

***‘Pluck from the mind a rooted sorrow’*: Understanding the psychological impact of displacement, war/trauma, and acculturation in a new country.**

In a scene from Shakespeare’s Macbeth, Macbeth asks Lady Macbeth’s doctor if he could help the lady overcome the trauma she was preoccupied with: “*Cans’t thou not pluck from the mind a rooted sorrow?*” Many clients who visit the Early Intervention Program, (EIP), Service for the Treatment And Rehabilitation of Torture and Trauma Survivors (STARTTS), would perhaps like to ask us a similar question.

DEFINITION

Who are our clients?

Our clients are refugees and those who come from a refugee like background and currently reside in NSW. The term refugee is applied to persons who satisfy the criteria specified in the United Nations Convention (1951) and Protocol (1967) and was developed in response to humanitarian concerns in the aftermath of World War II. According to the Convention, *a refugee is a person who owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country.*

Australia also accepts people under the Special Humanitarian Program who may not meet the strict UN definition but who have suffered human rights abuses and have a proposer (family or organization) in Australia to sponsor them.

THE CONTINUUM OF CUMULATIVE TRAUMA

In addition to being exposed to the mental health struggles and life issues to which a normal sample of people are subject to, refugees are also exposed to a series of psychological assaults, summarized by the four D’s: disintegration, dispossession, dislocation and disempowerment. (Silove et al 1999)

Disintegration

Refugees often experience or witness war or sustained acts of violence, for example, multiple bombings, artillery raids, imprisonments, torture, rape, sexual assaults or mass killings.

Common to all these experiences is a shattered sense of safety and pervading feelings of vulnerability. Depending on the level of trauma, shock and disorientation the integrity of the psyche may be deeply attacked.

Dispossession and Dislocation

Refugees often have their home, valuables and possessions stolen or destroyed by soldiers and bandits or trade the above for food, medicines or a ‘safe passage’. Forced to flee leaving the above behind, in fear of persecution and/or death they are separated from family members who at times may be wounded or killed.

Uprooted without any adequate preparation many refugees often spend extended periods in refugee camps or countries of first asylum where hunger is widespread, health is compromised and living conditions are harsh and dangerous.

Disempowerment

Refugees leave their homes, culture and known way of life behind with little or no hope of return. "Culture Shock" is inevitable when they arrive in a new country and struggle to come to terms with the language, customs, culture and values of a 'new world'. Further, they feel alienated and are often haunted by their apparent loss of social status and position, and may feel disempowered in their new country.

CASE STUDY

To better understand this 'continuum of trauma' experienced by refugees let us consider the story of one refugee family.

The case of Jeanette

Ms Jeanette has kindly given me permission to share her story to help better understand the difficulties encountered by refugees. However, her name and few personal details have been altered to protect her privacy.

Ms Jeanette, a single mother in her late thirties from Africa, arrived in Australia in April 2003. She was accompanied by her 9 children and one grandchild, all of whom were aged between six months and eighteen years.

Disintegration

In our very first session Ms Jeanette, a wife of a senior political figure, revealed that her husband and two eldest children were brutally killed by rebels in her presence. Shortly thereafter her father who according to her was unable to cope with the shock and horror of the carnage turned 'mad with grief and sorrow' and passed away.

Dispossession and Dislocation

To escape these rebels and save her own life Ms Jeanette lived in the 'jungles' around her home for a few months until she fled to a refugee camp in a neighbouring country along with her surviving children, children of her deceased relatives, mother, younger brother and sister.

Ms Jeanette spent several years in the refugee camp where she and her family faced starvation and extreme forms of violence. She revealed that both she and her daughter were repeatedly abused and raped. Her 18 years old daughter is the mother of the 6 months old child, a result of sexual assault.

Disempowerment

Ms Jeanette was relieved to have finally reached a country where she felt 'safe' and her children had an opportunity to receive a decent education. However, she seemed preoccupied with the safety and well being of her elderly mother, younger siblings, nephews and nieces left behind in the refugee camp. Her fears were realized when she received news that her elder brother and his family were all brutally massacred by the rebels.

Even more determined to be reunited with her family she started to desperately look for work to earn money so that she could sponsor her family members left behind. With little vocational training and limited language skills this was not easy. She therefore enrolled for a course in nursing believing it would improve her chances of gaining employment.

Ms Jeanette was understandably feeling alone, helpless and overwhelmed. In addition to coping with raising 10 children in a new country, with no family or friends for support, she was worried about her family overseas. Around this time she entered into a relationship with a male from her country of origin. She believed a male companion could perhaps provide her support and comfort, and assist her raise her family.

Shortly thereafter, Ms Jeanette and a few of her children fell ill. One of them had to be admitted to the children's hospital. When I visited Ms Jeanette at her home, as she was too ill to attend her sessions three children were lying in bed. She informed me that her children had contracted the flu virus, pneumonia and malaria. Ms Jeanette was distressed and believed her children's illnesses were related to their living conditions.

The house they lived in was run down and old. The plumbing and electricity did not function effectively. Not used to the cold weather Ms Jeanette could not keep the house warm as the electric fuse would blow up each time she switched the heater on. She realized that cardboard cartons on windows to keep the cold draught out and the warmth in, or sleeping under the mattresses was not good enough.

When admitted to hospital Ms Jeanette also found out that she was 6 weeks pregnant. To add to her stress the relationship with the man who fathered the child had since ended. She however, decided to keep the child due to her strong Christian beliefs.

With the baby due in a few weeks Ms Jeanette and her family are finding it difficult to make ends meet. Their application for priority housing was turned down as their income was evaluated as sufficient to enable them to rent comfortably in the private rental market. To add to all her woes Ms Jeanette has reported tensions in her relationship with her eldest teenage daughter.

Ms Jeanette and her family are receiving support from religious and welfare organizations and STARTTS. The challenges she faces as she adjusts in her new country and attempts to raise her children, as well as find a means to support her family overseas, have not provided her enough space to grieve or come to terms with her own trauma and loss. Ms Jeanette and her family are illustrative of the continuum of trauma many refugees experience.

MENTAL HEALTH ISSUES OF RESETTLED REFUGEES

The cumulative negative impact of trauma experiences and adjustment difficulties in the country of resettlement (related to language barriers, employment difficulties and culture conflict) induce psychological conflict in many refugees. Clinical and research data indicate significant levels of physical and psychological dysfunction in refugees, particularly during the first two years of resettlement (Lipson 1993). Most commonly reported symptoms include high levels of depression, anxiety, Post Traumatic Stress Disorder (PTSD). Somatization, suicidality, acute psychosis, domestic violence, anger outbursts/ aggression, substance abuse, and psychological disorders among children of survivors also constitute serious issues and are often concomitant with other formal psychiatric disorders in refugee populations.

The above disorders and symptoms appear to be consistent across culture and gender. Over time refugees appear to adjust to their new environments with appropriate support. However, some refugees continue to experience a range of difficulties specifically related to their refugee experiences.

Depression

According to the Diagnostic and Statistical Manual (DSM) - IV, diagnostic criteria for major depressive disorder include an extended time during which a change from previous functioning includes a depressed mood, or loss of interest in pleasure. Other symptoms include:

- Significant weight loss or gain
- Decreased appetite
- Insomnia or hypersomnia
- Agitation, fatigue or loss of energy
- Feelings of worthlessness or inappropriate guilt
- Diminished ability to think or concentrate
- Recurrent thoughts of death

These symptoms must cause clinically significant distress in overall functioning.

Anxiety

Anxiety related disorders could include panic attacks or specific phobias or Generalised Anxiety Disorder (GAD). According to DSM – IV diagnostic criteria for GAD are excessive anxiety and worry about a number of activities like work, school performance and given the refugee population it would include immigration status, situation in the home country or families. The person finds it difficult to control the worry and could display the following symptoms:

- Restlessness or feeling keyed up or on edge
- Being easily fatigued
- Difficulty with concentration or mind going blank
- Irritability
- Muscle tension
- Sleep difficulties

Post Traumatic Stress Disorder (PTSD)

Given that PTSD symptoms are related to both anxiety and depression PTSD is perhaps the most common diagnosis for refugees. According to DSM- IV criteria for PTSD a person should have experienced a traumatic event that involved actual or threatened death or serious injury, or a threat to the physical integrity of themselves or others. Additionally the persons response must have involved intense fear, helplessness or horror. Other criteria include:

- Persistent re-experiencing of the event (intrusive thoughts and recollections, nightmares, flashbacks)
- Persistent avoidance, (avoidance of thoughts of the trauma, restricted affect, inability to recall important aspects of the trauma, detachment)
- Increased arousal (sleep difficulties, difficulties concentrating, hypervigilance, irritability)

Services offered at STARTTS

Despite their negative experiences, refugees have an inspirationally strong determination and will to survive. With appropriate support the majority of refugees settle well in their adopted countries and make positive contributions to society.

In our work with our client population we at STARTTS rely on and utilize sophisticated clinical based competencies and skills with a prerequisite being the capacity to engage therapeutically in a culturally appropriate manner. Services offered at STARTTS include:

- Individual counselling
- Group work
- Family therapy
- Families In Cultural Transition (FICT)
- Camps and excursions for young people
- Training, lobbying and advocacy

In developing a best-practice approach to assist survivors of refugee trauma STARTTS has evolved a holistic philosophy that integrates both clinical and community development approaches, guided by professionally derived knowledge that incorporates the complexities of our client population.

When Eagles Dare

Australia has traditionally recognised and provided compassion and a safe haven to people fleeing persecution. Major national mental health policy statements and services recognise the cultural dimensions and specific needs of indigenous people, immigrants and refugees. (Minas et al 1996) However, more recently there appears to be a shift in policy particularly with the introduction of the Temporary Protection visa category. The policy of mandatory detention of unauthorised “boat people”, particularly children, is today a topic of lively debate.

Against this backdrop let us look at a group project with unaccompanied refugee minors granted Temporary Protection. It also illustrates the integration of our clinical and community development approaches.

In January 2002 the Department of Community Services (DOCS), referred a few unaccompanied refugee minors granted Temporary Protection to the EIP for health assessments. DOCS had concerns about their isolation, apparent culture shock, physical and emotional health. The EIP is the only Commonwealth funded service within the federally funded Integrated Humanitarian Settlement Strategy (IHSS) that these minors had access to.

These boys were mostly from Afghanistan and claimed to have fled oppressive regimes like the Taliban in search of safety, leaving their families behind. They survived hazardous journeys to reach Australian shores. Instead of their plight being acknowledged, they were held in detention centres across the country for varying lengths of time. After validating their claims for refugee status they were released and granted Temporary Protection visas.

As a result of their TPV status, these minors are entitled to a substantially restricted range of benefits. They are not eligible for Newstart allowance, Youth allowance, Austudy or intensive job search assistance. Further, if they are in full time study and turn 18 years they are not eligible for Special Benefits. If they want to continue their studies they are eligible for enrolment, but have to pay a full upfront fee. (Recently this has been relaxed for a few courses at TAFE, and a few have been offered scholarships by the UTS)

The most significant restriction however, is loss of their right to family reunion and a multiple entry visa.

Earlier experience at EIP had indicated a reluctance to accept individual counselling sessions with the adult TPV holders, who appeared to be more receptive to group work. It was therefore decided to trial group sessions with this client group.

During the initial group sessions the boys were reticent, distant and confused. They appeared entrapped in the uncertainty triad: they were uncertain about themselves, the world around them and their future. The uncertainty in their lives was obviously exacerbated by an international culture perceived as rejecting and hostile. It should be remembered that this was around the time of the 'war on terror' and there were several anecdotal reports from clients regarding discriminatory remarks and incidents related to their Islamic background.

However, as trust and an ambience of genuine acceptance, and respect were slowly established, the boys dared to be themselves again. They told narratives of their painful past and began to express their feelings of sadness, guilt, shame, anger and helplessness.

From Helplessness to Hope

Following this phase they felt that rather than dwell on the past and undo a reality (related to their visa restrictions or the war on terror) that could not be undone with any amount of 'therapeutic tinkering' it would be beneficial to expand and build on their strengths. One of the outcomes of this trend of thought was the decision to set up a soccer team.

In planning to set up a soccer team they expressed their feelings in drawings (see figs)

Fig1

This collage represents their experiences in their home country. They said that as result of the restrictions imposed by the Taliban regime they were like birds trapped in a cage. The boys spoke about the violence, death and misery they had witnessed in their homeland. They had grown used to dead bodies and burying the dead, as this was a common occurrence all around them.

Fig 2

The above drawing represents the mountains of Afghanistan. The weeping eye symbolises the difficulties and sadness endured by the children, women and, men of Afghanistan not only during the recent war, but also the 24 years of civil war and natural disasters the country had been engulfed in. Their tears formed a river of

sadness. Following the flow of this river in small boats they reached Australian shores.

Fig 3

The boys narrated how they fled violence and blood of war-ravaged Afghanistan to arrive in Australia. They felt safe and happy in Australia, which they described as very different to their home country. The big red heart symbolizes the respect and admiration for the people of Australia.

Fig 4

The boys explained this drawing as a need to express their burning desire to tell the people of Australia and the world that they were- normal human beings, who enjoy similar interests like average people. They wanted to integrate with multicultural Australia and the best way to do that was through a sport like soccer.

Fig 5

The boys wished to put the past behind and experience the freedom of this new country. They wanted to be free as birds. They felt this basic human right was denied to them in their home country.

They therefore decide to call themselves the SYDNEY EAGLES. This majestic tiger of the skies symbolizes strength and agility. Unfortunately the bird in Afghanistan faces extinction due to hunting and loss of its natural habitat.

The boys continue to play as a team and have been invited to many friendly soccer games. This has resulted in a significant boost to their self-esteem, fostered friendships and helped establish support structures and subsequent reductions in psychosocial distress. The group sessions provided them the pillars of Safety, Trust and Empowerment that perhaps unleashed their creative energies and helped them set positive goals.

It is hoped that the Sydney Eagles continue to spread their positive message and be a reminder that despite the divisiveness and bitterness there is always hope.

And finally in response to Macbeths question – we acknowledge and accept it is challenging to rid the mind of a rooted sorrow ...just as at times it is challenging to be still in the face of more than we can understand.

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