Groupwork with Refugees and Asylum Seekers

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One of the themes which all groups address over time is the issue of inclusion and exclusion. In no other group in society does this theme emerge more dramatically than with refugees. To be a refugee means to be forced out of one’s homeland, to be an outsider in a place of exile. The experience of atrocity, human rights violations, forcible uprooting and flight mean that issues linked to the theme of inclusion and exclusion such as trust, secrecy and fairness are commensurably very potent. The nature of race, nationality, culture and tradition are also inextricably themes in such a group. Furthermore, notions about what is meant by health and healthy interaction become questionable both because of the cultural context and because as yet there is still no general consensus in clinical work and research findings about the effects of trauma on settled populations let alone on refugees who are forcibly uprooted. This chapter will set out these issues and attempt to draw some conclusions from my own and colleagues’ group work experience with refugees. Most of the group work described has been conducted from a cross-cultural perspective using interpreters because the principal language of the therapist has been English. These matters are discussed in some detail.

Contexts: refugees in international law

Refugee is a generic term used to describe someone who has sought asylum in another country. This popular understanding accords with the terms of the 1951 Geneva Convention which defines a refugee as someone who:

“owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country.” (UNHCR, 1988).

In practice, as described in the later clauses of the Convention, there are different terms for refugees depending upon their position in the process of being examined and legally recognised as refugees. Thus, people in flight seeking protection are referred to as asylum seekers and those granted protection are termed refugees. In practice, European countries are increasingly hostile to asylum seekers and have enacted legislation and methods to deter people from situations of conflict and human rights violations arriving and making successful claims for asylum. One of the results of deterrence is that many fewer people are granted full refugee status. Actually, the majority now given protection are granted exceptional leave to remain. This is a less secure status which gives fewer rights, and most importantly, it means that the Home Office will usually not even consider family reunion until at least four years have passed.
Throughout this chapter I will refer to asylum seekers, those granted full refugee status and those with exceptional leave generically as refugees. However, it is very important to understand the asylum status of refugees in a group. Many anxieties may be rooted in the political and legal conditions of their status. For instance, because the political climate is so hostile to refugees and because the immigration authorities take so long to make decisions, many asylum seekers feel very anxious about whether they will be granted protection or returned to their homeland to face further persecution.

**Contexts: War and atrocity**

Political conflict, oppression and war form the backdrop of groupwork with refugees. Since the end of the Second World War and the formation of the United Nations there have been over 170 wars in which 30 million are estimated to have died and of which the greatest proportion have been civilian deaths. Political regimes have used exemplary violence to enforce their rule; community leaders, teachers, doctors, trade unionists, religious leaders and other prominent people have been made the target of oppression (Summerfield, 1992). Oftentimes, whole groups and communities have been subjected to violence. Social networks, systems of lineage, historical links with places and ways of life have been destroyed both deliberately and indiscriminately. The proximity of the individual to these events both literally and in relation to the personal meaning invested in them will shape their resilience or susceptibility to what they have suffered. Some may identify with a resistance culture; others may feel the hapless victims of oppression. It seems necessary that at some point the existential question of "why me" needs to be answered and formulations will depend on the interaction of political circumstances with deeply personal themes. Groupwork is well set up to work with those linkages and to enable deeply personal processes to be worked through simultaneously with issues in the political and social domain.

**Contexts: atrocity and trauma**

Because the field of cross-cultural work with refugees is so complex and also relatively young, choice treatment approaches have not been established with any certainty. Indications are that the frameworks which therapists use need to be open textured and inclusive (van der Veer, 1992) and this chapter will draw on thinking from systemic, psychodynamic and group-analytic paradigms. Furthermore, the chapter will take account of the complexities generated by cultural difference (Fernando, 1991) and the light thrown on our understanding of distress and psychological adjustment by historical studies (see, for instance, Porter, 1987; Farge, 1993). Undoubtedly, the study of both culture and history simultaneously broaden and sharpen our categories of knowledge in this field but they also tend to relativise our understanding. Nevertheless, there is a need for some clarity about what issues should constitute grounds for offering therapy in the light of broadly conceived contemporary understanding and clinical experience.

Undoubtedly, reactions to severe adversity differ enormously, it must not be assumed that every survivor will be traumatised and in need of psychological treatment. Trauma needs to be regarded as a relative term, culturally shaped and open to negotiation about its meaning and equally about the best way of meeting its challenges. Writing a history of the United Services Club, Major General Sir Louis
Jackson describes a career soldier who barbarised his way across three different continents. His attitudes are depicted as straightforward and manly with high expectations of reward and honour. Despite being involved in inconceivable horrors there is no thought of trauma (Jackson, 1937). A century later returnees from similar colonial endeavours in Vietnam were ostracised by their country and there were consequently high numbers of psychological casualties as soldiers resettled into a country which rejected their involvement. Subsequently there was clearly an interplay between the political marginalisation of Vietnam veterans and the incidence of Post-traumatic Stress Disorder which became a popular diagnosis subsequently elaborated in the nosology of psychological medicine. Thus it was medicine that validated veterans' distress, not in terms of spurned valour, but in terms of damage to their individual psychological integrity as a result of their involvement in the war. Occurring at the same time among recent South-East Asian refugees, signs indicative of trauma to western oriented mental health professionals were ameliorated, not by treatment, but by attention to prescribed ancestral rites (Eisenbruch, 1991). Parallels can be drawn with the diagnoses of anorexia nervosa among Ethiopian Jewish adolescents recently settled in Israel. Was this true anorexia or a way of coping with massive transition and unacknowledged losses? (Ben-Ezer, 1992).

Refugees are survivors and associated with all but the most severely affected there is usually a sense of resilience imbued through resistance against overwhelming odds. Michael Rutters' thinking about resilience in the face of adversity is very pertinent. (Rutter, 1985). He identifies the distinctive aspects of emotional resilience as being the presence of reasonable self esteem; the presence of secure relationships; the ability to interact positively with ongoing stress and the eventual gaining of mastery over stress which provides a sense of control; a measure of success and achievement and the interaction with others in securing those gains; the ability to process events in a meaningful way and the ability to integrate the stressful event into a personal belief system - in other words, to make sense of what has happened. These are central themes in therapeutic work with refugees and the absence of these qualities of resilience will indicate vulnerability. Vulnerability will also have a particular social dimension when refugees are isolated because their families and networks are not available. Equally, vulnerability will have a cultural dimension when the host culture does not readily support culturally given ways of creating or sustaining the meaning of life events. Vulnerability may also have a predominantly individual psychological dimension because the experience of trauma may have impaired the survivors' ability to access personal, social or cultural forms of resilience. Groupwork offers unique opportunities for the processes of resilience to be brought forth in an accessible way and enhanced. For instance, the group offers a social environment in which practical and emotional strategies for survival can be explored. Opportunities for giving and taking comfort and advice are provided. The group is also in a position to probe the existential dilemmas of refugees because there will be competing understandings of situations which enables events to be deconstructed and the meaning of events can be enriched. An example of this is the African women's group which met each week to prepare and eat a meal from each of the women's homeland. This offered chances for their identity and self esteem to flourish; they were able to offer each other practical and symbolic nurturance in the food that was cooked; the women would always bless the food in their own traditional way before the food was eaten and this stimulated discussion about the meaning of what had befallen them.
Contexts: transition, loss and bereavement

Loss and bereavement is a central theme: group members will present with massive losses, including loss of family members, friends, comrades, community, downward shifts in status and lifestyle, loss of possessions and livelihood; physical pains associated with physical and psychic injuries; severe disruption of normal sleep patterns; thoughts and feelings associated with having lost the meaning of life accompanied by anxiety or hopelessness about the future; a sense that vigour and self esteem have been lost; feelings of desperation and thoughts about suicide; feelings of self disgust arising from humiliation suffered because of torture, rape or betrayal; feelings of being helpless or overwhelmed and trapped by their situation.

In a non-refugee population clusters of signs like these would normally be indicative of acute clinical depression and a group with many members marked by such losses would be very emotionally heavy and difficult to conduct. However, it would be wrong to approach refugees with such symptoms as if they were suffering from typical depression. Although their feelings will have a depressive cast they will be rooted in the massive emotional and concrete losses and therefore, unlike typical depression where causes may be more convoluted and hidden, a predominant aspect of refugees' mental conditions will be more immediately accessible to therapeutic work. It is of course difficult to apportion grief either to personal losses or to loss of homeland and its function as a repository of living values. Thus it is vital to have an understanding of both personal bereavement processes (Murray-Parkes, 1972) and issues of transition and cultural bereavement which should include an appreciation of how losses are dealt with in the traditions and beliefs of group members. Conversations about death and its meaning will need to encompass an understanding of the spiritual dimensions of people's traditions and experience and an understanding of the communal nature of mourning (Some, 1993). For instance, there will undoubtedly be members who have been unable to bury their dead and follow through prescribed funeral rites. The group may be able to offer itself as a refuge in which group members are able to bring forth their funeral traditions in conversation and mourn the fact that they have not been able to follow the prescribed rites. It may also be possible to work out alternative rituals which encompass the group and these may include food, prayers, blessings and invocations.

The impact of transition and cultural bereavement is present in many subtle transactions in the group. For instance the relative status of group members is complex in groups for refugees. Each will have had a certain status in their country of origin and they will have another status in exile. These differences in status will have a dynamic effect as the group negotiates whether to respond to the home or exile status (Al-Rasheed, 1993). Also, the extent to which the group meets a social need may be dependent on the relative isolation of group members and their ability to use the group as a means to enrich their social connections. It is usual to have considerable discussion about what has been left behind and lost and how this impacts on the internal and external worlds of group members. At times the group as a whole may feel at sea, without anchorage, lost in the desert, living on tasteless, insipid food. These are all metaphors of cultural bereavement which sum up the lack of social and
emotional connectedness brought about by the transition into exile. By providing the sensibility to focus on these themes the group can help with the incorporation of members into exile, enabling them to integrate aspects of their culture and past life with the culture and demands of life in the host country (Woodcock, 1995).

**Responding creatively to group work with refugees**

My experience indicates that only small numbers of refugees can be recruited into groups conducted on mainstream group-analytic principles. Not enough is really known about why this is the case, although it can be conjectured that refugee communities are generally not familiar or comfortable with the formality of the group analytic setting; or that at the point of crisis when a group could enable them to process psychological material too few speak English and there are too few therapists available who can work in refugee languages. This area deserves further study and experimentation. Nevertheless, group-analytic, psychoanalytic and systemic ideas used in the group setting are very pertinent to the refugee experience. The group provides excellent opportunities for reparation by reproducing lost and destroyed aspects of social and family life and the contribution of group therapy comes into its own where the social and creative aspects of the group are emphasised and developed as the leading task of the group. Here are three descriptions of such groups:

**Using Food and Narrative as Means to Heal**

This group was run for African women who had suffered massive loss and atrocity which was not resolving naturally over time. The preparation and cooking of a meal was made into a primary focus of the group. Each week a different woman would buy the food and initiate the preparation of a meal from her homeland. The symbolic nature of the hearth and familiar food was used as a resource for this group. Food powerfully communicates identity in differing ways of presentation, the making of hospitality and the marking of kinship which differ between cultures. Food also communicates identity by smell, taste and other subtle aesthetic qualities. The groups brought these issues alive and stimulated symbolic and practical thinking. Friendships were created in the groups which continue to this day.

While the meal was eaten the second focus of the group would be brought into play which was the telling of stories. These consisted of the women's personal stories and also traditional stories and histories from their homelands. Their personal stories enabled the women to realise that they were not alone in their suffering. As trust developed, the stories which emerged were often connected to the vivid existential themes of their lives: separation, loss, death and betrayal. Each woman had aspects of experience which prior to the group had been too painful to recall, or experiences which were so bizarre as to be barely believable, or experiences which were denied because they felt too shameful to admit. An interpreter was not used and the conversation was conducted in various African languages and French and English which were spoken by the group therapists. The group offered a holding environment in which their internal and external worlds were looped together by the therapists' attention to systemic patterns and existential themes. By these means the groups created a matrix of meaning which made sense of their experiences and enabled them to process events by both conscious and symbolic means through the medium of the
story telling and the wider therapeutic discourse. Setting the group within the stream of the women's cultures also revivified their connections to the rich symbolic store of meanings within their traditions (David, 1991; White and Wpston, 1999). Finally, the group gave a voice to the women which demonstrated their strengths and commitment to life and cried out against oppression.

A movement psychotherapy group

This group used the notion that the body is the site of oppression. Therefore the body both literally and symbolically represents the impact that torture, atrocity and oppression has upon its victims. The group was for refugees from differing backgrounds who were suffering the sequelae of torture which included clearly recognisable physical injuries and psychosomatic injuries rooted in the body(Callaghan, 1993). My colleague's understanding is that "torture exists on a body-mind continuum and cannot be easily separated into physical or psychological categories." Furthermore, following the ideas of Scarry(1985), she works with the idea that the body is the "site of creation out of which we construct our symbolic world and invest it with meaning." Torture, atrocity, loss and exile imply the attempt of repressive regimes to destroy such creative processes and to destroy potency literally and symbolically. The movement psychotherapy group became the site in which reconstruction of meaning and the recreation of a restored relation between mind and body took place. The group was able to work with members with very little common language because movement was the primary means of communication. Materials such as balls were used; these allowed members to express inclusion and exclusion by whom the ball was passed to or whom was omitted; aggression through rough play and also pleasure through skillful and humorous play. Another material used was an elastic loop which could be used to encompass the whole group. At times the loop became a safe house into which the whole group huddled; at other times it was used to express rejection by excluding the therapist. This play with the boundary was common to all the groups conducted by the therapist using this method of group interaction. This seems to illustrate several interlocking themes: the importance of the boundary in all groups as a marker of who is psychologically inside the group and this is particularly relevant to refugees who are exiled from their homelands and live on the margins of the host society. Secondly, it illustrates the importance of the boundary of the body, the space which it moves within and the actual physical skin of the body which gets broken through in torture and atrocity. This group worked with those themes at a very deep symbolic level.

A group for refugee children

This group meets to enable adolescent refugee children who have suffered significant harm, either because they are unaccompanied children living in unsupported settings or because they have parents or carers who are unable to meet their developmental needs. The theoretical principles upon which the group is based follow developmental psycho-analytic ideas. Adolescence is a phase of development that has its central tasks: developing a new relationship with parents; developing a new relationship with ones body and developing a new relationship with work, learning and friends. It is particularly difficult for adolescents to negotiate these tasks when they have been overwhelmed by experiences of violence, loss and change or when parents are
suddenly lost or withdraw emotionally. The group aims to make a space to explore these issues via various modalities including art, drama and storytelling. This enables the group to explore extreme events and extreme feelings connected with those events. It is also a reality that in the lives of some refugee adolescents they often have little time and space for play - either because they have been overwhelmed or because they are forced to take on parental roles to support ill parents. The group aims to provide a place to play in the widest sense of the word - to play with ideas verbally and non-verbally - to have fun and thus integrate difficult painful experiences and good experiences in the process. Thus, the group aims to be fun while pursuing common themes which enable the children to relate to each other and to find a place in which the vulnerable and scary aspects of their experience are held and processed in a meaningful way. The group meets after school on a fortnightly basis and provides snack food both English and from the children's own culinary traditions. The group has drawn on storytellers and musicians from the children's communities and it has also enabled each child to describe their personal story and journey into exile using various media such as Polaroid photography and painting. In the summer the group ventured out to the seaside for the day. It is enriched by being co-run by a child psychotherapist, an Oral History Worker and interpreters from the Kurdish, Somali and Arabic communities.

**How the therapist takes care**

At best, any therapeutic work presupposes an understanding of the dynamics of the therapist's personal relationship to the central themes of the work. Perhaps unsurprisingly, working with the uprooted forces an examination of ones own origins and the connections made are part of a very personal story: what experience do we have of marginality, cultural difference, racism, issues of gender, politics and religious belief?

Nevertheless, refugees' experiences of atrocity, massive loss and displacement are beyond the experience of most western health professionals. The horror of what they have endured can be difficult to contemplate and may make us wish to recoil and close ourselves up to them. This is not a shameful response but a rather natural protective reaction we are likely to have when exposed to terrible and unthinkable experiences. Once we understand that we may react in this way we are better prepared to work with compassion and skill. Therefore, before starting work with the group some time should be spent thinking through the issues and emotions they may bring. This mental preparation should include being generous about finding support for oneself and giving oneself sufficient time preparation, for the session and the tasks that will follow. Cultural difference will also have to be thought about and may lead us to question western notions of health, the sick role and ways of helping. However, cultural difference should not undermine our skills if we remain open, curious, and exploratory about what we don't know. Nevertheless, some preparatory information about how such issues as gender, childhood, work, the life cycle and so forth are considered within the group members' home countries are well worth finding out about before the group starts as well as understanding the background reasons why group members have fled into exile. Over time, the group will always become the best informants about these issues and no doubt some of their viewpoints will be
controversial both within the group and within their community. Culture is fluid and ever changing, so differences of view should not surprise us.

This basic groundwork will provide the therapist with a sense of the terrain they will be working on and in the same way as the group will shift between levels and pace of work, so will knowing details like this enable the therapist to shift pace as well and find safety and meaning in wider contexts. Furthermore, one of the tasks of the group may be to explore the very damaging aspects of group members experience. This can be terrifying for the uninitiated therapist and for the group, but the therapists' access to group members' resilient qualities enables this exploration to be conducted with the confidence that there is sufficient emotional fortitude in the group to contain the terrifying issues without the group falling apart or going into flight.

**Working across gender and across culture**

When running a group with a co-therapist my practice has been for us to consult with each other about the aspects of our own experience which either connect us or distance us from the central themes of the group. For instance, the African women's group presented the challenge of how I would use my gender with women who had suffered rape, violation and humiliation by men (Swiss and Giller, 1993). My colleague and I first had to consult with each other to make our assumptions explicit about how gender issues would affect our way of working together in the group. Out of that we evolved an understanding of how my identity as a white, English man and her identity as a white English woman could be used. For example what did they make of my participation in food preparation and cooking? How did my presence shape and constrain conversation and interaction? In what way did I represent a threat? Was there opportunity for reparation of their relationships with men through their interactions with me or would they idealise me as a non-threatening, possibly de-sexualised and non aggressive male? To what extent in the group of largely single women would there be a sexual interplay in their relationship with me? How did we think they would react to our pairing as group facilitators? Naturally, we were not able to anticipate all these themes in our pre-group discussion but ongoing consultation enabled us to work with both the conscious and unconscious aspects of these matters as the group was running.

Our gender and cultural differences became grist to the mill for the therapeutic purpose of the group. I was able to be curious about them as African women from the standpoint of my European maleness and the mutual questioning enriched communication and presented challenges which made it possible for us to work with themes about male and female roles in the here and now. Simultaneously, in combination with the group's ability to sustain safety and enable re-symbolising of community, family and creative relations with their inner selves, there was playing out of themes which helped them to review material from the violations they had suffered at pre-conscious and more conscious levels. The group particularly provides a setting in which the deeply personal wounds of individual survivors can be given social recognition. Good therapeutic work also depends upon a recognition that traumatic events strike at the fundamental identity as described by Lifton (1993) and the therapist has to work to sustain opportunities for the group to access insights which permit them to work through the impact on their individual identities. For many survivors
this begins when they realise they are not alone. For others, especially where fear and terror are still palpable, or where there is a disassociative defence, the traumatic events may be projected out into the group where they are worked through collectively and then taken back and re-integrated into the individual.

For instance, complex and different versions of male and female interactions were brought into play both from the women's experience and in the present through their interactions with me and my colleague. We hoped I would present a model as a safe, contained and circumspect man who was able to reflect on male behaviour. One woman who had been brutally raped many times described how she had pretended at first that I was a woman in order to cope with my presence. As the group developed she began to understand she could have a non-threatening relationship with me. Nevertheless, because she actually hated men she idealised me as a special man who was different. This changed over time as the group enabled her to work through the trauma of rape at a symbolic level through interaction, discussion, reflection and story telling. The dilemmas of being a woman in situations where she had minimal control in her relations with men were explored. New ways of relating were reality tested both by herself and other women within the safety of the group through their relationship with me. My task was to offer safety, to tackle idealisations and explore alternatives in a frank and open way in the here and now. Eventually, the woman who had been multiply raped was able to envisage a relationship with a man in which her sense of choice and control in relation to men matched her undoubted healthy capacity for life in other domains. This particularly illustrates the ability of the group to offer an environment in which traumatic material can be worked through with the resources of culture, social relations, personal and ethnic identity and the inner self as sources of healing of the individual and the group.

Qualities of gender and culture are woven into each other. Thus, in responding to issues of gender with the women, there was a commensurate sensitivity to cultural difference. The women identified themselves as African women in relation to outsiders. Amongst themselves they took their identity in multi-layered directions, geographically toward homeland, region and village; ethnically through religious, tribal and regional aspects. We encouraged this diversity and curiosity about differing values, ways of being, and notions of justice, moral values and ways of healing by maximising the use of non-intrusive curiosity when opportunities arose for recognising and working with difference and by underpinning our thinking with the recognition of culture and ethnicity not as essential exotic qualities but as relational and reflexive notions which equally defined us.

**Racism**

Racism can be made invisible in therapeutic work. Like Kareem and Thomas(1992) we acknowledged the need to make it explicit. It probably sounds paradoxical to make this point about women who had frequently suffered violation because of ethnic difference. However, it is certainly true that for most racism was a new experience which they needed help to understand and contextualise. Like new immigrants from the commonwealth in the 1950's and 1960's, refugees tend at first to idealise British society; they do not expect racist hostility and often fail to interpret what is happening. One woman thought when white people frequently moved away from herself and her children on the train journey into London they were being excessively polite. In the
group the women had to work out strategies for coping with those sorts of encounters and many more dangerous conflicts brought by racism. As therapists we had to be sensitive to our ability to participate in denial because the way the women experienced racism was not readily part of our personal experience. Denial also came from the women in other ways - for instance, because it did not fit into their repertoire of experiences. Or, because it easily became integrated into the already traumatised and denied part of their self identity, it was thus treated as invisible by them. Also, because it was such a frequent, indeed continuous experience, reporting it into the group or elsewhere seemed carping and senseless. We had to make ourselves aware of these interactions and, like the parents of black children settled in Britain, the group had to see that racism was openly discussed and tackled actively in ways that were not damaging to the women's concept of self and in ways which enabled them to relate racism and the denied aspects of their trauma. For instance, one woman living with the constant abuse of her children called the police onto her inner city council housing estate and asked them to intervene. Their response was mild and ineffectual and earned the family even more hostility. She then stormed into the house of one of her tormentors and screamed in an eruption of feeling that she felt imprisoned by their hostility and would kill them if it continued. The police intervened again at that point and called to interview her. In a high state of anger she conveyed with the complete force of her personality that her husband had been executed in her homeland, she and her children had been mercilessly beaten, shot and tortured and they had escaped to Britain where life seemed little better. The racism on the estate was terrifying and imprisoning her and her children and she would kill if it went on. Better, she had said, to be in a real prison here in Britain for striking back than to be in a prison in her homeland for the sake of injustice or imprisoned in her home by hostility. Curiously, the authentic expression of those sentiments made her accepted on the estate. The other women in the group gasped at the vigour of her response. We discussed the matter for some time. Clearly, the hostility on the estate had connected her experience at home with what was going on in Britain. The impact on the other women came about not only because she stood up for herself so effectively but also because she expressed a connection which had been denied in several of them and we talked this out onto a conscious level and discussed strategies for responding and coping in different ways.

Principles of similarity and difference in selecting group members

As the groups described illustrate, political and social processes are integral to groups with refugees and these factors will need careful thought in relation to the composition and core therapeutic aims of the group. Even though they may have many common experiences which unite them there are enormous differences both between and within refugee communities. Issues of national and political identity, religious belief, gender, language and class both unite and divide and these differences can be very confusing when thinking through a group proposal.

Usually, the idea for a group will spring up from a perceived need. For instance, a group for African women who have similar experiences of loss and atrocity, or a group for Turkish Kurdish parents separated from their children by exile, or a group for woman who are in conflictual or violent relationships, or a group for Iranian men who have similar experiences of imprisonment and torture, or a group for refugee
children whose parents are unable to help them cope with atrocity, loss and change. Nevertheless, the perceived need should be thought through in terms of the similarities and differences which the group will have to encompass and also in terms of the similarities and differences which would disrupt the effective formation of the group. Because these aspects are so important it is useful to think in terms of similarity and difference. Such principles would indicate that there needs to be sufficient similarity to enable group cohesion and sufficient difference to stimulate curiosity and to allow opportunities for interpersonal learning about alternative ways of responding to personal and social difficulties to come forth. Thus it helps to have a group with a certain proportion of shared experiences and assumptions but also with sufficient difference for assumptions to be challenged. For instance in the group for African women the principle of similarity was a shared identity as African women. This united them around certain shared perceptions and experiences and in terms of the identity ascribed to them by the host community. However, they were also African women from different countries and different regions with differing cultural and family traditions and personal beliefs. The core therapeutic task of the group was to enable women to pursue a process of mourning complicated by multiple loss and atrocity which was not resolving naturally over time. The women found the common elements of identity and experience were supportive. Meanwhile, the ways they dealt with issues such as rape, loss of partners and children left behind were enriched by the variety of responses in the group about these experiences.

Refugee communities are often divided along sectarian lines which reflect exile versions of the political struggles back home. This can sometimes preclude the simple creation of single language groups where there is an assumption that this will unite group members. For instance, the Iranian community has many mutually suspicious factions and attempts to bring together members of that exile community with stark political differences around non-political themes such as common experiences of torture or imprisonment have not been very successful. This means the group facilitator needs to be adept at understanding political differences and their potential to unite and divide.

The idea for the group will be also be shaped by the therapists' orientation and this can serve to offer a theme which over-rides differences which otherwise could cause a group to founder. For instance, in the movement psychotherapy group because movement was the common language of the group the therapist was able to work with members who spoke very little common language and political differences, which in a verbal group could have been very conflictual, did not disrupt the common themes which united members.

**Communication**

By definition refugees are people whose voices have been excluded or silenced. This makes communication a key issue in therapeutic work with refugees. Careful attention needs to be paid to enabling the differing experiences in the group to be expressed so that trust develops and each voice is privileged. Furthermore, understanding that communication is one of the central issue of refugee groups enables groups to be run in which there is no common language. Instead, what is said may need to be translated several times in a chain of communication around the group, from French to Arabic to
Swahili to English until each group member and the facilitator understands. Such a group may seem painstakingly slow, yet this works. Respect for what is being said, attention to the polyphony of refugee voices, the understanding that voice embodies culture and tradition means that core elements of identity that are essential aspects of resilience are privileged by this way of working.

**Working with Interpreters**

The therapist will need to decide on the basis of their language skills whether to use an interpreter. Acquiring good skills in communicating through an interpreter may therefore be essential. An interpreter should not be regarded as a colourless conduit of the therapists' talk. Rather they are best considered as colleagues who will be useful therapeutic allies who will enrich communication within the group. They may also be helpful informants about group members' beliefs and traditions, although when offering advice on culture, the interpreter and therapist must also recognise that the interpreters viewpoint is only partial, it offers some access but must not be considered to be definitive.

The fact that therapy is essentially a task about communication should be borne in the forefront of the therapist's and interpreter's thinking. Therefore, a good deal of time spent finding a congenial interpreter and involving them fully as a co-worker in the enterprise, including the planning and preparation of the group is time well spent. Their position in the group may be similar to that of a co-therapist. Therapist and interpreter must work out how to translate. In general, interpreting short phrases of translation makes for more precise empathy. However, translation phrase by phrase may not always be appropriate or necessary. Work slowly, create trust, clarify issues, think through dilemmas of translation openly - involving interpreter and the group. Often, as trust develops, group members may start making more use of English and this is to be encouraged, as is cross talk which enables communication to circulate around the group rather than being directed exclusively toward interpreter and therapist.

**The Patient Role and Advocacy**

No matter what the therapist's orientation refugees do not easily take on the identity of patients nor is it easy for the group therapist to designate them as patients. This is because their needs do not primarily arise from a neurotic history of emotional and social difficulty but from human rights violations which have been inflicted upon them. Refugees also tend to have a great many practical needs to settle. By virtue of flight and exile many are materially destitute, live in poor housing and have little access to the job market because of lack of English or ill-health. Their precarious legal and social position may mean that they might look to the group therapist for opportunities for advocacy. This may artificially elevate the group facilitator's status and the therapist must consider how to respond. In a group conducted for Turkish Kurdish refugees separated from their children my co-therapist was a psycho-analyst and doctor who wrote a great many medico-legal reports attesting to physical injuries and psychological harm arising from torture and atrocity. Naturally the refugees in the group knew this and a great number of sessions were spent exploring if my colleague would offer this individual attention to each group member. In the event it was hardly
appropriate for everyone because not all had signs, apart from the natural distress at being separated from their children, which could be written up in a report. We initially responded by playing a therapeutically abstinent role which was very hard to sustain over the many weeks as the group argued that we had an absolute duty to represent their needs in reports for them all. Meanwhile, we wrestled with our consciences: would a report, no matter how weak, really make a difference? Would report writing for the group sustain the severely damaged morale of group members, several of whom had been separated from infant children for over four years? The group idealised our capacity to help and we challenged this by wondering with them about the actual efficacy of our reports counterposed against their own sense of failure as parents who had abandoned their children. In the end the group decided that they would write their own reports and they produced some very moving letters which attested very eloquently to their distress at separation and the reasons why they had to abandon their children and take flight into exile. My colleague accompanied the group to the House of Commons where a charter for separated refugee parents was launched and several of their letters were read. Symbolically, we refused to take on the parental/leadership role which they wished to attribute to us, rather we set out to process and digest the greater complexity of their situations and this enabled them to enlarge their capacity to represent themselves.

The outcome actually worked well in that group; nevertheless advocacy represents real dilemmas and an abstinent approach is not always appropriate. In reality the therapist often does wield more influence than refugee group members and at times advocacy can make a difference, not only with the Home Office in painful areas such as family separation, but also with housing, or the DSS, or with the health services. It always seems appropriate to wonder with the group what advocacy means; what effects will it have on your relations with the group; will it provoke envy in group members who do not have that attention; does advocacy involve healthy idealisation or the relinquishing of group members' adult capacities; what advocacy is available in the community; is it right at that particular time to allow that or not?

**Politics, Human Rights and leadership**

To offer a therapeutic service to refugees presupposes a certain commitment to Human Rights. It may be rather abstract, such as taking an ethical position within the bounds of one's professional identity, which means that one resolves to offer a service because it is needed. It may be coloured by one's political commitment. But Human Rights are not abstract and work with refugees will force an examination of what Human Rights mean, whether this is done overtly in the group or is the preoccupation taken up privately or in supervision. Taking a strong political stance is not usually very helpful because groups are rarely politically homogenous and this will inevitably alienate some members or it may prevent other more complex positions being reflected. At best the therapist should use Human Rights as a concept which can be used to reflect on positions in the group. For instance, what does it mean to have been a freedom fighter? Did this improve people's rights or lead to greater repression? The role of Human Rights in the group is therefore used to privilege all the differing attitudes and opinions in the group, rather than privileging one position. The therapist may find the concept of therapeutic neutrality developed in systemic family therapy is useful. Systemic practitioners are not detached operators but engage equally with all
participants and positions. They also employ the notion of the therapist using different lenses. For instance, the therapist may wonder how an issue looks from the perspective of a woman, or of a man, or from the the perspective of a child. These ideas permit the therapist to exercise leadership in the group in a style which fits well with non-authoritarian communal forms of leadership more common in non-western social groups. There the leader remains engaged in the arguments and discussion but models a style that does not take sides but allows all positions to come forth (Smith and Bond, 1993).

In groups with quite sharply different political opinions, especially with members from the same country who have literally fought over the same territory, respect for differing political positions will often need to be established by cohesion around other aspects of their identity. In such groups there will need to be a level of trust about basic emotional themes, before frank political discussion emerges. However, in groups with members from different countries politics are often safer to discuss, because despite different ideological leanings there is greater capacity for being dispassionate. Furthermore, in real politic there are often strange bedfellows and western political demarcations may not necessarily be relevant. Politics can also become the currency in the group for expressing challenging and aggressive feelings or alternatively going into flight about emotional issues which feel too painful for the group to face. The therapist will have to monitor political discussion and like any other form of exchange in the group consider the emotional implications of the communication and what is being transacted at other levels.

**Containment and Validation**

Torture and atrocity confront survivors with extreme experiences which may rupture the psychic shield. Psychoanalytic writers hypothesise that near death experiences cause a catastrophic weakening of the inner boundaries of the psychic structure. There is an influx of primitive material into the more sophisticated social aspects of the personality and defence against the catastrophic destructive intensity of those feelings may lead to disassociation.1 Furthermore the social aspects of refugee life emphasise the loss of status which has an impact on the inner world: being stripped of possessions, forced out of their homeland, broken away from family and communal networks, having to relinquish meaningful political struggle, being unable to be an effective family member whether this is as a parent, adult child or sibling.

The group is in a unique position to address the themes of weakened identity which arise from these experiences because of its capacity to recapitulate primary life experiences within the family and social world.(Yalom, 1985). To achieve the goal of enabling very deep and disturbing experiences to be processed the group needs to develop as a place of safety and become a psychic container which can hold the chaos of primitive feelings without feeling so dangerous that the group will disintegrate. At the same time established assumptions about the validity of psychological theories to group members with cultures and traditions quite different from one's own need to be examined. This challenges the whole concept of containment, for how can the group facilitator offer safety if their basic assumptions are under challenge? It seems best to meet this problem by relativising ones own assumptions as far as they can be disembedded from habits of mind and personal interaction. At best therapists should
attempt to use knowledge and traditions as heuristic devices - inviting curiosity about their own beliefs and theories and being equally curious about the beliefs and theories of group members. The sort of interaction which this invites can be very containing. First of all, the facilitator needs to play close attention to the experiences of group members, thinking about their concerns, reflecting and linking to other experiences in the group. As trust develops, contrasts can be emphasised and the similarities and differences in the group may be deconstructed, analysed and understood. The experiences of group members can be looped through their social world, through their inner experiences and reflected by group processes.

The safety of the group and its capacity to hold members is therefore dependent on the capacity of the group to offer validation of identity and experience. This must encompass the culture and traditions of members, demonstrating in the group that culture can be used as a resource and source of resilience; their political beliefs, whether or not these are discussed in an overt way or tied to common themes such as respect for human rights; their social experiences in exile and these are likely to include strategies for reacting to racism, dealing with marginalisation and living with poverty. Finally, when the outer world of the group feels safe, members may start reflecting the difficult and shameful aspects of personal experience.

For instance, in the group for African women, Samira, the youngest woman in the group, had been abducted by soldiers while at boarding school as violence swept across the region and this had also forced her mother and younger siblings to flee to England. Samira was raped and later had a child about whom she felt great ambivalence. She was also enraged with her mother and younger siblings for seemingly abandoning her. In the group there were older women who under similar conditions had been forced to abandon their infant and teenage children and women who brought their pre-school children with them to the group. Samira would often play very delightfully with these children revealing her capacity to offer something less ambivalent like an older sister re-engaging with her siblings. Meanwhile, the dilemmas of the women who had been forced to abandon their children were talked out. The very painful choices and often the lack of choice were confronted. We did not assume that leaving children was necessarily catastrophic, some were in the care of grandmothers, some were in safety in the other countries where they had opportunities for education not available in devastated parts of their homeland. However, some women were bereft and deeply disturbed by leaving their children. The women offered differing reactions to what had befallen them and the aspects of Samira which were abandoned and angry and envious of her siblings were parented differently by each of the other women. She in turn offered them opportunities for reparation for their situations. The group was therefore capable of processing very deep feelings while offering opportunities for interpersonal learning and acts of respect and kindness which restored the women's sense of self respect and validity as mothers, daughters and siblings.

**Challenge and support**

When the group is a safe place it develops a capacity to challenge as well as support. It may be assumed that because of extreme experiences therapeutic work with refugees should be largely supportive rather than exploratory or probing. However,
refugees ask themselves very probing questions which are often agonising and to overlook the need to probe values, motivations and relationships would be neglectful of the real work that needs to be done. For instance, some of the Turkish Kurdish parents in the group for separated parents questioned why they had put themselves at risk by political activity. The answer to that question is never merely political, it is shot through with themes from personal history and cultural expectations.

**Safety, confidentiality and secrecy**

It may be assumed that in order for the group to feel safe to explore disturbing aspects of experience that a rule of confidentiality needs to be absolutely respected. However, members may belong to refugee communities in which the rules of confidentiality are different and perhaps more porous. The group therapist needs to check these issues out and relate to confidentiality in a dynamic way. The group may respect confidence about certain issues but feel freer about other interactions; for instance how will it deal with themes such as sex, including infidelity, or rape as opposed to an issue such as a member working illegally.

As the group becomes more cohesive it may spontaneously take on stricter rules of confidentiality. The therapist may decide that absolute confidence needs to be imposed in order to enhance the containment of the group and the safety of interactions. Therefore it may be wise to suggest that the group has different and special rules about confidentiality which are unlike those in society. Talking about confidentiality also has a special resonance with refugees from repressive regimes in which secrecy has been a necessary habit. Secrecy can be damaging to intimate relations; it can generate damaging fantasies and prevent difficulties being properly processed (Melzak, 1992). For instance, it is common to find that families back home will not pass on information about relatives who have died. This means that refugees in exile are unable to mourn effectively or live in a world that is impoverished by reality and shot through with nagging fantasies about what is really happening. The role of the group is not necessarily to challenge the secrets themselves but to examine the consequences of secrecy. Parents and children in the group will bring these themes into play because of the need of parents to maintain secrets from their children and there will be differing opinions and beliefs about what is legitimate and what is unhelpful. For instance in Angola parents may not tell their children that people have died until they are a certain age and they might expect the child to absorb the knowledge from available social cues as they grow up, rather than being told directly.

Discussion about confidentiality will also promote the theme of the group as a place of safety. For some in the group it may literally be a refuge in which to begin with they contribute very little. The therapist should be overt about the group as a place of safety, promoting discussion about what makes it safe, thinking about how the discussion shifts between topics, perhaps from emotionally difficult subjects to safer ground. In most groups in which there are very difficult themes of atrocity and loss there is usually a sensitivity among the members about the depth to which conversation can be taken. A theme will be pursued and very sad feelings evoked and explored, then the group will shift tempo returning to everyday concerns. This rhythm needs to be understood and respected and also explored. Has the group gone as far as...
it will; what made the group change tempo? Understanding these issues will help the group to unfold and strengthen its capacity to be a place of safety.

**Conclusion**

The communal nature of the group experience and the facility of psychotherapeutic work to ponder motifs of identity and difference in profound ways means that groups are ideally placed to work with the themes of refugee experience which include loss of identity through overwhelming terror and marginalisation. This is quite an optimistic note with which to conclude. It suggests that the Western therapeutic tradition has the potential to be developed as one of the milieu in which the savagery and rejection of refugee experience can be encompassed and worked through. This should not surprise us when one considers the work of Foulkes (1964) and others with combat casualties during the Second World War and the ongoing effort of psychotherapy to understand some of the resonant qualities that lie at the heart of humanity. Refugees invite us to enlarge our experience to understand that the qualities of the fantastic and horrible that enter our lives are not only aspects of mental life but may be deeply real. Furthermore, they ought to lead us to wonder what capacity does our group work theory possess to accommodate the experience of refugees and what capacity do we and our agencies possess to include refugees in our practice and to learn from, adapt to and imbibe their culture and healing traditions?

**Notes**


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