

RELATIONS AND STRUCTURES - PSYCHOTHERAPEUTIC CARE WITH TRAUMATIZED REFUGEES

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Introduction

For eight years now I have been working as a psychotherapist (trained in Gestalt Theoretical Psychotherapy) with severely traumatized people from various cultures at the organisation ZEBRA – Intercultural Center of Counseling and Therapy. The clients who come to our facility are refugees from various conflict areas around the world—they are victims of war, torture and political violence.

Relations and Structures

The title of this conference, Relations and Structures, appeals to me very much since, in my work, the importance and the effects of social structures to the living conditions and life situations of people have been visible both in the past and in the present. Especially among this clientele, the reference of socio-political and intra-mental processes becomes clear and should be understood as a process, since a treatment for traumatized refugees that is reduced to symptoms would not be sufficient. Trauma and its treatment must not disregard the structures in which the traumatization process was introduced and the structures that antagonize a healing process — or even re-traumatize in the present — when dealing with socio-political traumatizations. The aftermath of traumatic experiences may be seen at many levels. These effects and levels do not only affect the individual, but every one of us. It's not enough to simply treat the person concerned and to make him or her responsible for their own recovery. The general public, society and its attitude toward the suffering of the individual are part of the process. War, torture and political persecution do not happen beyond contemporary history, they're part of it.

“The specific living space of an individual, however, is, in a manner of speaking, embedded in the cultural living spaces and these again are embedded in the living space of mankind itself.” (Walter 1985, 244)².

In his Theory of Sequential Traumatization, Hans Keilson describes the long-term processes that are to be analyzed. To me his work is very comprehensive. He doesn't lose his view on the social environment. It's about seeing trauma in its overall context, not reducing it to medical symptoms. The term “extreme traumatization” includes both the individual dimension of trauma and social reality; it's always both of them.

“Extreme traumatization is a process in the life of subjects of a society. This process is defined by its intensity, by the incapability of the subjects and the society to respond properly

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² All translations from German are by I. Withalm

and by the shock and the lasting pathogenic effect, which the process induces in the mental and social set-up. Extreme traumatization is distinguished by its characteristic to wield power in a society where the socio-political structure is based on the destruction and obliteration of some members of this society by other members of the very same society. The process of extreme traumatization is not temporary and evolves sequentially.”(Becker 2006, 63)

I agree with Lewin’s approach: he speaks of the necessity to see a person in relation to his/her present environment. This also means seeing and beginning to understand the various structures of his/her life’s world (*Lebenswelt*) and their influences and effects. It means analyzing a person in various contexts.

Another frequent aspect in my work is the very narrow living space people live in. In our work, we repeatedly encounter constraints, and through these constraints one becomes aware of structures, and maybe relations, just as well. Constraints may be experienced at various levels. The freedom of movement of the person concerned, the chance to work here, to earn money, to act, and to create private space are very constricted. Constraints can be experienced also in what can be said. For traumatized people it’s often very difficult to speak about cruel experiences. Initially, it appears that the dreadful atrocities experienced can never be vocalized. There is a connection between the effects of war and torture and the inability to vocalize certain traumatic experiences. This means there is a constraint of speech to describe horror and there is a constraint of comprehension as well.

“Those who have experienced it will never know what it was like; those who know will never say; not really, not everything.” (Quindeau 1995, 82)

A quote by Ferenczi very concretely expresses another constraint which we have to accept as a therapist and a person:

“And finally we have to accept that our ability to help, as well as our willingness to help, is limited.” (Ferencz 1932, 277)

One example of this concerns the refugees who arrive at our country and apply for asylum come from various countries. What these people have in common is having left their countries and not being capable of speaking our language. And vice versa, I cannot speak theirs either. As a therapist I’m called upon creating a setting and a frame where we can communicate and learn to understand each other. Speech is an essential requirement for therapy to take place and for people to start telling their stories, expressing themselves and being heard. Speech often is an instrument for being accepted. Refugees again and again experience speechlessness. Being speechless means being powerless. Therefore it is necessary to create the chance to ‘empower’ these people with speech.

To us, reducing barriers of speech and making speech possible is a necessary requirement. We work with competent interpreters trained by us for this particular setting of psychotherapy.

ZEBRA – Rehabilitation Center for Victims of War, Torture and Political Violence

First, I’d like to introduce the facility I work in. I believe for a therapist it is important to know the structure he/she is integrated in. ZEBRA is an NGO – a non-governmental organization, meaning that we are independent and that we are not primarily

subsidized by the state. We receive the subsidies from various sponsors. Most of them come from the European Refugee Fond and the European Initiative for Democracy and human rights. The state of Austria contributes only a small part to it.

Within therapy, there is always a pattern of interaction. In this respect, it is important to know what relations are offered in what structure. Refugees are from countries with unstable political situations. Often these people were persecuted, confined and tortured by an autocratic regime or the governments were not able to protect them. The clients live in a situation that is exceptional to them and allows little leeway. Mostly they have to live under very restricted conditions conceded by the host society, even if they find them unbearable and humiliating sometimes. Thus one ought to create a setting with a well-defined scope that is accepted and eventually shaped by all the people involved.

Life situation of refugees living in exile

Here I will try and give you an insight into the particular and very complex life situation of traumatized refugees and their diverse needs which have to be considered.

Migration for asylum seekers is affected by the break with their native society and an uncertain future in the host society. At first, and this may last many years, refugees live in a transitional period, in a kind of temporary solution. They share the little space in refugee quarters and 'wait' for their future. They wait for decisions, they can hardly influence after the first interviews. But these decisions are essential to their lives, to their sheer existence. This very stressing situation causes afflictions of many kinds – psychosomatic diseases, mental pressure, states of stress, fear of being uprooted, fear of the future, hopelessness, despair, resignation and mental crisis.

When working with traumatized refugees, it is important to take afflictions of any kind seriously, to perceive the miscellaneous areas of life that are experienced as difficult and unstable. These areas must not be regarded as being separated. Looking at these various aspects is necessary because medical conditions may have many causes. This means that the mental, physical, social, economic, political dimensions ought to be taken into consideration. These dimensions should be taken into account in a holistic treatment plan oriented at everyday life in order to meet the needs and necessary measures for a healing process of traumatized refugees.

In the immediate psychotherapeutic work, we often experience that survivors of torture, war or other forms of political violence can only dissociate themselves from their traumatic experiences with great difficulty or cannot dissociate themselves at all. These people are living with the consequences of the atrocities they experienced. For them, their losses and suffering stay part of their lives and their characters. There are injuries of various natures. Some of them can be treated; others will remain a visible stigma for the rest of their lives. This stigma is both mentally and physically engraved.

The aftermath of war and torture is part of the trauma. On the one hand, there are physical and mental afflictions. On the other hand, there are many losses accompanying escape, just like insecurity and unfamiliarity in the new culture.

The aftermath of war and torture has to be considered in connection with the original incident and as part of the traumatization. Parts of this aftermath are the poor living conditions in the context of escape and migration.

Eventually psychotherapy with severely traumatized people from other cultures demands a holistic approach. And this holistic approach again demands interdisciplinary thinking and hence a multidisciplinary team.

Our approach focuses on psychotherapy which is, on the one hand, complemented by bodywork therapy and psychiatric consulting; and on the other hand, it is complemented by social work and legal advice.

Our team consists of five psychotherapists. One of them also works in her mother tongue (Bosnian, Serbian, Croatian). Most of them speak English as well, if required. One of them is a child therapist. Furthermore, there are two bodywork therapists, a man and a woman, trained in the Feldenkrais Method and a psychiatrist who is head of the department at the Sigmund Freud Psychiatric Clinic. She regularly visits our organization every other week and treats clients who need psychotropic drugs. In special situations of crisis, she organizes a necessary inpatient treatment.

In order to inform people concerned and coordinate the manifold everyday problems in the living quarters, in refugee hostels, with public authorities, in schools etc., we have a social worker, who, besides doing immediate social work, provides legal advice. And we also have, as mentioned, a well-developed pool of interpreters. The languages Russian, Chechen, Turkish, Farsi, Dari, Albanian, Mongolian and Romanian can be offered.

What can psychotherapy accomplish?

Within what scope does psychotherapy take place?

The setting is an essential part of a psychotherapeutic treatment. Without it, therapy would be impossible. Therapy takes place in a spatio-temporal frame, where client and therapist meet and become part of each other's life world (Lebenswelt). Within this pattern of interaction and encounter, a healing process can be initiated. This frame exists both internally and externally.

"Unlike the picture frame that differs from the framed, the frame in psychotherapy is nothing else but a relation-structuring interaction between psychotherapist and patient in its conscious and unconscious dimensions. Hence it is contents." (Berns 2003)

At the same time, therapy takes place in an institutional frame, which again is embedded in a structure of society. That means the entire context with all possible structures of power becomes part of the whole process and thus has to be taken into account.

The state of Austria grants asylum and, as a consequence, living space, or not. The asylum procedure often takes years. Throughout this time, the clients live in a transitional period where they cannot move forward or backward. Here, natural limits and excessive demands become visible. As therapists, we are in this intermediate world together with the client, with all of its risks and chances. These intermediate worlds also hold potential. Dealing with one's own and the strange world can create some-

thing new inasmuch as there can be a creative process. This requires a readiness to deal with it within a relationship.

“To claim a potential room requires creating this room amongst two: among the me and the not-me, among the inside (native group) and the outside (host group), among past and present.” (Grinberg & Grinberg 1990)

We all know periods of change. They consistently emerge during various life stages – birth, childhood, adolescence, entrance into working life, marriage, parenthood, partings, old age etc. In this manner, escape and migration also represent periods of change.

The therapeutic setting can become a stage of change as well. To the therapist this means creating a setting where the conditions for the client ought to be set in a way that creates an intimate, private and protective setting. This setting should, at the same time, include and reflect the outer social references and social balance of power. This means offering the client a setting that enables an integrative process, where he/she can grow and act again.

Without a minimal ‘security frame’, emotional traumata cannot be traced or treated. (cp. Herman 2006).

Establishing and shaping a relationship can only take place within this frame. The therapist him or herself always becomes a witness as well, and therefore a clear, personal positioning and attitude of the therapist will be helpful and necessary to both the client and the therapist.

Extreme traumatization usually refers to a collapse of all structures. It is often connected to the experience of death. People who had to face torture or violence have, at the critical moment, lost the ability to see the suffered destruction as an intentional act from outside. Torture is seen as liquidation, as death. There is no more inside or outside.

Many clients also describe it in the following way when they talk about their experiences: ‘I knew I was going to die’; or ‘I was ready to die’; or ‘At this moment, I strongly desired to die.’ Not being able to die or not being allowed to die was experienced as terrible. Inwardly, these people had already finished with life. Death became part of the inner life and the question is not only how to survive but how to live, to choose life.

“Experienced death can only be survived and overcome if the patient can readmit life and its bonds, if he can retrieve interpersonal contact and if this contact lasts.” (Becker 2006, 52)

The therapist’s attitude towards life itself becomes important. It can become the basis of safety and stability. The therapist is asked to take a stand on what happened. Crimes have to be named by their right name. There is no neutral position towards crime and violence.

At this point, I’d like to read from *Vinculo Comprometido*, a kind of declaration of principle that was written by the therapists of a Chilean treatment center for victims of torture.

Vinculo Comprometido

“When we talk about a therapeutic relationship that is deeply committing, we want to distinguish it from a therapeutic relationship that is supposed to be characterized by the ‘neutrality’ of the therapist. What actually happened can only be understood in its political and social context, which we cannot be unconcerned about..... Neutrality abstracts from reality, and social violence in its extreme patterns shows how absurd it is to, even theoretically, forget that everyday life is influenced, shaped and determined by this very reality.” (Lira, Weinstein 1984, cit. Becker 2006, 47).

Authenticity, transparency and empathy of the therapist are necessary requirements for a basis of security and establishing a ‘structure of trust’. Exploring the living space of a client together with him or her will now and again show various levels. These levels are to be deepened and comprehended, both temporally and spatially. Within a relationship, that requires the willingness to communicate, processes can be initiated that exceed or even limit the cruelty, despite of the consequences the affected person suffers. Within such a process everybody concerned starts to understand and can perhaps rise beyond it. Just like the suffered pain exceeds the individual and eventually affects all of us.

“In human science, accuracy means to overcome the strangeness of the strange one without its conversion into pure entity (replacement of any kind, modernization, not acknowledging the strange one, etc.). The most important thing here is depth – the necessity to advance, to delve into the creative core of the personality where it enshrines its existence, i.e. being immortal.” (Bachtin 1979, 351)

In my work with this clientele, the theory of gestalt theoretical psychotherapy is also a helpful scope. It offers me a structure in which I feel fairly safe. Both Lewin’s living space concept and the epistemological approach of the critical realism allow, in a phenomenological approach, to explore many levels in an overall process, to realize, to see, to understand and to integrate.

“In fact, the encounter with the strangeness has an expiration date, since due to the relationship the strangeness increasingly dissolves. Comparable to dealing with one’s own unconsciousness by which more and more becomes conscious. There may remain an irresolvable remnant of strangeness that inhibits melding and confirms distinctness. The knowledge of this remnant again creates consciousness and entity contrary to unconsciousness and strangeness.” (Kronsteiner 2003, 381f)

Psychotherapy is always a dynamic process, it needs time and space. There is always time and space, we only need to have enough awareness to provide them in a way so that they can be used well and safely. Sometimes, for instance, there ought to be time, which the soul needs to follow the events. This time is to be given, no matter how long the soul needs to arrive. I would like to conclude with Haruki Murakami’s insights about the soul, which he reveals in a dialogue

“‘But it leaves traces. And we can follow these traces. Like footprints in the snow.’ - ‘And where do they lead?’ - ‘To ourselves, That’s the way with the soul. Without it nothing would lead anywhere.’” (Murakami 2006, 216)

Summary

When working with traumatized refugees in exile it is necessary to take into consideration their special situation: living in a transitional phase marked by changes in various areas of life, the consequences of political violence, war and torture, the ongoing process of trauma, that continues even after the escape from the home country, as well as the psychological and physical sufferings and the various losses remaining a part of them. The aftermath of torture and war has to be linked with the original events and thus been seen as part of traumatization.

People, who were confronted with warfare, torture and organized violence have lost their trust in mankind, therefore professional support needs a lot of time, respect and a collective consciousness to start up the process of healing. As a psychotherapist you have to take position, you cannot be neutral in being faced with cruel violence, you become a witness and you have to accept this role. Extreme traumatization destroys all potential structures. Therefore it is the task of the therapist to create a space where it is possible for the client to find new structures for himself.

Zusammenfassung

In der psychotherapeutischen Arbeit mit traumatisierten Flüchtlingen ist es wichtig, die besondere Lebenssituation dieser Menschen zu beachten. Sie leben in einer Übergangsphase, die von Veränderungen in den verschiedenen Bereichen ihres Lebens geprägt ist. Die Auswirkungen von Krieg, Folter und anderen Formen politischer Gewalt sowie der verlaufene Traumaprozess leben auch nach der Flucht aus dem Heimatland fort. Es bleiben sowohl die psychischen und die physischen Leiden als auch die vielfachen Verluste immer als Teile ihres Lebens bestehen. Daher müssen die Nachwirkungen von Krieg und Folter mit den ursprünglichen Ereignissen verbunden und als Teil der Traumatisierung gesehen werden.

Menschen, die Krieg, Folter oder verschiedene Formen politischer Gewalt erleben mussten, haben das Vertrauen in die Menschheit verloren. Aus diesem Grund braucht professionelle Hilfe viel Zeit, Respekt und ein kollektives Bewusstsein, um einen Heilungsprozess möglich zu machen. Psychotherapeuten werden in ihrer Arbeit auch Zeugen und haben diese Rolle zu akzeptieren. Sie können gegenüber grausamer Gewalt nicht neutral bleiben, sondern müssen dazu Stellung beziehen. Extremtraumatisierung bedeutet Zerstörung aller Strukturen. Daher ist es die Aufgabe des Therapeuten, einen Raum zu schaffen, in dem es für den Klienten möglich wird, neue Strukturen für sich zu finden und aufzubauen.

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