Working with asylum seekers and refugees who have experienced trauma

David Amias
Consultant Systemic Psychotherapist
Tavistock Centre
What’s different about therapy with refugees?

• Working in a trans-cultural context

• Family members’ exposure to gross human rights violations (forced migration often accompanied by violence, destruction of property, loss of employment and economic status, the fear (and/or loss of hope) of return
Traumatising experiences

• Prison, refugee camp, detention
• Witnessing death, torture or injury of a family member
• Inability to access linguistic, cultural signifiers that indigenous population take for granted
Cultural bereavement and nostalgic disorientation

• “War-affected populations are largely directing their attention not inwards, to ‘trauma’ but outwards, to their devastated social world” (Summerfield, 1998; p.33).

• Eisenbruch (1990; 1991) Cultural Bereavement - the loss of things that give meaning to life; social structures, cultural values, community rituals and relationships.

• Papadopoulou (2002) suggested the term “nostalgic disorientation” to refer to the loss of all the various (multitude) dimensions of home.
Papadopoulos’ Trauma Grid

• *Ordinary human suffering (OHS):* is the most common response to adversity; occurs when our expectations of a smooth life are not fulfilled.

• *Distressful psychological reaction (DPR):* is a more severe form of OHS and involves a stronger experience of distress. However, does not always require specialist attention.

• *Psychiatric disorder (PD):* is the severest form of the negative consequences of exposure to adversity and often requires specialist professional intervention.
### Trauma Grid: Range of responses to adversity

<table>
<thead>
<tr>
<th>Levels</th>
<th>Negative Injury wound</th>
<th>‘Neutral’ resilience</th>
<th>Positive AAD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PD</td>
<td>PDR</td>
<td>OHS</td>
</tr>
<tr>
<td>Individual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Society</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Power relations

• Often sent to therapy by professionals perceived as having power over their lives rather than seeking help on their own volition

• Dependence of therapist on translator (or bilingual family member) to achieve a good-enough understanding to act effectively

• Role reversal (in some families) of deskilled parents and children empowered through knowledge of language and host culture
## Power dynamics

<table>
<thead>
<tr>
<th>Role</th>
<th>LANGUAGE</th>
<th>VOICE</th>
<th>MEANING MAKING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpreter</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IRANIAN KURDS NEWLY ARRIVED IN UK

MOTHER AND DAUGHTER REUNITED IN UK ONE YEAR AGO WITH FATHER AFTER 5 YEARS

FATHER WAS TORTURED IN PRISON

MOTHER BELIEVES ONLY SOLUTION TO FAMILY PROBLEMS IS TO HAVE ANOTHER CHILD

ONLY CHILD – A GIRL AGED 15 - IS SHY WITH POOR SELF ESTEEM, ‘FAILING TO LEARN’ AND SIGNIFICANTLY BEHIND HER PEERS
CASE SCENARIO

• FATHER OF KOSOVAN FAMILY DIED OF INJURIES SUSTAINED AFTER INTERROGATION AND TORTURE AS FAMILY TRIED TO FLEE `ETHNIC CLEANSING’ IN 1999
• E. (AGED 12) WAS PRESENT AT FATHER’S DEATH WHEN AGED 4
• MOTHER AND DAUGHTER CAME FOR FAMILY THERAPY AFTER SOME SEPARATE INDIVIDUAL TREATMENT THAT HAD NOT LED TO SIGNIFICANT CHANGE
Tensions between past and present issues

• When to focus on past traumatic events? When is such a focus contra-indicated?
• When to focus on present exile-related questions? What significance is attached to here-and-now concerns by therapist and by family?
• How are links made between past and present? When are present problems viewed through prism of the past? Who makes the links and how are they negotiated?
C’s mother discusses smoking

- She says she only smoked about 4 a day before the war but:
- ‘During the war we were very worried, we just smoked and smoked, there was nothing else to do’....‘I think a lot about what happened during the war – I feel calmer when I smoke’  `When I smoke I don’t think about what happened’
The struggle for meaning

• C: ´I worry about the impact of smoking and bad diet on my Mum’s health´
• Mother: Cigarettes calm me down, the cigarette is my friend´
• Interpreter translates for mother who says she gets ´nervous´ if she thinks about stopping smoking
• C intervenes to say the Albanian should be translated as irritable, not nervous
Ascribing meaning

• Is smoking a means for mother to forget or to remember?
• Should C’s current concerns about her mother’s health override mother’s need for the cigarette as her ‘friend’?
• Is C’s correction of the interpreter of any significance? Is it a bid for control?
• Is the discussion of smoking a bid for our support in tackling a current health issue or an indirect invitation to talk about past traumatic events?
T. family

- Congolese mother recently reunited with her 8 year old son after he had spent one year in local authority care.
- She had suffered a mental health crisis and been hospitalised for several months. In Congo she had two other children who had been snatched from her and killed.
- Mother then recovered and the child returned to her care.
Impact of the work

• Towards positions of Safe Uncertainty
• Secondary exposure of workers highly traumatic experiences
• Working at multiple levels in relation to personal (P), familial (F), team (T) and socio-political (S) discourses.