
Special Articles

Psychiatric Implications of Displacement: Contributions From the Psychology of Place

Mindy Thompson Fullilove, M.D.

***Objective:** The purpose of this article is to describe the psychological processes that are affected by geographic displacement. **Method:** The literature from the fields of geography, psychology, anthropology, and psychiatry was reviewed to develop a "psychology of place" and to determine the manner in which place-related psychological processes are affected by upheaval in the environment. **Results:** The psychology of place is an emerging area of research that explores the connection between individuals and their intimate environments. The psychology of place posits that individuals require a "good enough" environment in which to live. They are linked to that environment through three key psychological processes: attachment, familiarity, and identity. Place attachment, which parallels, but is distinct from, attachment to person, is a mutual caretaking bond between a person and a beloved place. Familiarity refers to the processes by which people develop detailed cognitive knowledge of their environs. Place identity is concerned with the extraction of a sense of self based on the places in which one passes one's life. Each of these psychological processes—attachment, familiarity, and place identity—is threatened by displacement, and the problems of nostalgia, disorientation, and alienation may ensue. **Conclusions:** As a result of war, decolonization, epidemics, natural disasters, and other disruptive events, millions of people are currently displaced from their homes. Protecting and restoring their mental health pose urgent problems for the mental health community.*

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A 1995 report on problems of low-income countries pointed out that, in spite of gains in many areas of life, poor countries had seen erosions in the mental health of their citizens (1). This report, produced by the Department of Social Medicine at Harvard University with the assistance of more than 80 psychiatrists, psychologists, and social scientists from 30 countries, highlighted dislocation as one of the sources of poor mental health. It noted that between 1960 and 1990 there were nearly 20 million official refugees, 20 million "internal" refugees, and 70 million people who left their

homes in search of work. Focusing specifically on the year 1994, the United Nations High Commission for Refugees reported 27 million "persons of concern," including 14 million refugees and 13 million who were internally displaced (2). The number internally displaced for economic reasons exceeded 100 million.

The problems of displaced people reverberate worldwide. A scan of contemporaneous mental health literature reveals articles on the mental health of refugees from such diverse countries as Rwanda, Cambodia, Afghanistan, Haiti, Vietnam, and the former states of Yugoslavia, traveling to neighboring countries as well as to the United States, Sweden, Australia, Japan, and many other countries around the world. Their problems range from reestablishing residence and finding work to recovering from trauma related to war or torture (3–6).

In addition to these international issues, three domestic forms of displacement have important implications for mental health in the United States. First, the U.S.

Received Dec. 18, 1995; revision received April 18, 1996; accepted June 3, 1996. From the Community Research Group, New York State Psychiatric Institute. Address reprint requests to Dr. Fullilove, Community Research Group, New York State Psychiatric Institute, Unit 29, 722 West 168th St., New York, NY 10032; mf29@columbia.edu (e-mail).

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population has a high rate of mobility, approximately twice that of the population of Great Britain or Germany: nearly 20% of the U.S. population moves every year (7). This high level of mobility has clear psychological costs for adults and children (8, 9). Second, as a result of years of inadequate urban policy, large segments of the urban built environment have been destroyed, creating vacant land and physical disarray (10). This environmental decline is associated with the deterioration of the health of residents remaining in the decimated communities (11, 12). Third, the loss of apartment units has contributed to a dearth of low-income housing. The result has been an epidemic of homelessness that, by 1995, included substantial numbers of families with young children (13, 14).

The problems of excess mobility, the collapse of the inner city, and the creation of large numbers of homeless people, coupled with the international problems of refugees and immigrants, constitute what Kai Erikson called "a new species of trouble" (15), viz., community disasters that uproot people. To the list of social processes leading to displacement might be added urban renewal, segregation, imprisonment, isolation, forced resettlement, out-of-home placement, sudden fame or wealth, and disaster (16–20). Each of these experiences brings to the fore the loss of "place" as a source of mental distress.

In this paper I outline a set of ideas that may allow us to describe and study the disorders that follow the rupture of person-place relationships. The main proposition presented here is that the sense of belonging, which is necessary for psychological well-being, depends on strong, well-developed relationships with nurturing places. A major corollary of this proposition is that disturbance in these essential place relationships leads to psychological disorder.

PLACE IN THE BIOPSYCHOSOCIAL MODEL

George Engel, in proposing the biopsychosocial model as the appropriate foundation for the practice of medicine, criticized the dominant biomedical model (21). "The crippling flaw of the model," he wrote, "is that it does not include the patient and his attributes as a person, a human being. . . . The biomedical model can make provision neither for the person as a whole nor for data of a psychological or social nature, for the reductionism and mind-body dualism on which the model is predicated requires that these must first be reduced to physico-chemical terms before they can have meaning" (21, p. 536).

The biopsychosocial model, by contrast, was based on systems theory and had as its premise the concept that "nature is ordered as a hierarchically arranged continuum, with its more complex, larger units superordinate to the less complex, smaller units" (21, p. 536). Engel depicted the hierarchy by using nested boxes that had as the innermost box the molecule and as the outermost box the biosphere. In psychiatry, the

widespread acceptance of the biopsychosocial model has increased the likelihood that information about social systems—family, culture, and small group—will be incorporated into the analysis of cases and the planning of treatment.

Attention to the outermost box, the biosphere, has lagged (22). Redressing this oversight requires a wide array of studies, aimed at a variety of conceptualizations of the environment. One environmental unit useful in studies of psychological and social health is "place," which represents the immediate and intimate portion of the environment (23). "Place" has multiple meanings, all of which are important to health.

First, place connotes the geographic center, site, situation, or location for events (24, 25). In this regard, human survival depends on having a location that is "good enough" to support life. It is a biological imperative that viable settings provide people with ready, equitable access to food, water, and safe shelter; offer appropriate facilities for the disposal of wastes; and limit human exposure to toxic chemicals or other harmful substances. Furthermore, "good enough" locations are composed in a manner that is meaningful to residents (26–28) and that promotes unity with the natural world (29). Situations need to have a center, as well as connections with other places (30, 31). Nondiscriminatory structures and policies are a critical part of the formation of healthful localities (32, 33). Finally, settings need to assist people in the existential search for meaning (34). "Great" settings, as defined by these standards, allow for the expansion of human consciousness, creativity, and generativity (35, 36). By contrast, "toxic" environments threaten health and survival.

Second, place can be understood as standing for the human interactions occurring in a given location, that is, as the psychosocial milieu (37). The study of milieu has been particularly important for psychiatrists and other mental health professionals who are charged with managing group care facilities, such as day hospitals and inpatient units. From studies of those environments we have learned that people interacting in a milieu are sensitive to spoken and unspoken dynamics of power. Messages of acceptance and mutual respect are essential for the creation of strong treatment units. These issues of inclusion are mirrored in larger social units. Those that do not bind the individual to group may leave people feeling isolated, without a sense of common purpose, that is, in a state of anomie (38–41). Just as "toxic" features of a setting may lead to ill health, "toxic" features of the psychosocial milieu may contribute to physical and mental malfunction.

A third definition of place has been proposed by the geographer Anssi Paasi. He suggests that place represents the nodes of the life biography, which is, itself, a unique web of situated life episodes (42). This concept, which views place from the perspective of the life story, encompasses personal perspective as a critical factor in what a place "is" (43). It has been widely observed that each place has unique meaning for each individual. The personal "sense of place" is shaped by the person's past,

as well as by the person's attitudes, beliefs, and actions in the present. In Paasi's model, person-setting interactions are viewed from the perspective of the life course and from the viewpoint of connections to events near and far (44–46). Paasi's emphasis on the impact of distant events is essential in a modern world (47, 48).

Thus, place can be understood as the sum of resources and human relationships in a given location. As such, place sets the conditions for human consciousness (49, 50). It also provides the physical structures within which human relationships unfurl (51). Place is, on the one hand, the external realities within which people shape their existence and, on the other hand, the object of human thought and action.

PSYCHOLOGY OF PLACE AND DISPLACEMENT

The psychology of place is based on the assumption that individuals strive for a sense of belonging to a place (52). This sense of belonging arises from the operation of three psychological processes: familiarity, attachment, and identity. Displacement ruptures these emotional connections. The ensuing disorientation, nostalgia, and alienation may undermine the sense of belonging, in particular, and mental health, in general.

Familiarity and Disorientation

Intimate knowledge of the immediate environment is essential to survival. For example, knowing the "lay of the land" is fundamental for traveling safely (53). Early in the evolution of human life on Earth, such knowledge enabled people to avoid predators and find food. In modern times, the types of predators and sources of food have evolved, but those changes have not eliminated the survival benefits that accrue from solid knowledge of the surroundings.

This knowledge accumulates through a complex, trial-and-error process of acquiring and processing sensory information to create cognitive models of the surrounding world (54). The familiar environment, in part because it can be taken for granted, is a source of ease and comfort. The unfamiliar environment evokes "fight or flight" responses, especially a heightened awareness of danger and attention to detail in the surroundings. Anthony F.C. Wallace, an anthropologist who studied people's reactions to natural disaster, noted that in the face of overwhelming catastrophe people react at first with a kind of shock and paralysis: they seem to wander as if in a daze (55). As they emerge from this "cocoon of apathy," they are docile and eager to follow the lead of those with a plan. Later, anger and despair begin to emerge. Wallace proposed that people who lose their homes and community lose their gestalt of their surroundings. Without that cognitive map, they have no sense of how to move through space, hence the period of paralysis.

On Feb. 26, 1972, a mining disaster led to a terrible flood that wiped out the towns on either side of Buffalo

Creek in West Virginia (19). In a few hours, 4,000 of the 5,000 residents became homeless and 125 people were killed. The flood waters were so powerful that train tracks were torn up and houses were moved off their foundations. In the immediate aftermath of the flood, the survivors were stunned. They had narrowly escaped death. Many loved ones were lost. Homes were gone. But worst, the community in which they had lived their lives was destroyed.

Erikson, who conducted the major sociological study of the disaster, quoted one resident's description of the immediate aftermath of the disaster:

During the initial shock, we just stood there so helpless. We just stood and stared, nobody talking, just like we were in a trance, just numb. A house would go by, a car would go by, and you would wait for yours to go by. You'd see your neighbor's house go by, everything they had worked for for so long. And we stood there so helpless, couldn't do nothing. We were there watching people trying to get out of the way, and the water just swept them right down. At first we couldn't cry. We couldn't cry. We were just appalled at the horror. (19, pp. 162–163)

The overwhelming and incomprehensible images of the flood were followed by the equally disequilibrating visions of houses, cars, and dead bodies strewn around in a chaotic manner. People struggled to cope, but the loss of the anchoring community left many adrift. As one survivor put it,

We did lose a community, and I mean it was a good community. Everybody was close, everybody knewed everybody. But now everybody is alone. They act like they're lost. They've lost their homes and their way of life, the one they liked, the one they was used to. All the houses are gone, every one of them. The people are gone, scattered. You don't know who your neighbor is going to be. You can't go next door and talk. You can't do that, there's no next door. You can't laugh with friends. You can't do that no more, because there's no friends around to laugh with. (19, p. 196)

The disorientation and confusion that accompany a massive alteration in a familiar place are experienced as bodily sensations, as well as emotional feelings. People feel numb or limp or dazed. They may fall down. Physical pain is not uncommon. The bodily sensations are a clue to the extent to which geographic orientation is embedded in the whole body (56). Familiar spatial routines are indelibly etched on the nervous system and the musculature; the sudden loss of the exterior world that conditioned those motions is perceived as a loss of the self. In the next section the connection between the individual and personal space will be explored further.

Attachment and Nostalgia

John Bowlby, in his seminal three-volume work on attachment, argued that each person occupies a unique personal environment that serves as an "outer ring" of life-sustaining systems complementary to the "inner ring" of systems that maintain physiological homeosta-

sis" (57, p. 150). Because a person's safety and security depend on this larger personal environment, a threat to that environment is best understood as a threat to the self. The "outer ring," the personal environment, is interpreted here to be synonymous with "place." Attachment to place, like attachment to person, can be conceptualized as a series of emotions and behaviors that modulate distance from, and hence maintain contact with, the object of attachment, which is a source of protection and satisfaction.

Louise Chawla has elaborated the development of attachment to place during childhood (58). During early development, children explore the world. Initially, an infant studies the world from the safety of the caretaker's arms. The early toddler begins to journey away, but always within a radius that allows a quick retreat to the caretaker's shelter. The diameter of the "safe" area expands throughout childhood, as the growing youth explores a larger and larger portion of the adjacent terrain. The process of moving in the environment creates, at one and the same time, maps of relationships and relationships with places (59–62).

As the child ventures out away from the caretaker, some of the child's dependence and need for protection are shifted from the caretaker to the larger world. A world that provides a safe haven for the adventures of childhood is one that offers the most solid foundation for further development. In addition to security, place provides the opportunity for creative expression, exploration, and social affiliation. Thus, attachment to place grows parallel to, albeit distinct from, attachment to person. Both lines of attachment are essential for healthy growth. In adolescence and early adulthood, people begin to separate from the places of childhood and to search for the places in which they will establish their own families and adult identities. Adult attachment to place is founded on early experiences but is enhanced as an outgrowth of time spent living in particular places. As Setha Low and Irwin Altman made clear in *Place Attachments* (37), attachments to home form the core of a series of attachments to successively larger geographic units, including neighborhood, region, and country.

Although they are interpenetrating and interdependent, it is possible to discern distinct disorders that follow the disruptions of attachment to person and attachment to place. It is clearly established that disruption in attachment to person leads to difficulty with separation and commitment. Similar problems appear to follow the loss of a beloved place, although the definition of such disorders is far from complete. Marc Fried, in what is widely regarded as the classic paper on this subject, described the extended mourning exhibited by residents of a Boston slum who had lost their homes and their neighborhood when the area was "cleared of slum housing" to make way for "urban renewal" (63). Disruptions to both lines of attachment—person and place—may well have synergistic effects, producing outcomes for physical and mental health far more disruptive than those resulting from an injury to one alone.

Sadness and longing are predictable when the object of attachment is lost. Those feelings, associated with loss of home, are referred to as "nostalgia," a word that was current among physicians many centuries ago. In those days, when travel was more of an ordeal than it is now, physicians recognized "nostalgia" as a life-threatening condition that afflicted those far from home. Guillermo Sanchez and Thomas Brown, in a letter to the editor of the *American Journal of Psychiatry*, reminded readers that the "first detailed account of this illness appeared in 1688 in the doctoral thesis of Johann Hofer, who considered calling the condition 'philopatridomania' but happily settled on 'nostalgia' (from the Greek *nostos*, meaning 'a return home,' and *algos*, meaning 'pain')" (64).

Sanchez and Brown recounted the following case report, which they culled from the papers of Dr. John Collins Warren:

Warren, in July of 1840, was called upon in Paris to attend Ellen Sears d'Hautville, a young married woman, pregnant and despondent, whose desire to return home to Boston was opposed by her Swiss husband. In the ensuing legal battle, Warren testified that the young woman was afflicted with "nostalgia": a state of mind that "proceeds from an unusual longing for the native country. . . . If the desire is opposed and cannot be gratified, it terminates in insanity, and sometimes produces death."

The idea that longing for home can produce illness is quite foreign to modern psychiatric thinking. In modern use, "nostalgia" signifies a longing for a better time, in which there was a sense of unity with the natural world (65). The feeling associated with nostalgia, like many feelings related to place, is assumed to be a minor, and relatively inconsequential, emotion (66). The illness described by Dr. Warren, by contrast, might be called a major depression in current terms, to indicate both the serious nature of the disorder and the influence of symptoms, rather than the nature of the lost object, on diagnostic strategies.

The environmental perspective being proposed here, however, would suggest that, because "home" represents the accumulation of many relationships and much history, the disturbance caused by the loss of home cannot be understood without taking the lost object into consideration (63). This proposition is supported by findings in a study of displacement in the Harlem section of New York City (unpublished findings, M.T. Fullilove and R.E. Fullilove, 1996). This predominantly African American community is noted for its contributions to sports, art, and politics. However, the loss over 30 years of more than one-third of the area's housing units has undermined community structure and altered individual lives. Many residents have lost their homes, and all have lost the Harlem that used to be.

One study participant, thinking back to the Harlem that was, and considering the Harlem that is, expressed some of the lasting ache for her lost home:

I was born and raised in Harlem so I have this romantic thing about Harlem. I find Harlem to be very people friendly. Sometimes I have to catch myself because of the

romance of what it used to be. I liked Harlem when everybody was like "Good morning, how are you doing?" with a little Southern twang. The romance in Harlem was those of us who were born and raised, we remember the man with the cart who used to sell TV Guide, Jet magazine, Amsterdam News. The peanut man. He used to have the hot peppermints, the peppermints that melted in your mouth. That's what I mean about the romance of Harlem. The romance is that you don't fear your neighbors, your kids didn't fear your neighbors, your neighbors were your safety. . . . The romance in Harlem is gone. The love. The togetherness. (unpublished findings of Fullilove and Fullilove, p. 7)

The yearning for the past is a constant feature of Harlemites' daily lives. It colors their experiences of the present, casting the bleak surroundings in two—contrasting—lights. On the one hand, the "romance" of the past adds to the pleasure of the present. On the other hand, the stark differences between "then" and "now" can make the present seem even more dreary.

The presence of these bittersweet nostalgic feelings may be a signal that the capacity for attachment remains viable. In some cases, however, displacement causes more profound injury to the capacity to attach to place. Formerly homeless people, for example, report that they are afraid to go to a new home or, conversely, afraid to leave it. Members of one formerly homeless family interviewed in the Harlem study reported that they stayed in their new apartment all the time. When asked why that was, they expressed the fear that if they went out, their new home might not be there when they got back. This fear was based on their previous experiences with eviction: they had learned that "home" could be an impermanent object of attachment.

Having a place is fundamental to one's sense of security and to one's identity. In the next section, the manner in which people develop an identity that incorporates their experience of place will be explored.

Identity and Alienation

As a result of his work in Boston, Fried postulated, "We might say that a sense of *spatial identity* is fundamental to human functioning. It represents a phenomenal or ideational integration of important experiences concerning environmental arrangements and contacts in relation to the individual's conception of his own body in space. It is based on spatial memory, spatial imagery, the spatial framework of current activity, and the implicit spatial components of ideals and aspirations" (63, p. 156). In the concept of place identity, as developed by Proshansky, Fried, and others (67–71), place is incorporated into the sense of self as a core element in identity formation.

There is an important social and political dimension to this task, as one's place must be understood according to its symbolic construction by those within the place and by the larger society. The soundness of individual place identity rests on having a place and on knowing that one's place is held in esteem by others. When identity is betrayed in either of these ways, alienation may result (72, 73).

The first concept of alienation to consider here is that proposed by Marx, who observed that under industrial capitalism the worker no longer owned the products of his labor: artisan and artifact had been alienated from each other (74, 75). The appropriation of land, like the appropriation of surplus value, may cause alienation. Michelle D. Dominy, who has studied Anglo-Celtic settlers in New Zealand's high country, has documented the ways in which the settlers' place identity is threatened by the land claims of the Maoris, the native people of New Zealand. Both groups contend that they own the land; further, each argues that loss of the land is injurious to their way of life and sense of self (76, 77).

The second concept to consider is that engendered by feeling that one's place is viewed with disdain by others. Julia Eilenberg, a psychiatrist working in a rural area of New York State, has studied the ways in which degradation of one's place is an alienating experience (78). She has observed that rural America, no longer the center of national life, has settled into a state of invisibility that is lifted only by tragedy or disaster. A big tornado, for example, suddenly brings the camera to the threatened town or county, only to have it leave again when the storm is over. Because people identify with the localities in which they live, the loss of visibility has led to a profound collapse of self-pride. The psyche is injured, she postulates, as a result of the involution of one's place.

Both of these forms of alienation are reflected in the writings of "Joe Homeless," a homeless man who wrote a memoir of his experiences on the street (79). Joe was a skilled electrician who lost his apartment as the result of a series of calamities: his parents died, he was injured and lost his job, no one in his extended family was willing to help him, and he was ignorant about the rights of tenants. Without help in paying the rent, Joe found himself on the streets with his most precious belongings—tools, papers, pictures of his family—piled into a shopping cart. The first stage of alienation followed the appropriation of his apartment.

Once on the streets, he was pushed from place to place in what he called the "death march of the homeless." In a story that exemplified this process, Joe related that a priest offered him food.

[The priest] said, "Wait outside the rectory door for a few minutes and I'll be right back." He pushed the door open and went in. As I stood there shivering, I could hear him locking it behind him so I couldn't get in. I thought, maybe he's a little scared because of the way I look. I waited and I waited.

"Funny," I murmured, "he said it would only be a couple of minutes." But it was more than a couple of minutes and I mumbled, "Maybe he's trying to find some food and clothes for me."

I blew on my hands. . . . All was silent.

Then I heard a loud noise. It came from above my head—I looked up. Billows of smoke and water streamed down. I ducked out of the way trying to protect my face with my hands so I wouldn't get hit directly. Despite this, boiling hot water hit my hands. Immediately, blisters rose up. Luckily,

no water hit my face, or I would have been burned badly. I stretched my neck to see exactly where the water came from.

It was the very same priest, now holding a big cauldron in his hand, yelling at me, "Get out of here. Get out of here. Don't come back." (79, p. 92)

If family and churches were no refuge, neither were friends or social service agencies. At each step of his sad journey, Joe found himself hounded away, the second stage in the process of alienation: anywhere that he settled was viewed by others as contaminated by his presence, hence the necessity they felt to make him move on. Over time, as the experience of alienation became internalized, Joe came to think of himself as the "Invisible Man." The photograph on the cover of his memoirs depicts a man with his back to the camera. The picture and the use of a pseudonym—"Joe Homeless"—are clues to the fierce alienation that Joe experienced as a result of the loss of his home. His actions might be understood as the behavioral reciprocal of the rejection he experienced: Joe turned his back and hid his name from an America that did not want him. These behaviorally coded messages of reciprocation are most likely to occur in the context of displacement caused by, or followed by, social rejection (80).

PREVENTION AND RECOVERY

Preservation of Connections

While treating displaced persons is imperative, an ounce of prevention is still worth a pound of cure. Hugh Freeman, who served as editor of the *British Journal of Psychiatry*, observed the obliteration of the original urban fabric of Salford, England, and its replacement with postmodern high-rise buildings, shopping centers, and highways. He was disturbed that no one in authority seemed to have considered the impracticality of 30-story buildings as habitat for poor people (81). Freeman theorized that too much change was detrimental to human life and ought to be avoided:

There would seem to be an urgent need to pay attention to the psychological conservation of the environment—retaining familiar landmarks and forms of housing—in the same way that physical Conservation Areas have been established in Britain. "The need to sustain the familiar attachment and understanding, which makes life meaningful, is as profound as other basic human needs. . . . the townscape ought to reflect our need for continuity, and the more rapidly society changes, the less readily should we abandon anything familiar which can still be made to serve a purpose." (Marris 1974) Thus the social matrix which forms the identity of place, and which is almost certainly related to the identity of person and group (Canter 1977), may be preserved or restored. (81, p. 13)

Freeman's theory of the "psychological conservation of the environment" argues for the benefits of stability. This cannot be overstated: stability allows people to develop intimate knowledge of their settings and to de-

velop trusting relationships with place and with each other. Not all situations permit slow remediation, but all situations demand attention to the human cost of change.

Although Freeman's idea of the conservation of place appears almost utopian in the rapidly changing global economy of the modern world, the implications of extensive upheaval are grave enough to warrant considering his thesis. It has been suggested in this paper that displacement causes serious psychological disturbance for the displaced person. In the 1990s, not one but rather many millions of people are so affected. The cumulative toll of their mental anguish has implications for group life. Perhaps the most serious threat to human well-being is the disintegration of communities, which can both precede and follow massive displacement. Alexander Leighton, a pioneer of social psychiatry, studied the links between community disintegration and poor mental health. He and his colleagues expressed the view that community disintegration poses a serious threat not only to health, but also to democracy (82).

Empowered Collaboration

At the heart of the experience of displacement is the sense that one is without a place to be. The reconstitution of order depends on the reestablishment of a health-promoting habitat and affirmation of each person's sense of belonging to that place. Success in accomplishing these tasks can be measured by the following criteria:

1. People live in a "good enough" place.
2. People feel settled in home, neighborhood, and region.
3. People contribute to caretaking of the personal and shared portions of the environment.
4. People know their neighbors and interact with them to solve communal problems.

To achieve these goals, a series of steps are required, a strategy called "empowered collaboration." At the outset, people must conduct a detailed assessment of the environment. On the basis of that assessment, they can create a list of priorities to guide the assignment of resources. Where displaced people lack sufficient resources of their own, negotiations with unaffected communities should be initiated. The next step is for people to start working together on rebuilding activities of all kinds. While the rebuilding is going forward, people must also attend to emotional needs to mourn the lost place and to bond to the new place. Rituals from the old place, as well as rituals from the new place, are essential in this process.

Theorists emphasize that individuals have the potential to cope with any situation, although in some instances their actions may be limited to the search for solace or endurance (83). The story of Joe Homeless, enduring life on the streets of New York, offers us insights into the wide array of personal strategies that are available under duress. However, the story also illuminates the ways in which the isolated individual is pre-

vented from achieving social reintegration—reestablishing the conditions for and the sense of belonging—which must be viewed as the ultimate goal of recovery efforts. Joe's isolation was a result of society's stigmatization and marginalization of homeless people. Marginalization and intergroup hatred can derail the orderly stabilization of displaced people; in many instances it is such hatred that caused the displacement. In those circumstances, the struggle for the human and civil rights of the displaced must be added to the list of actions needed for full recovery.

Empowered collaboration is the key tool for addressing each of the three areas outlined: reestablishing familiarity, repairing attachment to place, and stabilizing place identity. It is also the key tool for confronting intergroup hatred. Through the use of empowered collaboration, it is possible to recreate the sense of belonging, thus undoing much of the psychological harm engendered by displacement.

Further, it appears that when people succeed in coping with the extraordinary—including overcoming hatred—they are themselves enhanced. Coles, who observed African American children engaged in school desegregation, wrote,

It must be said that under grave stress [the children] have somehow done more than persist, more than endure. They have prevailed . . . by summoning every bit of their humanity in the face of every effort made to deny any of it to them. In so doing they have become more than they were, more than they themselves thought they were, and perhaps more than anyone watching them can quite put to word: bearers and makers of tradition; children who in a moment—call it existential, call it historical, call it psychological—took what they had from the past, in their minds, out of their homes, and made of *all* those possessions something else: a change in the world, and in themselves, too. (84, p. 365)

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