Talk at Cois Tine 23rd Fe 2008-02-16

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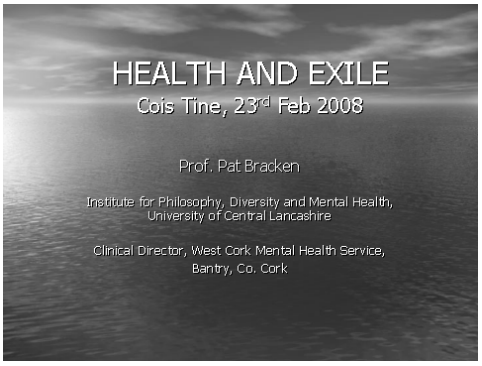

Took up job in West Cork 4 years ago and I've not really been actively involved clinically with Asylum Seekers. So I'm far from an expert on the Irish situation.

However, I have worked with victims of violence over many years and in different parts of the world

-Work in Uganda for 3 years in late 1980ies for the Medical Foundation for the Care of Victims of Torture: victims of violence from the Amin and Obote years

-Work at the Foundation in London in 1990

-Work in Birmingham : asylum seekers referred by GPs and solicitors
Research project for Cadbury-Barrow trust on the effect of detention on the mental health of asylum seekers

-I moved to work in the multicultural city of Bradford in the mid nineties and continued to see asylum seekers on an ad hoc basis. When the British government introduced a compulsory dispersal scheme around 2001 for a while I agreed to see all the AS referred to mental health services until a proper system could be put in place.

-I have also worked with Save the Children around their involvement with child soldiers in Sierra Leone and Liberia and more recently I did a report for Save the Children on the mental health of refugees from Bhutan who have been living in camps in Southern Nepal for the best part of ten years.

When I went to Uganda 20 years ago I was armed with the concept of PTSD, a training in psychiatry and therapy and whatever literature was available on the subject of torture and its psychological effects. During the time I was there I became acutely aware that very little of this was of any great relevance. Working in the midst of a different culture had the effect of challenging many of the assumptions I had worked with as a psychiatrist :

- assumptions about the self and its boundaries,
- assumptions about the nature of reality and,
- perhaps most importantly, about health and healing.

Working in a post-colonial environment also had the effect of highlighting for me the intimate relationship between power and knowledge and brought home to me the destructive potential involved in the export of Western expertise to developing countries.

I say all this so that you will have some understanding of why I have developed a critical position vis a vis a great deal of current mental health work relating to victims of violence and refugees, both in developing countries and in the cities of the Western world.

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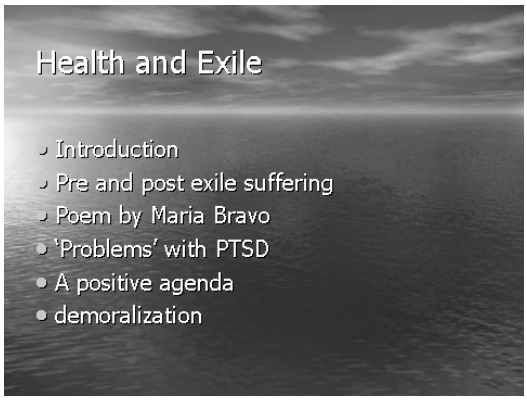
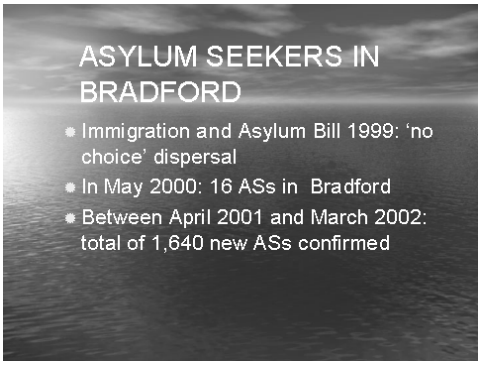


In this talk I want to present some ideas about how we might encounter the suffering of asylum seekers both as professional people and as lay people.

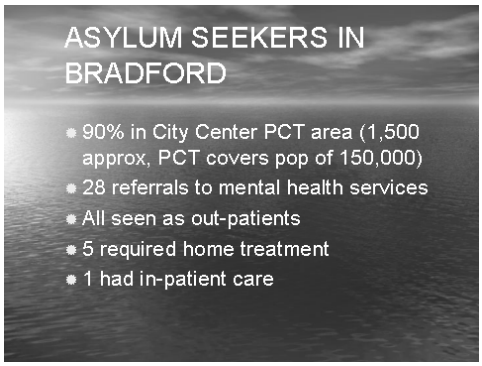
I will argue that while my own profession, psychiatry, has an important role, this is also a limited role. I will also argue that perhaps we should think about shift the language we use from a discourse centred on 'trauma' and 'post traumatic stress disorder' to one centred instead on the notion of 'demoralisation'.

Slide 3 Asylum seekers in Bradford (1)



- Immigration and Asylum Bill 1999: 'no choice' dispersal
- In May 2000: 16 ASs in Bradford
- Between April 2001 and March 2002: total of 1,640 new ASs confirmed

Slide 4 Asylum seekers in Bradford (2)



- 90% in City Center PCT area (1,500 approx, PCT covers pop of 150,000)
- 28 referrals to mental health services
- All seen as out-patients
- 5 required home treatment
- 1 had in-patient care

So there wasn't a 'flood' of referrals, the NHS wasn't overwhelmed! GPs didn't refer: but knew there was a service. Only I person admitted to psychiatric unit in that year

But it gave an opportunity to engage with the asylum seekers and their lives. While they were not psychiatric 'cases' there was no question but that many of them were suffering greatly and in profound emotional pain

When we think of refugees we automatically begin to think of persecution and suffering inflicted in the refugees home country. We think of dictators and oppressive regimes. And this is of course true. In the pre-exile situation many of those who will flee into exile suffer greatly :

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They are subject to persecution on account of ethnicity, religion, gender etc. This can range from discrimination in terms of employment and training to arrest and imprisonment

many people endure a great deal before fleeing, many people I have met only left their home country after enduring torture and the realisation with this that they could soon be killed

many women suffer sexual violence : This is often unreported. My partner, Joan Giller, is a gynaecologist who has worked a lot with victims of rape. In the past few years, Joan has been to Darfur, in Western Sudan. While it is clear that rape is being used systematically in Darfur by the so called Janjaweed, the reality is that rape is a feature of all conflicts: from Europe to Africa many refugees have lost relatives - often this is the spur to actually taking flight. Many have also seen their houses destroyed, their livestock killed and their way of life severely disrupted

These forms of suffering are familiar to us, journalists reporting from wars and conflicts around the world make us aware of them through TV, radio, magazines and newspapers

We are appalled and outraged when we read about regimes who oppress and torture: we are tutored by the media to call for sanctions and even bombing : suffering and evil are located there, in the refugee's country of origin: in Afghanistan, Iraq, Zimbabwe, Sudan, Congo

What we very rarely see, what we are rarely confronted with is the suffering endured by people after they have fled their home lands and come to Europe for support. The victims we feel so much sympathy for in the news reports take on a new persona : they become asylums seekers and subject to a very

different sort of media image, indeed we are tutored not to empathise but to distance ourselves and even condemn,

I recall a few years ago images of young men from camps in Northern France, desperately trying to board Eurostar trains to seek asylum in Britain. With a few notable exceptions, British newspapers presented them as 'invaders' 'illegals' and 'criminals'. We were told that Britain was being 'swamped', invaded by 'mobs' of asylum seekers who are there to take our jobs, our homes and our wealth.

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When it comes to asylum seekers, refugees and immigrants in general, the British tabloids have a very consistent history of alarming and prejudicial headlines such as this from the Daily Express: (poor quality)

On the whole I don't think the Irish papers are as bad but some of them are not far behind.

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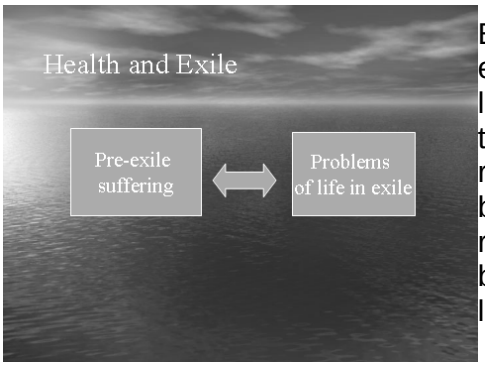
Perhaps this media portrayal of those who seek refuge here goes someway to explain why we fail to see that the suffering endured by people in Britain and Ireland is often severe:

Not only have people lost their homeland, their own environment and sometimes their family but now they now have to endure racism, poverty and a list of other difficulties. Recent government interventions in Britain in the form of detention centres being used for some asylum seekers, and a seemingly arbitrary approach to regional dispersal have added to the problems of asylum seekers. In Ireland the 'direct provision' regime is fraught with difficulties - these policies have encouraged a culture of marginalisation and lack of respect, which has made it hard for asylum seekers to avoid a sense of loss of humiliation and loss of dignity

Slide 8 interplay of pre and post exile problems



But any separation of suffering into 'pre-exile' and 'exile' is of course false to the lived reality of individuals and communities : the difficulties of life in exile are often rendered worse by what has happened before and the pain produced by torture, rape or bereavement does not stop just because you're in a different geographical location

In fact for most people the difficulties reinforce each other and eventually merge together. This is expressed powerfully in the following poem by the Chilean Maria Bravo :

Its called **'On Exiles and Defeats' :**

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On Exiles and Defeats

No. It was not the bad time in Chena,
nor the sudden grim prosecutions
in improvised war councils.
No. The blind gun that hits me on the shoulder
didn't defeat me,
nor investigation's black hood of horror
nor the grey hell of stadiums
with their roars of terror.

No. Neither was it the iron bars at the window
cutting us in pieces from life,
nor the watch kept on our house
nor the stealthy tread,
nor the slide into the deep maw of hunger.

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No. What defeated me was the street that was not mine,
the borrowed language learned in hastily set-up courses.
What defeated me was the lonely, uncertain figure
in longitudes that did not belong to us.
It was Greenwich
longitude zero
close to nothing.
What defeated me was the alien rain,
forgetting words

the groping memory,
friends far away
and the atrocious ocean between us,
wetting the letters I waited for
which did not come.

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What defeated me was the yearning day after day
at Jerningham Road
agonising under the fog at Elephant and Castle
sobbing on London Bridge.

And I was defeated step by step
by the harsh calender,
and between Lunes-Monday and Martes-Tuesday
I had shrivelled into a stranger.

What defeated me was the absence of your tenderness, my country.

Maria Eugenia Bravo Calderara
(translated by Cicely Herbert)
Prayers in the National Stadium, 1992.

What I think this poem expresses far better than I can is the importance of the host environment for the mental health of refugees. Maria Bravo says that she was not defeated by torture and imprisonment. What the poem points to is an anguish which has its roots in the difficulties of exile:

- In the difficulties of language and culture,
- the difficulties of loneliness and sorrow at loss of friends,
- the lack of tenderness in the new country and its people

One of my concerns over the years has been that in our efforts to provide a mental health response to the needs of asylum seekers we might miss this point. When we formulate the suffering of refugees in terms of post-traumatic stress disorder or in terms of some post-torture syndrome we implicitly locate the origins of the person's suffering in the pre-exile world.

This is also the case when we speak of refugees as being 'traumatised' or 'damaged'.

That we do focus on pre-exile suffering is perhaps understandable given the sort of media emphasis I have mentioned before. Perhaps it also stems from the fact that in recent years as a society we have become very focussed on trauma and with something we call risk. In addition, in our culture, personal problems are increasingly formulated in psychological terms and professionalised. Increasingly we turn to psychiatry, psychology and therapy for answers.

As a psychiatrist, I welcome this move. I think it is a good thing that we are moving to a situation where we can speak about our emotions more openly and seek help without being condemned.

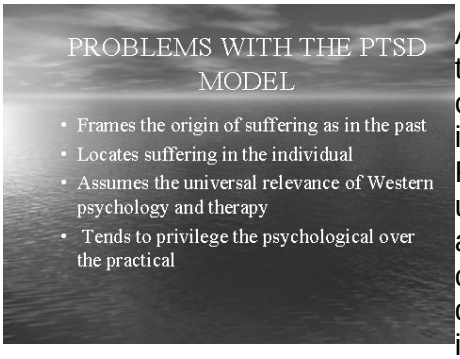
However, I think it is also important that we understand that this has happened in a particular cultural context. And I think as we move to more openness about our emotional struggles, we keep alive the idea that there are different very many different forms these struggles take.

I think we need to keep alive the idea that our time, our culture, with its language, expectations, its ideas about the self, about health and healing shapes us and our encounters with pain and loss.

We need to be aware that there are other idioms of distress: other ways of responding to fear and loss, other priorities in the face of bereavement, other pathways out of the despair that events sometimes produce. It also seems 'natural' that the experts and expertise developed in Western situations will be relevant and appropriate to people from different societies and cultures.

This comes back to the point I made at the start of my talk : the issue of knowledge, power and expertise.

Slide 12 problems with PTSD model



As well as framing the person's problems in the **past** and thus de-emphasising the crucial importance of the difficulties of living in this country, the focus on torture and PTSD also leads to our focusing our understanding at the level of the **individual** and his or her symptoms of distress. This can have the effect of medicalising and decontextualising painful and intrusive images, thoughts and feelings.

Perhaps it is important at this stage to say something about what we mean by the term emotion and the relationship between emotion and culture: Cross-cultural studies of emotion have recently tended to undermine the notion that emotional states have the same form universally and that these forms are independent of culture. In fact medical anthropologists have demonstrated in the past twenty years culture mediates in a very pervasive way the experience and expression of emotion. One prominent researcher formulates emotions as :

Slide 13 culture and emotion

(slide shows this text)
"*self-concerning, partly physical responses that are at the same time aspects of moral or ideological attitudes; emotions are both feelings and cognitive constructions, linking person, action and*

sociological milieu. Stated otherwise, new views of culture cast emotions as themselves aspects of cultural systems, of strategic importance to analysts concerned with the ordering of action and the ways that people shape and are shaped by their world" (Rosaldo, p. 168).

This position challenges those who present culture as some sort of icing on the cake of psychology. In this view the ways in which we organise our thoughts and feelings cannot be studied in isolation from the culture in which we grow up and through which we establish our identity and values.

A number of prominent workers in this area have made this point in relation to how we understand the effects of violence.

I would stress that these accounts do not deny the suffering brought about violence, nor do they deny the importance of a psychological realm,

what they do assert is that the way in which Western psychology has come to conceptualise an interior world which is somehow separate from the world around it is simply false to the lived reality of most people on the planet

It is beginning to emerge with increasing clarity that if the individual trauma model works at all, it works with individuals from a culture with a strong individualist agenda. Most non-Western cultures do not work with such an agenda and so major practical difficulties arise when this model is exported.

This point can also be illustrated by looking at our own culture and how this has developed over time. If we think back to our parents generation and their parents before them, we see that they lived in a world without counsellors or therapists, psychologists and magazine discussions of trauma, and PTSD and even bereavement.

In previous generations, sorrow was often framed and responded to in a religious idiom.

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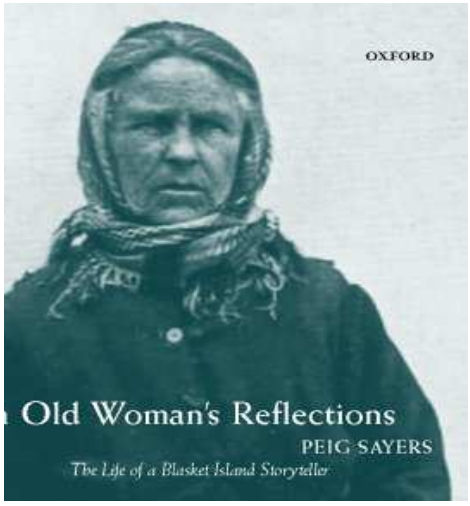

This is Peig Sayers, in old age, after a life of material deprivation and great emotional tragedy.

Many here will know the life of Peig, having studied it in school. Her life was full of sorrows: Three of her children died in infancy, her 8 year old daughter Siobhan died of measles and her son Tomas fell from a cliff on the island and

was killed, the rest of her children emigrated one by one to America and her husband passed away after a long illness.

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These are the Blasket Islands off the coast of Co Kerry where Peig lived for most of her life. In all the rich literature of the Blaskets there is no talk of trauma and psychological suffering as such but there are many statements like the following from Peig:

'I remember well when I was trying to work while at the same time the heart in my breast was broken by sorrow, that I'd turn my thoughts on Mary and on the Lord, and on the life of hardship *they* endured. I knew that it was my duty to imitate them and to bear my cross in patience. Often I'd take my little canvass sheet and face the hill for a small amount of turf and on the road home the weight on my heart would have lifted. God's son and his glorious Mother are true friends' (Peig, Talbot Press, page, 211, translation by Bryan MacMahon)

While Peig was writing this in 1935, I can recall similar sentiments from my own mother and her sisters. They are still alive. To them religious faith is not just a set of beliefs about divinity but involves also an 'emotional matrix' involving stories about suffering, ritual and prayer. This has given them a framework through which suffering and loss can be encountered and responded to in an active way. This is much less available to people in 21st century Ireland.

Our current focus on the psychological also means that we tend to prioritise therapy over practical support. In my view that are real problems with this. On the one hand there is mounting evidence from ***Western*** countries that certain forms of psychotherapeutic work with victims of violence can be counter-productive. An editorial in the BMJ a few years back raised particular concerns about the practice of debriefing which has been shown in a number of recent studies to be harmful.

However, of particular concern in relation to our discussion today are the many problems of using individual psychotherapeutic approaches with people from *societies with a strong emphasis on the importance of family and community.*

This can have the effect of producing a sense of dislocation in the individual and can work to separate them from the cosmology shared by their families and neighbours.

In a recent essay on culture and somatization, Kirmayer and Young make the following point :

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> "*For people from many cultures, the harmony of the family and the group is more important than individual autonomy. ... Fostering individualism through psychotherapy may put people from such cultures more at odds with their families and local worlds and so undermine both social support and their own sense of self-worth. As a result, solutions that make sense from the perspective of Euro-American psychiatry and health psychology may involve tradeoffs for some ethnocultural groups that negate even the presumptively universal mechanisms of catharis and healing"* (Kirmayer and Young, 1998, p. 427)

So I think we have to be a bit careful when we start to think about the mental health of asylum seekers. We have to be careful that in our efforts to help we do not end up doing more harm than good. On the basis of my experience with victims of violence in Africa and with refugees in this part of the world and the experience of others working in this area, there are four 'conclusions' I have drawn:

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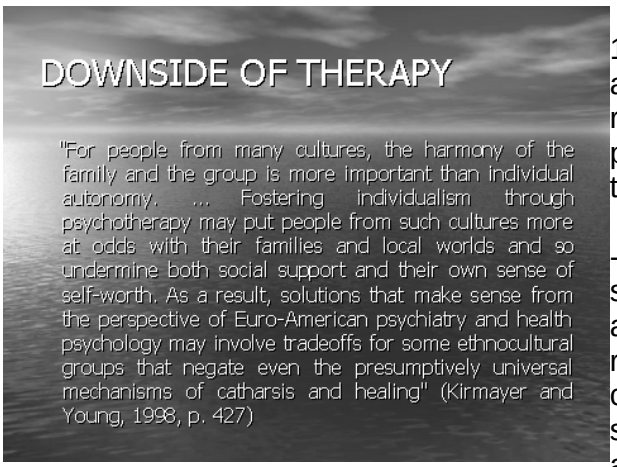


1. People can endure great amounts of suffering and recover from terrible forms of pain if it has a meaning for them.

-I remember a man who came to see me in Uganda. He had been a cabinet minister in a previous regime and when the opposition came to power he was under suspicion. One day he was arrested and brought for interrogation. He was treated very badly and beaten. At one point he was stripped naked and humiliated and at that moment, he had a very strong sense of identification with the image of Jesus and the suffering he had endured. He said to me that afterwards he became much deeply involve with his religion and found a great sense of peace from this. He said that, as a result, he did not regret what had happened to him.

[Comparison of torture room and the delivery suite]

Wind that shakes the barley: torture scene: we do not see the victim as a casualty with PTSD: he was a revolutionary leader who expected suffering: his endurance of torture was seen as sign of strength and commitment

-lives of the saints

So, even terrible suffering does not always lead to mental breakdown.

2. In addition, not only is it the case that people can recover from great pain if it is meaningful or purposeful but it is also the case that it is not always the most physically painful or most dramatic aspects of a person's story that is the most undermining.

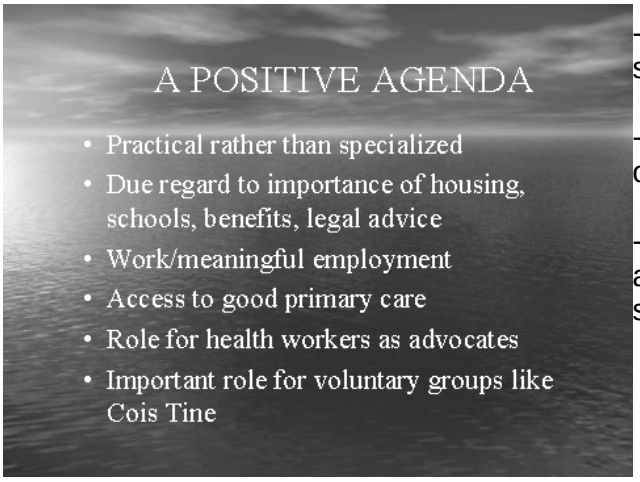
As we have seen, in the case of refugees it is often things like the grinding bureaucracy and the loneliness of their life in exile rather than the fact that they were tortured or raped that is most destructive.

3. Thirdly, the way in which any of us responds emotionally to trauma and loss is something that is greatly determined by the social and cultural context in which we emerge as human beings. I believe that we should not assume that models of psychological functioning that have been constructed in one cultural context will have the same validity when used with people from different cultural and linguistic backgrounds. For example the concept of PTSD was developed by North American psychiatrists and psychologists in the wake of the Vietnam war. It arose in a particular political and cultural context and served a particular function. I am not convinced that it is always helpful when it comes to helping us understand the suffering of people from other cultures and contexts.

4. Lastly, and emerging from the other conclusions: I am not convinced that psychiatry and psychology have the answers to the suffering of refugees. This is not to say that we have no role: we do. We can muster support, advice, medical interventions and assessments, reports etc but I think we have to be careful not to assume that drug treatments or particular forms of psychotherapy are what is needed.

To conclude : based on my own experience and that of others of working with refugees in this countries and elsewhere alongside a growing body of research I would argue that the focus of our work with asylum seekers and refugees should :

Slide 18 A positive agenda



- practical rather than specialised,

- emphasising the importance of access to primary care,

- paying due regard to issues around housing, benefits, schooling for children

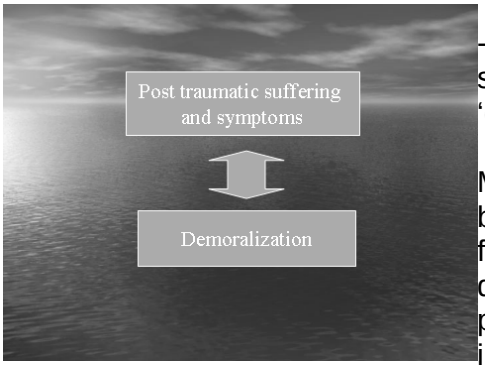
-In a study in the SHB area in 2001 problems with the designated centres: food, crowding, boredom were the greatest problems identified by AS in focus group discussions

-Work is extremely important (Charlie Bird's report from Sri Lanka in the face of the recent Tsunami: community spent a day trying to get a fishing boot afloat: tallies with my experience in Uganda and with refugees in Nepal: the central need to establish a 'meaningful way of life'

- gives practical and legal support with regard to dealings with Immigration authorities

- recognises that while the medicalisation and 'psychologisation' of distress can have short term benefits, they can also have major longer term negative effects

Slide 19 'Demoralisation'



-perhaps we need a new language of suffering centred on the concept of 'demoralisation' rather than trauma

Moving from a discourse of trauma to one based on morale means a move away from a technical framing of peoples' difficulties in terms of PTSD and prioritising the need for technical interventions such as psychotherapy and pharmacology. Instead it serves to foreground an understanding centred on the loss of social position that comes with being a person who is seeking asylum. Demoralisation is primarily a social, cultural and ethical issue, albeit one that produces a need for medical interventions at certain stages.