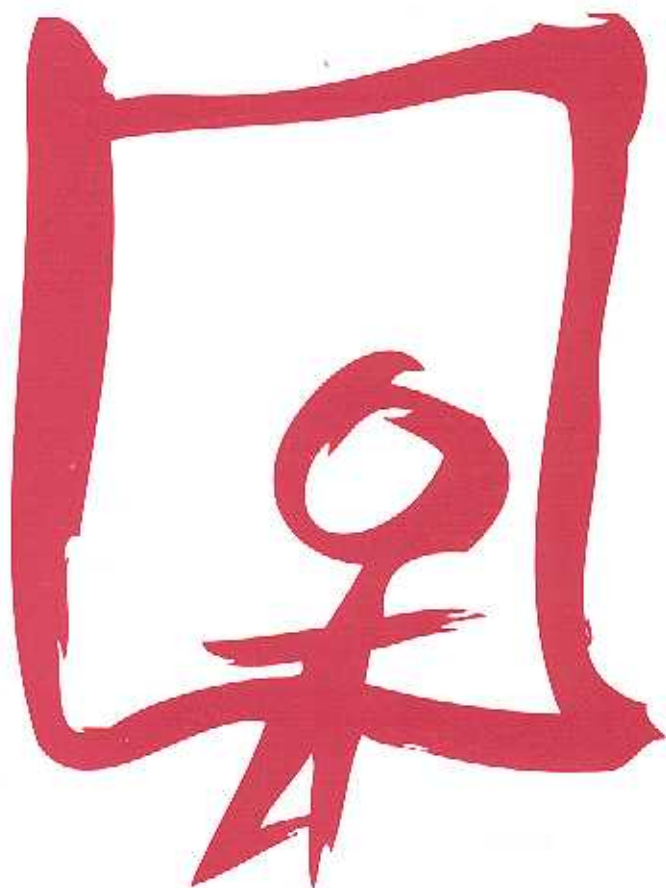


WALTER RENNER (EDITOR)



CULTURE-SENSITIVE AND
RESOURCE ORIENTED PEER (CROP) GROUPS

Austrian Experiences with a Self Help Approach
to Coping with Trauma in Refugees from Chechnya

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**A REPLY FROM PSYCHOTHERAPY:
OUR EXPERIENCES WITH INDIVIDUAL PSYCHOTHERAPY FOR
TRAUMATIZED REFUGEES**

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This contribution is based on our work with Ankyra, a Center for Intercultural Psychotherapy and part of the "Diakonie Flüchtlingsdienst" in Innsbruck. We began providing psychotherapy for asylum seekers and people with approved refugee status in the summer of 2004. Many people from Chechnya had already fled to Austria at that time. All over Austria the Chechnyan region accounted for the biggest number of women, men and children seeking help from the organizations providing psychotherapy for refugees. The degree of traumatization amongst refugees from Chechnya seems particularly high due to the atrocities of the war, the related social collapse and the attempts at extinguishing Chechnyan culture altogether (in his contribution to this book, Anthony J. Marsella speaks of "culturalcide"). We shared our first experiences providing psychotherapy for refugees with many Chechnyans – together, we discovered new ground. The high need for psychotherapy led to our program being used extensively. Even if most of our clients were unfamiliar with psychotherapy, and even if their lives as well as their understanding of the world and of themselves differed from ours, we were able to create a space in which trust, understanding, and sharing became possible.

Within Ankyra we offer refugees individual psychotherapy, psychological, psychiatric, and medical advice as well as specific group therapy and empowerment groups. The study presented in this book might give the impression that self-help groups could substitute for psychotherapy with traumatized refugees. However, for us the question is not that of an either-or (*either* group therapy *or* individual therapy, *either* psychotherapy *or* self-help) but of an as-well-as. The same solutions do not apply to all people and their respective problems. As a facilitator for the "Culture-Sensitive and Resource Oriented Peer Groups (CROP)" stated, "Some people have to carry a big burden, they need a doctor. Others have to carry a small burden, they need a friend".

Some of our clients of individual therapy took part in CROP groups. We stopped with the individual meetings during this time and resumed them after the group meetings had terminated. We have clients who are only interested in individual therapy, others who prefer group therapy, and some who combine both. These decisions are not random; they follow the needs, resources, and extent of the problems of the individuals in question.

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I. WHEN GROUP THERAPY IS NOT (YET) INDICATED - OR: ON THE PROBLEM OF FINDING ONESELF

A lot is possible within groups: The exchange of shared suffering, the experience of solidarity, the gathering of strength, resource-oriented processes. Especially for traumatized refugees whose trust in others has been damaged, who have experienced the destruction of social relations on many levels within a system of war, and who have lived in social settings marked by fear and rifts, healing powers are set free when meeting others and experiencing a functioning community, no matter how small. However, the degree to which their trust in others is damaged might prove so high and their fear so big that a positive group experience is not (yet) possible and can hence not be recommended.

The treatment of traumatized people must – regardless of the methods employed – consider the abilities of the clients to endure intense emotions. Traumatized individuals are often confused by their symptoms and are afraid to become “crazy” since they are often unable to describe their strong emotions, their anger, their pain, and isolation.

A first important step in each treatment is to enable stabilization through information and the verbalization of somatic states, i.e., to relate the physical, somatic expression of a feeling back to its emotional source. For some individuals this first step on the way back to a sense of identity is only possible within the firmly guarded space of individual therapy. To share their fears and their feelings of shame and powerlessness with others might remain a step too big to take for a long time to come. Traumatized individuals do not feel “normal”. They notice that their problems alienate them from their families and their social environment in general and they feel unable to structure the internal dynamics caused by past and present events. Receiving information on trauma and its possible consequences is hence an indispensable first step in the healing process. For some individuals it is very difficult to accept to be “sick”, and to enter a group setting unprepared might, under these circumstances, strengthen adverse reactions.

Entering a group is hardly feasible when the symptoms caused by traumatization do not allow the traumatized to consciously experience and verbalize their emotions. To them, their emotions remain bodily experiences and somatic effects or they express themselves through acts which appear to have no connection to the emotions’ cause. In this case, those affected by trauma have lost the ability to articulate themselves towards others and hence find themselves unable to share their experiences and work towards solutions communally. Individuals in such a situation can be easily overwhelmed by a group setting and might feel over-stimulated, which could in turn provoke aggressive behavior towards themselves or others. When a person’s social perception – both of her- or himself and others – is massively damaged and distorted, then introducing these individuals to group settings demands particularly careful preparation.

Mrs. R. is a widow and mother of three adult children who have all found refuge in Austria. Mrs. R. and her children witnessed the brutal torture and killing of their husband and father in their own home. Mrs. R. is since suffering from amnesia, fever attacks and general fatigue. She is regularly in hospital care. Mrs. R.’s amnesia affects years of her life. This leads her to a feeling of isolation, a sense of distance to the world around her. This confuses and wears her down psychologically. Even though Mrs. R. longs for social contact and is eager to join a group, she tires quickly in conversation (to the degree where this

manifests itself physically). In individual therapy it is possible to adapt both pace and content to Mrs. R.'s individual needs. Breaks, walks, rests, and silences allow Mrs. R. to understand and accept her exhaustion and to interpret it positively as a part of her sickness. The connection to the therapist remains, and the emotional bond needs not be severed.

Since the dyadic setting of individual therapy guarantees positive intimacy as well as emotional acceptance and support, it can generate the first steps towards a feeling of self-control. The connection with the therapist often offers the first opportunity to become more conscious of the relations between thoughts and emotions based on a traumatic experience; It also often provides the first "safe space": A space in which the search for words to speak the unspeakable becomes meaningful. Being able to identify and name one's emotions provides the trauma affected person with a subjective sense of control and the mental flexibility to support her or his capacity to differentiate emotions and compare the situations these are related to.

Once these conditions for a feeling of identity and an experience of integrity – i.e., a stabilization and identification of emotions through the verbalization of somatic expressions – are fulfilled, group therapy, or the introduction into a group setting, can be valuable extensions of individual therapy. The social and communicative competence of a person can now be strengthened through the group experience and ways towards a new self-understanding and a new sense of self-determination can henceforth be developed from a social and communal perspective.

2. ON THE RELIEF OF BEING ALONE - OR: "MEN DON'T CRY"

Even though empowerment groups support resource-oriented processes, they remain an overwhelming environment for many when it comes to confronting the horror of their experiences (of disempowerment). Group settings can accumulate horror and the accounts of one person might aggravate the pain of another. This might lead to the above-mentioned over-stimulation and a renewed sense of a loss of control. Often the intimate space provided by individual therapy is necessary to work through traumatic experiences. In this space, the client can experience the attention and support she or he needs.

Mr. M., from Chechnya, attends individual therapy sessions at Ankyra since half a year. He lives with his wife and child in a refugee center in the Tyrol. He has very little trust in his surroundings and suffers from sleep disorders, nightmares, intrusive memories, acute back pain, and anxiety. He feels that he will not be able to cope with the demands of his new life in Austria without the support of his extended family. His young life is marked by war: already as a boy he and his friends armed themselves to fight Russian tanks – later he experienced imprisonment and brutal violence. Though young, Mr. M. feels old at the same time: He has already seen and experienced too much. He finds it hard to believe in a future for himself: He can neither imagine to succeed in Austria nor to return to Chechnya. He experiences his life as destroyed by war and, in a sense, as already lived. He feels a great need to talk, he wants to be understood and perceived as a person. Even though Mr. M. has very little trust in others, feels excluded from Austrian society as Chechnyan, and experiences the daily social exclusion as a refugee as extremely distressing, he finds an ability to trust within the space of individual therapy. He refers to this as a

crucial "counter-experience" where he feels listened to and accepted, supported and strengthened. It will take time for him to overcome perceiving the world between extremes of "good" and "evil" and to re-develop a more differentiated understanding of his surroundings. After one meeting in which he distinguished and described important points of his life as "good" and "bad", he expressed great relief: "It helps that I was able to tell you all this: [...] When I am with other Chechnyans, every story I hear is worse than the one before – it devastates me". Mr. M. needs a space where he can receive the support he needs, where he can remember his painful past with a sense of control, where his own personal history is the focus and receives importance and meaning. Meetings with other Chechnyans do not allow for this.

A CROP-facilitator voiced, "With women, talking is helpful, with men it is not. Men must not cry". In a male environment that is marked by notions of traditional masculine identity which attributes talking about trauma and experiences of pain to women, it would be extremely difficult for Mr. M. to grieve the violence and destruction he has experienced.

3. ON THE NECESSITY OF CONFIDENTIALITY – OR: "I CANNOT SHARE THIS IN THE GROUP"

We experienced repeatedly that clients did not accept the offer of group therapy because the group does not provide a space considered confidential enough to articulate their suffering and the violence which has caused it. Women say that they are not able to trust other Chechnyans and speak of the culture of gossip that does not allow them to open up within the group. Refugees bring the rifts that mark a society in war, their different political positions as well as their respective social status to Austria with them. Just because the overall social context is different, these patterns of their society of origin do not disappear – in fact, in the cramped living conditions of refugee centers they might become more pronounced and lead to conflict. Especially women often begin to question the virtue of clinging to Chechnyan values and draw inspiration from the relative emancipation achieved by women in Austria. Some women find the strength to leave an abusive relationship of many years behind; Some divorce their husbands. These decisions are further encouraged by the fact that, according to Austrian law, their children can remain in their custody. In Chechnya they would have had to stay in the husband's family.

Many of the women who come to Ankyra have experienced rape and sexual abuse. In Chechnya not only the rapist but also the victim of rape becomes socially stigmatized. When Chechnyan women talk to us about their experiences of sexual violence, they always need frequent reassurance that what they tell us will remain confidential. They fear social exclusion, even murder.

One example is Mrs. A. who fled with her husband and three children to Austria. She comes to us because she suffers from post-traumatic stress disorder. She told us about having been raped in Chechnya. The experience haunts her, yet almost more so the social reaction she was subjected to. The latter is responsible for feelings of shame and guilt (already a common effect of experiencing sexual violence) which consequently do not allow to properly process the experience itself. There is no one in her immediate surroundings who Mrs. A. could confide in, since she is afraid that her husband might

condemn, ostracize, or even kill her if he knew about the rape.

Mrs. L. was sexually abused by her uncle as a girl. She grew up in a progressive Chechnyan home and experienced protection through her parents. Outside of the parental environment, however, she experienced a deeply wounding stigmatization within the local community. She is scared that this might happen again. Before she told us about the abuse, she repeatedly asked us to reconfirm that we will not tell anybody what she was about to tell us. She is sceptical regarding group therapy, but does not reject it outright. In her case, group therapy cannot substitute for individual therapy since she needs a strong sense of trust to share her burdening secret and talk about the violence she experienced.

Different women told us similar stories – stories of violent husbands, of rape during the war – and we see similar symptoms as the results of their experiences. Still, each one of these women feels alone with her pain. In this sense it does seem important to create possibilities of solidarity among women and to enable mutual support – however, for most of the women who talk to us about their experiences it is not (yet) possible to actually share these within a group. Taboos and a culture of banishing the victim weigh too heavily on them.

4. ON THE CONSTRUCTION OF "REFUGEES" AS A SOCIAL GROUP – A POLITICAL ARGUMENT

The experiences from our therapy meetings support the approach of individual therapy. Yet it could be argued for individual therapy from a political perspective too: Within Austrian society, refugees are rather seen and treated as a group than as individuals. Of course not because they are all alike – in fact, they are as different as Mrs. Walter is from Mr. Maier, and some refugees might have more in common with Austrians than with other refugees. Refugees have all different backgrounds; they come from different places, have different personal histories, different levels of education, different political views, different ways of explaining the world. The perception of refugees as a group rests on their legal status and their specific living conditions as refugees. Against this backdrop it seems crucial to see and approach each refugee as an individual with her or his individual story and to allow for an exchange beyond both a romanticizing fascination with the "exotic" and a categorical rejection of the "other". Tendencies in Austrian society to speak of "the Chechnyans" or "the North Africans" – or, generally, of "the refugees" – do not do individual refugees justice and further complicate open social contact and exchange. This creates significant obstacles for integration since the notion of integration demands openness and acceptance of social change from the long-time resident community as much as from recently arrived refugees and migrants. The contact with understanding psychotherapists – who usually come from the majority culture – can be a big step in this direction.

5. PROSPECTS

Psychotherapy as we provide it focuses on a specific field and demands specific expertise: The ability to communicate inter-culturally and to work with interpreters as well as knowledge about trauma, legal issues, conditions, and intrapsychological

processes related to experiencing exile. The living conditions of refugees in Austria do not help their healing process. Research on trauma tells us that a crucial condition for processing traumatic experiences successfully lies in the possibility of overcoming a feeling of hopelessness through meaningful activity. This can contribute significantly to finding new purpose in life. Amongst the most important conditions for successful healing from traumatic experiences count security, autonomy, and vision. These conditions can hardly be provided for while individuals have pending asylum applications. The applicants' lives mainly revolve around waiting for the decision of the authorities, being questioned by government officials, being controlled, sharing tight living quarters, experiencing limited agency and suffering enforced idleness. Such a situation is very straining. In fact, refugees accord psychological problems as much – or even more – to their current living situation than to experiences in their countries of origin. Their current situation is marked by permanent stress and anxiety and the feeling that their hope for an improvement of their lives remains unfulfilled.

In this context, self-help groups can, without doubt, bring a lot of relief. Self-help groups allow to share individual suffering, can expand agency through empowerment, can partially break the spell of hopelessness and help regain a sense of self-determination. It is in this spirit that the work of the self-help groups presented in this book will be continued within Ankyra. Soon a group on "Living Conditions in Austria and Conditions for Integration" will be guided by a facilitator trained within the study presented in this book. The needs and demands established and formulated within this group will be discussed with the authorities responsible for the situation of refugees in the province of the Tyrol.

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