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**Commentary to the Special Issue 'Working with refugees and asylum seekers'**

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**Introduction**

Therapeutic work with individuals and groups such as asylum seekers and refugees who find themselves in a vulnerable or under-privileged position, gives therapists the opportunity to reflect upon their position within those broader social-cultural and political structures in which the therapeutic setting occurs. Therapeutic encounters become mirrors through which the environment we inhabit is reflected back to us in an unfamiliar light, and often bring us into close contact with a 'rawness' of events, often violent, and emotions, often devastating, that we are unaccustomed to. Refugee clients often carry with and inside them intense life experiences, have been exposed to abnormal life events and extreme duress, and have engaged in acts of unprecedented survival.

For many of us who live in relative peace and comfort, in societies where critical incidents and strong emotions are sterilised and where the possibility to experience 'raw' events is isolated and controlled (see for instance the proliferation of care home for the elderly and terminally ill), encounters with forced migrants are especially meaningful because they challenge assumptions about our profession, the world we live in and human nature.

The papers in this Special Issue describe the rewards, challenges, and constraints of supporting individuals who are coping with both objective and subjective realities of rapid transition, displacement, abrupt social changes, suffering and growth. An approach shared by the contributors to the Special

Issue is the acknowledgement that the therapeutic relationship is best understood when located in its socio-political environment.

The article by Blackwell on 'Oppression and freedom in therapeutic space' explicitly advocates for contextualising the therapeutic discourse to embody the cultural and the political: thus the therapeutic encounter is both an attempt between professional therapist and client to alleviate the clients' symptoms and suffering, and the meeting of two individuals caught up in powerful and complex historical processes. All contributions refer to the constraints imposed by the asylum system that is currently in place (with special reference to the UK) on therapeutic work with those seeking sanctuary.

**Displacement: a collective human condition**
Refugee and asylum seeking clients who see a therapist often refer to their exposure to violence and displacement, which has an impact on both their objective and internal worlds. Therapists working with these clients often find that they have to cross familiar boundaries, and by doing so they themselves become temporarily displaced from what is familiar.

And yet there is also familiarity with the predicament of 'feeling displaced', a phenomenon experientially known to our collective unconscious and which connects us as human beings. We all have similarly experienced the primordial forced expulsion at birth from the safety and familiarity of the maternal womb into the unknown objective world. As refugees are forced to leave their *mother*land, so we have been pushed out of our mother's body. Involuntary exile is an objective and psychic reality forced upon us all; fundamentally, we all are displaced human beings in search of safety and protection.

The Christian belief-system within which western therapies were conceived contains powerful symbolisms of displacement and exodus. The Bible for instance tells the story of the expulsion of Adam and Eve from Paradise, which in western thinking represents the original, mythical eviction undergone by humankind. Displacement is also viewed as a condition of our current

post-modern era characterised by undermined social stability and weakening of institutions that provided meaning (Bracken 2001), and in which the condition of exile as one of terminal loss has been transformed into a potent, even enriching motif of modern culture to symbolize a period that is 'spiritually orphaned and alienated, the age of anxiety and estrangement.' (Said 2000; 173). We live at a time of collective 'existential displacement'.

Hence, the visibility given to forced migration is not surprising. It is one of the distinctive features of a world that is fast changing, in which the parental protective functions traditionally provided by the 'father' and 'mother'-land are challenged. Forced displacement is both a cause and a product of the existing international system of nation-states (Turton 2002). Within that global system, at the intrapsychic and interpersonal level refugees and asylum seekers report 'symptoms' of distress while at the social level they are a potent 'symptom' of global distress and social malaise.

It is interesting to note that currently preferred western strategies for coping with forced migration and asylum are characterized by ambivalence and a 'split personality' type approach, whereby full refugee status (with rights and the possibility of integration into receiving societies) is granted to the fewer and fewer individuals who fit within the parameters of the 1951 Refugee Convention while temporary protection that maintain individuals in limbo and in a condition of social exclusion is applied to all others.

These approaches to migration management go together with perceptions of asylum seekers as the Other that is unfamiliar and possibly threatening. The popular use of water metaphors like being swamped by waves of newcomers contributes to propagate negative stereotypes of asylum seekers, who are either criminalized or pathologised, and who find themselves pushed into the category of the 'bogus' or 'criminal' asylum seeker or of the 'genuine' but 'traumatised' one. Possibly, asylum seekers and refugees embody aspects of our collective shadow – what is different, unknown, needy, unfamiliar and threatening- that we find difficult to deal with.

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Denial, rejection, and separation are defense mechanisms used to cope with the uneasiness and uncertainty of a globalising and rapidly changing world, in which asylum seekers and refugees often function as scapegoats for different existential anxieties. The introduction of European migration policies characterized by 'harmonised restrictionism (Joly 1996) can be viewed as one example by which the creation of internal cohesion, belonging and safety within borders (European) is possible only by excluding the Other.

The encounter between therapists and asylum seekers and refugees is complex yet meaningful in that it brings to the fore issues that intrinsically connect the intrapsychic to the social. As Blackwell writes, the therapeutic encounter is the struggle of persons to discover themselves through the integration of their lived experience within its historical and mythological context. The articles by Tucker and Price on group psychotherapy for traumatized refugees and asylum seekers and by Regel and Berliner on assessment and therapy with survivors of torture offer interesting case material in this regard. They show how working with asylum seekers, refugees and survivors of torture in clinical settings calls for the development of creative ways of working with clients whose objective lives are often unsettled. These imaginative strategies include the setting up of drop-in sessions to deal with forced migrants' practical problems while maintaining a therapeutic space for reflection (Tucker and Price), or persuading the client to visit a small local community police station and talk with the officers and support staff about his fears and his experiences in the home country (Regel and Berliner).

The article on memory and seeking asylum by Herlihy and Turner draws an explicit link between the psychological and the political. It articulates the constraints of relying on autobiographical and situationally accessible internal (possibly traumatic) memories to assess the validity of an asylum claim in the existing socio-legal system. Similarly, Papadopoulos's description of the Trauma Grid as a way of identifying the individual refugee's functioning at different levels - individual, family, community, and society/culture-, proposes a useful conceptual tool to locate the various responses to traumatic events

and the position of mental health professionals in relation to the refugee context.

Hence, the papers of the Special Issue share a similar understanding of what it means to work with asylum seekers and refugees: the therapeutic process is most beneficial when it acknowledges the link between the intra-psychic world and the social context of both clients and therapists. The diverse papers also explore overlapping concepts that are important for understanding asylum seekers and refugees in the therapeutic setting. In the following sections, I will develop two such concepts, that of memory and home, to examine in greater depth the relationship between the psychological and the political, and the intra-psychic and the social.

**Memory and forced migration: the intersection of past and future in the present**

The paper by Herlihy and Turner on memory and seeking asylum draws two important links: the first between memory and the asylum claim, and the second between memory and both the asylum and therapeutic processes. In the paper, the connections between the intra-psychic structure of memory and the objective implications of its nature are made evident. Specifically, traumatic memories are present both in the way in which giving testimony is carried out and as intrusive, fragmented or impaired memories in PTSD and depression. The role of memory is also examined in some of the other papers, through overt and covert references to 'what happened' back home (Tucker and Price) or in the stated goal of getting rid of nightmares and anxiety symptoms connected with past experiences of torture (Regel and Berliner).

There exists an implicit relationship between memory and forced migration, which can be expressed as the *intersection* of past-future-present: the future is shaped by memory of the past as it is expressed in the present. The success of somebody's claim depends on providing an integrated narrative of past events in the present. Remembering is a big responsibility during the application process. Similarly, in Janet's model of therapeutic intervention, after having achieved safety in the present, the use of the narrative-exposure

therapy aims to bring the past into light in the second phase in order to adapt to the new life in the third phase. The juxtaposition of past-present-future is also apparent in the need to commemorate and perform rituals that bring some degree of closure. Tucker and Price vividly express it when writing about the absolute necessity for a Kosovan woman of seeing her son even if it was as a 'bag of bones' and to mark his death even in the absence of his body.

An inner quest to make sense of fragmented, invisible, traumatic pieces of memories spontaneously arises in societies that have experienced violence and displacement. Through official and unofficial commemorations, exhumations, memorials services, individual isolated memories of specific events are brought together to compose a collective picture of what happened (Maynard 1997). Initiatives such as the work of Truth and Reconciliation Commissions (TRC) around the world rely on remembering and recounting past events through which victims have their story heard, their suffering acknowledged, and perpetrators the possibility of repenting. One of the most prominent TRC slogans is 'revealing is healing' (Lykes, Blanche and Hamber 2003). The use in Guatemala of the *testimonio* as a form of collective remembrance rather than individual testimony functions as a means for shedding light on past abuses, placing a spotlight on the abusers and the mechanisms of state terror, thus challenging the stronghold of impunity and silence (Hanlon and Shankar 2000). As such, the testimonio constitutes 'a space for the memory of pain and a cure for a trauma which operates as the primal scene of repression' (Fabri 1994; 44-45)

Memories of the past also shape the way in which the experience of exile is felt. In nostalgia, the memory of 'home' takes on bodily, sensual and cognitive imaginations and emotions. The 'myth of return' (Al-Rasheed 1994), a well-known phenomenon in the migration literature, is an example of the link of past-present-future, where memories of the past that was left behind shape current perceptions of life in exile, and these are expressed through the wish to return home in the future.

When refugees return home for the first time, past and present, imagination and reality meet. In a study examining the experience of the first visit back home after years in exile (Muggeridge and Doná 2007), participants' visit can be described in terms of 'remembering whilst re-experiencing': sensual and familiar smells and sounds, family and friends, and past events. The first visit home, independently of the emotions (both positive and negative) associated with it, created a space for the intersection of past-present-future, which facilitated refugees' re-assessment of their past lives in the present, enabling them to move on. The therapeutic value of remembering and re-living is also reported by Barnes (2001) in the case of Vietnamese refugees settled in Australia whose return visit had profound impacts on their minds with dreams about home disappearing after the visit and feelings of belonging to the host country consolidating.

**Symbolic homes: being 'in' and 'of'**
The paper by Tucker and Price on finding a symbolic home in the psychotherapeutic group develops another important aspect of the relationship between intra-psychic and external losses and displacements: the involuntary abandonment of one's home and the subsequent search for a new objective and subjective 'home'.

Home is a multi-dimensional concept (Mallett 2004). It can be a physical place (place of birth, country of origin), a feeling (national, ethnic belonging), a symbolic habitat (sacred space), a time (pre-violence status, idealized future), a practice of meaning (practicing Islam), and the accumulation of relationships and history. For refugees and asylum seekers the multiple meanings of 'home' include the legal one of being granted protection, the practical one of finding shelter, and the psychological one of feeling safe and of belonging.

Bauman (2002) describes the existence of refugees (and elites) as one of extraterritoriality, a condition of 'being "in" but not being "of" the space they physically occupy' (p. 344), whereby physical residency in a locality does not translate into social belonging. Refugees in camps, asylum seekers in detention, those segregated in reception centres or living under temporary

protection in countries of asylum can be said to reside 'in' receiving countries but not necessarily to belong 'to' them. Tucker and Price in this Special Issue notice that none of the participants in their psychotherapy group refer to their places of residence in the UK as 'home'.

The assumption that most forced migrants aspire to go back 'home' were they given the opportunity is predicated upon the separation of physical and psychological homes, residence 'in' receiving countries and emotional ties 'with' a place called home. The term 'home' is often used with reference to the country of origin (homeland, home-country, homecoming,…) while words like receiving or host country (implying that one is guest) are used to refer to the country of asylum, as if this latter one could not quite replace the country of origin as a 'home'; in countries of asylum, it is possible to integrate and belong but more difficult to be at 'home'.

The idea of a 'home', so embedded in the experience of exile, is best understood psychologically as an experience of being 'of' and not simply 'being in'. As a result of displacement, perceptions of 'home' that were previously rooted in physical places now transcends localities, and this is why achieving a sense of psychological belonging, of being 'of' and not simply 'in', is so important. McMichael (2002) shows that for Somali women in Australia it is the practice of Islam that provides an enduring 'home'. Islam, articulated through women's use and construction of space, daily practices, forms of interaction, and modes of thinking about their lives, offers a meaningful framework to sustain them through the hardships of exile and in times of emotional distress. Recent research on transnationalism (Al-Ali, Black and Koser 2001) challenges the linear progression move from 'home-to-host' country and shows that asylum seekers and refugees can inhabit multiple 'homes' through transnational relationships with the diaspora that transcend national borders, and that act as sources of emotional, practical and social support. They function as 'transnational homes'.

The papers in this Special Issue show that therapeutic contexts can provide another kind of 'home' where one can be part 'of' even when external

circumstances hinder the process of being 'of', and at times (like deportation) even of being 'in'. Therapeutic work with asylum seekers and refugees thus can be viewed as a process that creates and maintains a space for clients who have undergone forced migration and loss of 'home' to explore the multiple meanings of home, to work towards feelings of 'being of' the spaces they inhabit, and to emotionally work through dis-placements and move towards em-placements.

**Conclusion**

There is an increased awareness that refugees' needs are to be addressed holistically and that different clinical and social tools can be integrated. Similarly, the contributions to this Special Issue support intellectual complementarity. Blackwell's argument for contextualising and negotiating reciprocal histories and mythologies held by therapists and clients, helps to bridge a tension between the therapy as a technique and as an encounter. In the refugee mental health literature, this tension has been articulated within approaches of cultural differences, the medical and the social, the personal and the political. Blackwell incorporates two different positions to show that they are aspects of the same phenomenon, and that becoming aware of their link is already a step towards healing. This is echoed in the articles on group therapy and cognitive-behavioural therapy, where therapists and clients explore reciprocal mythical realities and social worlds, and are reflexive in the process.

The theoretical paper by Papadopoulos is another example of integration of differences, in this instance the healthy-unhealthy dichotomy, which is accomplished by the introduction of gradation and coexisting options in the Trauma Grid. Additionally, his paper shifts attention from refugees' trauma to the concept of Adversity-Activated Development. Nelson Mandela's autobiography in 'Long Walk to Freedom' (1994), well describes Adversity-Activated Development. My psycho-social research and mental health work with refugees, supports the idea that the experience of displacement, which is often accompanied by suffering, is also permeated by adversity-activated-development. During fieldwork with Guatemalan refugees living in camps in

Mexico, I observed how their adverse experiences of violent repression and forced migration facilitated individual and social development in the camps: new socio-economic opportunities were available, community relations strengthened, and psychological control over one's life increased over time to a level of empowerment not evident prior to exile. This empowerment reached a peak when Guatemalan refugees succeeded in having their voice heard at the negotiating table where representatives of the United Nations, the Mexican and Guatemalan governments discussed the conditions for their return home.

Finally, having spent almost five years in post-genocide Rwanda, I was witness to the courage, drive and development of individuals dealing with the multiple challenges of reconciliation and social healing. Personally, the years I spent in Rwanda, during which I too vicariously and directly lived through abrupt social changes, low-intensity violence and uncertainty, have been among the most demanding yet most meaningful and memorable of my life, and which have contributed to my (adversity-activated) psychological development.

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