Social and Political Considerations in Working with Refugees

Máire Stedman

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Máire Stedman is a systemic psychotherapist and senior clinician with befriending project at the Medical Foundation.

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Máire Stedman

The invitation to reflect on my work with refugees and asylum seekers comes at a time of major political change that will have far reaching consequences on their daily lives. The Institute of Race Relations and the Joseph Rowntree Trust have studied ten European countries that have already implemented similar legislation to the British government's new Asylum Bill (Faster, Firmer & Fairer), predicting violent anti-immigrant sentiment as a consequence. They cite fire-bombing in many of the countries studied, as a response to the provision of 'designated accommodation' for refugees (also part of the British Government's new proposals). It predicts the rise of squatter camps infested with rats and disease once assistance is withdrawn from asylum seekers ... a black market is already forming in Britain with asylum seekers, desperate for cash to make phone calls, post letters or use public transport, selling vouchers at less than their face value' (Goodchild, 1999). Already stories prevail about supermarket cashiers making judgements about what asylum seekers are entitled to purchase with their vouchers and offers by members of the public to make up small cash short-falls refused.

Space does not allow a more detailed reflection on the proposals which include: stringent fines on an increased number of carriers; the criminalisation of asylum seekers fleeing repressive regimes who have made false statements to obtain travel documents (possibly in contravention of Article 31 of the 1951 UN Convention on Refugees); detention at any time for any reason with no limits imposed on the detention; reduction in the provision of legal representation and the introduction of a new fine on appellants and their representatives when appeals to the Immigrations Appeals Tribunal are judged to have 'no merit'.

Sweeping changes are also proposed to the way in which asylum seekers are supported whilst awaiting a decision about their asylum claim. It appears that the Children Act 1989, once heralded as an all-encompassing piece of legislation, will no longer embrace asylum seekers when it comes to provision of accommodation and essential living allowances. Discussions about proof of destitution conjure up images of Victorian times. While the finer details of the level of financial support and the extent to which vouchers will replace cash (an entitlement 'enjoyed' by others on low income such as recipients of income support) have yet to be finalized (at the time of going to press this level was set at 70% of the adult rate of income support with full allowance for children), it is clear that the provision for asylum seekers is seen as something separate from the rest of society. This is certainly the case with accommodation which is to come within the remit of the Home Secretary, with the focus on decentralisation and reception centre type provision. (Asylum seekers lost any entitlement to be housed by the local authority in 1993).

What Are The Implications For Therapeutic Provision?

Gorst-Unsworth & Goldenberg (1998) point to the need for planned, integrated, rehabilitation programmes', involving 'social support and family reunion' including
adequate housing'. Many studies remind us that secondary stresses, which occur in exile, can have as much of an impact, if not more, than the original traumatic events in the refugee's country of origin. The degree of control, which a refugee feels that they have over their circumstances, is also crucial to their sense of agency over their new environment and their recovery process. All too often that rehabilitative process can become stuck because of environmental factors and can contribute to an unnecessary sense of anxiety and stress.

**Case Example**

A school referred a 13-year-old Angolan boy who was thought to have serious mental health problems to the clinic. The teachers questioned whether or not he had lost touch with reality and requested a mental health assessment. He was said to be talking to someone in another country on a school phone, which was known to be disconnected. A home visit revealed that his actions were of a young person seeking to escape a rat-infested flat which had water running down the walls. His mother was caught in a dilemma faced by many asylum seekers: if she prosecuted the private landlord for failing to carry out improvements suggested by the environmental health department she faced possible eviction. Her situation was further compounded by an uncertainty about her immigration status, which she had been waiting to hear about for about five years. The anxiety of possible deportation to an extremely unstable political situation had immobilized her, as had the possibility of losing the only home that she had in the UK. It transpired that the family had relatives in the US with whom the boy wanted to make contact in the hope that the family could 'escape their situation'. Had I interviewed the family in the clinic, we may have gone down the road of focusing on the boy's mental health. Widening the focus to his home context allowed the situation to be viewed from a very different perspective.

Critiques of the biomedical model (Bracken, 1998; Richman, 1997; & Summerfield, 1997) have been instrumental in exposing the limitations of post-traumatic stress disorder as being content-based and individually focused, with limited value in assessing the functional impairment of the person thus diagnosed. The concept of 'cultural bereavement' has gained currency in assessing the very real losses which refugees face: homeland, belongings, and social as well as economic status. This concept facilitates more of a group and context focus, which has increased congruence with the socio-familial way in which refugees from non-western contexts may organize their lives. It also enables therapists to consider which factors inhibit and which promote healing, while shifting the focus away from pathology to 'resilience in the face of adversity'.

In looking at this concept further, I would like to examine the recursive relationship between the sociopolitical context, and the therapeutic relationship (which obviously involves the self of the therapist and the individual or refugee family). The differential treatment possibly unwittingly meted out to children and families undermines the very institutions which are most significant in promoting healing and acting as a protective environment for children. While most children are enabled to benefit from a sense of achievement through the school environment, their parents face the prospect of waiting in limbo to hear about their asylum applications while being excluded from the labour market, which can foster a sense of alienation and worthlessness. For many the granting of refugee status does not end this prospect. Though the ban on employment may be
lifted, many refugees find that their skills and qualifications are not recognised and they find themselves underusing these assets in the employment on offer.

Notwithstanding the poor material circumstances and sense of anxiety about asylum status faced by all members of families, the opportunities to find a sense of fulfilment can be greater for children than parents. This coupled with their age and adaptability can mean that young people find more available means to integrate than their parents. This can add to a sense of tension between the generations. There have been times when increased mastery of English and opportunities to use it coupled with diminished opportunities of using their first language, have resulted in families who do not all share a common language in which they have a similar competency. Many parents fear that their children will lose the traditional values of their country of origin and become more anglicised.

There are two aspects of the therapeutic relationship that need to be addressed when working with refugees. Firstly, it is important to recognise the limitations of therapy and to place it in the wider sociopolitical context while examining what might be therapeutic about rebuilding life in exile. Opportunities to give public expression to one's national food, music, dress and customs in contexts which celebrate and value these are of enormous therapeutic value. Such was the experience of Refugee Week in Newham, a celebration remembered by refugees and workers alike. Another event which appears to have elevated the spirits of many of the Chilean community forced into exile after the fall of the Allende regime, was the arrest of General Pinochet. Many have spoken of their sense of elation at the prospect of justice for the atrocities committed against themselves and their families. These two events remind us that therapy takes place in a sociopolitical context which has a recursive effect on the kinds of conversations that we may have with some of the refugee families with whom we come into contact.

The second issue relates to the impact of that socioeconomic and political climate on our therapeutic encounters. Many refugees, coming from highly politicised environments where they faced threats to life and limb, have had to become adept at scrutinising new people and situations. This clearly has implications for therapy, for building trust and enabling refugees to live with the uncertainty inherent in their current situations. That task becomes increasingly difficult against the sociopolitical background described above. It is worth bearing in mind that the kinds of questions that we ask and at which juncture of the therapy can have profound impact. For example, many families bring more-distant relatives to live in their nuclear family and details about the exact relationships may be revealed only when the families have built up some trust. Inquiring in detail in the early stages about dates of birth and precise family relationships may damage the therapeutic relationship.

The postmodern focus on the 'self' of the therapist can also play a central role. Shami (1999) professes to share her political self-positioning as part of her way of connecting with a group of Jewish family therapists on the Israeli West Bank. There have been times when refugee families have commented on the political turmoil in my own country, Ireland, possibly as a means of making a link with what they perceive as elements in my own background which may lead to my understanding of their situation. I interpret this as an invitation to engage in a dialogue about their circumstances from a position of 'knowing'. However, as many same race, ethnic group or women therapists who have encountered similar invitations know, there is also a real danger of riding
along with a sense of commonality which prevents the dialogue exploring the differences inherent in the 'common understanding', or seeking clarity about what that shared understanding may be. These encounters have nevertheless focused me in considering how the life experiences of the refugees that I meet resonate with some of my own personal life experiences. It also goes against the grain to acknowledge 'politics' within an Irish context; a position well captured by Reilly (1999) in her paper contextualising the evolving situation in Northern Ireland. However, some of this reticence is easily overcome in the knowledge that one is talking about a sense of shared understanding which relates to an emotional and experiential level, safe in the certainty that the encounter involves very different political contexts with their own ideological positions.

Many theorists (e.g. Richman 1993; Summerfield, 1995) have spoken of the value of having some knowledge of the political situations from which refugees come. A recent experience with an Afghani family served to reinforce this point, when a question was posed about what life was like for them as a minority group in the northeastern frontier in the context of the increasing power of Taliban. The couple who had readily described themselves as depressed became animated in their descriptions of what life was like and their need to flee the country. Bearing witness to their story has been the beginning of the building of a relationship of trust. Woodcock (1994) and Summerfield (1995) remind us that we not only need to examine the post-colonial politics of Britain but also the sponsorship of conflict by power blocks and the continued sale of arms to particular parts of the world, as the recent murders in East Timor by an Indonesia militia armed with British weapons illustrate. The ever-widening lens of political vision sheds a rather different light the broader the focus.

However, 'the question remains of whether we are abrogating our responsibility if we know that justice and improved social conditions might be as important in recovery as 'treatment'? Should we be extending our own and others' awareness of ethical issues as an essential part of our therapeutic roles?' (Richman, 1997).

References
