Secrecy, Privacy, Survival,
Repressive Regimes, and Growing Up

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In this paper I will describe my work as a child psychotherapist with children, young people and families who have experienced and survived organised violence. I work for a charity called the Medical Foundation for the Care and Treatment of Victims of Torture. This relatively new organisation, which developed out of the Amnesty Medical Group, was started in 1985 by the present director, Helen Bamber. It has expanded rapidly in the last three years. A multidisciplinary team, of a few paid and a large number of volunteer staff, are learning to work together. Some workers have clinical training and some have considerable experience of working with refugees and campaigning for the rights of refugees. We are very much in the early stages of our development as an organisation. Most of the families we work with have at least one family member who has been tortured.

It is impossible to think effectively about the emotional problems of refugee children and to be effective as a psychotherapist while focusing exclusively on the internal world of the child. It is necessary to try to avoid making assumptions about the external world and the links between the external and the internal world of the child during development. War, organised violence and repression will have different meanings for different individuals and will create the development of both impressive coping mechanisms and serious mental-health problems.

Refugee families who have lived and struggled with life in a violent divisive society, usually demonstrate an enormous capacity to work through the effects of trauma and loss, to deal with the problems of exile, and to understand and to criticise actively repression in societies.

Those families and individuals who have emotional problems for which they seek therapeutic help seem to do so in the following circumstances:

1. Where symptoms resulting from torture and organised violence are disturbing and interfere with parenting and their capacity to work. These would include flashbacks, lack of concentration, sleep disturbances, difficulty in managing anxiety, difficulty in controlling emotions - panic attacks and aggressive outbursts.
2. Where there are symptoms connected with separation and loss, with life in exile and uncertainty over future domicile. These would broadly be seen as unresolved mourning.

In the circumstances outlined in 1 and 2 children will be affected differently from adults.

3. Children whose parents have been affected in the ways mentioned above may experience their parents as unavailable, or absent emotionally even when physically present. Young children may feel that they have caused their parents’ withdrawal as a result of their own angry thoughts or actions.

Young children, thinking magically, believe that they have much greater influence
over what happens to them than is actually the case. Refugee children, in this context, may believe that separation from their families is in some way their fault, or they may wonder why their parents did not love them enough to prevent pain and separation, or their own intimidation by the authorities.

One Iranian girl of eight, Hisham, with whom I worked for some sessions, felt that her mother’s frequent tears and depression were her fault, caused by her “naughty” thoughts and behaviour. This had to be clarified and worked through in order to give Hisham a chance to come to terms with the real causes of her mother’s sadness. We had to talk about the fact that she had her mother but her mother was separated from her own mother, who was trapped in Iran. Hisham needed to consider and learn to cope with her guilt feelings and the fact that she felt angry at her mother's emotional absence. She needed also to learn to cope with her feelings of helplessness over the fact that she could not make her mother feel better - or get rid of Rafsanjani, the current repressive leader of Iran.

Hisham one day went into the kitchen to find her mother sobbing, “I wish I had never had children...””. We had to talk, at Hisham's level, about loss, about conflict - about the specific character of the repressive regime in Iran; about what makes a refugee, and about the ways in which she could show her mother that she cared about her.

An Iraqi Kurdish boy, Kamran, describing his father's irritability and depressions on his return from an absence of many months, said, “It's as if my dad has gone away and a clone dad has come in his place. He looks like Dad but he isn't the same person.” Kamran felt it was his anger that had caused his father to change because he had been furious at his father's absence. This situation again needed some sessions for clarification between father and son.

The psychic withdrawal of parents may make children overprotective towards them, or they may react by feeling frightened or angry or guilty. These children are under stress developmentally, and need help to enable them to be children and not feel guilty or frightened of being children.

4. More serious problems for children can be seen in those families where parents, traumatised by violence and immense loss, make unconscious demands on children to replace lost relatives, lost parents, brothers or sisters. Children growing up in this kind of refugee family, in exile, may demonstrate serious problems in their relationship with themselves and with others and may be unable to use peers and adults outside the family to mediate the pathological effects of family life. This situation is well described in the work of Shamai Davidson, an Israeli analyst who worked with families of Holocaust survivors and who wrote extensively on this (Davidson, 1980). Barocas and Barocas, also working with Holocaust survivors, in America, observed similar effects. I would commend one brief excellent paper of theirs entitled 'The wounds of the father' (Barocas & Barocas, 1979).

5. Children and young people who have themselves been tortured, or who have observed their parents in prison and being tortured, may have particular difficulties in that their normal idealised fantasy that their parents are powerful enough to keep them safe is shattered. Some may have lost both their real parent and their idealised perfect parent and, in addition, the innocence of childhood. This presents problems for identifications as well as mourning.

6. The last group of children and young people with whom we work are unaccompanied children who are separated from their families and may or may not know whether their families are alive or dead. Adolescents arriving alone are less likely to accept care and,
for various reasons, are more likely to be vulnerable to emotional problems than younger unaccompanied children.

We are in the early stages of research on refugee children and still at the stage of asking questions about coping mechanisms, defence mechanisms and survival strategies, and the various meanings of the refugee experience. However, two factors are very clear. Firstly, some families have emotional difficulties that pre-date their exposure to organised violence, and these difficulties will affect their way of coping with torture, loss and exile. Secondly, each family has a different relationship with the repressive regime, and this relationship affects the way that they cope with the stresses of torture and loss. Families may be apolitical or conformist bystanders in the regime. They may be involved in political activity against the regime, or they may be active supporters of it, and even support torture. Adolescents may develop a relationship with the regime that is different from that of their parents.

Those families and individuals who lose their position within the repressive society and become uncomprehending victims of repression seem to have the most serious psychological difficulties. These difficulties are of course compounded by the inevitable loss of position in society, caused by exile. There is as yet not much published research on this but Unmesh Bawa at the University of the Western Cape in South Africa has written on children and violence in South Africa, comparing politically aware children with those swept up in the violence in an uncomprehending way.

In describing my work with refugee children, young people and families, I propose to keep the work in a particular context. There are many as-yet unanswered questions about why some families, exposed to organised violence and its concomitants, including torture and exile, develop serious mental-health problems and others do not. We do know that some families and individuals are able to build on their own innate strengths, can hold on to ideas, fantasies and beliefs, and use the support of their communities and networks. These families are able to use the natural healing processes of bereavement, dreams and play to work through difficulties, as described in the work of Railla Punamaki (1992). Primo Levi writes eloquently about this in his novels; and, in a more academic context, Michael Rutter tackles these issues in a 1985 paper entitled “Resilience in the face of adversity - protective factors and resistance to psychiatric disorder”. Many people are not passive victims of organised violence but are able to become actively involved in changing their situation.

Other families and individuals, however, feel ashamed, guilty and frightened; bewildered by a range of feelings and symptoms that result directly from their experiences of life in a repressive regime and of exile. They believe that they are “going mad” or that they are “inadequate” or “bad” if they cannot cope. Punamaki describes how repression attacks natural healing processes.

Communities in exile may be divided and split, mirroring the expressed intention of organised violence and with the consequence that they cannot offer mutual support. Some families feel ashamed to seek help for their own mental-health problems; others are not aware that “talking” may help to relieve uncomfortable symptoms.

It is hard to listen to the stories of the lives of refugees without feeling periodically overwhelmed, helpless and hopeless. If this state persists it is not possible to be effective as a therapist and to think clearly about each patient’ therapeutic needs. In my work at the Medical Foundation it has been useful to develop a framework within which to consider both the internal emotional strengths and the vulnerabilities of each individual being assessed for treatment, as well as the specific external experiences and the links between
the internal and the external world. I have found it helpful, in this connection, to think about the experiences of my patients by considering five factors in some depth. In the rest of this paper I will elaborate on each of these five points and discuss the ways they interrelate.

1. Various losses and difficulties in the mourning process.
2. Accumulated and continuous traumata.
3. Making the transition from one culture to another, and ways of facilitating this.
4. The cultural and developmental history and current phase of development.
5. Growing up in a repressive regime.

As a psychoanalytically trained child psychotherapist working with refugee children I have an ongoing struggle with three questions:

1. How can I understand and work with the relationship between the real, external, social world and the internal, emotional, representational world of developing children and adolescents?
2. How can I understand and work with the relationship between individual children and their families, their communities and their past experiences, and understand how they make sense of their experience of organised violence?
3. How effectively can a child psychotherapist from one culture, using a method of psychotherapy developed essentially in that culture, make contact with children who have spent much of their childhood in another culture?

With these points in mind, I will start by considering the experience and meaning of loss.

**Loss**

Loss, for young refugees, is complicated. Young people in exile have to deal with a collection of concrete and abstract losses, of people, of culture, of ideas, of familiar surroundings, of position in society. They may feel they have lost their identity. Most adolescents arrive saying they feel lost. They have indeed lost the thread of continuity in their lives, their security and their secure base. Losses need to be mourned in order for the individual to be able to move forward developmentally, but some losses are too painful even to acknowledge. Loss is related to attachment and we know that not all attachments are positive; they can be ambivalent, they can be immature, they can be negative. These normal feelings can be especially terrifying for a young person living alone in exile.

The various losses experienced by refugees are mourned in the context of enormous change and unfamiliarity. Some young refugees will need special help when they have experienced concrete and abstract losses themselves, and when their parents are either physically or emotionally not present. These two situations present different but equally complex mourning tasks.

The first task in the mourning process must be the acceptance of the loss. Refugee adolescents are often not sure if separation means permanent or temporary loss. They often do not know if an absent family member is lost or dead. They do not know if their stay in the country of exile is temporary or permanent. Children and young people often do not know if emotionally withdrawn parents are temporarily or permanently changed.

It may be easier to deny a loss than to acknowledge a series of complex and painful emotions connected with the loss. A range of symptoms may develop as a way of expressing emotional pain, both somatic and mental symptoms.
The second task in any bereavement process is to acknowledge all the feelings connected with the lost object, and to experience these various difficult feelings, which may include rage, love, anxiety, ambivalence, disappointment, shame and guilt, including the pain of loss, and anger at being left.

The third task involves the gradual withdrawal of feeling from the lost object and coming to terms with life without the lost object. The final task of any bereavement process is that of becoming attached to a new object. Attachment to a new love object can be especially frightening for a young refugee - because it feels like disloyalty.

Difficulties in any of the mourning tasks will prolong the mourning process. Bereavement can become “frozen” at any stage.

When I try to conceptualise the losses experienced by young refugees, I find the endeavour especially difficult.

Firstly I find it hard to separate the consequences of loss from the consequences of trauma in this context, when many youngsters have experienced the sudden and horrific death of close family members. Secondly, I am not sure if it is appropriate even to try to conceptualise abstract losses - i.e. of ideas and of culture - in the same way as the more concrete losses of people to whom we feel very attached.

Certainly in terms of treatment technique, the psychoanalytic frame of reference is essential for psychotherapeutic work. In my contact with professionals in the community who work with refugees and who have very little training in mental-health work, and additionally in work with members of refugee communities, I find myself explaining the relationship between the conscious and the unconscious parts of the mind, and the relationships between ego, id and superego, in order to facilitate their therapeutic work.

It is essential to explain that people deal with emotional pain in a variety of ways, in particular when the community and the family cannot help them to mourn. Bereavement counsellors in the community find the concept of ‘resistance’ to the experiencing of painful feelings, the concepts of acting out and of enactment, very useful. I discuss the various forms of forgetting as both defence mechanisms and coping mechanisms in different situations, for example in denial, projection, splitting, or encapsulation. I would also discuss the importance of experiencing both sides of conflicted ambivalent feelings, including the conflict between the heroism and the horror of war (see Punamaki, 1992).

In general, the fundamental loss for refugees with emotional difficulties who have no community network or who are unable to use the support of their family or community networks is the loss of a huge portion of the self and the loss of everything that maintains self-esteem within society.

A Consideration of Trauma

There are many definitions of trauma but all have to do with being overwhelmed. At one level this is the experience of being overwhelmed by helpless, hopeless feelings, together with a whole mixture of undifferentiated emotions. The personality is temporarily put under immense stress and breaks down.

The feelings connected to the original trauma repeat themselves at irregular intervals for months and even years after the event. This brings feelings that are particularly terrifying for adolescents, about being out of control and losing, even for a short time, all the skills that make them feel competent, such as thinking clearly, being able to concentrate, being able to sleep without bad dreams and nightmares, being able to sleep at all, and being in control of their own body. Traumatised individuals generally have flashback experiences of the original traumatic event during the daytime and during sleep.
Defences can break down and form again in a rigid way, or new defences develop against fear of breakdown. There may be a persistence of a regressed state of mind and the magical thinking of childhood, which makes it hard to separate out feelings, thoughts and actions - feeling bad from being bad. Torture is traumatic; massive loss can be traumatic; cultural change can be traumatic; especially when there are only flimsy transitional objects to hold on to and the country of exile is one in which the young person has lost whatever he needs for the maintenance of his self-esteem. In a strange society that may be racist, the young refugee suddenly becomes part of a minority group and feels apart and different.

Some torture survivors break down after many months or even years in exile.

Most workers with survivors of organised violence these days prefer the concept of cumulative trauma or continuous trauma rather than the DSM III psychiatric category of post-traumatic stress disorder. This category was useful for proving the effects of torture for asylum applications but in general it is now considered not useful clinically or psychotherapeutically.

We feel, at the Medical Foundation, that torture is designed to break down the individual's ego and leave him or her in an infantile state where the torture survivor may experience acutely the state of mind that mirrors what we understand to be very early primitive feelings, including fear of abandonment, fear of annihilation, absence of a sense of self, and difficulty in separating self and other.

This aspect of torture, designed to break down a person's identity, makes survival in exile, estranged from familiar people and culture, especially difficult. These individuals lack any sense of internal security.

A Consideration of Cultural Transition

Refugees cope in various ways with the transition from one culture to another. Some cope by denying their history, disassociating themselves from their community and making every effort to become part of the country of exile. Others cope by keeping contact with their own community and attempting to deny their changed environment. Still others may find a balance between the two positions.

Many refugee families are very frightened that, in a foreign culture, their fundamental values will not be respected. This anxiety is particularly strong when the children reach puberty and parents are terrified of losing control of their adolescent children, and are terrified that their values will be diluted in the next generation.

Making a home in a new society is more difficult when the society is hostile or racist and when families face the huge economic problems of finding work and housing. One of my colleagues at the Medical Foundation, Dick Blackball, wrote a paper (1989) about the disruption of social networks in exile. He made the central point that for the refugee, exile is akin to being asked to participate in a game where none of the rules are clear and they seem to change all the time. Problems in the acquisition of language seem to be overcome surprisingly quickly but the acquisition of an understanding of the differences between cultures takes much longer. The greatest complaint of individuals and families is about the loss of “position”, which means something more than loss of status, but certainly compounds the sense of “feeling lost”. It is my aim to illustrate the problems of cultural transition in the case study later in the paper.

The change from home to exile can be traumatic. Young refugees may idealise or denigrate both their home country and the country of exile, and thus find the task of keeping their identity and settling in a new culture especially difficult.
A Consideration of Developmental History, Cultural History and Current Phase of Development

Concepts derived from child development theory are essential in my work. Looking specifically at the experiences of refugees, I should like to focus here on two issues:

1. the role of parents and other caring adults in a refugee child's development;
2. The link between human-rights abuse and child abuse.

We know that at different stages of development children have different needs and fantasies about themselves and the adults in their lives. We know also that children require at least one adult to be consistent, reliable and continuously present, sensitive to their needs throughout their development, in order to facilitate the growth of certain deep qualities in the personality. The families we see have often been unable to prevent their children from experiencing imprisonment, torture, loss of parents, exposure to violence, and exile. Anna Freud and Dorothy Burlingham showed, in their work in the War Nurseries, that children can survive and weather immense traumas and changes in their external world if there is a reliable adult to whom they are attached and who can act as a protective shield and mediator against potentially overwhelming experiences. They found that young children's ways of coping with stress are linked directly to the coping mechanism of these parents or foster parents.

Freud and Burlingham, and also Winnicott, Bowlby and others, showed that, during the Second World War, children who were evacuated and who did not have a parent (or an adult who could take on the parenting role), and those children whose parents were overwhelmed, developed serious emotional problems. Characteristically, refugee children with problems show disharmonious development. It seems clear that they have been forced towards independence in certain areas of their functioning, while in other areas they may be stuck or regressed.

I will now consider the link between human-rights abuses and child abuse. Within families, commonsense tells us that children can weather some inconsistency from adults to whom they are attached. In fact, we know that some frustration and tolerance of frustration is helpful in the development of strengths in the personality enabling the child to cope with the stresses of life.

If, however, the adult to whom a child is attached fails to be sensitive to the child’s needs, is unavailable, physically or emotionally, is more inconsistent, neglectful or punitive than the child can manage at his age, then the child can be considered to be neglected, overwhelmed or abused. Sometimes children can acknowledge abuse, sometimes they cannot.

Writers on child abuse tend to agree that damage can arise from the fact that some abused children cannot completely believe that the adult on whom they are dependent can hurt them. They thus have an unrealistic view of the adults in their life. Abuse may be physical, but more commonly it is emotional and its effects are invisible, insidious and particularly harmful.

As is well documented, the factor that causes most problems in abusive families is secrecy. The child may keep the secret of the abuse to protect himself, but may try to tell someone. If an adult is unable to acknowledge the child's experience of abuse, the child feels to blame for the actions of the perpetrator, and the invisible emotional problems caused by this secrecy may persist into adulthood, seriously limiting the individual's emotional life. Dr Aaron Bentovim and workers at the Hospital for Sick Children, Great
Ormond Street, as well as Dr David Finklehor in America have shown that there was a direct correlation between the level of disturbance in sexually abused children and the time it took for the child's experience to be acknowledged by emotionally important adults. Disturbance was reduced if there was a caring adult who could not only care for the child but also confirm the child’s reality.

There are I believe, parallels to be drawn, at several levels, between these well-researched results of abuse and the effects on family life in repressive regimes.

The Repressive Regime

I would define a repressive regime as one in which a small, powerful minority governs the majority in an autocratic way using various dehumanising techniques to stop the repressed majority from criticising the government.

1. Repression may be overt; it may be covert, but there are well-established links between countries where repression exists, whether covertly or overtly. Noam Chomsky, the psycho-linguist, has written extensively on this subject.
2. The techniques of repression will include torture, organised violence, arranged ‘disappearances’ and the creation of refugees: all techniques designed specifically to frighten and intimidate the population.
3. For the individual within a repressive regime there must be conflicts and contradictions between what they feel, what they think and what they feel they are allowed to think.
4. It is the specific intention of repressive governments to divide the population against itself, and a central tool for this task is secrecy.
5. The psychological effects of the repressive style of government on the population are invisible, insidious and harmful... This is a fundamental abuse of human rights but, like emotional abuse within families, its effects are less easy to observe than those of the physical and sexual abuse or torture.
6. The mistrust between people leads to the conscious keeping of secrets, the unconscious internalisation of divisiveness and secrecy, and limitations on the ability to assess reality. People may be organised and traumatised by overwhelming fear. People may pretend not to acknowledge the acts of repression they observe. They may also unconsciously fail to notice such manifestations. This process is described well in the work of a group of psychologists and psychoanalysts working in Argentina with the Grandmothers of the Playa del Mayo, women who lost their children in the repression of the 1970’s and who are bringing up their grandchildren.

Ignatio Martin-Baros, a Jesuit priest, who worked as a clinical psychologist in El Salvador, wrote a wonderful paper (1990) entitled War and the Psychosocial Trauma of Salvadorian Children. Here he makes a distinction between the real war using guns and military strategy - soldiers in uniforms; and the psychological war - splitting up families, maintaining a different kind of terror, by disappearances, arrests, various techniques of torture, etc., all strategically designed to silence people who wish to think and act in ways critical of those in power.... Uncritical people are, of course, caught in the crossfire of both kinds of warfare, experiencing physical and psychological damage.

Certainly, it is the intention of political repression that citizens will repress - i.e. fail to acknowledge - the less democratic aspects of the government that controls their lives. This internalisation of secrecy, as a cognitive style almost, is very similar to the well-described
effect of serious child abuse. Children attached to and dependent on their parents often cannot allow themselves consciously to acknowledge abuse (Shengold [1989] describes this process.) Some, in an attempt to survive, may adopt various self-hypnotic processes that interfere with the assessment of reality.

In my view the main developmental tasks of adolescence are (1) to achieve separation from the parents and to develop a mature relationship with authority; (2) to assume an adult sexual identity; (3) to assume an adult role in social and working relationships. If we take the case of adolescents living in a country different from the one in which they began their adolescence, such young persons face a considerable internal dilemma in knowing with whom or what to identify. The task is equally complicated but different in each category for young people who arrive alone as unaccompanied minors, for those who arrive with parents, and for those whose parents are traumatised by torture, loss and change.

It is a fact that identifications with idealised or changed parents are important, but I wonder if identification with the new culture, and with idealised and distorted memories of the home country is not of equal importance. I wonder also how memories of parents’ values are internalised, especially when parents are lost or have changed radically.

Young refugees who arrive with psychological problems are often confused about their identity. They may be suicidal, with the periodic threat of being overwhelmed; they may experience panicy feelings and strong aggression, sleeplessness, loss of the ability to concentrate on events in the present, and sadness. The psychological defences they employ - including self-hypnosis, splitting, fragmentation, repression, denial, projection, externalisation - are not useful for the tasks of adolescence. The aim of these defences seems to be to prevent a complete breakdown of the personality and the overwhelming of the self, of reality. Fantasy, memories, past and present, are all muddled together, and these young people may often resort to childish ways of thinking and making sense of the world.

The following example will illustrate the importance for effective therapeutic work of understanding the separate effects of the five factors we have been considering and their interaction.

**Case History: Mariam**

Mariam, an 18-year-old Iranian refugee, was delayed in her adolescent development as a result of the interaction between her earliest experiences of secrecy within her family, originating in her childhood, and the effect of life in a repressive regime. She showed the consequences of traumatisation; she was stuck in the mourning process, and secrecy had become internalised as part of her way of thinking. She also gave evidence of strengths in her personality that undoubtedly helped her to survive prison, torture and exile.

Mariam was brought up in Iran, a complex and divided Middle Eastern country where the historical conflict between secular and religious authority goes back for centuries.

Secular authority had been in the hands of a rich and potent minority who governed with the aid of a powerful army and secret police. The increasingly disenchanted underprivileged majority had finally overthrown the ruler whose family had held power for centuries. After the deposition of the Shah, the country came to be governed by a religious leader who, for a very short time, convinced the people of his wisdom and justice. Once established, it soon became clear that he was a fanatic, and the living conditions for the oppressed majority of the population, far from improving, were made substantially worse. Acts of repression increased and were more violent and cruel than before. People were divided against one another and lived in fear and mistrust and secrecy.
Mariam was brought up within a large, loving, extended family. All the adult members of the family were devoted to her as the only female child of her age-group. Mariam was born when her mother was thirteen and her father was twenty-seven. Once she was weaned from the breast, her grandmother took over her primary care and her mother went to work.

Mariam usually describes a rather idealised childhood in which she was the centre of a happy, secure world, surrounded by devoted, admiring adults and free to explore her intellectual interests and enjoy the company of her friends and family. She does recall, sometimes, that she was often ill as a child, with various problems requiring serious medical attention and extra attention from her mother and grandmother.

Mariam was clearly adored by her father. Though he was rather seductive, and also authoritarian, in that he made her study, he taught her to use her own mind and critical faculties. She has two vivid memories.

She remembers as a small child becoming very distressed when her father insisted on going out with her mother. She screamed and ran to her grandmother, who lived in a flat in the same house. She refused to eat until her father came to console her. She remembers refusing to eat whenever she could not have what she wanted. Mariam’s second strong memory was of a time in her adolescence just before she went to prison. Her father took her out and told her he was delighted with the way in which she was developing and that he wanted her to continue in this way so that she would not develop into the kind of woman her mother had become.

The special relationship between Mariam and her father was a family secret, affecting the whole family. This situation only became clear to me after a long period of work. Mariam's father was a Communist, critical both of secular and religious minority rule. He taught his daughter his ideas and used to take her to sell newspapers in the poor part of the city.

Mariam was encouraged by her father not to obey the constraints on women to wear a veil outside her home. He was proud of her academic ability and critical spirit, while the rest of the family were very worried about such open challenges to authority.

It must have become clear to him, when Mariam was fourteen, that he was in increasing danger. There was a final idyllic summer holiday which Mariam remembers as being free of the usual violent rows between her parents and between her father and grandfather over political issues.

Late in that year, her father was arrested and imprisoned. Soon after, she was arrested, imprisoned in solitary confinement and tortured for two periods of two weeks, in an effort by the authorities to find out the names of the Communist Party members. She was beaten on the soles of her feet and around her head and neck by women in veils, a form of torture, like all the others, designed to break down the individual's sense of self; to make them regress, and experience early anxieties such as fear of annihilation and fear of abandonment. Mariam was determined not to give in, and survived by resolutely keeping her secrets. It was agreed that she and her mother should leave the country and join relatives in England. They were allowed to visit the father in prison. Mariam recalled that he seemed to have aged twenty years. He must have been tortured.

On their arrival in England, Mariam and her mother heard that he had been killed. Over the next year they heard of the death of other close members of the extended family, including her grandmother.

They lived in one room, in a bed-and-breakfast hotel: a mother and a girl of sixteen sharing one bed. Still, Mariam's mother made the room homely, and eventually they were rehoused in a flat. Mariam went to college, learned English and began to study for pre-university exams. She suffered from nightmares and often had sleepless nights. She
thought all the time about her home country and her lost culture, family and friends. She was increasingly in conflict with her mother. She talked with me about these things.

I had begun to see her after her second suicide attempt when she had been in the country for five months. A year later, she had begun to make good friends, and to settle in at college. Her mother was finding Mariam’s age-appropriate moves toward independence intolerable. Mariam came to see me regularly and talked about her father and grandmother without criticism. She was contemptuous towards her mother and towards her maternal aunt who also lived in England whom Mariam despised because she was neither a Communist nor a professional woman.

Mariam’s mother became increasingly disturbed and authoritarian demanding to know Mariam’s every thought and move. After two years in exile the mother committed suicide in a very violent way. In retrospect, I am sure that Mariam’s mother, already angry at Mariam’s special relationship with the father, was overwhelmed by helpless rage at losing her husband and family and being forced to come to England with Mariam.

Mariam, in her grief and rage after her mother’s death, began to bring positive memories of her relationship with her mother to her sessions. At the same time, she also described herself as being “emotionally dead”. At other times she expressed her belief that all these difficult things had happened to her as a punishment for her badness. As a scientist, it was with irony and a sense of puzzlement that she brought endless astrological and religious evidence of her own power to kill and destroy and her capacity to meet her parents now, even though they were dead. At the same time, she felt useless, helpless, hopeless and lost. She blamed herself for everything, especially her mother’s suicide. This material emerged in sessions alongside Mariam’s pleasure in study. She talked about her new friends and the regular practical and emotional problems of day-to-day life. It was after another suicide attempt, following her mother’s death, that I began to see clearly, and then repeatedly to verbalise, how much of her experience she kept out of treatment. This brought about a better integration and balance - less withholding - in the context of much discussion about the differences between secrecy and privacy between us.

In the transition from life in her home country to life in England, Mariam had lost contact with her close friends, her beloved family network, her country, climate, food, political comrades, and a whole set of ideas developed in that place at that time.

She had spent time in prison and been tortured for holding ideas and values that she could express freely in England. She had refused to wear a veil as part of her adolescent protest against her cultural and family values. In her early months of treatment, Mariam often said to me, “How can you be a Communist in England? There's no poverty to fight against as there is in my country.”

At another level, she had not had an opportunity to say goodbye to her father, to see his dead body and mourn his loss. She has also had little opportunity to integrate her prison experiences. Her feelings around all these separations, losses and changes, were gradually explored in her psychotherapy sessions. Mariam's story thus unfolded during these sessions. Her ambivalent, complicated feelings towards all the parenting adults in her life made it impossible for her to work through her mourning without help.

After her mother's death, a typical session with Mariam would proceed as follows. In the waiting room she would greet me with immense politeness. The degree to which she employed her own cultural form of address with respected adults was, I learned, in direct proportion to how bad she felt. When she felt good she was relaxed and warm, friendly and humorous.

On those days when she felt bad, we would meet and then climb the stairs to my
room. She would complain humourlessly about the number of stairs and how out of breath she felt. Once in my room she would slump into a chair and stare blankly at the window. Either one of us might break the silence. But Mariam would often begin, as follows:

_Mariam:_ I am dead, who am I? What am I doing here, what is the point? You cannot bring back my parents. I am nothing.

_Therapist:_ It is true that I can't bring back your parents. I can't be your mother or your father, but I am your therapist and your friend and I am here every week.

_Mariam:_ Why do you see me so often? I am Dracula, I'm a monster. Could you believe that I would bury my mother and not see her body because it was so damaged?

_Therapist:_ We know many confusing and monstrous events have occurred in your life. That doesn't make you a monster.

_Mariam:_ My mother came to me last night. She said she hated me for making her leave her family and come to England to look after me, and that I was so bad.

_Therapist:_ Your mother was very disturbed. She said she was angry at your behaviour, but in truth she was more angry with your father's actions towards you and towards the family. She was too frightened to be angry with him when he was alive.

_Mariam:_ (in tears) I am so frightened that she will take me.

_Therapist:_ You know that she is dead, and yet you still believe that she can come to you in the night. You know, I think that our dreams are our unconscious thoughts. I don't believe in ghosts and spirits and neither do you, really. Your dad didn't believe in religion and the after-life.

You still believe that your mother died as a result of your angry feelings. It is hard for you to accept that she chose to kill herself because she could not look after herself or you any more and she missed her home too much.

_Mariam:_ (through angry tears) She promised that she would stay with me always. Outside the prison she promised me that she would be my mother and father - always she lied.

_Therapist:_ She was not able to keep her promise. You feel she left you and your father left you because you are so bad, and that now I will leave you as well.

_Mariam:_ I want a baby, a little girl like Parveen (her cousin), a little girl with black eyes and black hair to take care of.

_Therapist:_ When you can take good care of yourself and know when to ask people for help you will be ready to have children.

_Mariam:_ (smiling) I'm going to get a kitten.

_Therapist:_ Your mum wanted to look after you as if you were a little girl, and when you began to learn English and make friends and enjoy college and become independent, she couldn't start to enjoy being a woman. She wanted to be a parent of a little girl. You did nothing wrong. You began to grow up, and she couldn't handle that. You didn't kill her or your father. At home your granddad argued with Dad about his politics, about rejecting religion, about the proper role of women. Mum obeyed Dad and Grandpa and did what they wanted. She felt Dad loved you more than her and could not admit that or bear it. They all wanted you to be independent and critical. Of course you feel empty.

You've lost your friends and your family and your country. You feel as if you have lost Mariam, but we both know that she is here, in this room, with
me. She feels lost, but she isn't lost. She can learn to take care of herself and respect herself.

**Mariam**: Why do I feel better, when it is time to go home?

It is not possible in this short paper to give more than a hint of the complexity of a long and intensive treatment. I have learned from my work with a few very disturbed adolescent refugees that their internal world has been organised by many factors. These include their developmental history, the history of their parents and family, their culture, the political struggles of their society, and the particular style of repression operating in their own country of origin. Other factors include their experiences, as refugees in Britain, of both British society and their own community in exile, and their fantasies and understanding of the relationship between their own country and Britain.

To consider any one of these factors in isolation is to misunderstand and trivialise the experience of adolescent refugees and to render the therapeutic work ineffective. For a therapist, all these variables can become potential secrets in the transference which interfere with the therapeutic process of change. The onus is on the therapist to discover the secrets, whether they be the unconscious secrets of the patient’s past or secrets of the society and culture in which they live. It is then the role of the psychotherapist to keep these secrets in mind in discussion during the sessions.

For example, in considering Mariam’s relationship with authority, it only became clear to me after 18 months of treatment, when direct evidence of Mariam's marked tendency to keep secrets from me and her strong fear of conflict with me came into the transference, that Mariam felt terrified of conflict with authority as she perceived it. At this time she attributed this terror to her experience in prison, where punitive prison guards and soldiers had physically abused her in their efforts to encourage her to reveal secrets they assumed she possessed and also to stop her from thinking in a certain way.

It was initially puzzling for me, in my work of integrating various split-off parts of her experience, that while Mariam wished to be the kind of young woman who was iconoclastic about any unreasonable authority, and who usually succeeded in meeting her ego ideal, she was indeed terrified of conflict with what she perceived to be certain sources of authority.

I feel that the cause of this terror is over-determined. Firstly, she had too much power as a child and thus felt that she was much more powerful than ordinary human adults; secondly she had lived in a repressive regime; and thirdly, her thinking remained in a childish, magical mode where she was unable to see the difference between thinking something, saying something, and actually doing it. She felt she had caused her mother's death. Thus her real experiences of split authority combined with her internal world where childish omnipotent thinking persisted.

I could only begin to confront Mariam with her own secrecy and her ways of avoiding conflict when direct evidence of this arose between us within our sessions and in our long telephone conversations.

During her development Mariam respected the authority of her grandmother and her father. In the conflicts between her father and her maternal grandfather over politics, she took her father’s side. In the conflicts between her mother and her father over her own involvement in politics she took her father's side. Over the months of her treatment it emerged that her father had slapped her face when she did not study hard enough. At the same time, it is clear that he was seductive. Mariam was able to criticise and to ignore the authority of her school teachers, and she was able to withhold much information from the prison guards, because she had the ability to evaluate their position and moral standards.
Once in Britain, she criticised and felt little respect for her mother’s family; and often criticised her mother, but never her father or her grandparents.

She began to have increasingly violent rows with her mother over the issues of privacy and independence. Only after her mother’s death, when riddled with guilt and shame and terror, did she begin to be in touch with a more positive view of her mother, and to have memories of her mother’s care. Her view of her mother was, however, distorted and idealised. Mariam’s mother had left her in a terrible rage, after not speaking to Mariam for two weeks and following a physical fight between them. Mariam had not seen her father’s body or her grandmother’s body at their death. She dealt with these overwhelming experiences of loss by regressing to a magical mode of thinking. She believed that she had killed her mother as a result of her moves toward independence. She also believed that if she died, she would be relieved of emotional pain and, at the same time, would be able to join her parents. During this period she took two overdoses.

It has been my job to help Mariam to construct a realistic picture of the adult, parental and authority figures in her life - a realistic view unencumbered by distorting fantasies or by magical thinking. At this point in her treatment she returns periodically to the feeling that she is nothing and that she caused her mother’s death. She is, at times, filled with anger over her parents’ desertion of her. My ongoing task is to help her develop the capacity to think for herself in a mature way.

References


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