On Defeating Exile

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On Exiles and Defeats

No. It was not the bad time in Chena,
nor the sudden grim prosecutions
in improvised war councils,
No. The blind gun that hits me on the shoulder
didn’t defeat me,
nor investigation’s black hood of horror
nor the grey hell of the stadiums
with their roars of terror.

No. Neither was it the iron bars at the window
cutting us in pieces from life,
nor the watch kept on our house
nor the stealthy tread,
nor the slide into the deep maw of hunger.

No. What defeated me was the street that was not mine,
the borrowed language learned in hastily set-up courses.
What defeated me was the lonely, uncertain figure
in longitudes that did not belong to us.
It was Greenwich
longitude zero
close to nothing.
What defeated me was the alien rain,
forgetting words
the groping memory,
friends far away
and the atrocious ocean between us,
wetting the letters I waited for
which did not come.

What defeated me was yearning day after day
at Jerningham Road
agonising under the fog
at Elephant and Castle
sobbing on London Bridge.
And I was defeated step by step
by the harsh calendar,
and between Lunes-Monday and Martes-Tuesday
I had shrivelled into a stranger.
What defeated me was the absence of your tenderness, my country.

Maria Eugenia Bravo Calderara¹, Translated by Cicely Herbert.

Exile is sometimes described as a kind of bereavement.² Maria Bravo writes of the loss of
the tenderness of her country, Chile, like someone facing the death of a partner. Loneliness
and grief are probably an inevitable part of being in exile. The majority of people who
have survived persecution, torture, flight and exile incorporate these experiences into their lives, and find ways to manage in their new country.

But some do not: recently, a Bosnian woman with two children committed suicide after UK government officials refused to allow her husband to join her. Once she had died, her husband was granted a visa so he could come to Britain to look after the now parentless children. A Kurdish man in detention set himself on fire, another from Zaire hanged himself. There is a high incidence of admission of young refugee men into psychiatric hospitals in London’s East End.

The ability to survive, as for anyone experiencing mental distress, depends on a number of factors. As well as the person’s strengths and resources, the circumstances of their exile, the attitudes of others and the support of the host society - in this case Britain - are all of importance.

‘What Defeated Me...’

Distant, remote people, an unexpressive language and little chance to learn it, coldness and rain: it reads as quite an indictment of life in the UK. It is not pleasant to think of our own country as an active daily feature of the oppression experienced by newcomers. For those who wish to help refugees to cope with life here, embarrassment about the poor reception for refugees may be mixed with frustration at the system which can defeat both refugee and helper. Many of the problems facing refugees which cause the greatest distress and anxiety are political, social and structural: long periods in detention on arrival in the UK, long delays in decisions for asylum claims, difficulties in getting family reunion, lower rates of income support, disadvantages in the search for accommodation, jobs and education, no recognition of previous qualifications and experiences, racism and discrimination.

Understanding and Helping

Some of these are best addressed by pressure groups and other political action and by joining campaigns fighting for greater justice for refugees. But what can be offered to people while they are suffering extreme mental distress and pain? Refugees face many emotional difficulties which may take a heavy toll: separation from family, friends, culture, language and home, fear about the safety of family members left at home, physical and psychological pain from imprisonment and torture.

Living under uncertainty and fear, struggling to deal with the complexities of life in a new and often hostile society causes some refugees to experience distressing symptoms - nightmares, sleeplessness, lack of concentration, irritability, feelings of hopelessness and helplessness, which often lead them to being assessed as having mental health problems.

One framework that may get drawn on in making assessments is that of ‘post-traumatic stress disorder’ (PTSD). This can be defined as a range of difficulties which follow a psychologically traumatic event, generally outside the range of usual human experience. The difficulty with this framework is that it medicalizes what may be very common reactions. The symptoms of PTSD do not necessarily mean the same things in different social settings. Many people whose symptoms fit the ‘checklist’ for PTSD continue to manage their lives effectively: ‘For one man, recurrent violent nightmares might be an irrelevance, revealed only under direct questioning; to a second man they might indicate a need to visit a mental health professional for treatment; to a third they may represent a helpful message from his ancestors.’

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Symptoms need to be understood in the context in which they occur and for the meaning they represent to the individual experiencing them.

This is not always easy: even some specialist and experienced mental health workers voice concern at working with refugees, particularly if the refugees are survivors of torture. What if their skills are inadequate? Will they themselves feel overwhelmed by stories of atrocities and enormous losses? They may be reluctant to section people or use psychotropic drugs, yet unable to offer an alternative and unused to working cross-culturally or in partnership with workers from the refugee community groups.

We would like to suggest that despite the perceived difficulties, helping professionals can, by working alongside refugee community workers, do much creative and productive work to prevent mental health breakdown, to identify those who are most vulnerable and to provide appropriate help.

Rebuilding Community Links

Refugees are usually confronted by a ‘broken social world’. Possibly the best way to promote mental health is to pay greater attention to helping refugees rebuild social and community links. Support of self-help groups (financially and through providing training and supervision if appropriate), activity groups, community centres and paid employment of refugee community development workers may all be the most effective responses in helping refugees build up their self-esteem and feel part of a community again.

Refugee Action’s community development programme has helped many Vietnamese community associations to develop and to take on the management of community workers. It is important to remember that community activists are dealing themselves with many of the issues faced by the community as a whole. This may be what has drawn them into this role. One regional development worker described how: “Sometimes you need to joke. And only your wife can understand the joke. Nobody else. In that case you feel on the one hand very isolated, on the other hand boring. With that kind of feeling, I like to give a hand to the people who came later than I did, that means I like to share with them what I experience, also to shorten the route they have to go through.”

This shared experience is a strength, but may also indicate a need for support for people working with their own communities at times.

Professional organisations can also help activity groups to get going. At the Medical Foundation for the Care of Victims of Torture, a “Hearth and Storytelling Group” for mainly African women refugees provided them with the opportunity to cook and eat traditional food together, to tell stories from their much-missed homelands, of the strengths and delights of their cultures as well as the repression they had suffered, and to establish new friendships and a self-help network.

Professionals need to learn more about different cultural approaches to identifying and treating ‘mental illness’. Are there elders, healers or spiritual leaders in the refugee communities with whom outside helpers can work to increase their understanding and to devise ways of working together? Might physical therapies, such as massage, physiotherapy or relaxation be more comfortable and appropriate for some people?

Individual Work

It is important to be careful about imposing western models of counselling: nevertheless, good attentive listening can be what is most required. A Somali man came to the Medical Foundation tormented by nightmares, flashbacks and panic attacks. He talked about his shame and guilt at his inability to rescue a friend caught up in fighting at home, and his sense of failure in not being able to protect his wife and children who were now missing. After only two sessions, he said that he required no further help: his sleep and his mood had...
improved, he had contacted the Red Cross to try and trace his family, and his solicitor promised to help him apply for family reunion should they be located.

Often, assisting refugees to deal with some of their practical difficulties, helping them to understand and access the health, welfare and social services gives them a sense of being more in control. Help with practical and social tasks underpins any work on a more emotional level, and the two cannot be separated.

It can be difficult for helpers to tolerate their own high levels of anxiety about what refugees have been through. But it is important to recognise that high levels of distress and anxiety are not unusual for asylum-seekers and refugees, and that they may be able to tolerate this with support and appropriate reassurance. If helpers can learn more about the situation of refugees, this may enable them not to over-react or feel overwhelmed, and to make use of everyday helping skills of talking and supporting. For those who want to talk in more depth, it is often more successful if the helper shares the same culture and language of the refugee. But even when this is not possible, work can be done in tandem with a well-trained interpreter.

One of us worked with an Iranian man who had been in prison for six years and suffered appalling torture. We worked together for six months, initially meeting fortnightly with an interpreter, and as the relationship built up, without the interpreter and less frequently. He said the opportunity to reflect on his experiences had helped him come to terms with his lost years in prison, feel less haunted by his painful memories and start to make progress in building a new life in the UK.

We hope we have illustrated the scope for preventative work with refugees and asylum-seekers. If ways can be found to help people to rebuild their social networks and come to terms with their losses and memories, perhaps more people can avoid the tragic outcomes of severe mental distress.

References

3. MIND has published a booklet “Understanding Post Traumatic Stress Disorder”, 45p each, £4 per 10, £38 per 100, £300 per 1,000, from MIND, Mail Order Unit, Granta House, 15-19 Broadway, Stratford, London E15 4BQ