



Voices from the Rwanda Tribunal

Official Transcript: Jorge Sierralta (Part 6 of 10)



Role:	Staff Psychologist
Country of Origin:	Peru
Interview Date:	17 October 2008
Location:	Arusha, Tanzania
Interviewer:	Lisa P. Nathan Donald J Horowitz
Videographer:	Nell Carden Grey
Interpreter:	None

Interview Summary

Jorge Sierralta talks about his role as a psychologist and social counselor for the United Nations and reflects on the challenges of working with people from diverse cultural backgrounds. He discusses his work as a counselor at the ICTR, including the mental health education and support services that have been introduced. Sierralta describes various coping mechanisms employed by Tribunal staff as well as the stigma associated with seeking counseling.

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Part 6

- 00:00 Donald J Horowitz: One of the things that occurred to me, actually in the break you mentioned about talking to some judges, I think you said, in, when you were in Afghanistan. Why don't you relate that what you told me?**
- 00:15 I, I was, yeah, judges also they have also – some of them they have this macho probably mentality yeah. That – but I remember a case, yeah, when the, in one of the houses, because they, the judges were there to improve the law system. And one of the staff died inside the house because of this monoxide carbon, you know you need to heat the house and you have a heat inside the room.
- 00:49 So one of – and then I was asked to provide assistance and one of the judges was telling me that, you know, “We're used to this kind of, but when you see somebody who is close to you, when something happened, somebody who is close or next to you, then it's a totally different.”
- 01:11 “And also we thought,” he told me, “we thought that this can happen to, but, you know, you always have the belief that this will happen somewhere else but not here.”
- 01:23 So we have several, yeah. Even the time I was there during this three years, I heard yeah, of several people; three, four people who, yeah, they died because of this intoxication, this . . .
- 01:38 DJH: Oh, carbon monoxide poi-, poisoning.**
- 01:40 Yeah, carbon, yeah, carbon monoxide, yeah.
- 01:42 DJH: Mm-hmm. Because the heating system . . .**
- 01:44 Because of the heating sys-, you need to heat your – and then you, you forget or you, yeah.
- 01:48 DJH: Mm-hmm, mm-hmm. You have – your practice has taken you to a great many different places with v-, a great many different cultures. And you were trained in particular place and my question is what, what effect if any the different cultures or different attitudes towards I guess mental health or illness and so forth?**
- 02:15 DJH: How have you managed to, first of all, understand the different cultures you're in and adapt? If you, if – and tell us a little bit about the difficulty, if, if there was any, of adapting your mental health approach to different cultures?**
- 02:31 Is a, is a very interesting question. I think sometimes because I, I've been trained to provide counseling sessions, therapy and I remember the first time when I started in with people from different cultures trying to apply some of this western style. It didn't work well and it

upset even the client. So I've been very sensitive. I try to center myself on what the client wants, how the person perceive, what is the belief system in that culture.

03:12 So I will normally ask the person, so, "In a similar problem, how in your culture this problem might be solved?" So I try always to, to change the approach, yeah, to be more client center then. So I think that is a very important factor to start with when you deal with people from different cultures also. And since the belief system is very powerful, just use the belief system of, of, of people.

03:43 So if somebody comes to me telling me, "Oh, somebody has done something bad to me," and the person has a very strong belief system that somebody put something on his glass of water and then things are not going well, so most probably I will tell the person, "Okay, I have an antidote that will going to help you." And, and it works.

04:08 It works because I don't try to change the belief. It will take me more time if I try to change the belief system of the person, so I work with this belief system. So I think it's something – also of course, sometimes because the person, English is not the mother tongue, English is not my mother tongue. If the person speaks French, it's okay, or Russian or – but it creates a lot of difficulty sometimes.

04:37 Sometimes, but you know, very often there we built a trust and the trust is built. Even the word are not very important, very often because my job is to listen to them, to assist them.

04:51 So yeah, so this is how, yeah, probably – but it's a very challenging, yeah, to, because people have, yeah, come from different background, different culture, different education so sometimes I need to make it simple, to explain in, in a way that they will understand.

05:10 It's, it's challenging because it's like talking about a legal issue to a child so you need – or talking to somebody from a different culture who is not even that, that is not in their language. I was talking, I was providing a sec-, a session on homosexuality and I asked participants so, "It's this word in your language?" About six, seven of them were telling me that that word of homosexual is not even in their own language.

05:46 So you know, things, yeah, we need to be very careful with the – so it applies. So yeah, to use, explain them, to repeat, to make sure that they understand.

06:01 DJH: It, it brings me to a question based on something you said to Lisa earlier. You said that when you came here some of the people had used coping mechanisms that had worked somewhat for them. Can you tell us, I mean, if you dis-, discovered, what were the coping mechanisms that different people use that, that did work?

06:21 I, I think there's been a lot of sharing, a lot of – because cohesion in some units, cohesion is very high so I think that coping mechanism, that feeling connected to each other, that has been very, very useful.

- 06:36 Some people had been sharing their problems also, yeah, very – and the fact that many people are here with their families and they are not disconnected with their families, also that, that social network is very important, has been a very, yeah.
- 06:53 So that's why I didn't see, I don't – I expected to see more problems; people with traumatic stress but it's, it's not. People, yeah, they, they cope well with, yeah, with, yeah, I mean in, in, under these circumstances, yeah. Probably in a different environment, yeah, the, the case might be higher but you know we need to understand that many of our staff come in the cultural background, the social support is very strong.
- 07:25 If you see the origin, the country that people come from, many of them they come from countries that the social network is very strong so, yeah.
- 07:40 DJH: So that helps . . .**
- 07:40 Many things, many things yeah, many things that we discuss in, in counseling that we try to – we make people to talk to, it happens in their own culture so they activate their own system and it's, it's healing so, yeah.
- 07:56 So like if somebody dies, yeah, like just yesterday somebody we heard, I was in the corridor and I saw somebody on the phone and I saw crying the person. The person was crying. So I didn't provide any assisting. I just wait until the person finish. When the person finished, the person told me that their father die. Immediately, I don't know how many but there were probably 20 people next to the person providing support.
- 08:27 Okay, situation in a crisis situation that, because people come from this cultural background and they activate. It's, it's, it's a natural healing that probably people in the west is not, I mean, people in the west their, their network, their social support is less so than people coming from, from a different, yeah, from, from Africa, from Asia.