Working with Refugee Young People

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‘Listen, how the reed-flute tells its plaintive tale of separation: since I was cut from the reed-bed, my cries of anguish cause men and women to weep: whoever is separated far from his origin, seeks again the time of union. My breast I want burned out with the fire of separation, to sing the pains of longing! The reed-flute tells stories of a long and bloody road, of the mad love of Majnun.’

Jalaluddin Balkhi

Jalaluddin Balkhi was a thirteenth-century Afghan Sufi mystic, commonly known as Rumi. His work telling of the plaintive call of the nai, an end blown reed flute, was performed recently at a concert in London by Afghan musicians. Afghans have represented one of the largest groups of unaccompanied refugee young people that I have worked with and it therefore seems appropriate to draw on the poetry of an Afghan to attempt to depict the often unspoken pain of separation and loss, which young people carry in their hearts as they attempt to create a life in exile.

Many young people avoid attempting to address the pain of their many losses (of culture, family, community, landscape, climate, language, familiar ways of being and customs and status) and separation from their homeland. They have the one resolution or end story, as the poem relates it, to ‘seek again the time of union’. Returning home for most is not possible though, at least in the immediate future, and therefore it may seem easier to avoid talking or thinking about it. Ironically the more these issues are silenced the stronger their voice becomes. Many authors remind us that coming to terms with these losses should not be seen as pathological but rather a healthy adjustment reaction (Bracken & Petty, 1998; Kinzie & Sack, 2002; Zur, 1996). One of the challenges in this work is to attempt to find other end stories or resolutions, which are within the grasp of the young person.

Contextualising refugee young people

Working with unaccompanied refugee young people (the average age range has been 15-21 years) has been both challenging and extremely rewarding. Within the limited space available, this article can only hope to begin to touch on some elements of the therapeutic encounter with unaccompanied refugee young people. In their countries of origin, many would be considered adults or certainly have familial, work or community responsibilities. Mental health services in their countries of origin can carry a great deal of stigma and often connotations of madness or needing to be institutionalised. I frequently comment to young people that services like ours' are needed because of the breakdown in Britain of those social networks, which exist naturally, in their countries of origin; citing culturally specific ways in which it is possible to visit people and get support in an informal way. Instead of seeing their experiences as that of victim it can generate a sense that their problems can also be about changes in social structure. Such comments invariably produce a sense of visible relief and call forth an active engagement with problem-solving. In many ways
this could be seen as an externalising device (White & Epston, 1990), which facilitates agency or mastery over one's difficulties.

**Locating our paradigms**

Bracken, Giller and Summerfield (1997, 431) urge us to consider whether our paradigms for working with these young people are culturally appropriate 'because these tools are not value neutral, there are profound ethical problems associated with the work'. They also remind us that Western psychology is highly individualistic and that 'Their current suffering is understood to be the product of their own individual traumas and their own failure to cope. This can also be an isolating influence, undermining the connections between their own suffering and the political or religious struggle from which it emerged'.

Elsa Jones (1993, 149) comments 'It is puzzling that the same systemic therapists have balked at the idea of considering the wider contexts in which families and individuals live, and have branded attempts to do so political'. This I believe is the first challenge for any therapist working with this group: to offer a supportive relationship, which is culturally appropriate and which makes sense of events both in their country of origin and experiences in the country to which they migrate.

**The initial encounter**

A large percentage of the young people that I have worked with are Afghan young men and for many this might be their first encounter with a Western woman, in any prolonged sense. Invariably, when young people first arrive they require input from an interpreter and this can mean that they can find themselves in a room with two women who are not family members. This is a significant issue, which needs to be acknowledged.

**Cultural bereavement v. ptsd**

There has been much debate about the significance of post traumatic stress disorder as opposed to Eisenbruch's notion of 'cultural bereavement'. Kleinman (1977) reminds us that Western diagnostic categories are not culture-free, entities. Post traumatic stress disorder, while identifying symptoms suffered by many refugees*, offers little by way of predicting their coping ability with day-to-day activities (Gorst-Unsworth, 1992). Moreover, different cultures present distress in different ways (Shweder & Bourne, 1991). Medical and Cultural Anthropology offers much in the way of explanation of ways of presenting distress. For example Kleinman & Good (1985) describe how in Asian and Hispanic cultures people tend to focus more on bodily symptoms rather than disturbances in feelings or cognition in expressing depression. Kinzie and Sack pose the question 'How do issues of the prior war trauma get separated out from the stress of refugee status itself? Refugees must adjust to multiple losses of home, culture, climate and language, in coping with their life in a new country. They also face the possibility of discrimination. Their prior social standing is not necessarily honoured in a new country. Does this not compound the measurement of prior trauma?'

A previous edition of Context looked at the political and social context of systemic practice (Stedman, 1999). The contextual marker for many refugee children is the
Children Act, 1989. For many, support under this act is interpreted as provision of Section 17 money as opposed to foster or care placements offered to other young people already living in this country and needing care, whatever their ethnicity. This invariably means bed and breakfast and temporary accommodation as opposed to foster or care placements. Their accommodation sets them apart from their peers in schools and colleges.

Currently there is a legal challenge to the Home Office in relation to young people in detention centres. Their separate education provision is a significant context marker for setting unaccompanied refugee young people apart.

**Cultural bereavement and social constructionism**

The notion of 'cultural bereavement' fits with social constructionism, collaborative and narrative approaches within the post-modern systemic psychotherapy tradition. It provides a more holistic model within which to view loss and suffering as well as placing that suffering in context and allowing for culturally appropriate ways of functioning to be privileged. Eastmond et al. (1994, 9) pose the question 'whether access to extensive psychological assistance may in fact facilitate creating and maintaining a sick role as traumatised victims and promote helplessness, in the absence of other structures to reconstitute a meaningful life' [author's emphasis]. This places a responsibility on the therapist to facilitate engagement with normalising structures such as access to education and housing or help the young person to work out how to access friendship, religious and community networks so that life can have some form of normality.

Therapists need to constantly address whether ordinary practical structures have been put sufficiently in place for the young person to begin to achieve a sense of coping and normality. This then poses an ethical dilemma for therapists: is their intervention promoting self-healing and a sense of coping or adding to a sense of victim hood?

**The influence of the therapist and the role of the interpreter**

Elsa Jones (1993) addresses the issue of instructive interaction by reminding us of the power of the therapist. This is a further challenge in the work. I am reminded of a young man who was having difficulties in sleeping and then concentrating on his work in college during the day. Questions about his bedtime routine revealed that he was watching coverage of the war in Afghanistan on news 24 late into the night - a logical position to adopt if your country is being bombarded and you do not know the whereabouts of your family. We negotiated the possibility that he refrain from watching this coverage after around 9pm and he could tape anything particularly important and watch it the next day.

Following many years of experience in CAMHS I was expecting my suggestion to be at least considered and possibly tried out but not taken on board and acted on wholeheartedly. Two weeks later when I saw my client he had implemented the routine with almost military precision. This was an early lesson in the significance of the relationship and guidance of an older adult, unlike young people who have parents in the country with whom they can work out issues and also be on hand to provide
support. It made me aware of the significance of what I represented for this young man, which in turn affected my responses to many other young people over the years. At times this has felt like being in loco parentis as one mediates the impact of day-to-day events and attempts to advocate on behalf of these young people to ensure provision of basic human rights. It also made me reflect on my own beliefs and values to constantly monitor how they might impact on the particular young person. Kleinman (1988) points out that 'pathology stems from an interaction between the patients' psychobiology and their social world. A careful, well-documented, accurate diagnosis and treatment plan necessitates patients detailing their own life stresses, their own beliefs about the nature of the stressful events, and the therapist's awareness and self-reflection about their own possible prejudices and cultural biases' [emphasis added].

I have particularly valued the interpreters that I have worked with who invariably hold local cultural knowledge. While it is important for therapists to familiarise themselves with the conflict in the home country of the young person, as well as with the culture of that country, it is not possible to become an expert in each culture that one works with. Having a conversation with an interpreter in advance of a session to share ideas and enquire about their thoughts is very valuable as are their views during the session about useful metaphors and stories, which can convey a point with more culturally, appropriate examples.

The use of narrative

I believe that narrative offers an opportunity for young people to begin to make sense of the fragmented threads of their lives and to begin to weave them into a coherent whole. We all have stories about who we are but for many young people, frozen by the terror of having lived in repressive regimes, whose politics they often do not have a complete map of, the fear of revealing themselves because of political reprisals, can leave them frozen in silence and reluctant to reveal many details about themselves. Many have rehearsed the narrative which their family believe will get them political asylum, not because as the sceptics would have us believe that it is not true but because it contains elements of what family members believe best represent their circumstances. Part of the therapeutic task may be to help them to construct a narrative, which fits them currently and which can be adapted to suit the different situations. This may include all or some of the elements of the story they left home with. Frequently young people find that in sharing their constructed narrative with newfound friends or in an attempt to make friends, they succeed in alienating their peers because of the horrific details. Finding the right length and intensity of story can be a challenge but frequently their ability to begin to be more flexible and context related in constructing narratives to suit a particular situation can be an indication of their ability to gain a sense of mastery over their lives. Re-authoring (White & Epston, 1990) of one's life can have tremendous therapeutic value as well as producing a sense of agency in the face of what seemed like insurmountable obstacles from the past. As a therapist, I have been struck by their ability to survive and their resilience in the face of adversity.

The narrative approach also fits with the role of the therapist vis-à-vis requests for reports from solicitors, in relation to asylum applications. Going through their stories
can be a revealing experience about how they have coped with the details contained therein. It can also be an opportunity to build a sense of trust as the young person realises that the therapist is attempting in a fair way to gather appropriate evidence for their case. This process can provide the material from which new narratives can be constructed.

Similarly social constructionism allows the therapist to examine the impact of the socio-political on the lives of young refugees. The anxieties of waiting to hear of an asylum claim or an appeal can be all-consuming and interfere with any structure and coherence, which they had begun to build into their lives. This can have a snowball effect as structures, goals and targets, which they have set, are thrown into chaos. Others become preoccupied with their living circumstances or onset of their eighteenth birthday, which brings with it changes to their legal status and often a move of accommodation, frequently in the middle of exams or significant course work.

The therapeutic relationship offers an opportunity to make sense of the world as well as to talk about the experience of extreme events, which may have been witnessed or experienced. It is important in a reflective way to begin to make sense of alienating experiences, which the young person may have experienced. Being too focused on the 'trauma' can mean that the therapist may miss out on significant events nearer to home, which may be just as alienating. Bullying and racism are daily experiences of unaccompanied refugee children.

The therapeutic relationship is central to any encounter with the unaccompanied refugee young person. Deciding that they can trust someone is an essential preliminary step to any therapeutic exchange. Trust may have been shattered by the political context at home, within their families or because of issues to do with their journey to the UK. Telling their story to immigration officials or solicitors may have been done in a very factual way which may not have felt very empathetic. These procedures are often long and arduous and may feel like a bewildering set of legal hoops, which they have been subjected to, again often impacting on their ability to trust.

Symbolism and metaphor

Monk and Gehart (2003, 21) comment that 'Other approaches to generating multiple perspectives include ... using "associative forms", such as stories, images, metaphors, and jokes, so that meanings do not become fixed.'

In my office I have a calendar of Afghanistan. This symbolically represents homeland for some young people that I see. It is as if the room transforms itself into a bazaar, one example of the images. As their eyes trace the dusty orange pathway among the sacks of spices, for a moment they are no longer in Kentish Town but in Kabul. One has the feeling that the picture assaults all their senses as the smells, sounds, climate and familiar dress code almost magnetically draw the young person to the page. At times it leaves me feeling as if I am withholding the young persons homeland as they go out the door leaving the calendar hanging on the office wall when a couple of minutes previously it was as if they had symbolically held their country in their hands.
I have collected images of the various countries from which these young people come in order to aid a discussion of the transition and differences between their two living environments. Images can also be used to enable traumatised people, who are struggling with difficult narratives to begin to construct stories (Ayalon, 2003).

**Self of the therapist**

I am constantly reminded of my own feelings on coming to this country, albeit under very different circumstances - being caught unawares by something totally out of context, which symbolised my country and my identity. This is very much a part of the sense of self, which I bring to the therapeutic encounter.

Many young people having grown up in a context of conflict and war want to locate the therapist within the wider world politics. I am often surprised at the extent to which young people have some knowledge of the political situation in Ireland, both currently and historically. On occasions they may make tentative statements such as ‘There is a conflict in your country?’ when I acknowledge that I am from Ireland. The experience of immigration can be a useful link, while needing to also acknowledge the extensive differences between fleeing one's country and migrating. These experiences can nonetheless form significant points of connection while at the same time requiring acknowledgement of the differences in experience. Bringing the experiences of the interpreters into this discussion can also provide a rich sense that life can take on a normality in time.

**Therapeutic contextualisation**

One of the possibilities open to a systemic therapy is to explore the wider social contexts. Tom Andersen (1991) talks about the value of home visiting. Connecting a young person to the wider context can also have a therapeutic value. Accompanying Nasir to hear some Qawwali music in Camden Lock's Roundhouse, the building reminded him of housing in Afghanistan. Many sessions of therapy were rolled into one, as he talked in astonished tones about how this building was an exact replica of the way houses were structured in Afghanistan with textiles and wall hangings separating rooms. The music evoked memories of family parties before the Taliban era and a recounting of how things had changed. As well as addressing the immediate impact on his feelings the meeting provided us with material for many more sessions. I now use these 'outings' more strategically to enable young people to reflect on their past and to find a way of integrating this into their present lives.

**Systemic work with young refugees**

Occasionally I have been questioned about how it is possible to work systemically with unaccompanied young refugees. Berry and his colleagues in their research 'support the theoretical position that an identity based in part at least on culture of origin is most likely to be associated with good mental health' (Berry, 1991; Krishman & Berry, 1992). Career and educational course choices are opportunities to consider what family members might have said about the young person's plans. Incorporating these hypothetical discussions into their planning often enables them to integrate a sense of who they were back home and what people would have wanted for them into their current context in a way which enables them to feel more integrated.
A conversation with one young Afghan man revealed that his father, who was a mechanic, would have liked his son to become an engineer, a profession much valued in Afghanistan. When I enquired about what his views were about this he stated that he would prefer to undertake a business studies course. He acknowledged that his father would not have considered this a 'real' career but he felt that business planning and organisation would have been something that his father's business could have benefited from and, in that sense, he felt that he was being loyal to an idea which had emerged from his past. This enabled him to go ahead with his plans, with which he had been previously struggling. Making the link, albeit hypothetical, helped possibly in moving things forward.

Conclusion

There are many challenges to providing a culturally appropriate and relevant service to this client group but the rewards are tremendous in watching a young person make connections and finding joy, happiness and a sense of achievement as they overcome the many obstacles they encounter along the journey.

References


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* Defined as: i. symptoms of intrusion e.g. recurrent thoughts, nightmares, flashbacks and exaggerated reactions to reminders of the trauma; ii. symptoms of constriction and avoidance e.g. efforts to avoid thoughts, places or activities which remind of the trauma, and withdrawal from the world; iii. symptoms of increased arousal e.g. irritability, insomnia, poor concentration and hypervigilance.

Máire Stedman is working on research as part of her Doctorate, exploring the experiences of unaccompanied refugee young people. Therapy with these young people takes place at the Refugee Council and some of the London boroughs. She has been working for the past three years at the Medical Foundation for the Care of Victims of Torture with this client group.