10. BEYOND THE PERSONAL PAIN: Integrating social and political concerns in therapy with refugees

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1. RE-STARTING A MEANINGFUL LIFE

“I still have my life” said Dima (an unaccompanied adolescent from Africa) quietly, after a long break that followed the seemingly endless list of her losses and painful experiences. Her short sentence reflected a deep sadness for everything she had lost, but it also signaled a triumph of the survivor ready to pick up the threads of her life and go on. Like many refugees, Dima is confronted not only with the painful experiences of the past, but also with many open questions: How to make sense of what has happened? How to reorganize life in the unfamiliar new world? How to re-dream the future? The refugee experience can be seen as a cycle of disruptions, losses and transitions, where the central question that each refugee has to face is: how to re-start a meaningful life? Or, as K. Abdullah, an Iranian writer living in the Netherlands put it: a refugee needs to find out how to unravel anew the riddle of life.

Refugees arriving in Europe are confronted with the almost impossible task of making peace with the past while faced with a lengthy asylum procedure with uncertain outcome, of re-establishing the disrupted stability and continuity within an unstable, unpredictable situation. They have to regain control over their lives while being in a position of powerlessness, to re-stage a future life while the perspectives seem to be closed. Mental health professionals working to assist refugees are confronted with similar questions, dilemmas and paradoxes. Many theories, methods and techniques have been developed in the last few decades from which mental health professionals can choose their approach to the complex problems of refugees. Different approaches emphasize different aspects (medical-psychological, psychosocial or cultural) of the refugee experience. Whatever choice is made, it is essential that we never lose sight of the fact that the task for refugees is to solve an existential riddle and find a way to live a meaningful life despite what has happened to them, in the face of extremely difficult conditions in the present and an often still uncertain future.

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1.1. Focusing the therapeutic lenses

The mental health provider confronted with the complex problems of refugees faces certain questions and dilemmas: should one see the refugees as survivors, as victims, as medical causalities, as traumatized people or as marginalized citizens? Should one reduce the problems in order to make them manageable, or should one expand the context to understand problems in their complexity? Where are the problems located: within the individual, the family and the community, or within the interactions among different system levels? Should the problems be defined as psychological, medical, social, political, cultural, existential or multidimensional? One can choose to transcend the either/or attitude and search for a broad conceptual frame.

Whenever a child or an adolescent is referred to treatment, he or she brings into the treatment room the family members – those who are here, those who were left behind, those who are missed and/or no longer alive. From fragments of memories of a past violent reality in the country of origin and fragments of the troublesome current life-world, each family tries to construct a narrative, to make sense of the experience.

Luria, a pale, silent, withdrawn 15-year-old from the Middle East, overwhelmed with anxieties and hopelessness, can not concentrate any longer in school. Since the family’s asylum request had been refused for a second time, he is preoccupied with the increasing threat of being sent back to the country of origin and his future perspectives became closed. Confronted with the insecure future, Luria gave up his attempts to anchor himself in the present. He does not want to go to school any more. Even when, under pressure from his parents, he does go to school, he stays in the corridors instead of joining the class. Learning or being with peers does not make sense any longer. The surplus of past and present problems that he is struggling with, or those he projects into the future – none of this he can share with his peers. He feels even more lonely in presence of his classmates, whose reality he experiences as so different from his own. At home, in a small room of the asylum center, he feels unhappy as the tensions and conflicts among the family members mount. Luria is overwhelmed with worries about the future, scared that the increasing conflicts between his father and mother might end in a divorce, leading to the last fragmentation of the already separated family.

His father does not respond immediately to the questions addressed to him. His words emerge slowly, as if each word uttered is painful. What should he say? He told his story too many times. He lost his hope long time ago. There is nothing to be said, expected or done. Did the father lose his hope after his village was destroyed, or while witnessing extreme forms of human violence? Perhaps the hope slipped away during the long years of hiding or during the imprisonment, or when the family finally arrived to a safe place but the authorities distrusted their accounts of the past. Perhaps the hope eroded further later, during the five years of uncertainty about the asylum procedure. At night, Luria’s father is pursued by the intruding memories of the past. During the day he sits in the tiny one-room apartment, overwhelmed with threatening thoughts about an uncertain future. Luria’s father believes he has failed: as a professional, as a political activist, as a father and as a husband. He experiences himself as a ruined man.