable to get out of bed. Eskeda knew that for her to continue school she would be consuming the minimal resources of her family, already taxed due to her mother's need of medicines and her brother's young age. Eskeda dealt with this by going to school hungry, coming home hungry, and remaining hungry while she ministered to her mother at night. Although her mother encouraged her to go to school, Eskeda obviously knew that the more she was at school, the more her mother was left without care and food. While she was studying, her mother's coughing rang through the tent, doing nothing to reduce the difficult and contradictory thoughts that sped through her mind. After several months of this tension Eskeda began to go to a friend's house after school because she could not bear to see her mother so sick at home, but she couldn't give up on her dream of getting schooling. Other older female adolescents shared her burden.

The community's role in promoting mental health in adolescent development: Another circumstantial factor

In the above information we showed how we ascertained through our questionnaire and ethnographic notes the type of life the participants had before they were displaced and the degree of trauma they faced on the march. We witnessed first hand the severity of the living conditions in the camp. We heard endless stories from many people about their lives, past and present. As a result we were able to offer some explanations for why the older males had more problems than the others. What we still need to do is to explain



why the adolescents were able to cope as well as they did. In this too our long hours in the camp was helpful. It allows us to explain a particular community coping response, which became apparent to us when we were defining the transition from adolescent to adult status.

We found that for an adolescent to become a full-fledged adult the community had to judge him or her as being capable of fulfilling material, spiritual, and familiar adult responsibilities. This wasn't much different than custom. The change was that young people were much less curtailed in their personal choices of life style. They were given authority to actively respond to their circumstances. Instead of being encouraged to stay in same gender groups highly controlled by their parents, adolescents were allowed to interact with one another across gender lines.

Perhaps the best way to show these changes is to talk about Zoyde and her family. Zoyde, a keen eyed, 40-year-old woman with a prominent nose and a lively smile, was open to us throughout our stay and not only introduced us to her family, but also to many people in the community. It is from her that we learned a good deal how the transitions from adolescence to youth and from youth to adulthood incorporated community mental health. At 12 years of age, Zoyde's parents chose her husband for her. She said she had an opportunity to reject her parent's decision, but she didn't know the man, and loved her parents so she had no real reason to reject their choice. She went to live with her husband's mother for a year without consummating her marriage. After a year's time, and when she began to menstruate, she had her first sexual experience with her husband. Soon thereafter she moved out of her mother-in-law's home and started her own. Some thirty years later she was still happily married, although by western standards not particularly involved on a day to day basis with her husband. They have had seven children. Unfortunately three have died from the war and march.

Zoyde lived in the tent next to Atsedede, a quiet diminutive woman similar in age and experience, and with whom she had shared a life-long friendship. Their two oldest daughters also grew up together. Mulu, Zoyde's eldest daughter played with Helen, Atsedede's oldest daughter since they were small children. Like their parents, the two young women (now both in their mid-twenties) came of age, cramping as many discussions as possible of potential boy friends in between chores.

Mulu's lithe figure speaks of the difficulties of ample rations, and her mane like hair when combed out, brings forth a natural beauty that in different circumstances would be worthy of international glamour magazines. We spent many hours in her tent. While she served us coffee various people would come in to talk with us, or to her, and it wasn't too long into our stay that her tent became a kind of office for us. She was married with two young children, the baby girl already disabled because of vitamin A deficiency. She lived with her children, her husband, her husband's brother, and often the younger sister of her husband's brother. They all shared a tent with only 125 square feet of space.

Mulu was considered an adult. Her status was derived in great part from traditional criteria: her marriage and motherhood, the care she gave to her family and parents, and

the contributions she made to the community by being a paid member of the burial association (*edir*).

Mulu's childhood friend Helen had a child but it died shortly after being born. Since then she has broken ties with her husband. She lived either with her grandmother in Asab or with her mother in Kaliti. Where she lived depended on her work prospects, her relations with her mother and grandmother, and her friendships and romantic possibilities. She did not have full-fledged adult status, even though she was married, and had a child, and cared for her parents. She was still considered a youth because she was not participating in one of the community associations, or its equivalent. Yet, her non-traditional lifestyle, besides making it difficult for her to enter adulthood, brought her no communal sanctions.

Zoyde's oldest male child, Berhane, was 21 years of age. He had been working in the Food for Work Program (a government sponsored program which gave public service jobs like working on roads or constructing sewage lines to one member of each family and was the main source of income for the displaced). He was taking over for his mother because she was not strong enough due to the fact she was recovering from typhoid. After some time, he was able to parlay his work experiences into a day labor job in a construction project that paid 4 *birr* per day (about 60 cents). We even arranged a small loan for an extra pair of clothes so he would not have to live in his work clothes. Each day when he came home for lunch his mother prepared an *injera* and *wat* for him (*injera* is the sour flat bread eaten with stew or *wat*). This was very similar to what she did for her husband when he was living at home (her husband worked as a night watchman and rarely came home), or as any wife would do for her working husband. Berhane was for the time being the "man of the house," but he was not treated as an adult in the community. His work was temporary and not sufficient to allow him to participate in one of the community associations. However, he was given a youth status which was a step up from the adolescent role he would have played in the community under more normal circumstances.

Mulu's brother-in-law, Behailu lived in the tent with his brother Johannes and Mulu. He was also in his early 20's. He had a wife who lived with her parents. He helped support her and the one child they had in common. He lived with Mulu and Johannes so he could be close to work in Addis, and he contributed part of what he earned to them, the rest going to his wife and child. He often traveled with us into Addis. Saving his transportation costs often led to easy conversations about his life and work. He was considered an adult in Kaliti in spite of the fact that he did not live with his wife and children. He had this status even though he was not sufficiently connected to the well being of the community by being a member of one of the community associations. His contribution to Mulu's family and his own family was given recognition by the Kaliti community.

By looking at the circumstances of three other people who were in the 20s other subtle points which defined entry from adolescence into youth and youth into adulthood can be understood more fully, particularly with regard to how such entry helped the mental

health of adolescents. Jodith, another woman in her early 20s, was married and had a child. Shortly after giving birth, her husband left and soon thereafter her child died. She lived in her own tent, (the only women in the camp who did). Although she had the opportunity to work in the public work's program, she was too ill to do so (she was being treated for tuberculosis and was probably HIV positive). She barely supported herself by subleasing her Food for Work opportunity. Being both physically ill and having suffered from loss she was seen as emotionally unable to hold up to the demands of adulthood. To enter in adulthood she will have to demonstrate that she has learned something from her travails. This might take the form of a higher spiritual or religious awareness, or it might be shown through knowledge of health care remedies. This also served to define for the community how an adult should deal with adversity.

Lelay who was eager to serve us special tea in her tearoom was also in her twenties. She told us she lost both parents in the war. Then she was made to walk for a week from her home in Eritrea to the Sudan, before finally being transferred via a Red Cross airlift to Kaliti about six years ago. She began to live with a young man she met at Kaliti. They shared a tent for three years. No children were born. He had since left and she was living alone. She began doing Food for Work. Being single and without family she was able to save enough money to rent one of the tearooms in the camp where males play cards. Because she was a successful businesswoman and gave some of her money to the *edir*, the burial community associations she was considered an adult in spite of the fact that she neither had children, nor a serious male relationship that will yield children.

Mmebet, a woman in her early 20s was known in the camp as a performing traditional dancer and a teacher of dance to other people in the camp. She was known to us because she often came with us buy clothes for the dancers or actors, or to introduce us to dancers she knew who worked in various places. She lost both of her parents in the war, came to Kaliti, married a displaced man, and had two children by him. Then her husband died unexpectedly. She cared for her children by living in a communal arrangement with four families of single females who shared baby care, food, and emotional assistance. She was given full adult status since she supported herself, has had children, and was a constructive part of a community. She was also considered eligible for marriage and family, a situation, which did much to keep up her spirits.

## Conclusion

Many days when we arrived in camp we heard music and saw young people dancing and singing. They would dance the Amarhic Iskista, the Southern Ethiopian, Wolaita, and the Eritrean Blain. They courted each other through sexually suggestive movements. No matter how poor they were or how many traumas they encountered, many of them told us they found some way to enjoy life. In fact what was most impressive was how these adolescents and youth were so thoroughly enjoying one another. All of them participated, those who were not dancing were clapping or singing along. No one was trying to steal the show, there were no arguments.

During our conversations in the year and half of the study we witnessed almost none of the classical symptoms of recurrent distressing mental imagery (either expressed through sleep disturbance, intrusive daytime thoughts, and/or phobic response) that represent the kernel of the definition of post-traumatic stress disorder (PTSD). We knew that these were the essential symptoms of PTSD found among war traumatized survivors in various cultures and led researchers to conclude that the diagnosis had credibility (Sack, Seely, & Clarke, 1997).

In Kaliti we found a group of adolescents who, in spite of being highly traumatized, did their best to be successful in school (Eskeda). They worked to bring in income for themselves and their community (Emebet, Letay). They suffered without becoming self-destructive or violent toward others (the card players in the tearoom), and they spent considerable time helping their families (Mulu, Berhane, and Johannes).

Their mental health was consistent with how we defined the camp - that it was very poor, but not so poor relative to other impoverished Ethiopians. Therefore, in spite of having very little health care and a low level of nutrition, the poverty was not as psychologically traumatic to the participants as it might have first appeared. What was truly traumatic was the march. If the poverty in the camp were as difficult to cope with as the trauma of the march then the results would not have shown the significant age differences. Only the older and poorer scoring group was on the march, while both the older and younger groups experienced camp life.

We think that what separated the resilient from the psychopathological among the older group was the degree to which the resilient adolescents were able to take advantage of the perspective of their unique circumstances. This sense of perspective was not available for psychological use for all of them, but for those who were able to take it into account, they found that it served to mitigate their tensions.

Contrary to common sense, participating in war might not be the key variable in determining an adolescent's mental distress. Elshtain (1996) for example found that children involved in political violence in apartheid South Africa, who were prevented from participating had more mental health problems than those who were actively involved in the revolt. The latter meant they were granted special conditions to meet the extraordinary circumstances. This is reminiscent of the findings of Freud and Burlingham (1943) in their pioneer study of children during World War II. These authors found that something valuable and important came to those children who were forced to rub close up against one another in bomb shelters and tube stations where traditional roles no longer held. The children who were forced into safe care often had more difficult times of recovering.

We offer two other reasons for the relative lack of psychopathology. One is the community's openness to allowing a nontraditional life style. This was particularly true with females who were allowed to become fully legitimate and given full adult status. Mulu and her husband were given adult citizenship because in addition to being married and having children, they had a household income sufficient to take care of her family,

including the older members. They were also active participants in the community associations. They were typical of the traditional. Letay was also considered an adult because of her success at business and her willingness to share her money with the community. This was in spite of the fact that she was a single woman without children. Emebet, the young widow with children was also considered an adult in spite of not belonging to a traditional community association. Emebet's role as community leader of the dances was sufficient to fulfill this responsibility.

The importance of the community in aiding the mental health of war traumatized adolescents has been found among Rwandan genocide survivors (Geltman & Stover, 1997). These authors reported that ultimately how the participants of their study would come to terms with their experience would depend less on traditional mental health services based on trying to help individuals work through what they had been through than on the community's ability to change. Among Eritrean orphans traumatized by war and famine (Wolff, et al., 1995) what accounted for their well being was not individual counseling, but the child centered group care they received. This care was characterized by changing traditional roles of community responsibility.

The second reason for the relative lack of psychopathology was the particular understanding that the adolescents brought to their circumstances. They were able, as many of them said to us, to take some solace in comparing themselves to other Ethiopians so many of whom were as impoverished as they. They also said that in comparison to their parent's adolescence they had much to be thankful for. They told us that by the time their parents were ten or so they were restricted to their homes and the women were always under supervision until their husbands were chosen for them (Zoyde and Atsede). They recalled that their parents of both sexes were routinely prevented from playing with the opposite sex and even of playing among their own gender. Their fathers worked under the direct guidance of their fathers. If they were allowed to play with other boys they were considered to be straying from their chores. These adolescent participants comprehended and told us of their relative benefits of living in close community with many other adolescents (Soloman, Guiday, Jodith).

Their descriptions seem consistent with some of the literature. For example, Folkman (1997) reported that the act(s) of providing care to terminally ill patients who the care giver has a close loving relationship with is not only a depressing and difficult psychological process, it also brings with it positive mental health. That is both the good and the bad exist together. The caregivers in caring for and coming to terms with the grim reality of their loved ones, actually found they were also maturing and finding their own meaning in life. The caregivers engaged in and were successful in fulfilling their personally meaningful goal of helping their loved one die in dignity. As Frankl (1963) pointed out among holocaust survivors adequate mental health (even in relative terms) came to those who were able to create some redeeming value from the loss that was so omnipresent. More recently, Miller (1996) found a lack PTSD among Guatemalan refugees in Chiapas, Mexico. He suggested that the reason for this was the personal meanings they found in their circumstances.

Given the poverty they knew as children and the intense discipline they faced growing up, the demands they had to face in Kaliti were seen in relation to what they had known. Community leaders told us that allowed more of an easygoing interchange between adults, adolescents and youth than they had experienced. This allowed the young people to open up to each other and made living in such a high density less a burden. In spite of their antecedent trauma and current conditions we found that many of the resilient adolescents were able to see their in less than dire terms. They did this by orienting themselves to the historical perspective and accepting the expanded role of mixed gender relations, rather than relating their circumstances only to the middle class they left behind. In many other refugee or displaced situations poor mental health has been associated with people comparing their current conditions to their highest socio-economic level of the past.

There were other aspects of adolescence that we learned from our work in Kaliti. There was a conspicuous absence of delinquency, child abuse and neglect in Kaliti. We believe this might be due to something the Rohner's (1980) pointed out in their cross-cultural approach to the participant. They claimed that child abuse will be high in places where there are many unwanted children, where the only care takers are the child's parents, where fathers are not involved in child rearing, and where families are not connected to their communities. The absence of these factors (with the possible exception of the latter) in the camp are pronounced. In fact, we in the West might well over-rate the importance of poverty on mental disorders while at the same time ignoring many moderating variables such as the ones the Rohner's have listed.

We might also place too much attention on particular forms of family interactions that we assume to be abusive. There probably is not a child in Ethiopia who has been raised without physical discipline. Such discipline could easily be claimed to be abusive, at least in the Western context. Permissiveness, exploration of possible alternatives, giving voice to children's inquiries and demands, are simply not in cultural point of view of child rearing. Yet, being together often through thick and thin is an important aspect of cultural strength.

Many of the male adolescents in the study fell short when it came to working toward the communal well being, which we think is a product of suffering from the lack of adult mentoring. This seemed apparent in the tearrooms and among some of the orphans. However, conflicts between parents and adolescents were minor in Kaliti. One reason for this was that family members continue to be united, for social and economic well being even after marriage and adulthood. The community insisted on family ties, so much so that it made adult status depend upon it, even if it meant considerably more flexibility in defining the criteria. The new criteria not only increased the value of secular education for both genders and allowed women business opportunities, but it also offered a far more lenient approach to accepting young men and women in all their activities.

Postscript

In early May of 1998 hostilities between Ethiopia and Eritrea resumed. The first author returned to Addis and Kaliti in July of 1998. During his stay he could see tens of busloads of young men going to the front each day. They sang war songs and were greeted with respect by the populace. The first author discovered in Kaliti that as many as 30 young men, most of whom were in the orphan group had enlisted in the army. He was told that they went because the army supplied food, clothing and shelter. Once again in order for the older adolescent males to become financially viable, they had to leave their community and engage in activities, which were likely to result in severe emotional burdens.

Furthermore, as the hostilities continued additional displaced people were being moved to camps. Many Eritreans, most of whom had worked in Addis Ababa for decades, were arrested and deported. Likewise many Ethiopians who lived in territory now claimed as Eritrean have been deported to displaced camps. Ironically, the increased numbers of the displaced make all the displaced, including the ones in Kaliti more of a potential political problem. This well might encourage the government to treat them better. Time will tell.

April 19, 2000

Table I  
Percentage of Individuals Experiencing Traumatic Events  
for Total Sample, by Gender and by Age

Event	Total (n = 72)	Males (n = 46)	Females (n=26)	Younger (n=25)	Older (n=45)
Loss of property	90.3	93.5	84.6	84.0	93.3
Lack of water	70.8	69.6	73.1	64.0	73.3
Lack of food	58.3	63.0	50.0	36.0	71.1
Ill health or no medical care	45.8	52.2	34.6	36.0	51.1
Loss of family member	36.1	34.8	38.5	40.0	35.6
Witness death of family member	34.7	34.8	34.6	36.0	33.3
Being near death, life in danger	29.2	32.6	23.1	24.0	33.3
Torture	25.0	34.8	7.7	16.0	28.9
Isolation from family members	19.4	26.1	7.7	12.0	24.4
Injury	16.7	23.9	3.8	8.0	22.2
Lost or kidnapped	16.7	19.6	11.5	16.0	15.6
Witness injury of family member	15.3	17.4	11.5	12.0	15.6
Imprisonment	11.1	17.4	0	0	17.8
Witness murder of family member	2.8	2.2	3.8	4.0	2.2
Sexual abuse	1.4	2.2	0	0	2.2

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