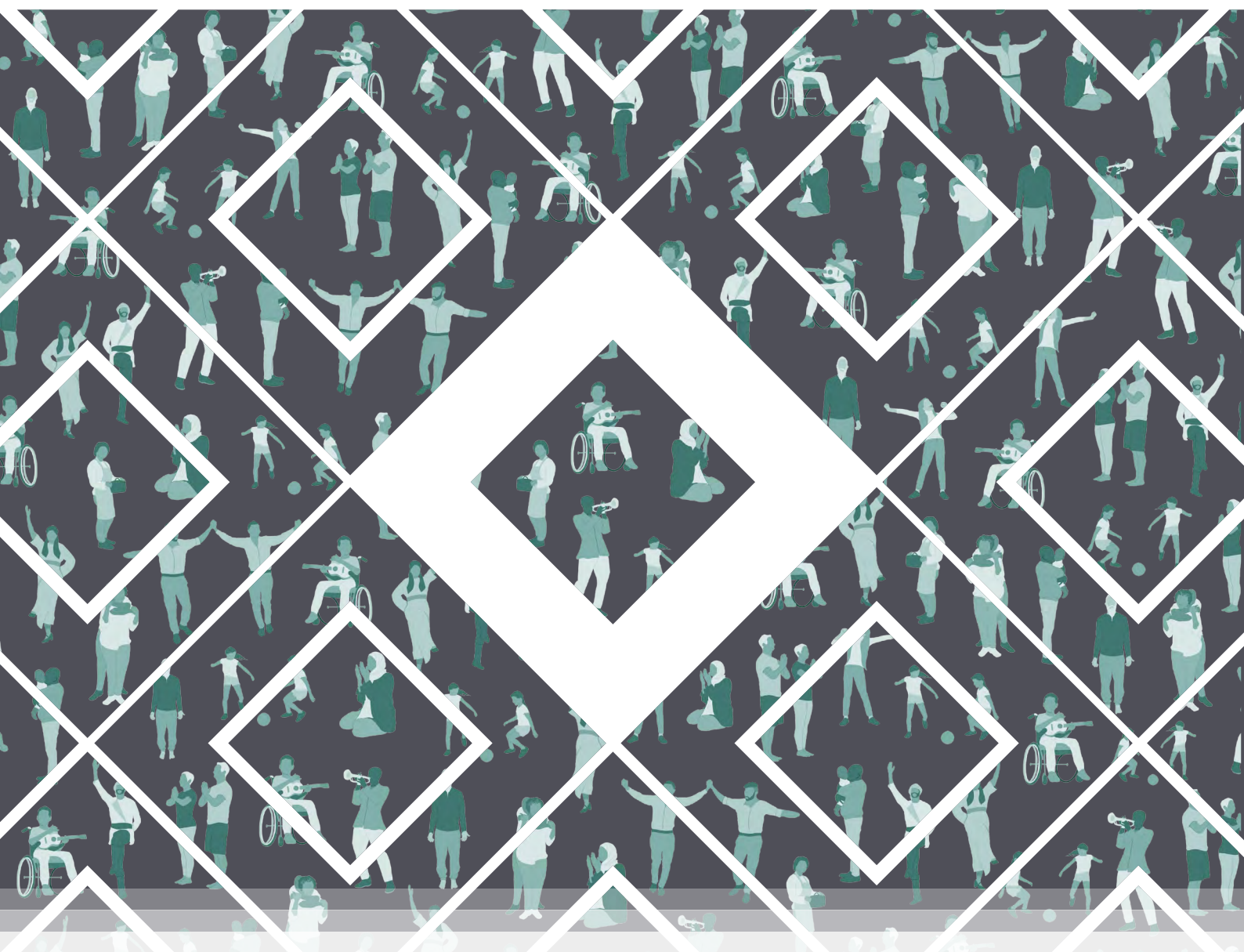# Beyond survival

## Exploring wellbeing in humanitarian action

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# Acknowledgements

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# 1    Introduction

Over recent decades, crisis-affected people have consistently emphasised that humanitarian assistance is not in line with their most urgent needs and priorities (Anderson et al., 2012; GTS, 2022). At one level, this trend can be seen as a straightforward reflection of the gap between ever-increasing levels of need, and the resources available to meet them. It also highlights the limited ability of humanitarian responses to address people's demands for wider solutions to the non-humanitarian problems that trigger and perpetuate crises in the first place. But it arguably points to an additional issue: that humanitarian assistance as currently delivered often fails to engage substantively with people's needs, desires, aspirations and agency beyond questions of basic survival. This is especially important in protracted crises, where aid is less and less about saving lives and more about sustaining them.

Regardless of the difficult circumstances they find themselves in, people strive not just to exist, but to live, in ways that they believe have meaning and value. The focus of humanitarian aid, meanwhile, tends to be largely restricted to meeting the biological requirements of keeping people alive in the most efficient way possible. This can leave substantial chunks of the human experience – such as sex and intimacy, religious observance, or even having a basic sense of agency and control – largely invisible to humanitarian actors, who either sideline them entirely as 'out of scope' or engage with them obliquely as problems to be solved or means to other ends.

Yet even as it skirts these issues, humanitarian assistance can have a major impact on them. As an important structuring force in people's lives – all the more so as crises drag on and become protracted – the decisions made by humanitarian actors determine not just if people survive, but the kinds of lives they are able to live. Whether it intends to or not, aid can therefore end up having a profound impact on people's wider efforts to make life liveable beyond survival, such as their attempts to maintain hope for the future, to develop a sense of place and belonging in displacement, or to reconstruct the social relationships and connections that ascribe meaning and purpose to their actions. Indeed, the decisions and assumptions aid actors make about who and what to prioritise, the mechanisms and techniques they use to administer and deliver assistance, and the nature of their relationships with affected people can often end up working against these efforts.

These limitations can make the experience of humanitarian aid profoundly dehumanising for its recipients. They can also constrain the effectiveness of programming that seeks to sustain or improve people's lives in crises, when these efforts fail to engage with how their 'beneficiaries' actually understand and experience the world. At the same time, affected people are themselves far from passive victims of these dynamics. The histories of protracted crises are full of examples of people adapting or resisting the resources humanitarianism offers and the frameworks it imposes in line with their own individual and collective life projects. In turn, these actions can feed back into disrupting or reshaping how aid itself is intended to function, in both the short and long term.

This paper lays the groundwork for a two-year study by the Humanitarian Policy Group (HPG) at ODI, focusing on how humanitarian assistance enables and inhibits people's efforts to pursue meaningful lives in protracted crises. In doing so, it seeks to introduce the idea of 'wellbeing' as a framework for thinking about what matters to people beyond survival in humanitarian settings. Used increasingly in public policy and development spheres (e.g. Gough and McGregor, 2007; Atkinson et al., 2012; Adler and Seligman, 2016; White with Blackmore, 2016; Bache and Scott, 2018) but far less visible in humanitarian discourse, 'wellbeing' serves here as a conceptual shorthand for exploring the basic question of 'what it means to live a good and flourishing life' for different people in different places (Atkinson, 2013: 137).

We understand crisis-affected people's attempts to answer this question holistically, as an ongoing process arising from the interplay of their material circumstances, subjective experiences, and social relationships. In other words, what people want out of life is grounded in their individual and collective understandings of how the world is, how it should be, and how they should act in it. We argue that thinking in terms of wellbeing offers a useful way to shift analysis away from a top-down, siloed focus on the things that crisis-affected people lack or the problems they experience, towards a more holistic approach that centres them as agents struggling to live well – or as well as they can – on their own terms. It also offers a way to reflect more critically not just on whether humanitarian assistance is succeeding or failing on its own terms, but on the kinds of lives and futures it enables or closes off.

Chapter 2 provides an overview of wellbeing as a concept, looking at how it has evolved in public policy discourse, and its relevance as a concept in protracted crisis settings. Chapter 3 examines how questions of wellbeing intersect with some of the main ways that issues beyond survival are framed and discussed within the humanitarian sector. Chapter 4 draws on evidence from a review of academic and grey literature and consultations with policy experts to explore the ways in which the priorities and processes of humanitarian action intersect with people's efforts to pursue wellbeing in protracted crises, and the tensions that emerge when – as so often happens – they fail to align. Chapter 5 explores the specific dynamics of wellbeing over time in a protracted crisis. Chapter 6 provides tangible examples focusing closely on three areas of life where tensions around wellbeing are especially acute: food, sex and intimacy, and death and mourning. Chapter 7 concludes by considering the implications that thinking beyond survival may have for current humanitarian debates and dilemmas.

# 2   Thinking beyond survival – conceptualising 'wellbeing'

Thinking about what matters to crisis-affected people beyond survival inevitably leads to asking what it means for them to live lives that they perceive to be good, or at least meaningful, and how far this is even possible in a humanitarian setting. While the question appears seductively simple, trying to understand what factors determine, enable or constrain efforts to live good lives – and how they interact in doing so – is much more complex. In some respects, the search for answers is ancient, animating debates in religion, moral philosophy and politics across the world for millennia. However, in recent decades, academics, policymakers and social movements, under the broad concept of wellbeing, have begun arguing for the need to think more systematically about these issues in terms of how they relate specifically to policymaking and governance.

To date, this concept has found limited traction within humanitarian spaces. But at a time of increasing calls to make humanitarianism more 'people-centred' (e.g. OCHA, 2020: 69–78; Slim, 2020), and acknowledgement that humanitarian assistance needs to complement longer-term development and peacebuilding efforts (e.g. OCHA, 2017), it offers a potentially valuable way to think about the challenges humanitarian action seeks to address, and how it addresses them. In particular, thinking in terms of wellbeing emphasises the need to understand not just which needs people have and how they can be met, but how and why people live – or aspire to live – the way they do, and the impacts – intended or otherwise – that humanitarian assistance has on this process.

## 2.1   Wellbeing and policy

Broadly speaking, wellbeing as applied in public policy over the past few decades takes as its starting point the idea that humanitarian experience needs to be understood holistically. In order to make this manageable, the focus is on three core domains of wellbeing. First, there is the **material** or 'objective' aspect of life, such as food, income and commodities. Second, how people interpret their material needs is also bound up in their **subjective** perceptions about what is important. Third, both of these dimensions also acquire shape and meaning through the **relational** aspects of people's lives – what people value or consider important does not exist in a vacuum, but emerges from their interactions with others.

Within this framework, wellbeing has been understood and deployed in a variety of ways in public policy spaces. It has been used as a way to widen and measure understanding of what a flourishing population should look like beyond economic output or mortality rates (e.g. Stiglitz et al., 2009; OECD, 2020; ONS, 2022). It has been used to design programming that seeks to enable people to lead healthier and more fulfilling lives (e.g. Ryff, 1989; Seligman, 2002; Layard, 2005). It has been used as an organising concept for policymakers and communities to deliberate around solutions to social problems or outline

aspirations for the future (Atkinson et al., 2019; Fabian et al., 2022). And it has been used by social movements – especially those in Latin America organised around the language of *buen vivir* – to call for changes to the values underpinning policy itself, away from growth and individualism and towards sustainability and respect for the natural world (e.g. Gudynas, 2011; Florentin, 2018; Artaraz et al., 2021).

These different examples also highlight that wellbeing can mean different things in different policy spaces, and its use has been subject to a number of critiques (e.g. Atkinson, 2013; White, 2016; Fabian et al., 2022). In particular, efforts to quantify and measure wellbeing run the risk of being disempowering, top-down exercises that define wellbeing on behalf of others while oversimplifying the complex and non-linear relations between its different components. Similarly, a tendency to focus on the individual as the main unit of analysis and intervention can lead to static, ahistorical and apolitical policy solutions that downplay the importance of power and social relations and over-emphasise the importance of personal behaviour in determining wellbeing outcomes.

## 2.2    Wellbeing as a socially situated process

Emerging from these criticisms, a growing body of ethnographic and anthropological work has sought to add depth to the triad of material, relational and subjective domains at the heart of most thinking on wellbeing, arguing that wellbeing needs to be better situated in its specific social and cultural contexts. Among these approaches, the Wellbeing in Development (WeD) framework developed by researchers in the early 2010s at the University of Bath was specifically aimed at exploring 'the conditions and characteristics that produce chronic wellbeing failures (such as hunger, social exclusion and indignity)' in resource-poor settings (McGregor, 2018: 203). It offers a potentially useful way of structuring thinking beyond survival in humanitarian settings for a number of reasons.

### Wellbeing and relationships

First, the WeD framework places especially strong emphasis on the relational aspect of wellbeing, which it frames as the foundational component around which all others hinge. In doing so, it focuses on engaging with the complexity of how different people experience wellbeing in different contexts. Seen in this light, wellbeing needs to be seen as 'socially and culturally constructed, rooted in a particular time and place [...] something that belongs to and emerges from relationships with others' (White, 2016: 29). As such, WeD sees wellbeing not as a state of being, but a socially situated process (see Figure 1).

**Figure 1**     The core components of the Wellbeing in Development framework
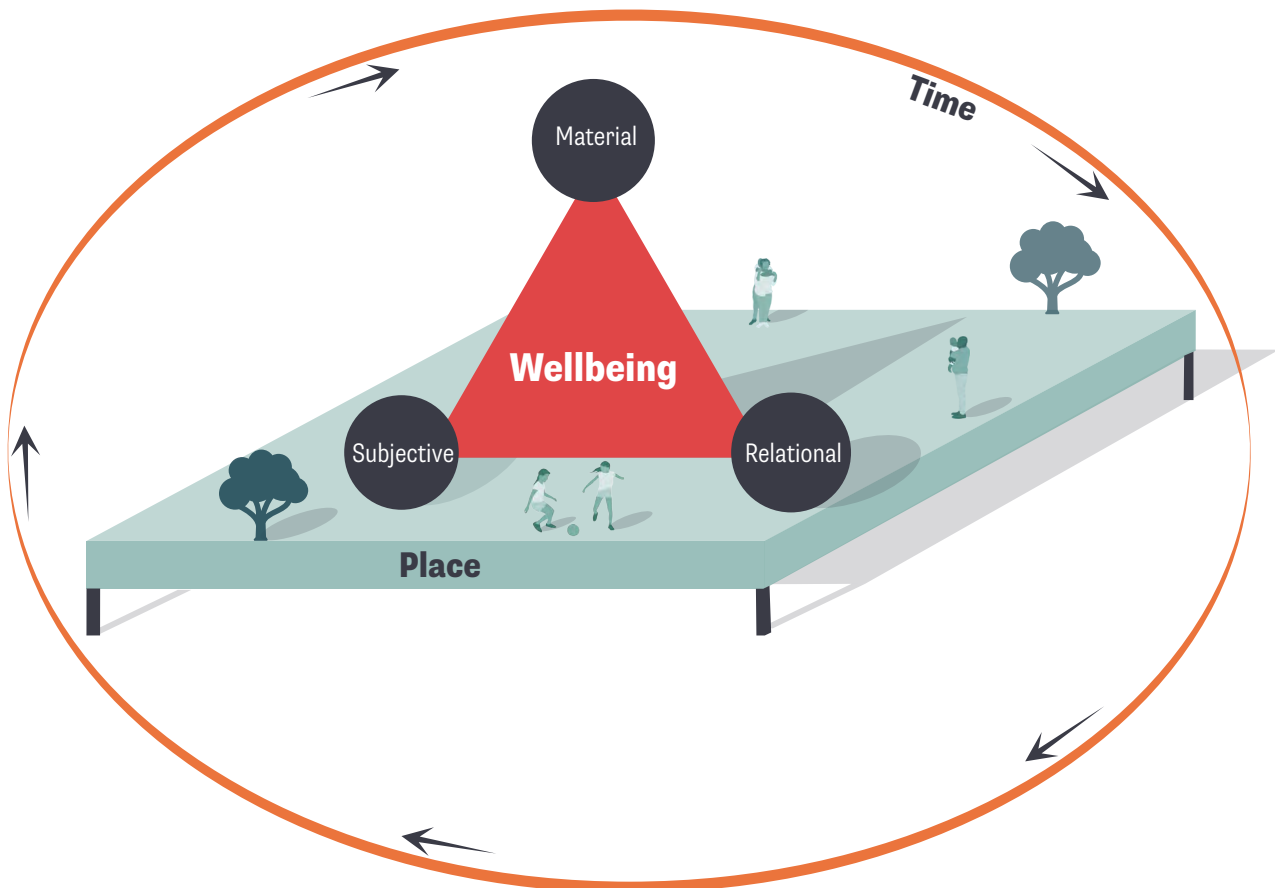


Source: Adapted from White (2010)

The idea that wellbeing emerges through social relationships offers a corrective to the tendency in much of humanitarian thinking and analysis to focus on individuals or households as units of intervention, and its comparatively limited interest in engaging with the complexities of community dynamics or collective needs. Rather than viewing relationships as a factor impacting individual wellbeing, or collective wellbeing as simply an aggregation of individual 'wellbeings', the WeD approach reflects the importance placed in many societies on 'living well *together*' (ibid.). It thus frames 'community' as important in its own right rather than the sum of its parts, and places emphasis on understanding how life is experienced and understood collectively (Atkinson et al., 2019).

## Wellbeing and space

Second, the focus on how people experience the world through social interactions also highlights the importance of place to wellbeing. Viewed from a relational perspective, places are not simply locations that provide the physical backdrop to human actions. Rather, a 'sense of place' is something groups of people actively build and maintain, and it emerges from the interplay of social relationships and physical environments. In this way, places become the focus of shared (and contested) understandings

of history, culture, values and identity (Atkinson, 2013), with specific countries, cities, neighbourhoods, landscapes and so on 'ma[king] action meaningful through shared understandings and shared interpretation of action' (Turton, 2005: 278). Again, this has strong relevance for humanitarian action, especially in displacement contexts, where loss of – and attempts to rebuild – a sense of place are critical to affected people, but often overlooked by aid providers in favour of questions of spatial organisation or security.

## Wellbeing and time

Third, the dynamic nature of human relations highlights the importance of seeing wellbeing as a process as well as an outcome, something people work on, strive for, and experience, rather than something they achieve or possess. Alongside questions of space, this also highlights the importance of understanding wellbeing as occurring over time. At a basic level, this involves being sensitive to how and why what matters to people evolves in response to changing events, rather than remaining as a set of static requirements. More fundamentally, it also points to how people's understanding of the world is temporally situated: what matters to them in the present and their ability to act on it is linked to how they understand the past and how they imagine the future. Again, this is especially relevant when considering the implications of what happens when humanitarian action that is at its core focused on the urgency of the here-and-now beds in for the long term in a protracted crisis.

## Wellbeing as a holistic process

Fourth, thinking in terms of process also highlights the way in which the various components of wellbeing are fundamentally interconnected with and acting on each other. Again, different components will be given weight by different people in different circumstances, and all of this can change over time. Here,

> perceptions are seen as constituted in culture and ideology which in turn structure the material, social and personal through a cascade of associations that makes them meaningful and designates some as pressing (White, 2010: 6).

This provides an important nuance to the idea of wellbeing as a 'holistic' concept. In addition to pointing out that a range of things are important in life, it emphasises that things can be important for multiple reasons at the same time in ways that are hard to unpick. This implies a continuity between people's biological needs, and the other processes that give these significance as part of a meaningful life, blurring the binary distinction between what people 'need' and what they 'want' (Camfield and McGregor, 2009). Thinking holistically also points to the often ambivalent and non-linear nature of people's efforts to construct wellbeing. The same factors – such as family or religious community – that provide emotional support and a sense of belonging can simultaneously erode other aspects, draining material resources or closing off avenues of aspiration for a different future. Wellbeing can thus have a 'dark side', bound up simultaneously with both inclusion and empowerment, and exclusion and denial of agency (Eyber, 2016; Huovinen and Blackmore, 2016: 193, Jha and White, 2016).

For humanitarians, these complexities highlight the fact that efforts to meet basic material needs will always be experienced in much wider terms by affected people (Feldman, 2018). At the same time, they emphasise the importance of taking things like culture or religious observance seriously as *intrinsically* important to people for better and for worse, rather than analysing them purely in terms of what resources they provide or limits they impose in terms of reaching specific programming objectives (Eyber, 2016; Wilkinson, 2020).

## Wellbeing and power

Fifth and finally, a focus on social process leads to an understanding of wellbeing as related to agency and power relations. On the one hand, the emphasis on wellbeing as an active process, 'realised through the "work" that people put into making meaning out of their lives' (White, 2010: 10), highlights the centrality of agency to wellbeing, in terms of the sense of being able to act on the world rather than being carried along by it (see also Sen, 1993; Jackson, 2011). At the same time, determining what matters or what living a good life means goes beyond individual agency; it is linked to the norms, values and expectations of others, and the power structures in which they are embedded.

Seeing wellbeing through this lens has two key implications. First, when wellbeing is so closely bound up in social norms and values determining which kinds of lives or identities should be valorised or condemned, the question of *whose* wellbeing matters is critical. Divergent narratives of wellbeing can be a source of tension and contestation within and between communities (e.g. Loera-González, 2016; Feldman, 2018; Hill, 2021), and can be used to silence marginalised groups (Eyber, 2016). Second, it also demands looking at not just interactions between individuals, but how these are shaped by the range of different institutions and actors they engage with, and how this in turn is linked to wider structural processes of social inclusion and exclusion. From a humanitarian perspective, these implications point to the importance of engaging with and navigating different conceptions of wellbeing in the course of delivering assistance. Even more critically, they point to the need for humanitarian action to reflect on its own role as a power structure in its own right, one that can play a significant role in inhibiting or enabling processes of wellbeing.

In summary, this project understands wellbeing as a holistic, active process, where people's efforts to lead good and flourishing lives involve the interplay of material, subjective and relational dimensions of life, played out in specific places, and over time. This process continues regardless of whether people are living in 'normal' circumstances or experiencing crisis. The question then becomes, what role does humanitarian action play as a factor in this process, especially when it plays out over the long run and becomes a part of the regular fabric of people's entire lives?

# 3   Wellbeing in humanitarian action?

The idea of exploring 'wellbeing' in humanitarian settings is in some ways counter-intuitive. Asking how people might 'live well' when the realities of many crisis contexts mean they really are just coping or getting by might seem to be of questionable relevance to the humanitarian actors trying to support them. But when we see wellbeing as a process, one marked as much by struggle, failure and ambivalence as by questions of happiness, satisfaction or belonging, it starts to make more sense. People continue to try to live lives that are materially sufficient, subjectively important, grounded in social relations that give them weight and meaning, connected to a sense of place, and situated in a coherent narrative over time – even if these efforts are continually frustrated or left half-formed by the difficult circumstances around them.

Certain narratives and approaches within humanitarian assistance seek to extend its attention beyond the emphasis of its core lifesaving mandate. Focusing on the illustrative themes of humanity and dignity, mental health and psychosocial support, and resilience and self-reliance,[1] this chapter explores some of the key ways humanitarian action engages beyond survival.

## 3.1   Humanity and dignity

In many respects, a demand to think beyond survival is bound up in the core humanitarian principle of humanity. Based on the understanding that all people are equal in their universally shared status as human beings, 'humanity' is generally defined as the moral imperative that this understanding generates to act in the face of suffering, 'to protect life and health and to ensure respect for the human being' (IFRC, n.d.).

In his commentary on the principles for the Red Cross, Pictet (1979: 17) argues that this involves treating everyone 'as a human being and not as an object, as an end in himself [sic] and not as a mere means to an end'. Pictet explicitly links humanity with acting to support others' 'well-being', defined as 'the whole pattern of action which, at a given time, seems to be useful, just and reasonable' (ibid.: 21). Building on the implications of this in a more recent commentary, Fast (2016: 119) argues that this means acting in the knowledge that 'as humans, we are not simply reducible to our biology and basic needs. Our lives are lived in rich and affective detail; we possess individual and unique biographies.'

Humanity's emphasis on 'respect for the human' has frequently been translated into a focus on the need to uphold the 'dignity' of crisis-affected people. This is invoked in a range of humanitarian

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1   This is far from a comprehensive set of themes, and they have been selected based on their prominence in both the literature and discussions with key informants for this study. Other examples include work on education, community-based protection, transformative approaches to preventing gender-based violence, the more holistic approach of faith-based actors, or efforts to support music and the arts in displacement settings, to name but a few.

policy contexts,[2] but less frequently defined. HPG research (Mosel and Holloway, 2019) identifies two common threads running through how dignity is understood by both humanitarians and affected people: first, the idea of dignity as being treated with respect, or as an individual human being with intrinsic worth. Second, of dignity as autonomy or self-reliance, of feeling as though one has a say in deciding one's own destiny.

In theory then, both humanity and dignity as underlying principles or narratives should provide a strong basis and impetus for humanitarian action to engage with the subjective and relational components of wellbeing, as well as the material. However, in both cases, the concepts are frequently discussed as a given, rather than explicitly defined, operationalised, or measured (Fast, 2016; DuBois, 2018; Holloway with Grandi, 2018).[3] This means that the process of translating them into practice – determining what is important, what success looks like, and how it should be incentivised – is often unclear. In turn, this makes the broader content of humanity and dignity easy to either sideline or ignore in favour of more pressing concerns. Despite the wider aspirations inherent in these concepts, this means that in practice humanitarian actors have tended to adopt a minimalist approach to humanity focusing on saving lives, in comparison to the maximalist approach of human rights actors focused more on enabling human flourishing (Barnett, 2018).

## 3.2    Mental health and psychosocial support

One area of the humanitarian sector that adopts and foregrounds the language of wellbeing is the set of approaches covered by the umbrella term of mental health and psychosocial support (MHPSS). These are described in the Inter-Agency Standing Committee's (IASC's) guidelines as 'any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder' (IASC, 2007: 1). The guidelines frame MHPSS as a response to the mixture of 'social' harms such as the disruption of social networks and experiences of social exclusion, and 'psychological' harms focusing more on individual mental health issues such as depression and anxiety – in both cases acknowledging the potential for humanitarian aid to perpetuate, as well as mitigate, these harms. They go on to outline a mixture of potential interventions combining specialised mental health services, and wider assistance to families and communities such as informal education and the creation of social support structures such as women's groups, and outline how considerations around MHPSS should be mainstreamed across other sectors such as shelter or food security.

The language of the IASC guidelines implies a comprehensive approach that aligns closely with the framework for understanding wellbeing presented here in Chapter 1, emphasising the links between

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2    For example, in the Core Humanitarian Standard's commitment to 'support the right to life with dignity' (CHS Alliance et al., 2014: 2) or the commitment of the United Nations Refugee Agency (UNHCR) to facilitate the voluntary repatriation of refugees 'in safety and dignity' (UNHCR, 1996: 11).

3    This forms part of a wider trend of what DuBois (2018: 12) describes as the 'scattershot, unexamined operationalisation of the principles' across the sector. This is reflected, for example, in the tendency towards assumed rather than proactive impartiality, documented in HPG's recent work on inclusion (Lough et al., 2022).

individual and social wellbeing, and the importance of local cultural contexts in determining and tailoring responses. As Feldman (2018: 119) argues, the expanding presence of MHPSS programming in protracted settings also signifies a shift in emphasis beyond saving people's lives to valuing the content of those lives, even when meaningful improvements in their material circumstances may ultimately be out of reach.

In practice, however, MHPSS approaches in emergency settings can often end up adopting more narrowly therapeutic and biomedical approaches than IASC's more expansive guidelines would imply, over-emphasising the mental health side of the equation at the expense of its psychosocial component. The limitations of these approaches include: the tendency to privilege the individual over the social as objects of intervention, which can overlook the way suffering is experienced, processed and managed as a social experience as well as an individual one, or the value of collective wellbeing outcomes (Bubenzer and Tankink, 2017; Ubels et al., 2022); the use of homogenised, trauma-focused approaches developed in the Global North that struggle to take local contexts – such as culturally specific idioms of distress or grief – into account, resulting in 'epistemic clashes' between how humanitarian actors and affected people understand the world (Carpi and Diana, 2020; Tol et al., 2020: 9; Wilkinson, 2020); depoliticised efforts that reframe structural experiences of injustice or political marginalisation to be resisted as trauma to be coped with; and a 'pathologising' focus that is concerned less with the complexities of wellbeing as a process, and more with identifying and eliminating ill-being as a problem (Pupavac, 2004; Rehberg, 2014; Tippens, 2016; Feldman, 2018).

It should be noted that MHPSS is a diverse field; a growing body of approaches has sought explicitly to address some of these shortcomings. These include ACT Alliance's community-based approach, which emphasises not just overcoming crises but collective efforts to build hope for the future (ACT Alliance, n.d.); efforts to make MHPSS more faith-sensitive (LWF and IRW, 2018); or approaches such as narrative storytelling, which focuses on the role MHPSS can play, for example, in building women's agency and challenging oppression as opposed to simply addressing negative symptoms (Mannell et al., 2018). Nevertheless, empirical evidence suggests that more biomedically focused or top-down MHPSS still tends to predominate in many settings. Through their over-emphasis of the subjective at the expense of the relational aspects of wellbeing, these approaches may blunt practitioners' ability to engage with or enable efforts to live 'good lives' on affected peoples' own terms.

At a more basic level, conflating thinking beyond survival with the specific domain of MHPSS risks reducing wellbeing to a 'site of action' (Coyle, 2022) – a specialist technical field with its own guidance, indicators, experts and funding streams – rather than a way to interrogate and challenge the limits of humanitarian action more broadly. In other words, while MHPSS focuses on wellbeing as an object of intervention, understood more broadly it can open up other pathways when seen as a way to inform analysis and action.[4]

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4    For an exploration of a similar tension between 'accountability' as a technical approach versus a principle underpinning good programming, see Sattler and HAG (2021).

Finally, although a greater emphasis on MHPSS does represent a sign of major progress in expanding the scope of humanitarian action beyond survival, it is still a drop in the ocean in terms of the resources allocated to it, as opposed to other areas of humanitarian action. According to recent data, MHPSS in emergencies remains chronically underfunded, occupying well under 1% of allocations in response planning or donor budgets (MHPSS Collaborative, 2021).

## 3.3   Resilience and self-reliance

Broadly speaking, resilience focuses on the efforts of people and institutions to bounce back, adapt and potentially thrive in the context of regular and sustained shocks and stresses, while self-reliance focuses more on people's efforts to meet their needs sustainably and independently over the long term. The two concepts are, in theory, distinct: resilience initially emerged in the context of responses to natural hazard-related disasters, while self-reliance has been used more with reference to reducing the need for outside assistance in long-term refugee contexts. Yet they have been increasingly used interchangeably in humanitarian policy language.[5]

From a humanitarian response perspective, resilience and self-reliance represent more of an overarching goal than a programming model, with activities across responses ideally designed in a more risk-informed way to contribute to resilience writ large as well as their immediate goals. That said, programming efforts such as social safety nets, livelihoods, social cohesion, or community-based planning often have resilience or self-reliance built in more explicitly as a primary outcome.

Resilience and self-reliance are relevant to thinking beyond survival. They aim to extend the conceptual time horizon of humanitarian assistance out of the present and into the medium to long term, framing the contributions of humanitarian actors as more in synergy with the work of governments and development agencies, as well as with how affected people themselves think and plan over time (OCHA, 2011).

There is also greater emphasis placed on complexity and process. As opposed to the linear approach of earlier emphases on 'early recovery', resilience in particular focuses on movements back and forth between shock and recovery in potentially unpredictable conditions over time, as well as on the interplay of different resources and actors that feed into the outcomes of this process – including those beyond the humanitarian sector, such as governance and institutions (Mitchell and Harris, 2012). In this respect, resilience also seeks to remove the arbitrary distinction between 'crisis' and 'normal' that implicitly underpins the lifesaving exceptionalism of more traditional humanitarian approaches (Hilhorst, 2018).

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5   For example, UNHCR has argued for a linking of the two concepts (Executive Committee of the High Commissioner's Programme, 2017), while the UN Office for the Coordination of Humanitarian Affairs' (OCHA's) definition of resilience explicitly incorporates self-reliance, explaining that 'Communities and households are resilient when they are able to meet their basic needs in a sustainable way and without reliance on external assistance' (OCHA, 2011: 1).

Additionally, there is an important normative element to resilience that extends beyond utilitarian questions of how far aid is meeting material or economic needs. Being resilient is seen as intrinsically important to people's sense of agency, and therefore to their dignity (Slim, 2005; Mosel and Holloway, 2019).

In many respects, thinking in terms of resilience and self-reliance is more aligned to the realities of people's lives in crises than the emphasis on lifesaving activities within a clearly bounded crisis that characterises more traditional forms of humanitarianism. Nevertheless, the approach also has important limitations. As Hilhorst (2018: 10) notes, resilience 'walks a thin line between support and abandonment' in two respects. First, it can easily slip from a technical approach that valorises the agency of affected people into a moral discourse in which individuals are framed as responsible for supporting themselves, without sufficient consideration of the power relations and structural barriers that may prevent them from doing so. This is often accompanied by the ideological frame of neoliberalism, in which agency is understood specifically in individualised, entrepreneurial and economically productive terms (Ilcan and Rygiel, 2015; Easton-Calabria and Omata, 2018).

Second, in reframing exposure to chronic or repeated shocks as the 'new normal' to which people need to be resilient, resilience discourses can end up shifting focus away from the responsibilities that humanitarians and other actors have to address, or away from engagement with the political drivers and rights violations that so often underpin crises (Gabiam, 2012; Feldman, 2018; Hilhorst, 2018; Twigt, 2020). As one interviewee for this study argued, when donors and humanitarian agencies in the Global North ask some of the world's most marginalised people to be resilient, this can ultimately place significant burden on them to settle for managing their difficult circumstances as they are. This risks closing off space and opportunities to support the demands they might make for a better world in which they do not have to put so much of their energy into being resilient.

As with MHPSS, a lot also hinges on how expansive understandings of resilience at policy level end up being translated into humanitarian practice, and whether these practices align with affected people's own understanding of what resilience might mean. For example, approaches such as survivor- and community-led response have made explicit efforts to ground their interventions in affected people analysing and acting on the barriers and enablers to both meeting their immediate needs and their long-term, collective ability to flourish (Corbett et al., 2021). However, in other cases, applications of the concept can be much more limited. Here, more neoliberal (i.e. individualised and economic) framings of resilience can limit or undermine their own impact by failing to take into account the specific ways in which earning money, leisure and sociability can intertwine to produce more meaningful and secure lives (Arora, 2019; Carpi et al., 2020).

Similarly, supply-side efforts focused on skills and inputs can fail to engage with the legal and political constraints on people's ability to cope or flourish in protracted crises. For example, in contexts where constraints on people's right to work or to move force people to break the rules in order to survive, self-reliance approaches that emphasise building skills in order to reduce dependency on humanitarian hand-outs can end up exposing people to greater risk by nudging them into exploitative relationships

within the informal economy (Easton-Calabria and Omata, 2018; Carpi et al., 2020). In this respect, humanitarian efforts to support resilience can often end up taking place in the context of other decisions and approaches within the same response that, from the perspective of affected people at least, appear to actively undermine resilience (e.g. Yotebieng et al., 2019a and 2019b).

This chapter has covered some of the key examples of how humanitarian action looks beyond questions of survival. While it is far from comprehensive, the examples it has looked at draw attention to three key issues. First, that thinking beyond survival – whether it is framed as 'wellbeing' or not – is both foundational to humanitarian action and growing in importance in humanitarian debates and practice. Second, that it is nevertheless a long way from being a central component of how humanitarian action currently thinks or functions. This is demonstrated in three ways:

- The principle of humanity is foundational, but it tends to be seen as a given, rather than intentionally elaborated;
- MHPSS offers a powerful way to value lives in crisis, but it is often narrowly interpreted and chronically underfunded;
- Resilience and self-reliance offer an alternative paradigm to more traditional humanitarian approaches (Hilhorst, 2018), but they are far from displacing them.

And third, there is a frequent slippage between expansive ambitions laid out at policy level that seek to engage with both the subjective and, especially, relational complexities of people's lives, and the narrower, more linear and individualised ways in which things often tend to be translated into practice.

# 4   Struggles over wellbeing in humanitarian action

Why are humanitarian responses to protracted crises so often experienced as dehumanising by the people living through them? Start sifting through academic literature on how humanitarian action intersects with people's struggle to live 'good lives', or to move 'beyond survival' in crises, and what quickly emerges is a body of work exploring how, time and again, and across multiple contexts, certain characteristics of humanitarian action appear to actively undermine these efforts:

> Under certain conditions, the actual techniques and practice of humanitarianism can end up contributing toward a politics of basic survival that impoverishes people's political and social fulfilment and rights (Robins, 2009: 639).

> Understanding how the very aid meant to help heal that existential wound [of displacement and loss] actually exacerbates it is, arguably, key to understanding why displaced people find it so difficult to leave life in the humanitarian condition (Dunn, 2014: 309).

> Humanitarian policies and projects strived to save lives, but often failed at the same time to sustain and truly nourish those lives (Carruth, 2021: 94).

As several authors have argued, a major contributing factor behind these outcomes is the fact that humanitarian action does not just offer people help or respond to their needs, but does so in the context of significant power imbalances with the people it serves. It often exercises significant coercive control over what people should and should not do. It imposes a specific set of meanings and values that determine what is and is not important or in scope, coupled with similar assumptions about how the world does and does not work. It uses tools and techniques that transform people in all their complexity into things – into populations, numbers or objects. And it does so in ways that are often fundamentally divorced from a sense of context or place, or the flow of time. Taken together, these tendencies within humanitarian action, described by Didier Fassin (2009: 49) as the humanitarian 'politics of life', can end up having a profound impact on 'the sort of life people may or may not live', often in ways that directly undermine their efforts to achieve wellbeing. In some cases, these impacts may be deliberate, but in many others they may be quite unintentional, playing out through the underlying structure of how humanitarian assistance functions, rather than through any deliberate action on the part of those involved in its delivery.

This chapter explores some of the key features of these humanitarian politics of life, examining the implications they can have for affected people's wellbeing as crises become more protracted. In thinking through these issues, it is important to acknowledge that this 'politics of life' is not absolute. As Ilana Feldman identifies in her study of Palestinian refugees' experience of living under humanitarian

conditions for multiple generations, the humanitarian politics of life exists in tension with a different kind of 'politics of living', which she describes as the agency and efforts of crisis-affected people 'to survive and strive within humanitarian spaces' (Feldman, 2018: 4–5). In her reading, the two forms of politics are heavily intertwined. Even as humanitarian decisions constrain what affected people are able to do and be, people's pursuit of wellbeing within these constraints can in turn challenge or subvert those decisions, ascribing the experience of humanitarian assistance with alternative meanings and values of their own. In long-term crises, questions about people's efforts to live beyond survival need to focus on the push and pull between both the politics of life and the politics of living, and the kinds of lives that are possible as a result.

## 4.1    Humanitarian governance: between care and control

A critical starting point in understanding the humanitarian politics of life is an acknowledgement that humanitarian action, in trying to help people, almost inevitably ends up seeking to control them as well. Humanitarian assistance can more appropriately be seen as 'humanitarian governance', a practice which 'pursues the double goal of addressing need and containing threat […] a practice of care that entails significant coercion and control' (Feldman, 2018: 3; see also Fassin, 2007; Agier, 2011). While humanitarian agencies do not claim to exercise sovereign power over affected people, aspects of this power are often de facto delegated to them by host governments..

At a political level, this can mean that the supposedly neutral efforts of humanitarian actors to care for and manage populations blur into the wider political efforts of host states and donor governments to exercise control over vulnerable populations – whether to manage risk, extend geopolitical influence, or project specific ideologies and priorities. In particular, humanitarian action can be closely implicated with coercion, especially in the form of efforts to limit people's movement, whether across borders or within them. This can most strikingly be seen in the ways aid actors' efforts to provide help often become caught up in state actors' focus on warehousing undesirable populations – often but not always refugees – in camps, outside normal social spaces, as a way to address security threats or maintain social cohesion. Newhouse (2015: 2295) describes these dynamics as a 'humanitarian bargain' at a geopolitical level between states and crisis-affected countries, which is passed on down the chain by humanitarian actors to crisis-affected people: humanitarians are permitted to provide minimal forms of lifesaving assistance in exchange for being complicit in a coercive stripping away of people's ability to demand or strive for something more.

Humanitarian governance also exercises significant control over people as part of its efforts to ensure that aid is delivered as effectively as possible to those who need it the most in contexts of extremely limited resources. This concerns determining both who has access to those resources, and how they are used. This is reflected, for example, in widespread and increasingly sophisticated forms of 'surveillance humanitarianism' (Latonero, 2019; Iazzolino, 2021), devoted to keeping track of individuals' identities and personal circumstances in order to determine who is and is not eligible for what kinds of assistance. It is also seen in how programmes' focus on delivering according to specific sets of technical standards can translate into efforts to control some of the most intimate aspects of people's lives.

For example, in a study on supplementary feeding programmes in South Sudan, Scott-Smith (2014: 5) described how efforts to improve child nutrition outcomes ultimately boil down to 'manag[ing] the passage of nutrients into refugee bodies without their involvement or self-government, and often in a distinctly top-down and authoritarian manner'.

These tendencies towards coercion and control are also enforced by an underlying moral discourse that imposes value judgments on certain behaviours as right or wrong, on terms set primarily by humanitarian actors themselves. For example, this can be seen in the frequent accusation that 'beneficiaries' selling assistance and adopting supposedly inappropriate patterns of consumption are not sufficiently 'in need' or are 'cheating' the system (e.g. Agier, 2011; Oka, 2014; Trapp, 2016; Hilhorst, 2018; Douglas, 2022), or the assumption that ignorance or a lack of 'capacity' are behind people's failure to adopt desired behaviours around infant feeding, childcare, or contraceptive use (Scott-Smith, 2014; Brangan, 2016; Carpi and Diana, 2020; Chalmers, 2021). Framing these judgments in moral terms – that 'right' actions contribute to the business of saving lives while 'wrong' ones inhibit it – can in turn provide the justification for a further doubling down on coercive measures aimed at people whose 'incorrect' actions mark them out as morally deviant or feckless, rather than reflecting on why they act the way they do (see Box 1), or adapting around the gap between aspirational programme designs, and the more complex realities they encounter.

Another critical consideration of humanitarian governance is the way it remains in many ways impervious to listening to and responding to the demands of affected people. While it may adopt state functions and impose forms of sovereignty over affected people, humanitarian action is not generally subject to the same checks and balances – such as rights claims, legal regimes, or democratic pressure – that mediate relations between citizens and states. Instead, accountability is upward towards donors who control the flow of funds, and there are comparatively few hard incentives to take affected people's wishes into account (e.g. Steets et al., 2016; Konyndyk and Worden, 2019).

This lack of any meaningful social contract between aid providers and affected people is compounded by the way humanitarian action also actively works to delegitimise many forms of contestation or push-back. Here, the framing of humanitarian action as a technical, neutral space has the effect of placing major limits on affected people's 'right to politics' (Feldman, 2018: 46), or what aspects of life in a humanitarian response are up for discussion. By minimising the space for politics while making intensely political decisions in environments often characterised by extreme forms of social exclusion, humanitarian governance thus risks reducing affected people not just to the status of passive victims, but to 'dominated political subjects' without a voice (Dunn, 2012: 1). As Fassin (2007: 509) explains, this form of antipolitics risks reinforcing existing forms of 'domination and exclusion by denying the possibility of a political life to those who are subjected to them in the first place'.

## Box 1    The politics of living – breaking the rules

> 'Fraud is often required for a meaningful life in a humanitarian space.' – Academic key informant

For many people living in protracted crises, informal or illicit activity is a pervasive feature of daily life. Working jobs they're not supposed to have, moving through checkpoints they're not supposed to cross, making calls on phones they're not supposed to own, building shelters from materials they're not supposed to use, growing gardens on land they're not supposed to plant, sharing what they're not supposed to share, and selling what they're only supposed to consume – crisis-affected people are regularly forced to 'hustle' under the myriad laws, rules and expectations around their behaviour imposed on them by humanitarians, states and other actors exercising control over the places they live.

While this is often about maximising access to resources in conditions of extreme scarcity, there's usually more going on. It may be about exercising agency amid excessive constraint. As one informant for Oka's (2014: 30) study in Kakuma camp remarked when justifying her sale of food rations:

> Does being a refugee mean that they can tell us not only where we live, but how we should live, what we should, when we should eat? Do they think that they own us?

It may be about prioritising different needs and desires compared to those that people are assessed to have – such as putting the need to maintain reciprocity and social ties ahead of carefully designed and targeted levels of individual nutritional intake (Newhouse, 2015). Or it may be a response to a lack of other options, such as in Iazzolino's (2021) study of ration fraud, where households with least access to other, non-humanitarian forms of support such as remittances were more likely to try to 'game' humanitarian assistance to make ends meet. As Douglas (2022: 96) explains in her study of urban Congolese refugees in Nairobi, 'hustling' against the rules ultimately addresses a wide spectrum of needs, from doing what needs to be done to 'get by', to making efforts to add 'flavour, beauty, meaning and purpose to life'.

While the humanitarian sector understandably emphasises the harmful role informal or illicit activity can play in terms of distorted programme outcomes or reputational risk, a failure to engage more pragmatically with informality as a fact of life as people actually live it in crises can lead to missed opportunities (Sturridge et al., 2022). When people inevitably decide to work in precarious or dangerous informal-sector jobs, what information, protection and support might they need that humanitarian actors might be well placed to provide? When new efforts to crack down on fraud are introduced, what kinds of harms might they impose on the livelihoods of vulnerable people who rely on gaming the system as a coping strategy? And when, ultimately, might it be better to turn a blind eye to certain kinds of informal activity – when the impact on people's wider wellbeing outweighs gains to the efficiency of meeting more narrowly defined humanitarian outcomes?

The ability to set the terms of 'what matters' along with the minimisation of people's agency ultimately leads humanitarian assistance to have an oddly totalising quality. Agier (2011: 202) contends that despite its limited frame of neutrality and saving lives, aid often seems to exist at the centre of its own universe, expanding to occupy 'the whole space of life'. The needs and desires of affected people are not just simplified for the sake of clarity or convenience (see Section 4.5 below), but can only be understood or engaged with at all if they are 'constructed' and 'controlled' through the lens of humanitarian concerns and priorities (Rosenberg-Jansen, 2022: 17).

Meanwhile, people's efforts to adapt to their environments or make use of resources on their own terms are overlooked, ignored, or seen as problematic or illegitimate. For example, Rosenberg-Jansen (2022) outlines how informal energy infrastructure that emerges in camps or informal settlements is consistently overlooked in favour of over-emphasising the importance of humanitarian-supplied 'fairy-tale solutions', in the form of products such as solar lights that offer only marginal improvements to people's lives. In this analysis, electricity tends to be overlooked by aid agencies as an unimportant luxury. As a consequence, affected people's own efforts to build and maintain electricity infrastructure in the spaces they occupy is rendered either invisible or problematic in the analysis of aid agencies. When electricity does emerge as 'in scope', it often does so in response to a specific need – protection risks, for example – rather than in recognition of the complex ways in which it is used in everyday life. And once it emerges as a priority, it is again humanitarians that provide the solution – aid agencies transport refugees 'from dark to light' (IOM Bangladesh, 2018), while the sense of agency and safety that this light brings to affected people is valorised only in relation to specifically humanitarian products like solar lights – and never, for example, the jury-rigged energy grids that frequently emerge in camps and informal settlements. Energy – and indeed other aspects of life – thus only 'appears' to humanitarian actors as a concern when it can be understood as a need and delivered as a solution on their terms.

Twigt (2020) outlines similar dynamics in the realms of digital connectivity, with refugees in Jordan framed as the 'disconnected "other"' that must be helped online by agencies like UNHCR, ignoring their often rich pre-existing digital lives.

Through its complicity with wider political structures of marginalisation, its paternalistic control and moral judgment of people's actions, its denial and suppression of politics, and the centring of its own actors over those of affected people, humanitarian governance can thus end up posing a threat to wellbeing in the ways it both undermines people's agency, and insulates itself from engaging with people's own efforts to build liveable lives in crisis.

## 4.2   'Universal' values

Elaborated through this framework of care and control, the enactment of a specific set of supposedly universal values is another important feature of the humanitarian politics of life. As multiple authors have emphasised across the years, the values and frameworks that humanitarian action applies to its work under such principles as 'humanity' or 'neutrality' often represent a comparatively narrow,

Western canon of ideas about how the world should function (e.g. Donini, 2010; Brun, 2016; Fast, 2016; Hilhorst, 2018; Wilkinson, 2020; Carruth, 2021; Krishnan, 2022a). These include a focus on autonomous individuals as the main unit of analysis in ways that overlook collective or social needs and outcomes; a rationalist approach that understands 'universal' needs in primarily material terms; a secularist separation of humanitarian action from religious observance; and a mode of action situated in an impartial, objective public sphere that excludes subjective, emotional, private relations.[6]

Ultimately, the sense of equality that underpins humanitarian universalism can risk slipping into an assumption that the same values hold true everywhere. As Fast (2016: 120) explains:

> the universalist entreaty of humanity masks a central tension between the appeal to sameness, on the one hand, and particularism, on the other. To assume all humans are the same, and thus equal, simultaneously assumes no difference and essentializes people [...].

Seen from this angle, universalism can ultimately feed into forms of 'boundary-making' in which behaviours or values that differ from the Western canon are ignored or excluded as illegitimate from the 'humanitarian public sphere' (Wilkinson, 2020: 6). From a wellbeing perspective, imposing a standard set of values risks undermining the highly time- and place-specific subjective and relational elements of life that feed into people's sense of 'how the world is and should be' (White, 2010: 4) and how to act appropriately in it (see Box 2). This ultimately limits their own ability – and humanitarian actors' ability to help them – to rebuild normal, meaningful lives.

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6   Writing in the context of the Syria refugee response in Lebanon, for example, Carpi and Diana (2020: 4–5) describe how standard models of child protection programming adopt a specific, Western understanding of childhood 'which revolves around innocence, an acontextual need for protection, and child vulnerability'. This approach can often clash with alternative understandings of what childhood should look like, and can also be understood as a paternalistic attempt to limit children's agency and participation, 'detract[ing] from children's rights to their own wider cultural membership' (ibid.), as well as leading to ineffective programming approaches.

## Box 2     The politics of living – different values and meanings

> 'Our constant refrain from [national actors] is that "your definition of humanitarianism doesn't help us"'. – non-governmental organisation/Red Cross informant

The specific set of values that underpins humanitarian action plays a significant role in structuring what kinds of assistance, relationships and conversations are possible within its framework. Yet in many places, both the 'beneficiaries' receiving assistance and the local 'humanitarians' delivering it – and the line between these two is often itself blurred – do not necessarily share these values or accept the limits they impose. In practice, the various ways in which local humanitarians in particular push back against these limits can carve out new spaces for humanitarian action to engage, despite itself, more effectively with people's wellbeing.

In some cases, this can work organically, with the everyday practices of local aid workers altering humanitarian action from below, often in ways that remain unseen or not formally acknowledged. For example, Carruth (2021) describes how local aid workers in Ethiopia's Somali region work according to – and are motivated by – a different ethic of care to that offered by the humanitarian principles. Informed by the deep-rooted local concept of *samafal,* this care emphasises solidarity, social obligation and emotional connection among individuals (rather than the distance of neutrality and impartiality) and a project of national restoration and addressing injustice at the collective level (rather than a limited mandate of needs-based crisis response). Without over-romanticising the complexities of locally led humanitarianism, it is important to acknowledge that the benefits of locally led action – so often explained as greater efficiency in or knowledge of the context – can also be seen as sharing the same values and understandings of the world as the people it's trying to help.

Meanwhile, Robins (2009) and Feldman (2018) have both explored how local organisations have adopted the forms and processes of humanitarianism as a way to challenge its boundaries and reintroduce questions of politics. In the context of humanitarian responses to violence against immigrants and refugees in South Africa in 2008, Robins explores how a local human rights organisation used strong technical approaches to needs assessment and service delivery to build its legitimacy operating within a humanitarian framework. Building on this, it moved on to explicitly highlight the weaknesses of that framework through its simultaneous efforts around political activism, solidarity and rights claims related to citizenship, migration and asylum. Meanwhile, Feldman outlines how the Palestinian Red Crescent Society, while fully committing to the humanitarian principles in the conduct of its work, reframed the *significance* of this work as revolutionary activity, motivated not just by a general concern for humanity, but by a specific desire to sustain the spiritual and political survival and development of the Palestinian people as a body politic.

Based on different values and understandings of what matters, alternative forms of humanitarianism have always existed both within and around the 'formal' system, acting on and changing it from the bottom up, even as they are ultimately constrained by its limits. The question is therefore how far mainstream humanitarianism might be able engage with these processes in more intentional ways that open up spaces to engage more effectively with people's wellbeing. For example, how can the sector better explore what local values the international 'canon' suppresses and how these can be better reflected? How can it shift incentives and definitions of success to incorporate behaviours or skills that matter intensely to affected people – such as the ability to empathise or listen – but are currently undervalued in favour of narrow definitions of efficiency and effectiveness? And how can humanitarian action engage with (rather than crowd out or ignore) actors whose values run counter to the humanitarian principles but align with affected people's long-term wellbeing in terms of their collective aspirations and political hopes?

## 4.3    Morals over politics

Humanitarian universalism also drives a particular form of politics of life in the way it focuses on suffering humanity as both the basis for and the object of intervention. As discussed above, the imperative driving humanitarian action is primarily moral in nature – suffering elicits compassion, which demands action to address it. But while compassion and concern for all may serve as a powerful and theoretically inclusive ideal, the consequences of relying on it too heavily as the basis for intervention can be more complex. In particular, several authors have argued that when more traditional political frameworks focused on the rights and entitlements of *citizens* are displaced by a humanitarian moral framework focused on the suffering of *human beings,* the result can often be a paradoxical combination of care and assistance that is delivered in ways that perpetuate or even exacerbate social and political exclusion (e.g. Ticktin, 2006; Agier, 2011; Fassin, 2011; Brun, 2016; Beckett, 2017; Feldman, 2018).

In the context of refugee camp governance in multiple African countries, Agier (2011: 132) argues that the moral underpinnings of humanitarian action can compound the antipolitical emphasis on neutrality and technical action (discussed in Section 4.1 above) to perpetuate 'the social and political non-existence of the beneficiaries of aid', even if actors within it are not working towards this goal. Agier goes on to say that humanitarian governance carried out on a mainly moral basis can end up framing its 'beneficiaries' first and foremost as victims in need of support, ignoring their complex experiences as agents within the wider social or political context in which that support takes place, and limiting their horizon for contesting its terms. Without solid grounding in questions of politics and rights, the argument ultimately follows that the universal moral impulse behind humanitarianism can ultimately lead to a 'limited and limiting notion of humanity' (Ticktin, 2006: 42).

## 4.4    Biology and materialism

These problems are compounded by the fact that the moral focus on addressing suffering is closely linked to the human *body* as the terrain on which this suffering takes place, and on which intervention must therefore occur. As Fassin (2011: 254) outlines, humanitarian action

> pays more attention to the biological life of the destitute and unfortunate, the life in the name of which they are given aid, than to their biographical life, the life through which they could, independently, give meaning to their own existence.

This is translated into action that takes place on primarily biomedical terms: the experiences and aspirations of crisis-affected people are understood through the lens of the diseases or pathologies that they suffer from or the material resources that they lack, with solutions prescribed along similar lines (e.g. Malkki, 1996; Pandolfi, 2003; Ticktin, 2006; Redfield, 2008; Fassin, 2011; Scott-Smith, 2013; Wilkinson, 2020; Carpi and Diana, 2020; Chalmers, 2021). While this biomedical focus has to some extent been displaced by the emergence of resilience humanitarianism that frames people more as active agents navigating ongoing socioeconomic uncertainty rather than passive victims of specific, narrowly determined harms, in practice what often happens is a trade of one form of materialism for another. Instead of focusing specifically on whether or not people are physically healthy, action focused on strengthening resilience can end up employing a similarly narrow focus on their ability to be economically productive (Hilhorst, 2018; Easton-Calabria and Omata, 2018; Carpi et al., 2020).

Assistance framed and designed primarily in terms of material treatments applied to individual bodies,[7] grounded primarily in biomedical or economic utility, has substantial implications for how the subjective and relational components of people's lives are considered in crises. Here, the reduction of people's complex experiences into diagnoses and treatments centred around bodily or economic deficits can hugely narrow how far humanitarian action is able to engage with the wider networks of subjective meaning and social significance that inform people's understanding of their own wellbeing, and which ultimately govern what is important to people and why they act in the way they do.

First, it risks ignoring how, for many aspects of life, material, subjective and relational dimensions are inextricably bound together. For example, humanitarian action tends to either ignore questions of religious faith entirely or view it from a utilitarian perspective – how it can be used to provide psychosocial support, or support behaviour-change outcomes in the fields of reproductive health or hygiene practices. By contrast, for many people faith is not simply a means to an end, but something intrinsically important in its own right, a lens that ascribes specific meaning to experiences and actions. For example, Wilkinson (2020: 58) outlines the vital role religious practice played in the aftermath of Typhoon Haiyan in ensuring people were 'shielded from the possibility of meaninglessness and chaos' by providing continuity – in terms of an ongoing sense of spiritual meaning, community and belonging – to otherwise heavily disrupted lives (see also Hernann, 2017). Bypassing questions of faith may

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7    Or their extension into household units.

ultimately mean ignoring a whole set of non-material needs that affected people may view as vitally important. At the same time, it can lead to clumsy or ineffective efforts to address material needs, which do not take into account how they are understood through the subjective and relational lens of people's faith.

In addition to these subjective components, the tendency to focus on material needs centred on individuals minimises the relational element of how people experience crises. This can result in the analysis of needs focusing more on their individual symptoms rather than their social drivers (Barbelet and Wake, 2020), or a failure to anticipate both how social factors can affect programme success, and how programming can contribute to collective as well as individual outcomes (e.g. Easton-Calabria and Omata, 2018; Carpi et al., 2020; Ubels et al., 2022). Similarly, the fact that crises generate social needs as well as individual ones is all too rarely acknowledged. For example, the maintenance of relationships of reciprocity and exchange is often critical for people both to sustain networks of support, and to feel that they are acting properly in a world that makes sense. By contrast, humanitarian aid that emphasises impersonal, voluntary and a one-way delivery of assistance fails to engage with how people prioritise sociability, reciprocity and solidarity, and can end up actively undermining them (Beckett, 2017; Iazzolino, 2021; Carruth, 2022).

Ultimately, the overwhelmingly biomedical and materialist focus of humanitarian assistance can limit its ability to support wellbeing in two critical ways. First, it narrows down what is 'in scope' for humanitarian action, limiting its ability to see the 'bigger picture' in which material needs are inextricably linked to other subjective or social needs, and where the hierarchy of importance between 'objective' needs and people's other 'wants' or even 'desires' is not linear or clear-cut (Camfield and McGregor, 2009; Chalmers, 2021; Rosenberg-Jansen, 2022). Second, it narrows down the meaning and significance of the aid that is delivered. This can lead to a range of tensions between how humanitarians and affected people interpret and respond to each others' actions, with humanitarian efforts to support the most vulnerable interpreted as dehumanising or irrelevant by those on the receiving end, while affected people's efforts to reconstruct their lives on their terms with the limited assistance available are seen as misguided or duplicitous by those providing it.

## 4.5   Humanitarian techniques of abstraction

The narrow focus of biomedical approaches to assistance can often be compounded by the tools and techniques of abstraction – categorisation, quantification, standardisation and specialisation – that an ever-more professionalised humanitarian sector uses to make populations more legible or to facilitate quicker, more efficient and more effective responses.

The use of a broad array of categories of people (refugees, internally displaced people (IDPs), female-headed households, people with disabilities, etc.) or circumstances (crisis, early recovery, urban response) has long been a way to make populations and their needs easier for outside actors to understand and address. These categories can be critical in carving out legal space in which people are afforded specific forms of protection and assistance. They can also be important in identifying

previously neglected needs or groups as priorities for specific forms of assistance – see for example the rise to prominence in recent years of people with disabilities (or PWDs) as a distinct category of people to be assessed and incorporated into interventions (e.g. Barbelet and Palmer, 2020). Another key tool in improving legibility is the heavy use of quantitative measures as quick and straightforward ways to identify and determine the boundaries between different categories or levels of need, or measure the success of interventions.

Categorisation and quantification are frequently accompanied by a high degree of standardisation in terms of how humanitarian action responds to the needs it encounters. This can take the form of standardised intervention models – such as women-friendly spaces as entry points for programming around gender-based violence – all the way down to specific tools and equipment – such as the mid-upper arm circumference tape for identifying malnutrition. Redfield (2008) identifies these standardised approaches as emblematic of the 'humanitarian kit', so essential to enabling humanitarian responses to mobilise and engage in meaningful interventions anywhere in the world, at very short notice. At the same time, a drive to maintain consistent quality standards, an ever-growing body of lessons learned about what works to address specific issues, and the need to ensure coherence across different actors working within a response has also resulted in a humanitarian sector that is often highly specialised into vertical silos. Here, different needs are addressed by different communities of specialist actors working on food security, nutrition or gender-based violence, each with their own set of tools and ways of working.

However, as a function of their efforts to make aid more effective, these techniques and tools also have the impact of flattening out individuals' and communities' subjective, contextually grounded experiences of crises, both aggregating them up into generalised 'populations', and fragmenting them out into different silos of intervention and expertise (e.g. Pandolfi, 2003; Agier, 2011; Dunn, 2012; Scott-Smith, 2013; Brun, 2015; Greene, 2019; Chalmers, 2021). This is far from unique to humanitarian action, with similar bureaucratic techniques and their impact on people's lives widely seen as integral to the functioning of the modern bureaucratic state (e.g. Foucault, 1991; Scott, 1998). Yet in the specific circumstances of humanitarian crises – the collapse of 'normal' life, the acute power imbalances and lack of meaningful accountability, the outsized impact of humanitarian decisions on the day-to-day lives of affected people, the limited conception of what is 'in-scope' in the context of limited resources, and the lack of social embeddedness of aid actors themselves – their effects can be especially acute.

Whatever their intent, seemingly innocuous practices of categorisation can have a wider impact in terms of the types of meaning and value they impose on the lives of affected people. Administrative statuses such as 'refugee' or 'IDP' can ultimately end up crystallising into social ones, informing both people's own identities and how they are perceived by others. In the context of internal displacement in Georgia, for example, Brun (2016: 30) notes how being identified as an IDP became 'part of people's individual and collective identity [...] influenc[ing] one's access to resources, employment, housing, and social life'. Inhabiting humanitarian categories can also have a limiting effect on people's agency and aspirations, trapping them within a specific role as victims or 'vulnerables' in ways that limit how they imagine and plan for a wider existence (Agier, 2011; Jean, 2015; Brun, 2016; Feldman, 2018). Here,

the role categories play in determining eligibility for assistance can also be brutally dehumanising in terms of how they implicitly value some lives while devaluing others. In Feldman's (2018) research, Palestinian refugees interpreted the United Nations Relief and Works Agency for Palestine Refugees in the Near East's (UNRWA's) practice of scaling back the provision of medical assistance for older people (arbitrarily defined as anyone over 60) not as a rational effort to make best use of limited resources, but as the devaluing of an entire social group, and by extension the refugee community as a whole. For older people themselves, this cut-off was interpreted as their being classified as a burden, whose only remaining value was to die. For other refugees – who had no say in how or why this distinction was imposed – it represented disdain for the last generation of refugees who had experienced life in their homeland, with crushing symbolic implications for the hopes of a future return and hence for the purpose of everyday life.

Meanwhile, standardisation and specialisation can frequently lead to collisions between how humanitarian actors identify and implement solutions, and the world as affected people actually experience it. The limitations of 'one-size-fits-all' approaches or of dividing out people's interconnected needs into separate silos are widely known. But the inertia behind these approaches – their comparative fixity in contrast to fluctuating funding, evolving contexts or rapid staff turnover – remains powerful. When so much else is uncertain, fixing on what can be controlled, often boiling down to the following of certain processes or the correct application of certain tools, can end up taking priority over reflection on the wider outcomes that emerge, or the intervention as a whole. In some cases, this can lead to what Scott-Smith (2013) has termed the 'fetishization' of certain humanitarian tools – such as Plumpy'Nut nutritional supplements or household survey instruments – as ends in themselves, (over) valued purely in terms of their ability to consistently perform one specific task very effectively, rather than whether or not they are the most appropriate or relevant solution in a given context. This can end up closing off avenues for more flexible and contextually grounded solutions that go beyond directly addressing specific material lacks and better support people's overall wellbeing by respecting their subjective experiences, drawing on social connectivity, and acknowledging their existing agency (Rosenberg-Jansen, 2022).

The ability to only see or understand complex experiences in terms of generic, decontextualised problems and standardised solutions is also significantly exacerbated by the sector's reliance on quantification. Again, despite widespread acknowledgement of the need for humanitarian action to be informed by more nuanced, qualitative analysis, the ability of numbers to simplify and clarify remains incredibly powerful and quantitative approaches to both assessment and evaluation continue to predominate. This places major limits on 'what realities data, as it is currently institutionalised within the humanitarian system, can actually describe' (Barbelet and Wake, 2020: 25; see also Lough et al., 2022). This leaves the need to explore vital but less tangible considerations – such as the social drivers of needs, the provision of assistance that is dignified, the quality of relationships between aid providers and affected people, or a need for spiritual meaning – under-acknowledged and under-incentivised (Mosel and Holloway, 2019; Barbelet and Wake, 2020; Wilkinson, 2020; Carruth, 2021).

Ideally, the techniques of abstraction described here are only meant to serve as a crutch, providing generalised frameworks to inform more effective specific engagements in messy realities. In practice, however, it is the abstract and not the specific that tends to play a more dominant role in informing how humanitarian actors understand the world, and the actions and decisions they take as a consequence. When entire programmes and responses are planned and implemented on the basis of standardised programme models and statistical data, they effectively form 'alternative realities' for humanitarians (Jaspars, 2020), ones divorced from the experiences and priorities of affected people, and limited in their ability to engage or effectively support in ways that really matter to people. At the same time, even as these alternative realities fail to relate to the actual realities of a crisis, they can end up having a major material impact on them, often in ways that run counter to people's wellbeing and aspirations.

Humanitarian action in protracted crises finds itself in an impossible situation, stuck providing basic assistance in difficult circumstances and on shrinking budgets, while the political will to address the root causes of crisis or facilitate the conditions for development and other non-humanitarian solutions remains absent. In these circumstances, choices about who to prioritise and what forms assistance should take are inevitably painful, and asking humanitarian actors to focus on people's wider wellbeing may appear to be pushing both their mandates and resources beyond reasonable limits. However, this chapter has argued that the problem runs deeper. The way in which humanitarian action exercises control over people, dictating what behaviours are acceptable and limiting what is up for debate; the way in which it imposes a certain set of external values and meanings on people's lives; the way it focuses on those it seeks to help as generalised humans rather than citizens or rights-holders, or on the suffering of their individual bodies rather than their experiences as active subjects and social beings; the way it flattens out the complexity of human existence in ways that render so much of what is important to people simply out of scope: all of these factors can work against people's efforts to pursue wellbeing and live good lives in crisis. At worst, this means that humanitarian action stretched out into the long term can risk actively contributing to the conditions that perpetuate 'the misery of meaningless lives' (Ticktin, 2014: 278).

# 5   Time and wellbeing in protracted crises

The passage of time is a major factor in people's understanding and experience of wellbeing. People's understanding of their past and expectations of their future serve as a critical frame of reference for the interplay between people's material, subjective and relational experiences in the present. As White (2016: 30) explains, this is a dynamic and continually evolving process:

> expectations of the future and reflections on the past also have a bearing on how people conceive of their present – and how people feel about their present affects how they read their pasts and future.

Thinking about how time relates to wellbeing is especially important in the context of protracted crises, where the 'normal', coherent relationships between past experience, expected futures and present action is disrupted for extended periods of time. As multiple authors have highlighted, experiences of displacement in particular are as much temporal disruptions as they are spatial or material ones (e.g. Agier, 2011; Dudley, 2011; Brun, 2015; Chalmers, 2021; Twigt, 2020). At the same time, a defining feature of protracted *humanitarian* crises is not just the long-term persistence of disrupted lives or severe needs, but the stretching-out of humanitarian action over years and even decades, and the possibilities this opens up or closes off for people.

This chapter explores the link between wellbeing and time from the perspective of crisis-affected people, contrasts this with humanitarian action's overwhelming focus on the present, and underlines the potentially damaging consequences of this gap.

## 5.1   Past, future and present in protracted crises

The impacts of a crisis can profoundly alter people's relationship to their past, especially in terms of how it affects their understanding of who they are, and how to live. Familiar foods, clothing or other tangible objects that contribute to the material background of physical sensations – of touch, taste and smell – that underpin a 'normal' life are no longer available (Dudley, 2011; Dunn, 2014). Livelihoods and occupations critical to people's subjective sense of self may no longer be possible (Jean, 2015; Gagnon, 2021). From a relational perspective, scarce resources make it difficult to uphold social expectations of what it means to live well with others – such as caring for elders, or investing in social support groups – while displacement can disrupt or undermine pre-existing social structures and communities (Beckett, 2017; Feldman, 2018). Meanwhile, knowledge and practices that helped make sense of the world in a specific place or time – such as local histories, cosmologies and traditional healing knowledge (Turton, 2005; Heugh, 2017), or norms around behaviour and social interactions linked to specific places or built environments (Hernann, 2017) – are lost or no longer make sense in new circumstances or environments.

The conditions of chronic uncertainty, material constraint and daily stress that so often characterise protracted crises can also have a profound impact on people's ability to imagine possible futures. Here, people's engagement in creative, dynamic ways of thinking and living that are oriented towards long-term projects, and which ascribe actions in the present with a deeper purpose, often gives way to a more limited focus on day-to-day questions of getting by (Brun, 2015; 2016; Feldman, 2018; Chalmers, 2021). Unpredictability can also seriously undermine the sense of agency that is so often highlighted as critical to people's wellbeing, breaking the link between actions in the present and their impact on future trajectories. In addition to the psychological drag of despondency or boredom, this narrowing of future horizons is also important in terms of the impacts it can have on people's choices, and the kinds of investments or commitments they feel they are able to make. As Brun (2015: 24) explains:

> When people feel trapped in a 'never-ending present' […] where alternative futures cannot be reached, it may seem meaningless to work to achieve future goals because that future lies too far ahead.

At the same time, protracted crises do not straightforwardly trap people in a state of suspended animation, stuck between a lost past and a collapsing future. The literature on protracted crises is full of examples of people's efforts to rebuild continuity with the past, maintain space for open futures, and connect these to a meaningful life in the present. As Twigt (2020) highlights, 'waiting' through a protracted crisis is an active process of labour and struggle. Often, this revolves around efforts to reconnect the past to present circumstances. This might include efforts to recreate aspects of pre-crisis daily life (Dudley, 2011; Gagnon, 2021), or sustain and pass on memories, histories and traditions (Wilkinson, 2020). More immediately, much of this sense of struggle is focused on small actions that carve out a sense of agency in everyday life. This can often take the form of making small but significant active choices around leisure and consumption activities, in ways that emphasise that people's money and time is their own, rather than contingent on the demands of the crisis, or humanitarian responses to it (Oka, 2014; Trapp, 2016).

These more day-to-day activities are also accompanied by longer-term efforts to extend agency into the future, whether in terms of investments in business and especially education, or making decisions on when and with whom to marry and have children (e.g. Ismailbekova, 2015; Chalmers, 2021). In many cases, such efforts are explicitly political in nature, such as attempts by communities of Palestinian or Rohingya refugees to orient themselves, through mobilisation and activism in the present, to hoped-for futures where their rights are restored and claims for justice are upheld.

Several authors have highlighted the devastating paradox posed specifically by the experience of a protracted crisis as a temporary situation that nevertheless extends indefinitely into the future, one permanently in a 'state of becoming' but never arriving (Dudley, 2011: 746), where 'everything is potential, and yet nothing develops' (Agier, 2011: 145). How can one imagine a good life in the future, one beyond the crisis, in a context where the present offers so little basis for such hope? And how, at the same time, can one try to live a good life in the everyday here-and-now, when the future seems closed off (Feldman, 2018; Brun, 2016)? As one of the informants for this study argued, the tension between these two needs is in many respects 'philosophically unresolvable'.

Nevertheless, being able to navigate and explore these dilemmas is important in order to avoid the sense of paralysis and hopelessness that may set in when past and present become completely decoupled. In this respect, access to the kinds of tools and spaces that could better enable this can in itself be interpreted as a 'need' as much as livelihood inputs or shelter repairs. Here, both Feldman (2018) and Qasmiyeh (2021) have identified the importance of open-ended, facilitated processes of discussion that allow people to reflect on their situation and creatively explore its possibilities and limits in ways that aren't linked to specific programme outcomes.

At a broader social level, protracted crises also start to develop their own histories as people's efforts to build a life for themselves settle in and deepen. This means the emergence of new identities, new social relationships, new needs, and new politics among affected people that are specific to the spaces and circumstances of a given context, and distinct from pre-crisis experiences. These changes are often 'punctuated' (Feldman, 2018: 1) by sharp breaks, as crises oscillate back and forth between chronic and acute episodes, which can substantially alter the humanitarian landscape in ways that open up new possibilities while shutting off others. The recent Covid-19 pandemic is a near-universal example of just such a break.

Critically, where humanitarian action is present in the long run, it forms an important component of these evolving histories. Humanitarian resources and ways of working can become deeply embedded in the evolving social power dynamics and discourses surrounding crises. This in turn has significant implications for how affected people engage with humanitarian responses and are affected by them. For example, Agier (2011) highlights how the supposedly temporary spaces that humanitarian action creates – such as camps for internally displaced people – can over time become host to deeply entrenched inequalities rooted in differences in who is able to access what resources over time. From a generational perspective, Feldman (2018) also highlights how differing experiences between younger and older people in a crisis that has lasted decades can lead to major differences and tensions across generations over what needs and priorities are, what demands should be made of humanitarian actors, or how humanitarian actions should be interpreted. How sensitive humanitarian actors are to these evolving dynamics and their own contribution to them can thus have an important bearing on affected people's wellbeing as crises play out over the long term.

## 5.2   The humanitarian 'perpetual present'

Humanitarian action is widely understood as having a problem with time. Despite increasing attention at policy level to strengthening longer-term planning (e.g. Valente and Lasker, 2015; Taylor et al., 2017) and engaging with more integrated approaches to addressing needs and exploring solutions across the humanitarian–development–peace 'nexus' (e.g. OCHA, 2017; Vittorio, 2021), decisions and the day-to-day practices of humanitarian actors remain heavily oriented towards action in the present. This is driven by ideological and conceptual considerations, such as the self-identity of humanitarianism as an endeavour of speed and efficiency, dealing with urgent and immediate lifesaving needs in the acute moment of a crisis, or the focus on saving biological lives (for which past and future are irrelevant). These are exacerbated by more practical factors, such as high rates of staff turnover over time, short-

term project models and metrics of success, or time limits over how funding can be allocated and spent. The tendency to focus on the here-and-now means that humanitarian action struggles to engage with the passage of time in protracted crises in a number of ways.

First, humanitarian action has an emphasis on 'needs that are both urgent now and capable of being addressed now' (Feldman, 2018: 21), so needs that are closely related to the passage of time, and require sustained and coherent engagement over long periods to address, are often overlooked. This is seen, for example, in persistent failures to support people with chronic conditions such as HIV or non-communicable diseases (e.g. Redfield, 2008; Danish Red Cross et al., 2018); or engage with people's specific vulnerabilities and capacities across different phases of their life cycle, with both youth (Jones et al., 2021) and old age (Barbelet, 2018) regularly under-prioritised. This is vividly reflected by the fact that a sector focused on *saving* lives in crises does comparatively little to engage with what happens when they inevitably end, with processes of death and mourning, which are so critical from a wellbeing perspective, often viewed as out of scope (explored in more depth in Chapter 6 below).

Second and closely linked to this is the struggle to engage with how needs change over the course of time as a crisis evolves, often in ways that go beyond material concerns to encompass the subjective and relational dimensions of wellbeing. These might include people's need to rebuild a sense of community after being thrown haphazardly and coincidentally together in a new camp or urban setting, or how evolutions in the political landscape around a crisis affect people's plans and priorities for the future. As several key informants highlighted, there is a perceived gap in structures or guidance for how humanitarian organisations should plan for or think about the shift between acute and chronic phases of crises, including shifts in what counts as a 'need' or as 'in scope'. For example, how do certain needs not immediately framed as lifesaving but vital to people's wellbeing over time – such as access to electricity or the internet – move from being seen as luxuries in the early months or years of a crisis to necessities worthy of funding and support as time wears on? And are these distinctions relevant in a world where an increasing proportion of crisis contexts are heavily protracted (Rosenberg-Jansen, 2022)?

Existing approaches to grappling with these issues are limited conceptually, in that these challenges aren't the main focus of lifesaving aid and so are of secondary importance. There are also structural limitations, as endlessly repeating one-year planning and funding cycles heavily constrain the depth of engagement with specific contexts that is possible across longer timescales, while changing funding availability and political priorities are often as important in informing the evolution of programming over time as an understanding of how needs are evolving. Finally, there's the capacity issue: there must be the right skills, knowledge and people in place to effectively engage with people's more complex and multi-layered needs, desires and aspirations.

Third, humanitarian responses are often ill-equipped to engage with their histories and futures. Even when assistance has persisted over decades, 'historical amnesia' (Carruth, 2021: 90) around past successes, failures or disputes remains common. By contrast, affected people themselves often remember these histories all too well, with stories of responses past informing how people experience current interventions (McKay, 2012; Feldman, 2018; Carruth, 2021). This gap can lead to humanitarians

and affected people approaching the same events or actions from a completely different set of reference points – one politically and historically grounded, the other technocratic and ahistorical – with damaging implications for both programme effectiveness and relations of trust.

Amnesia about the past also extends to a limited view of potential humanitarian futures. For example, accountability to affected people within humanitarian action tends to be framed around short-term questions of programme effectiveness. But in a protracted crisis, the long-term impacts of decisions made years or decades ago can be substantial. This raises questions around how people or institutions should be held accountable over longer timeframes (see Box 3), and whether impacts on people's ability to live well in the future are adequately factored into decision-making in the present. As Krishnan (2022b) argues, questions like, 'what future good might we foreclose if we implemented this action today?' are currently asked far too rarely, with survival-focused thinking further limiting conceptions of just what those 'goods' might look like for affected people.

## Box 3    The politics of living – pursuing long-term goals with short-term resources

In many protracted settings, long periods of chronic instability are punctuated by bursts of more acute need. In these settings, dynamics of historical amnesia may be especially acute, with responses repeatedly winding down only to scale up again with new personnel, new approaches and little formal institutional memory of what came before. However, a significant degree of informal continuity can be provided by cadres of local volunteers, aid workers and government officials, who often persist in the same place, doing similar work from one crisis to the next, albeit with different organisations or in different positions, working on different sets of agency or donor priorities (and with long periods of unemployment or under-employment in between).

In her study of successive humanitarian responses in Ethiopia's Somali region, Carruth (2021) outlines how these informal networks and configurations of local actors used their skills, knowledge and experience built up over successive responses to co-opt the short-term influx of resources and interest offered by periods of 'crisis' to pursue longer-term goals of development and solidarity well beyond the formal scope of humanitarian mandates and funding. In doing so, they sought to address the root causes of underdevelopment and political neglect that repeated humanitarian responses sought to alleviate, but never resolve. In this example of the politics of living across successive crises, the meaning and significance of humanitarian aid was challenged from below and pushed beyond survival not just by its 'beneficiaries', but by those involved with its planning and delivery at the local level.

## 5.3    How life in the humanitarian present impacts people's wellbeing

The limits of humanitarian action's ability to engage with the passage of time have a clear impact on its ability to understand and prioritise needs, understand its own impacts (intended or unintended, beneficial or harmful), and engage with affected people on their own terms. At the same time, humanitarian action's maintenance of a seeming 'perpetual present' over long time periods can also actively work against affected people's own efforts to come to terms with the temporal dislocation of crises and its impact on their wellbeing. Life in the humanitarian present is often characterised by both stasis and uncertainty, offering few opportunities for change or growth, while also under constant threat of arbitrary disruption. From a wellbeing perspective, these twin forces are especially damaging in how they limit people's agency. Action in the present risks being rendered meaningless both by the limited chance it will make any difference, and the fact that change, if and when it happens, might come from outside in ways over which little control can be exercised. This can have the effect of 'fixing' people in a meaningless present, leaving them unable to both act in the here and now, or imagine and plan for possible futures.

Part of this relates to the types of spaces that humanitarian action creates or enables. For Agier (2011: 71), displacement camps are a physical manifestation of the humanitarian present: designed not so much to foster human sociability or economic activity as to facilitate the organised distribution of assistance and control of populations, camps are places that are 'administered in the mode of emergency and exception, where time seems to have stopped for an undetermined period'. And while people can and do attempt to carve out meaningful lives in camps, they all too often do so under the constraint that camps are fundamentally spaces designed to restrict rather than expand possibility, and ones whose existence is continually at risk of an abrupt ending.

The problem of space is compounded by problems of communication, with affected people often unclear about what humanitarians are doing and why. For Dunn (2014: 302), much of this is inherent in the way responses function. She argues that while humanitarian action appears on paper to be based around logically designed project cycles managed by a well-coordinated humanitarian bureaucracy, the reality is much messier. In this 'adhocracy', decisions are made on the fly, often in fragmented silos, responding to a variety of contradicting incentives and pressures, and poorly communicated to people on the receiving end. For affected people, this can often be experienced as a state of chaos, with programming perceived 'to begin and end without reason, popping into existence with a flurry of meetings and then blinking out of existence a few months' later with no announcement' (ibid.). This has a corrosive effect on people's ability to invest in a future based on awareness of the resources and options that are available to them in the present.

Lack of clarity at the programmatic level can also be amplified by wider uncertainty over questions of legal status or of displacement return and resettlement. For example, Yotebieng et al. (2019a) document the way political wrangling that threatened to strip Rwandan refugees of their status in Cameroon contributed to a profound sense of anxiety and a loss of hope. In these circumstances, deficiencies in communication, community engagement and participation can be seen as not just

failures to inform people of their rights and entitlements, or ensure projects are based on appropriate feedback, but blockages that prevent people from exercising agency over both their aspirations in the long run and their options in the present.

As well as obscuring the future, humanitarian practices also have a complicated relationship with efforts to make the present more meaningful for those living through protracted crises. The tendency of humanitarian governance to police and suppress the kinds of small actions that allow people to recover a sense of dignity and normality in the present – such as selling rations to buy preferred or even 'luxury' foods – has already been discussed in Section 4.1 above. Yet even efforts that do seek to bolster wellbeing by supporting meaningful actions in the present and keeping future possibilities open can end up having the opposite effect if they are disconnected from what people actually want, or how they live. For example, where affected people find themselves asked to contribute significant hours of time and attention to engage with programming that they perceive as irrelevant to their needs or concerns, or 'participating' in meetings that transparently have no bearing on decision-making, the result may be a sense that they are caught in 'black holes [...] into which activity disappear[s]' (Dunn, 2014: 297); or that they are engaging pointlessly in 'performances of absurd and Sisyphean forms of labour' (Carruth, 2021: 99). Rather than helping, people may perceive these kinds of activities as a deliberate and disrespectful waste of their time or energy. In addition to profoundly undermining people's sense of dignity and agency, this serves as a powerful reminder not of open possibilities in the future but of just how many limitations are piled up in the present (see also Agier, 2011; Feldman, 2018; Carpi and Diana, 2020; Lough et al., 2021).

Ultimately, then, humanitarian action's orientation towards the present is deeply problematic for people living through protracted crises. By not engaging with the specific and complex impacts of temporal disruption and people's efforts to overcome them; by not accounting for both how people's own priorities and the wider social relations that frame them evolve as crises extend over time; and by actively generating the conditions that prevent people from moving on and contribute to a sense of stuckness, it can become a barrier to their efforts to achieve wellbeing.

# 6   A closer look: thinking beyond survival through the lenses of food, sex and death

To make things as tangible as possible, this chapter takes a series of deep dives to explore how humanitarian action intersects with people's efforts to live beyond survival in three core areas of life. The first, food, is squarely within humanitarian mandates and indeed forms by far the largest single sector in terms of resources allocated in humanitarian responses worldwide (FTS, n.d.). The second, sex and intimacy, is a central concern for everyone, everywhere, but is engaged with tangentially or negatively in humanitarian settings, primarily through the lens of sexual and reproductive health – itself often marginalised as an area of work (Daigle and Spencer, 2022). Meanwhile, the third, death and mourning, is largely out of scope for humanitarian actors. Each section looks at how these areas are understood and experienced by crisis-affected people and humanitarian actors, and explores the possible implications for wellbeing of the gaps that emerge.

## 🥣  Deep dive: Food

As Elizabeth Dunn (2014) argues, while food assistance can be boiled down to a question of 'calories' or nutrients necessary for survival, it is always experienced as much more than that by people on the receiving end. It is simultaneously a subjective experience – these calories taste of something and inspire certain sensations or feelings – and a relational phenomenon – how people consume and share these calories helps give life shape and meaning.

As multiple authors have highlighted, food can carry enormous subjective charge. In Trapp's (2016: 462) study of Liberian refugees, 'nutritious' food was understood straightforwardly as food that tasted good and felt nourishing, 'not simply a matter of sustaining biological life' (see also Oka, 2014). Equally important are the cultural meanings that food attracts, with certain dishes, ingredients or methods of cultivation linked to specific and significant places, memories or practices (Dudley, 2011; Dunn, 2014; Gagnon, 2021). These elements can be critical in enabling people to piece together a semblance of a normal life in protracted crisis settings. For example, Gagnon (2021) outlines how Karen refugees in Thailand go to significant and often expensive lengths to grow herbs, crops and other plants native to their pre-displacement homes in Myanmar. Both the act of cultivation and the experience of preparing and eating the foods it produces play an important role in bringing coherence to the dislocating experience of displacement. They contribute to invoking memories of a pre-displacement past and protecting a threatened sense of communal identity, as well as reclaiming a sense of agency and creating a sense of 'home' in the otherwise disempowering, monotonous and depersonalised here-and-now of life in a refugee camp (see also Dudley, 2011; Jean, 2015). Similarly, Dunn (2014: 293) reports that Georgian IDPs were in some cases prepared to run the risk of getting shot or captured by militias in order to reclaim homemade jams, honey, or canned fruits and vegetables from their abandoned homes, which helped evoke connections to pre-displacement places and social ties. Here, the material and subjective dimensions of food are fused together, with growing and eating intrinsically important as ends in themselves, in addition to any specific nutritional or economic purposes they serve.

From a relational perspective, food can also be central to networks of reciprocity and exchange that sustain a sense of what it means to live well with others. In the context of post-earthquake Haiti, Beckett (2017: 40) explains how:

> Food is important for most social gatherings and certainly for all ritual activities. Food is regularly shared among kin and friends, and recurring exchanges of food symbolize the deep connections between family members, households, and neighbors [...] To feed and to be fed is central to what it means to be a person with moral standing. Those higher in a social hierarchy bear greater responsibility to feed those below them.

The social importance of food in terms of its role in sustaining moral economies – family ties, guest–host relationships, or networks of sociability between friends and neighbours – both in

spite of, and as a specific act of resistance to the disruptions of a crisis, is widely discussed in anthropological literature in humanitarian settings (e.g. McKay, 2012; Oka, 2014; Trapp, 2016; Iazzolino, 2021). In this respect, Jackson's (2011: 59) study of post-conflict Sierra Leone outlines how people often experience hunger not just as a material problem, but a moral one, an 'ethically compromised situation characterized by self-interestedness and regressive behavior'. By undermining everyday relationships of exchange and mutual obligation, it 'strikes at the moral core of what it is to be fully human' (ibid.).

And just as the experience of hunger is a deeply relational one, so are its causes. As has been so often pointed out, political choices by powerful actors, made in the contexts of wider dynamics of social exclusion that leave some people hungry and not others, are as much to blame as factors such as insufficient inputs, a lack of knowledge or skills, or a failed rainy season (Scott-Smith, 2013; de Waal, 2017; Jaspars et al., 2020).

Yet within humanitarian action, food production and consumption are understood mainly if not exclusively in material and utilitarian terms, valuable for the calorific or nutritional content, a means to an end of keeping people alive and healthy, or to generate income. What counts as a need, or as a definition of success, is determined externally, with people's subjective experiences and desires – and their own efforts to meet them – generally of secondary importance. For example, Gagnon (2021) outlines that while gardening and food production had long been an important and often fiercely defended part of camp life for refugees themselves, its relevance and meaning for humanitarian agencies and camp authorities evolved largely in line with their own immediate priorities. First, it was something to be ignored, or even suppressed as a nuisance and potential safety hazard disrupting the orderly layout of a planned camp, and only later, once the prospect of refugee returns to Myanmar became a serious possibility, as a means to lay the groundwork for sustainable reintegration through skills-building and livelihoods training.

Similarly, the question of whether food tastes good or is culturally appropriate is, while not completely overlooked, usually fairly low on the humanitarian priority list compared to other issues such as cost per metric tonne of delivery. By contrast, being given the same, tasteless food every single day is often experienced in much starker terms by affected people, who may feel that this is evidence of the limited value humanitarians place on their lives, that they are being deliberately disciplined or dehumanised (Oka, 2014; Trapp, 2016).

This myopia also extends to food's relational aspects. Food can be used to maintain social relationships, such as buying 'luxury' items to appropriately perform the role of good host (Trapp, 2016), sharing rations with family members or dependents not classified as sufficiently vulnerable to be eligible (Newhouse, 2015; Iazzolino, 2021), or eating communally to build a sense of community solidarity (Feldman, 2018). This often happen in spite of, rather than enabled by, humanitarian practice. Indeed, these efforts are often interpreted by humanitarian actors as wasteful, ignorant, or fraudulent – as people somehow getting it wrong (e.g. Agier, 2011; McKay, 2012; Oka, 2014; Scott-Smith, 2014; Trapp, 2016; Feldman, 2018). By contrast, critiques by affected

people regularly focus on food aid's failure to provide social benefit, on its increasing tendency –
in line with the professionalisation and bureaucratisation of humanitarian aid in recent decades
– to focus on individualised and restrictive understandings of need rather than wider questions
of equality and inclusion. McKay (2012: 292) recounts Malawian IDPs' complaint that food
'once received on the basis of their shared predicament [...] was now distributed along medical,
individual and time-limited diagnoses of vulnerability'.

As Dunn (2014: 293) argues, the specific forms that humanitarian food aid takes often seem to
actively sever its links to any kind of social meaning or significance. 'Made by nobody [...] made
nowhere in particular [...] transported by unknown agents and handed out by anonymous aid
workers', what is meant to be understood as support can instead be experienced as a form of
absence, a void of meaning and value that emphasises, rather than alleviates, the continued
suspension of 'normal' life for affected people. By failing to help re-establish the kinds of social
relations that food animates in normal times and replacing them with this kind of acontextual,
atomising limbo, food aid delivered over the long run can risk contributing to 'something like the
collapse of a social world—an unthinkable condition in which people find their actions no longer
make sense' (Beckett, 2017: 39).

## Deep dive: Sex and intimacy

To date, humanitarian response has approached sex and sexuality primarily through a lens of sexual and reproductive health and rights (SRHR), an often-neglected subsidiary of wider health programming. Even this lens is far from comprehensive, as humanitarian SRHR has been mostly limited to addressing maternal, newborn and child health (MNCH); preventing sexually transmitted infections (STIs), especially HIV; and mitigating the impact of gender-based violence (GBV) with a focus on sexual violence.

Thus, while humanitarian response has indeed addressed itself to sex and intimacy, the way it has done so belies two interlinked assumptions. First, it assumes that sex in crisis settings is universally fraught with risks and harm. It does this by focusing attention and resources quite narrowly, on sexual violence, life-threatening obstetric emergencies, and what Jolly (2007) calls 'bad sex'– that is, sex that results in STIs, unintended pregnancy or other forms of ill health. This is true beyond the humanitarian sector – as Ford et al. (2019) write, an emphasis on 'adverse outcomes' as well as 'fear, danger, disease, and death associated with sexual behavior' remain central to SRHR programming broadly writ – but it is especially true of humanitarian SRHR, where the impetus to focus on negative outcomes would seem to be all the greater, and sexuality itself comes to be perceived through 'narratives of violence and victimisation' (Tanyag, 2018: 671).

What is missing here is a holistic understanding of sex and intimacy as inherently significant in the lives of crisis-affected people, running the gamut from traumatising to ambivalent to positive, fulfilling and nurturing. This includes engaging with pleasure, healthy relationships, consent and the cultural and personal significance of sex, family and relationships for people and their communities (e.g. Muhanguzi, 2015; Chalmers, 2021). By contrast, by treating sexuality solely as the site of problems that need to be mitigated, humanitarians pursue a negative framing of sex and intimacy that does not reflect how they are experienced in everyday life, both in and out of crisis settings. Tanyag (2018: 662–663) notes that 'when positive experiences of sex in everyday life and during times of crisis are obscured, then a narrow picture of human sexuality is portrayed'.

None of this should downplay the gravity or impact of sexual violence or the self-evidently negative dimensions of sexual health in crisis settings. Evidence across all regions indicates that sexual violence increases during conflict and displacement due to the breakdown of social and institutional structures, increase in economic hardship and other stressors, and the normalisation of violence (Stark and Ager, 2011; Vu et al., 2014). However, this only makes more apparent the need for a more comprehensive and wellbeing-centred approach in settings where GBV – and especially sexual violence – are prevalent. Noack-Lundberg (2019) shows that survivors of such harms find sex, pregnancy, parenthood or even accessing unrelated SRHR care to be challenging, intrusive and re-traumatising and thus require a sensitive, holistic and joined-up response across

GBV, SRHR and other actors. According to Jolly (2007: 21), such an approach can also support individuals, communities and humanitarian responders alike to better understand, identify and mitigate GBV:

> If you are not allowed to imagine or discover what it feels like to want sex, how do you know if you don't want it? Does consent mean anything if you are only allowed to say no? If you are only allowed to say no, you have to say no, even when you mean yes.

Similarly, Budhiraja et al. (2010: 133) write that aid actors' focus has remained on 'encouraging people to say no to risky sex, rather than empowering them to say yes to, or ask for, safer and more satisfying sex'. This has major implications for the kind of health and wellbeing that humanitarians' SRHR work engenders as well as its prospects for achieving it.

The second and related assumption that underpins a negative approach to sex and sexuality is that certain groups of people – namely, those who may be subject to safeguarding concerns, such as adolescents or people with disabilities – are painted as having no sexuality at all, with deleterious effect on their wellbeing, agency and bodily autonomy in the SRHR space and well beyond. Indeed, research shows that when women and girls with disabilities are perceived as asexual, they are presumed not to need (or deserve) SRHR services or care: 'they don't have sex, they can't have sex, they're not attractive' (Daigle, 2018: 11). The result is negative provider attitudes and denials of information, contraceptive care and other SRHR services, leaving them less able to insist on safer sex practices. Such paternalistic views in communities and healthcare systems can even lead to harms such as forced sterilisation, pressure or coercion towards not having children and forced abortion (ibid.; see also Tanabe et al., 2015). Women and girls with disabilities also see higher vulnerability to sexual violence due to persistent beliefs that their purported asexuality makes them 'safe' targets (HRW, 2010; Peta et al., 2015; Tanabe et al. 2015).

Likewise, adolescent sexuality is regularly broached through protection agendas, with the potential to pathologise relatively normal adolescent sexual behaviours amongst consenting peers by flagging them as relating to preventing 'early marriage' or other forms of exploitation. School-based and other youth-friendly SRHR programming that endorses a more holistic vision of sex and intimacy has been shown to achieve significant benefits, including around pregnancy, STI prevention, gender equity and skills such as condom use and assertiveness (Desrosiers et al., 2020), but adolescent SRHR is still largely ignored in practice with little evidence of implementation (Singh et al., 2021). If anything, preconceptions that young people should not be

engaging in sexual activity, or that providing them with contraception or discussing sexuality with them amounts to encouraging promiscuity, are a limiting factor in even broaching the topic.i

The result is that humanitarian approaches to sex and intimacy reflect a poor understanding of both, as they relate to living a life with wellbeing and pursuing healthy, fulfilling relationships. By failing to understand pleasure as 'inarguably a central driver of sexual behavior, and an overall element of wellbeing' (Ford et al., 2019: 218) and sexuality as a complex field of decision-making, practices and relations that does not simply pause or fade away during a crisis, humanitarians may even be limiting the impact they can have on GBV and other harms that arise in crisis settings. A more wellbeing-centred approach would need to make space for healthy sexualities, and even this would have to go beyond heterosexual, monogamous sex for the purpose of procreation to encompass masturbation, pre- and extra-marital sex, sex as recreation, sex for people with disabilities and those with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC), sex work, and even consensual fetishistic sexual interests, so long as they are characterised by 'self-determination, consent, safety, privacy, confidence and the ability to communicate and negotiate sexual relations' (GAB, 2016). Moving beyond a lens of risk alone, whether to health or protection, is key.

The recent Guttmacher-Lancet Commission on SRHR underlined that sexual health and rights are fundamental to the 'wellbeing of humanity', but they are nonetheless beset by discrimination, stigma and politicisation (Starrs et al., 2018: 2642). Limited resources and concerns for political or cultural sensitivities may make a narrow approach to sex seem sensible for humanitarians, especially amid the current global backlash against things like access to safe abortion care and the rights of lesbian, gay, bisexual, trans, queer/questioning, intersex and asexual (LGBTQIA+) people. Importantly, however, there is no evidence to show that risk-focused models are effective for confronting the undeniable problems that arise in the field of sexuality. Conversely, success seen with condom and lubricant use and consent practices, among others, shows that holistic, wellbeing-focused models can be effective (Ford et al., 2019). Sex is never superfluous and always present, even in crises where it can act as 'a form of coping mechanism, resistance or reclaiming, a jolly way to let off steam' (Jolly, 2007: 19).

i   While there are ethical concerns related to researching or providing services to adolescents, especially relating to sexuality, these are too often reduced to requiring parental consent. Such requirements may not be appropriate, where doing so would entail disclosing a young person's sexual activities to their parents, or may not be possible, in cases where young people have become separated from family in the course of a crisis. Ethics guidelines from the Council for International Organizations of Medical Sciences (CIOMS) include an option of waiving parental consent in certain circumstances, but this is not evenly applied or followed globally, including in humanitarian settings (CIOMS, 2016).

## 🪦 Deep dive: Death and mourning

The humanitarian system has long preoccupied itself with the act of lifesaving and in doing so, has given very little attention to 'servicing dying' (Feldman, 2017: 44; see also Harrell-Bond and Wilson, 1990; Redfield, 2013; Stevenson, 2014). With a focus on meeting biological needs and preserving life for the majority, 'humanitarian aid organizations may overlook the individual, intimate, human experience of death […] this is where we sacrifice the true meaning of an empathetic humanitarian response for simply a mechanical one' (Walker, 2018: 15).

The literature on death in humanitarian response acknowledges that affected people and especially those experiencing displacement, 'are more likely to place greater emphasis on guaranteeing some meaning to life, part of which is necessarily found in reference to the dead' (Harrell-Bond and Wilson, 1990: 231–232). The importance of death in understanding the meaning of life is a common theme across the literature. Frank (2004 in Kristiansen et al., 2016: 227) argues that 'death has long been understood as an event with social ramifications […] [and] the death of a loved one will often impact one's narrative and call for a reappraisal of life's meaning'. In Dunn's (2017) study of Georgian IDPs, for example, rituals of death and mourning offered a powerful, if painful, opportunity to repair some of the ruptures brought about by crisis and displacement, and re-establish some sense of normal life. Stuck as they were in displacement camps, burying their dead according to the proper rites in the soil of the camp offered a symbolic way to re-imagine the blank, sterile space they inhabited as at least partially contiguous to the meaningful *place* of the villages they had left behind. It also facilitated a reconnection between the disordered and seemingly endless humanitarian present to a more coherent form of 'historical time' shared with their ancestors. Here, the death of loved ones or elders was experienced both as an individual, subjective experience of loss and a relational process with implications for how communities as a whole build a sense of place, or experience being (de)valued (see also Englund, 1998; Fairhead, 2016; Douglas, 2022).

In this light, the limited engagement in death and dying by humanitarian organisations can have a significant knock-on effect on the wellbeing of people affected by crisis. Looking at palliative care, Feldman describes the impact of a 2008 UNRWA policy that rationed care for Palestinian refugee patients over 60 years old for certain end-stage health conditions (including renal disease, cancer, and cardiac surgery). This led to an assumption by refugees supported by UNRWA that, 'refugees don't have the right to live past sixty' (Feldman, 2017: 53). While it echoes the triaging practices mentioned previously, there appeared to be little thought given to the impact this would have on the perceived value of elderly or chronically ill people's lives, whether among this demographic or the wider refugee community. Despite subsequently being scrapped, this policy has had lasting effects among the affected population, 'in the lives of people not treated, in the ways people continue to experience this judgement of their value' (ibid). A similar sense of hopelessness was shared by respondents in Yemen who have had medical treatment interrupted because of the

crisis, who ultimately felt they were 'waiting for either the shelling or the cancer to kill them' (Al Sakkaf, 2016 in Coghlan, 2019: 4).

Humanitarian action can also play an important role in enabling or constraining how people are able to mourn their dead. For example, older studies by Harrell-Bond and Wilson (1990) and Englund (1998) have highlighted the comparative lack of engagement by humanitarian actors in supporting the material and social infrastructure required for proper burials. Englund (1998: 1172) details how refugees' mental health may depend on their ability to perform certain culturally relevant practices, particularly those related to mourning and burial, and he supposes that 'humanitarian assistance could make a substantial contribution to refugees' well-being simply by enabling them to properly bury and mourn their dead'. He used the example of Mozambican refugees in Malawi, to explain that offering food aid for funeral guests, a supply of materials to facilitate burial (such as timber or cloth) or sponsorship to attend funerals would have eased pressure on refugees' limited resources and would have 'greatly contributed to refugees' well-being' (ibid.). This issue is similarly explored by Harrell-Bond and Wilson (1990: 236) who state, 'the use of blankets for burial has frequently led to friction between refugees and assistance agencies'. The authors note that being able to provide resources to enable an appropriate burial represented a 'valuable service' and was a significant advance in humanitarian programming, but that this only occurred on an organisation-by-organisation basis and was not systematically part of programming.

Decades later, evidence suggests that these issues are still reckoned with on a largely ad hoc basis, rather than built into how humanitarian programming thinks and functions (e.g. Lough et al., 2021). Nowhere is this more evident than in the recent experiences of the Ebola crises in both West Africa and the Democratic Republic of Congo. For example, Fairhead (2016) discusses how the clinical disposal of bodies by emergency treatment centres (ETCs) in Guinea necessitated by the Ebola outbreak fractured the expectations of normal mourning and burial practice. He states that mortuary practices

> are fundamental to the future of the deceased, their relatives, the wider community, and the environment. So, when ETCs sought to exert control over the dead body, they were intruding into this most fundamental arena of social practice and anxiety (Fairhead, 2016: 15).

Rituals related to spending time with dying loved ones, the settling of debts, embalming and the choice of burial location were all undermined by the Ebola-control procedures, and were ultimately at odds with a belief by the community that such practices enable the dead to find their final destination (ibid.). They too, are intricately linked to beliefs that respecting the mysteries between life and death is crucial to 'securing health, protection, fertility, and social solidarity' (Richards et al., 2015a in Fairhead, 2016: 25). This not only disrupted the relationship between the humanitarian response and the affected population, which in disease-control contexts is particularly problematic, but more importantly unsettled the normal 'order of things'. Non-

adherence to mourning practices led to anxiety and fear of spiritual repercussions among the affected population (Fairhead, 2016).

Yet in both West Africa and the DRC, the social meaning of death and mourning was treated as an afterthought by the humanitarian, local public health, and government responses to Ebola in ways that significantly hampered efforts to effectively contain the virus, eroded trust between aid workers and affected communities, and undermined people's wellbeing in an already desperate time. In both responses, a similar cycle emerged: top-down, 'command and control' approaches to dead-body management that failed to engage with community concerns, followed by sometimes violent community rejection of these approaches, and the belated learning of lessons and adjustments to practice (e.g. Dubois et al., 2015; Crawford et al., 2021).

# 7   Conclusion

When humanitarian actors find themselves in the position of supporting crisis-affected people in protracted crises that stretch out over many years and even decades, assistance that starts out with the goal of saving lives inevitably ends up sustaining and shaping them as well. In such circumstances, thinking about how humanitarian action impacts how people live their lives beyond basic survival should not be seen as an optional extra, but a basic ethical obligation.

As the evidence presented in this paper suggests, failure to properly engage beyond survival can have three important consequences:

- First, it can lead to ineffective or wasteful programming when it does not engage with the complex and interconnected priorities of people's lives as they actually live them.
- Second, it risks causing significant and lasting – if unintended – harms, when humanitarian programming or ways of doing business actively undermines affected people's efforts to re-establish halfway normal lives, or imagine a future.
- Third, it leads to missed opportunities for humanitarian actors to more effectively support people's wider wellbeing when they are in a position to do so.

While acknowledging the limits of both its own paradigms and the difficult circumstances in which it operates, we believe there is significant scope for the humanitarian sector to do a better job of understanding how its actions both enable and constrain people's efforts to live good, meaningful lives. We argue that the concept of wellbeing – the idea that efforts to lead good lives involve a combination of material, subjective and relational concerns, playing out over time, and in a specific context – provides a potentially helpful lens through which humanitarian actors can engage with these issues, as it has for both public policy and social movements elsewhere. We are not arguing for the creation of a new wellbeing sector, or silo of expertise. Rather, we believe it offers value for humanitarian actors, whether institutions or individuals, as a much broader form of 'praxis': a way to both analyse and act on the world, and one that should take place with, rather than for, affected people (Freire, 1970).

## From programming to enabling environments

One question emerging from this review is how humanitarian action might take a less restrictive approach towards the kinds of lives it seeks to support. In other words, where might there be scope to shift away from programming models that ultimately ask people to live a certain way or do certain things based on external frameworks of what matters, and towards creating better enabling environments that allow affected people to pursue wellbeing on their own terms. At a basic programmatic level, potential examples of shifting this mentality are moving from providing things like solar lights 'for' protection or computer hubs 'for' livelihoods and education, to providing electricity and internet access as baseline services that people can rely on to do what they think is best. In this

respect, thinking in terms of wellbeing presents a strong additional case for the use of cash, which offers multiple opportunities to short-circuit some of the dynamics of paternalistic control and moral judgment discussed above.[8]

More broadly, thinking more in terms of enabling environments could involve a more profound shift away from top-down programme design and intervention, to providing communities with the resources, support and space they need to pursue their own priorities, and helping to link these efforts up with each other and to wider policy environments. These shifts will inevitably result in humanitarian resources being used for a much wider variety of ends that may be more and less 'worthwhile' from a utilitarian perspective, but which may in aggregate benefit wellbeing to a much greater degree than more narrowly defined uses of resources would allow.

Part of the puzzle may also involve a sharper analysis of where humanitarian actors may be best placed to help, and where they need to get out of the way. This may involve, as has been emphasised so often before, decentring humanitarian action as the prime mover in the settings where it operates, and thinking more about how it can acknowledge and enable affected people's own agency and efforts to make life more liveable. Given how many of these efforts take place in informal or illicit registers in ways that bend or break the rules, a closer look at the benefits of restrictive measures designed to ensure most effective use of scarce resources against their impacts on people's wider wellbeing may also be required. Any such analysis also needs to start from a clear-eyed understanding of the humanitarian sector's longstanding limits and persistent failures in terms of its ability to engage with the specific dynamics of context, think beyond narrow and utilitarian definitions of success, or engage with alternative understandings of the world beyond its own values and assumptions. From this starting point, the question may often boil down not to what more humanitarians can do to help with wellbeing, but how they can do less, better, and in ways that don't crowd out other, more relevant efforts and interventions.

## Broadening the ethical spectrum

Closely related, a second question that emerges is how humanitarian action can make space for alternative values and ethics of care. While the principles of humanity, neutrality and impartiality will remain a critical way to animate and justify interventions supporting people affected by crises, they are not the only paths available. Especially given the narrow ways they are often currently interpreted, the humanitarian principles may ultimately have little resonance for either affected people themselves, or the frontline aid workers who support them. Working within the principles or beyond them, how and under what conditions can humanitarian action make greater space for aid delivered according to other values or goals such as solidarity, reciprocity, faith, love, liberation or revolution? Some of this may involve developing the skills and reflexivity needed to acknowledge and engage with alternative ethical

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8   However, it is also important to recognise that cash will always form only one part of the picture, and may do little to address other challenges, such as communities' collective needs, or demands for recognition or meaningful human engagement.

registers, such as the 'religious literacy' that Wilkinson (2020: 115) sees as central to more effectively supporting communities of faith. It may also involve adjusting definitions of success to take into account affected people's expectations of what care and support should look like, giving more shape to the sector's ongoing yet vague commitments to uphold dignity (Mosel and Holloway, 2019). In the context of discussions of localisation, it may involve reflecting not just on the importance of proximity or subsidiarity, but of the radically different values and objectives that animate many forms of locally led aid, such as solidarity-based self-help within communities themselves.

## Taking people-centred approaches seriously

Finally, many of the issues highlighted in this paper add urgency to myriad ongoing discussions around questions of aid quality – of making assistance more accountable, more inclusive, more responsive to people's needs, more focused on local capacities, and better integrated with longer-term support and solutions. To meaningfully engage with people's wider wellbeing, however, these agendas need to go beyond technocratic tweaks that focus on improving the effectiveness of existing humanitarian models, to taking seriously what it means to put people at the centre of assistance. This means, for example, going beyond communication and accountability to dialogue and participation – having open and potentially uncomfortable conversations with affected people about what the future holds, and enabling them to lead in defining and pursuing their preferred ways through it. It means extending conversations around localisation beyond questions of financing and risk to acknowledge and support types of assistance delivered through contextually grounded idioms and values. And it means moving beyond the humanitarian–development–peace nexus, beyond questions of financing and coordination to a basic operating principle, acknowledging that people's needs in crises always exist on a continuum with their wider experiences, desires and aspirations.

Through its case studies examining the experiences of Karen refugees in Thailand and conflict-affected people in Northeast Syria, this study will seek to explore these issues in more depth. It will ask what aspects of life people in protracted crises deem important to their wellbeing and what strategies they use to pursue them; how these priorities align or diverge from what humanitarian actors deem important; what kinds of consequences emerge as a result; and how humanitarian action can better adapt to take a more holistic view of the human experience.

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