What makes an effective NGO: being a culturally relevant change agent

Jordana Dawson Hayes

1) The Problems with Non-Governmental Organizations working Overseas

In February 2010, a group of American missionaries went to Haiti to assist children orphaned in the January earthquake. The group had plans to set up an orphanage in the Dominican Republic and to transport orphaned children across the border, eventually arranging adoptions into American families. The group was arrested during this process when government agencies discovered the missionaries had no papers for taking the children out of the country. Furthermore, reports soon emerged that many of the children had at least one living parent in Haiti.¹

Situations like this highlight the problems that can occur when an aid group is working in a foreign country. Despite the missionaries’ best intentions, attempting to move children out of Haiti immediately after the earthquake was likely to make efforts to locate family members substantially more difficult, and caused great anxiety to the families involved. In the broader context, these situations can lead to mistrust of, or anger towards, foreign organizations in general. Through reducing trust in foreign organizations they can make beneficial projects much more difficult, and they can put experienced, professional aid workers at risk of retaliation from local communities.

The Haiti example also demonstrates some of the difficult questions these organizations must face. For example, some reports emerged that while many of the children did indeed have living parents in Haiti, some parents gave their children over to the missionaries because they were unable to care for them.² Would this make the intervention of the missionaries more appropriate? What if the effects of the earthquake on the already troubled bureaucracy made getting papers for the children to cross the border impossible? Should an organization resort to bending the rules in such situations? Relationships with local communities can be difficult to navigate and NGOs will often face resistance to their work.

² Id.
This paper aims to provide a framework for Non-Governmental Organizations\(^3\) (NGOs) in working through questions like these. NGOs must work in close partnership with local communities and local organizations to achieve good outcomes. Partnership can be achieved through the formation of honest and trusting relationships with local actors. This paper suggests that the modern psychotherapist-patient relationship provides an interesting and useful model to assist NGOs in moving this relationship beyond the superficial level. The paper examines the links between the psychotherapist-patient relationship and the relationship NGOs have with the local communities in which they work. Specifically, the psychological concepts of trust, change and resistance are described in the context of problems NGOs may typically encounter when working overseas.

2) The link between psychotherapy and Non-Governmental Organizations

NGOs and psychotherapists share some interesting similarities in their work. Both NGOs and psychotherapists generally aim to assist an individual or group of people through a process of change. Over recent years, both fields have moved away from a patriarchal or teacher-student relationship towards a more collaborative approach with their clients or partners.\(^4\) Because of this, the modern psychotherapist-patient and NGO-partner relationships are both built on goals of partnership and trust. Furthermore, both NGOs and psychotherapists often follow a similar process of identifying and defining problems, setting goals, implementing action plans and evaluating outcomes.

NGO workers are not psychologists and the aim of this paper is not to suggest that NGO workers should attempt to ‘treat’ communities or individuals through psychotherapy. Rather, it is suggested that psychology, and in particular, the relationship between psychotherapist and patient, can provide valuable insights to NGOs as to how to move through this process in a way which keeps the participant fully involved throughout the change process. The fact that psychotherapists typically work one-on-one with patients is a limitation to the application of psychotherapy models to the NGO context. It is also important, however, for NGO workers to form one-on-one relationships with members of the local community. Trust in an organization is not likely to occur unless these

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\(^3\) NGOs are private, non-for-profit organizations that aim to serve particular social interests by focusing advocacy and/or operational efforts on social, political and economic goals including equity, education, health, environmental protection and human rights. H. Teegen et al, *The Importance of Nongovernmental Organizations (NGOs) in Global Governance and Value Creation: An International Business Research Agenda*, 35(6) Journal of International Business 463 (2004).

individual trusting relationships occur first. The application of psychological trust theories is therefore highly relevant to NGOs generally. Other theories presented in this paper, such as models of change, have been positively evaluated in both individual and group settings.

The requirements of partnership and trust have been acknowledged in the field of psychology for some time. A collaborative or partnership model in psychotherapy has been characterized by a non-hierarchical mode of interaction in which the patient and professional combine resources, contribute information equally, and share in the decision-making process towards a common goal. Such an approach has been linked to better patient outcomes in a variety of psychiatric settings, while alternative approaches such as a paternalistic or consumer model have been linked to negative outcomes such as an early drop-out rate or non-compliance.

A similar trend has been observed in the NGO arena. It is well documented that a paternalistic approach to addressing problems in developing countries is both politically incorrect and ineffective. ‘Borrowing’ ideas from the field of psychology and the psychotherapist-patient relationship can provide NGOs with some ideas on how to achieve the ‘partnership’ ideal (and therefore, better project outcomes) with local communities.

3) Psychotherapists think about Trust

a) A trusting relationship allows for transparency, effective problem definition and goal formation

The importance of trust in psychotherapy has grown with the development of a more collaborative approach. Modern research has separated the roles of technique and relationship in the therapy process. The technique refers to the tools used by a therapist to modify client behavior. The relationship aspect consists of the feelings and attitudes the participants hold toward one another, and the psychological connection between the therapist and client based on those feelings. Both components are essential in achieving positive outcomes for the patient. A similar distinction can be

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6 Supra note 4.
9 Id.
seen in the NGO context. Recognizing this separation is helpful for NGOs as it reduces the tendency to focus on the technical aspects of a project at the expense of forming relationships with members of local communities. The following examples demonstrate how a trusting relationship is crucial to project outcomes regardless of the quality of the project itself.

In psychotherapy, patients who see their therapist as an authority figure or who have yet to develop trust in their therapists may be hesitant to discuss their own goals and opinions, or may worry their preferences will be ignored or not taken seriously.\textsuperscript{10} If patients do not feel that they can express their own goals they may also be inclined to act in a way they think the therapist expects or desires. People working with a foreign NGO may have similar responses. For example, an organization working in Kosovo was surprised to find an overwhelmingly positive response from the local community to any ideas raised, as if the desire to “be like America” was limiting those individuals from expressing their opinions on particular issues.\textsuperscript{11}

Despite satisfactory therapy techniques, outcomes for patients will be lower if they cannot openly express their own goals and opinions. A lack of meaningful participation can lead to problems being defined incorrectly and therefore the evolution of irrelevant goals. For example, an NGO may notice low civic participation in elections and subsequently launch a campaign encouraging citizens to vote. This may include distributing information on the benefits of voting and the democratic system in general. If citizens perceive the system as so corrupt that voting would be futile, the NGOs campaign will not achieve the desired goal. The NGO in this example needs to communicate with citizens better in order to produce an accurate diagnosis of the problem; that is, citizens are not voting because they feel the election process is corrupt and therefore useless, not because they do not value fair elections or democracy. In this example, the NGO might be able to understand better why citizens do not see a benefit in voting by asking around the community. However, more meaningful relationships are often essential because getting a picture of the issue often requires a lot more than merely ‘scratching the surface’ or asking for a description.

An example of the requirement for a more meaningful relationship can be seen in the context of gay rights in Kosovo. When looking at the law in Kosovo, one might assume homosexual rights were respected as they are somewhat protected by the Constitution.\textsuperscript{12} Article 24(2) prohibits discrimination on the grounds of sexual orientation and Article 37 stipulates that anyone can enter into marriage based on free will; this definition does not restrict marriage to the union between a man and a woman. However, religious and social rules mean homosexuality remains a taboo.

\textsuperscript{10} Supra note 4.
\textsuperscript{11} Interview with Henry Perritt, Professor of Law at Chicago-Kent College of Law (September 22, 2011).
\textsuperscript{12} Constitution of the Republic of Kosovo.
Individuals in same-sex relationships are subject to discrimination by government and society and will often keep these relationships hidden. In discussion on the issue, most people questioned in Kosovo stated that it was not a relevant matter as Kosovo did not have homosexual people. Of course, homosexual people did in fact exist, but it would take a substantial amount of time and trust for an NGO to gain this information.

NGOs also need to be aware of whom they can trust. Consider the example of an NGO working with women after situations of domestic abuse. One individual from this NGO met with a local civil servant to seek his perspective on the issue. Two NGO workers were at the meeting: one new to the area and one who had worked there for some time. The latter individual realized the civil servant was distorting facts in an attempt to impress the NGO. She knew this based on discussions and relationships with a wide variety of people in the area including victims of domestic violence. The fact that one of the NGO workers had been working locally for some time proved to be quite valuable in this situation. Working locally gives NGOs a chance to talk to a wide variety of people and gain a broader perspective which, as this example demonstrates, is important in accurately defining the problem.

As well as working locally, determining who an NGO can trust requires NGO workers to be interested in hearing about below-the-surface values, behavior patterns and motivations. The woman in the above example would not have been so critical if she had not taken the time to consider the variety of perspectives and the motivation of the civil servant. It is interesting to note that the civil servant in this example was the one providing the NGO with misleading information; yet it is likely that when an NGO is conducting research from outside the local area, most information will come from higher level sources (such as government reports) rather than directly from members of the community. Individuals in a position of power are more likely to be able to express their ideas to a wider audience but they are also more likely to hold personal agendas (for example, the civil servant in the above example may have wanted to exaggerate his achievements in order to maintain his job and position of power). For these reasons, a short time working in a local community, with the right

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15 *Supra* note 11.
16 *Id.*
17 Interview with Aaron Zaluzec (September 27, 2011).
18 Interview with Henry Perritt, Professor of Law at Chicago-Kent College of Law (November 29, 2011).
19 *Id.*
attitude, can be more helpful than longer periods of planning conducted outside of the local context.\textsuperscript{20}

b) A relationship without trust will encounter resistance

Change requires a sense of trust within a partnership. Psychological studies have demonstrated a correlation between interpersonal trust and civic engagement and have theorized that this is because individuals are more likely to become involved in political processes when they believe their involvement will be consequential and that the behavior of others will be honorable.\textsuperscript{21} Furthermore, trusting individuals cooperate more readily\textsuperscript{22} and thus there is psychological evidence to suggest that forming a trusting relationship with community members may decrease the likelihood of resistance.\textsuperscript{23}

A trusting relationship is a prerequisite to a collaborative approach, both in psychotherapy and the NGO context. One psychotherapist illustrates the importance of listening and empathizing\textsuperscript{24} with a client’s situation before pushing a therapeutic agenda in the following case study.\textsuperscript{25} The patient, Brian, was overwhelmed with the demands of a new job. The therapist felt Brian had a rigid conceptualization of his predicament while the therapist had an alternative formulation of his problems that she wanted him to accept very quickly. One of her first reactions was therefore to help Brian understand her conceptualization of the problem. Unfortunately, this immediate reaction did not allow Brian to form a trusting relationship with the therapist. His resistance to change increased and Brian did not finish the therapy process.

Upon reflection, the therapist determined she should have slowed down, let Brian vent and provided support before launching into frightening new territory. This would have increased the likelihood that Brian would perceive her as an ally rather than an adversary, and would therefore be more inclined to engage in therapy. The therapist attempted traditional therapy strategies despite the poor relationship but failed to get satisfactory results. For example, when the therapist asked Brian to list the pros and cons of staying in his job, he retorted that he was not going to keep the position just because she thought he should.

\textsuperscript{20} Id.
\textsuperscript{22} Lawerence S. Wrightsman, \textit{Assumptions about Human Nature} (2\textsuperscript{nd} ed., 1992).
\textsuperscript{23} Supra note 21.
\textsuperscript{24} Empathizing is a process that fosters a collaborative partnership and is the ability to understand and share the feelings of another. See A. T. Beck et al, \textit{Cognitive Therapy of Depression}, (1979).
A more positive example of this idea is exemplified in the case of an NGO working on introducing a computer system in Iraqi-Kurdistan. Upon arrival, a member of the group encountered negative reactions from a particular individual who had been working locally for some time. The NGO worker felt his own age or American citizenship may have contributed to these negative feelings. It took some time for a trusting relationship to be built through friendship and conversation before an effective professional relationship could ensue. The particular woman with an initial dislike for the NGO worker ended up becoming an important supporter of the NGO’s work and trained others in the field after a trusting relationship was formed. Just as there is a split between technique and relationship in the therapy process, this example demonstrates how projects could potentially fail without good relationships, even if the projects themselves are adequate. That is, the technical aspects of the project were good and eventually achieved positive results, but this would not have occurred without a trusting relationship between the parties.

c) Additional strategies for building trusting relationships

The therapist in Brian’s story noted the importance of listening and empathizing to the creation of a trusting relationship. Similarly, in the Iraqi-Kurdistan example, the NGO worker regarded listening, making an effort to learn from the woman and other local workers, and being friendly and open as crucial factors in making a relationship more trusting. Another NGO worker working on the same project found that treating the situation as a collaborative learning experience rather than a teacher-student relationship was beneficial. Both of them highlighted the importance of forming friendly and personable relationships outside of the strictly professional context, for example, getting to know the local partners over lunch. While forming friendly or non-professional relationships may seem trivial when an NGO is striving to address an important issue, psychological evidence suggests that this is an important step in creating a trusting relationship. After enough trust has been established to foster a professional relationship a continued emphasis should be placed on partnership and cooperation. Cooperation enhances trust so NGOs that work in partnership will, over time, form strong trusting relationships.

An NGO that worked in Haiti, Guatemala and Columbia provided an interesting model which incorporated many of these factors. The organization directly aimed to achieve trusting relationships through long term commitments, honesty and transparency. It also worked with local

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26 Interview with Joe Panza (6 October 2011).
27 Interview with Aaron Zaluzec (September 27, 2011).
29 Id.; Supra at note 21.
30 Anon. interview (16 November 2011).
organizations to support the community-based organizations and their community-based solutions. The role of the NGO is therefore more to provide technical assistance and capacity building to those organizations rather than to take the lead in identifying and solving problems. For example, a foreign attorney working for the NGO provides legal advocacy skills while local partners constructed the relevant project and brought the expertise on the issue. Providing skills and expertise is more in line with a trusting, partnership approach compared to a paternalistic one as the focus is on enhancing the effectiveness of local organizations. Furthermore, the skills and expertise required are determined by local organizations or in partnership with the foreign NGO. Keeping the control in local organizations creates a more equal partnership and means the local community will be better placed to honestly express ideas. This creates a cycle of trust, rather than a cycle of resistance.

One member of the organization felt that this model meant that the organization could avoid situations of conflicting goals between the NGO and the local community. Similarly, the NGO had not encountered negative reactions or local opposition to their work. The staff member noted, however, that they had witnessed plenty of examples in the international development realm (particularly in Palestine and the Middle East generally) where NGOs had their own goals that did not necessarily match those of the community in which they were working. This often led to projects that were not sustainable and contributed very little to the community because there was no community ownership over the objectives, goals and the project itself.

A model where a foreign NGO partners with local organizations provides a direct and real life example of how NGOs can create trusting relationships with local organizations and individuals. While it is a relatively new model, the idea certainly gaining support. Some academics have argued that partnership models similar to the one described above are the only way forward for NGOs if they wish to achieve positive results for the community and avoid a paternalistic approach.

4) Psychologists think about the change process

Both NGOs and psychotherapists strive to move other people through a positive change process. The previous section highlighted the importance of a trusting relationship on defining goals, building relevant solutions and decreasing resistance. A trusting relationship is also required to assist an

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31 Id.
32 Id.
33 Id.
35 Id.
individual or community in moving through the change process. This section of the paper focuses on how psychologists and NGOs can work within a trusting relationship to achieve positive and lasting change.

a) Prochaska’s Model of Change

The importance of the relationship between psychotherapist and patient is exemplified in Prochaska’s model of change. Prochaska’s model construes change as a series of stages of readiness. Individuals in the early stages of the change process are not intending to make a change (pre-contemplation). They generally do not believe their behavior is problematic or have previously failed at making a change. If a person recognizes a problem and progresses through the stages of change, however, they will begin to contemplate changing their behavior (contemplation), decide to make a behavior change (preparation), take action to change their behavior (action), and finally, take steps to maintain the change (maintenance).

The Prochaska model suggests that for the input of a psychotherapist to be effective, the therapist must align his or her treatments to whichever stage of change the patient is in. For example, providing a patient with strategies for dealing with nicotine withdrawal will not be beneficial if the patient has not already contemplated quitting and decided that they want to take action to fulfill that goal. Instead, when the patient is in the earliest stages of the change process, the therapist should help the patient come to the realization that smoking is a harmful behavior and the benefits of changing will eventually outweigh the costs. Tailoring the therapy relationship and treatment intervention to the stage of change can enhance the ultimate success of the treatment.

The Prochaska model has generally been applied to a wide variety of problem behaviors such as smoking cessation, exercise, diet, weight control, and stress management. More recent literature has suggested that the model can be usefully implemented across a range of disciplines, including those working with populations at a community or organizational level rather than merely an individual one. For example, the model has been used to assess readiness to use safety behaviors at the employee and organizational level. It has also been used to develop a measure to assess

37 The stages of change are: pre-contemplation, contemplation, preparation, action and maintenance.
39 Id.
40 Id.
teens’ readiness to use condoms and to create interventions for teens to prevent bullying behaviors.41

i) Application of the Prochaska Model to the NGO context

(1) Promoting Western Medicine in an Indigenous Community

The Prochaska model can be extrapolated to various NGO scenarios, particularly those where the NGO aims to promote a behavior change in a population. For example, an NGO may want to promote the use of western medical treatment into an indigenous community that relies on traditional medicine. The NGO would like to build a hospital in the area but also wants to make sure the local community are supportive of the idea and will use the hospital. For this to happen, the community needs to believe that the use of medicine western will benefit them. There are several reasons an indigenous community would not hold this view, therefore a change in thinking may be required.

The NGO will not be able to work with every individual in the local community. The use of the Prochaska model in this scenario is based on the idea that the NGO can work with a group of people in the community, preferably individuals with some influence. Where change is truly needed, there will almost always be a few people open to hearing new ideas.42 The NGO can work with these people through the change process. These individuals in turn will be better suited for guiding other people through the relevant change.

The following hypothetical is an example of a) how an indigenous community can move through the stages of change in deciding to use western medicine facilities and b) how an NGO can tailor their interventions to suit this process, thereby achieving better results and decreasing the risk of resistance.

(a) Pre-contemplation

The aim of this step is to introduce the idea of using western medicine to the community. This may involve discussions with members of the community about the use of traditional medicine, whether there are any shortfalls, and whether the community could benefit from any aspects of a western medicine. Discussions may also involve any negative conceptions of western medicine; for example, the idea that a western medical institution could not function in a culturally or religiously sensitive

41 Id.
42 Interview with Ellen Mitchell, Dean of Psychology and Illinois Institute of Psychology (September 22, 2011).
way. This will be particularly important if there have been failed attempts to promote western medicine in the past. Indigenous communities may avoid western medical institutions if they feel the cultural or language barriers are too great. They may also refuse western medical care because they are not familiar with modern technology and believe it might harm them.\(^{43}\) The NGO should try to establish exactly what the negative perceptions of western medicine are so they can address these issues later on. The aim of these discussions is for the community to reach a point where they consider that western medicine could potentially provide some benefit. At this stage it would be unhelpful for the NGO to begin telling people in the community that they should start taking sick people to the hospital. A community is far less likely to be convinced to change tradition and behavior if these preliminary issues aren’t first addressed.

(b) Contemplation

In this stage, members of the community will consider the idea of using western medicine. To some extent this involves weighing up the pros and cons of each option. The role of the NGO in this stage is to help people in the community reach the conclusion that the benefits of western medicine outweigh the costs. Members of the community may have experienced shortfalls with western medicine in the past. For example, people could have found a western hospital to be too insensitive. If this is the case, the role of the NGO is to demonstrate that the situation could play out differently. The NGO should convey the idea that the local community can play a role in how the hospital functions to serve their needs, and that ideas of traditional medicine could potentially find a place in a local western-based health institution.

(c) Preparation

By this stage, members of the community have contemplated the options and decided that they will benefit from using western medicine. They intend to take action towards this goal in the near future. The NGO and the community may work together on a plan of action to get people using the hospital. There may also be plans to get members of the community involved in the running of the hospital or working together with the NGO to design culturally sensitive programs.

(d) Action

In the “action” stage, the community has undergone the change. They are now using the hospital. This will be a continuing process for the NGO and community as they continue to determine how traditional medicine and western medicine can work together, and to improve this where possible.

(e) Maintenance

It is important that the community using the hospital lasts through time. The hospital will certainly face problems. Deaths in the hospital might be blamed on the new system or changing tradition. After the community has begun using the hospital, the role of the NGO and members of the community who fully support the use of the hospital is to maintain the belief that the pros of the hospital outweigh the cons. It is also to make sure the hospital continues to function in a way that is suitable to the community and that customs are maintained. Improvement can and should continue throughout the maintenance stage. For example, over time the hospital might employ more people who speak the local language.

(2) Promoting sustainable agriculture in rural India

Another example of the application of the Prochaska model can be seen in the case of an NGO operating in India. This organization aimed to promote sustainable agriculture in rural communities. A particular aim of this project was to encourage the practice of composting both agricultural and household waste. In an effort to promote composting practices, staff constructed a compost station in a small village. After a few months it became apparent that the practice of composting was not developing in the community. High staff turnover was identified as a reason for the failed development of the project. Consequently, staff were asked to provide more detailed reports on their work before leaving the organization. However, this desired result was still not achieved.

A better relationship between NGO staff and individuals in the community was needed. The fact that other projects developed by the NGO with higher levels of community involvement gained success despite the high staff turnover rate provides evidence for this analysis. In addition to the trusting relationship factor, composting waste requires a behavior change on the part of people in the community.

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44 This example is based on the author’s experience at an NGO in Punjab, India and on discussions with other interns who had worked at the NGO.
village. Part of the reason the solutions provided by the NGO may not have stuck is because they did not meet the community in terms of stages of change.

(a) The stages of change

The NGO needed a higher degree of interaction with the community from the earliest stages of change. Early on, discussions should have taken place that revolved around waste disposal practices and benefits to composting. Some of these discussions did take place, but a variety of factors may have prevented them from being effective. For example, the short term nature of the internships made it more difficult (but not impossible) to form trusting relationships.

The NGO could have also engaged more people and would probably have had greater success if they found an individual in the community to promote the idea. While not described in psychological terms, this idea was mentioned by several individuals interviewed for this paper.\textsuperscript{45} It is often both inevitable and desirable that most NGOs will not be able to keep staff working on projects for long periods of time. An example was given by an individual introducing a computer-based system in Iraqi-Kurdistan.\textsuperscript{46} In his opinion, the crucial factor for some of the trainees picking up the system was not the instruction from the NGO but from a few trainees buying into the idea, taking the lead and conveying the benefits to the other trainees. Having a few trainees buy into the idea and teaching the others reduced culture and language barriers and made the process easier. It also meant that someone remained on the scene to help others through the change process after the NGO left the country. An important point about working with members of the local community is that these people should ideally be willing to promote the idea throughout the community as well as subscribe to it.

Since the pre-contemplation stage was not properly addressed in the composting scenario, the following stages did not properly occur either. During the contemplation stage, however, the NGO could have worked with the community to determine the advantages of composting. A flaw in the process was that the NGO built the composting station and began using it themselves, which may have giving the impression of a practice that foreigners were using that might not have been relevant to the local community. In effect, the NGO was already at the action stage by building the composting station and using it, and had not worked through the early stages with the community.

\textsuperscript{45} Interview with Aaron Zaluzec (September 27, 2011); Interview with Ellen Mitchell, Dean of Psychology and Illinois Institute of Psychology (September 22, 2011); Interview with Joe Panza (6 October 2011).
\textsuperscript{46} Interview with Aaron Zaluzec (September 27, 2011).
Getting the community on board after the composting facilities had been built would not have been impossible, but the early stages had to be worked through at some point.

The preparation and action stages could have occurred after this, with the community working with the NGO to construct composting facilities for the community and in households, and to promote the concept throughout the village. Maintenance would have involved maintaining the practice even though it may require more effort. Maintaining the change would have required a genuine belief that the project was advantageous which seemed to be lacking in this situation. In contrast to the previous western health care example, this is often a problem with environmental projects where people may not see an immediate short term benefit.

5) Psychologists think about resistance

a) Resistance in psychotherapy

The concept of resistance has already been discussed in the context of trust. Trust is one important factor in reducing resistance. Resistance can also occur when an individual or community has failed to work with the community through the early stages of change. As discussed in the previous sections, both these forms of resistance can be avoided if the NGO develops trusting relationships and tailors interventions to suit the community’s stage of change.

Resistance can also occur for other psychological reasons. This section examines when, if ever, it is appropriate for NGOs to see resistance as something that should be overcome, how to tell if this is the case, and possible strategies for overcoming resistance in the appropriate circumstances.

Broadly speaking, resistance in psychotherapy is the motivation of clients to maintain the status quo in their psychological lives. Perceived causes for resistance vary substantially across theoretical orientations. For example, cognitive-behavioral clinicians may liken resistance to behavioral non-compliance and see it as a hindrance to treatment, while psychoanalytic therapists may be more inclined to see resistance as a reflection of the patient’s internal conflicts, and therefore as a necessary part of the therapeutic process. A cognitive perspective on change focuses more on

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48 Id.
gaining an accurate, empathic understanding of a client’s difficulties with changing followed by reasoning the client through a reorientation in the client’s thinking.

b) Why some resistance can be expected

Individuals can be inclined to resist change even with the prospect of a desirable goal. They may also not believe, at least initially, that the goal is desirable. Change in psychotherapy requires both courage and hard work. Patients need to trust their therapist, learn new skills, change a possibly stable identity, commit to a demanding process, explore the unknown and have hope that their lives will improve. Many similar demands exist in the nation building process or in working through problems in developing countries. Individuals an NGO aims to work with may resist change, especially if work by previous NGOs has been unsuccessful or if the community has a sense of learned helplessness in terms any particular problem they are facing. When the change involves substantial shifts in thinking there is a higher likelihood individuals will initially resist or struggle with the change, even if it is a positive one.

c) The application of the cognitive psychological approach to the NGO context

In the context of NGOs working with foreign communities, a cognitive psychological approach can provide the most useful strategies for dealing with resistance and reshaping thinking while at the same time allowing room for important considerations such as ethnocentrism and cultural relativism. Evidence suggests that a cognitive-behavioral therapy approach is well-suited to use across cultures. This is because cognitive therapy provides a conceptual framework that uses reasoning approaches and this is not inconsistent with Eastern and other philosophies. It also promotes the client and therapist, or NGO and partner, developing a collaborative understanding of the perceived problems so that a mutually respectful exploration of the issues can be developed.

This section will explain the advantages of the cognitive approach in the NGO context and provide an example of how this could work.

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49 Id.
50 Interview with Henry Perritt, Professor of Law at Chicago-Kent College of Law (November 29, 2011).
51 Supra at note 47.
52 Interview with Ellen Mitchell, Dean of Psychology and Illinois Institute of Psychology (September 22, 2011)
i) Resistance, ethnocentrism and cultural relativism

Some forms of therapy may seek to “blame” resistance on the patient or see the resistance merely as a barrier to effective treatment. Such an approach would be dangerous in the NGO setting as it is highly ethnocentric in assuming that the solutions of the NGOs are always correct. Nevertheless, this approach has been witnessed often throughout history. A common example is the rise of missionary organizations that cooperated in Europe’s colonization and control of Africa. In some situations, missionary societies and voluntary organizations actively helped to suppress anti-colonial struggles. For example, in Kenya the Women’s Association, Maendeleo Ya Wanawake and the Christian Council of Kenya were both involved in schemes designed to reduce resistance during the Mau Mau uprising. These activities were justified because poverty was not seen as an outcome of injustice but from the failings of an “uncivilized” condition.\(^{55}\)

A more modern and controversial example is African resistance to the banning of female circumcision (FC). FC is internationally recognized as a violation of human rights and the most common perception in the developed world is that all forms of the practice should come to an end. It has also been argued that the approach to FC taken by most of the developed world has been one of “us” versus “them”, and that there has not been a dialogue among cultures that would make a critical understanding of each one’s attitudes, beliefs and practices possible.\(^{56}\) These examples demonstrate that deciding when an NGO should act in the face of resistance is a controversial but highly important issue. What is the difference between the resistance to FC and to the colonial missionary organizations in Africa? If it was wrong for organizations to ignore the resistance of Africans in the first situation, is it wrong for NGOs and other human rights organizations to be working in the face of resistance to FC?

ii) FC and the cognitive psychology approach

An NGO could take a cognitive perspective to working with communities that engage in FC. Specifically, an NGO may want to work with a group of older women who routinely perform the practice on young girls. In this scenario, this process may involve starting discussions from a partnership perspective and finding common goals. Once this has occurred, the NGO and the people it is working with will be in a better position to critically discuss the reasons for, and effects of, the

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practice of FC, why the women have these perceptions, whether or not the benefits of the practice outweigh the costs, and whether community perceptions of the costs and benefits of FC can be changed.

(1) Starting from a position of partnership and finding common goals

It has already been established that NGOs need trust and partnership if they want to work effectively within a community and avoid resistance. The cognitive psychology approach provides some suggestions on how NGOs can do this. For example, cognitive behavior therapy suggests that resistance can often be resolved by asking the right questions and engaging in discussion. Newman\(^{57}\) suggests a variety of strategies that can encourage resistant patients to engage more actively and effectively in the psychotherapy process. The strategies revolve around providing clients with choices and an active say, reviewing the pros and cons of change and of the status quo, providing accurate empathy for the clients resistance, collaborating and compromising, speaking the clients language and maximizing the use of client self-direction.

This is particularly important in the context of FC. Elizabeth Grande\(^{58}\) suggests that the situation as it stands is a powerful example of a double standard and a lack of genuine dialogue. She further suggests that if meaningful communication was entered into, westerners would be able to consider all the reasons given for FC as well as the fact that many forms of the practice do not pose the health risks or physical disabilities that have been emphasized in the western perception of the issue. The western world may also recognize something of a double standard in that breast augmentation and male circumcision are routinely performed in the western world yet may not be so different from particular forms of FC.

If NGOs could approach the issue from such a position they would have a better starting place to work from, rather than launching a campaign on the basis that all forms of FC are a violation of human rights. Starting from this position, the NGO can then begin to enter into a meaningful dialogue of why FC is practiced. The older women the NGO is working with are much more likely to want to hear the NGOs perspective on the issue if they feel that they have been listened to and understood first.


These discussions will often lead to the realization of common goals.\textsuperscript{59} Finding common goals should be a primary aim in both the psychotherapy and NGO arenas when resistance becomes an issue. A common goal in this scenario might be to reduce health complications of FC. Even if the NGO wants to see FC eliminated, it is not helpful to start from such a position as it will only increase resistance and tension. If a common goal can be found then that is the appropriate starting point.

\textbf{(2) Changing thinking patterns}

An important aspect of cognitive therapy is analyzing why people act or think the way they do.\textsuperscript{60} This part of the process involves moving away from why FC is practiced (responses to which might include that it increases the status of the girl or increases the possibility or marriage) to why the women believe or have developed these responses. Part of this process can involve conceptualizing what things would be like if the situation was different. Questions that the NGO could potentially pose in discussions with the elder women might include: what if no girls underwent FC? What if your own generation didn’t undergo FC?

During this process it will also be crucial to identify and address any reasons why a woman may be scared of change. This can include both internal and external factors. A woman may be scared of publicly taking a stance on women’s rights issues because it involves a substantive shift in thinking or because she risks becoming a victim of violence from those who do not support her ideas.

When these factors are examined under a trusting relationship, the older women in this scenario may find that they are open to changing the way they practice FC. Changing perspectives of FC goes beyond changing the thinking patterns of individuals to changing community values and religious ideas. The application of cognitive therapy theories therefore cannot be the whole answer, but the approach used in cognitive therapy can provide a useful starting point to open up meaningful and productive dialogue between an NGO and members of a community that engage in FC.

\textbf{6) Conclusions}

This paper has sought to demonstrate that, while NGOs are not psychologists, aspects of the psychotherapist-patient relationship can provide beneficial strategies for NGOs in their own

\textsuperscript{59} Interview with Ellen Mitchell, Dean of Psychology and Illinois Institute of Psychology (September 22, 2011).
\textsuperscript{60} The Concise Corsini Encyclopedia of Psychology and Behavioral Science, (Cognitive Therapy, 2004).
relationships. This is because both modern NGOs and psychotherapists aim to move a person or community through a process of beneficial change.

Trust, the change process and resistance are very interlinked concepts. NGOs must establish trust to begin the change process, and resistance is often caused by a lack of trust or by an individual being unable to progress through the stages of change. These concepts can be separated to an extent in order to gain an understanding of how an NGO can better work with individuals moving through a change process.

An NGO can use psychological components of trust (such as empathy) to form a meaningful relationship with individuals or communities they wish to work with. This will result in more effective problem definition and goal formations. Prochaska’s model of change can also assist NGOs by helping them understand that people need to move through a change process in order for changes in behavior or thinking to occur. The early stages of the model such as pre-contemplation and contemplation are particularly important for NGOs to keep in mind; jumping ahead and putting projects into action too early can result in avoidable chaos and resistance. NGOs should attempt to avoid resistance by engaging in trusting relationships and working with communities through the stages of change. If resistance occurs, however, a cognitive psychotherapy approach can help NGOs determine whether the resistance is something that can and should be overcome. This is because the cognitive therapy approach allows NGOs to work in partnership with people. Within this approach, there is a focus on finding common goals and on helping individuals to analyze their own ways of thinking, rather than the NGO simply telling the individual that their behavior is wrong.