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Psychological and moral support work with refugee women

KATHARINA LEY and MARIVIC GARCIA share their experiences of working with a group of refugee women in Johannesburg

For the past year and a half, we have run a weekly support group with a group of African refugee women at a shelter in Johannesburg. The objective of our work with the women has been to morally and psychologically support them in their limbo of exile in South Africa, and to help them deal with their experiences of flight and loss. This profile describes our work with this group of women, outlining its possibilities and limitations.

After a deadly car accident involving a refugee child just in front of a refugee shelter in Johannesburg, the Trauma Clinic team at the Centre for the Study of Violence and Reconciliation (CSVR) was asked to conduct a psychological crisis intervention - described as a ‘debriefing’ - with the women residents of the shelter, most of whom were young mothers. We conducted the debriefing and became aware of the low morale of the women, most of whom were asylum seekers who had arrived in South Africa in the last 10 months. After the debriefing there was an agreement with the managers of the shelter that we would conduct follow up sessions with the women, given their low morale. This was how we began running a weekly psychological and moral support group as part of the refugee project at the Trauma Clinic of the CSVR where we work.

The support group was open to all women residents in the shelter. They came from Angola, the Democratic Republic of Congo, Burundi, Rwanda and Uganda. We, the group facilitators, are from Switzerland and the Philippines - we all represented a team of foreigners in a South African city, the women as asylum seekers and refugees in a compulsory context and we as facilitators and therapists, professionals in a distinguished field. Every week six to 10 women attended the meetings. Group attendance was irregular as women had various obligations to fulfil: looking after children, organising the documents they required to remain in the country, in addition to looking for food, money and employment, after having spent their first 6 to 10 months in the shelter.

It was an ongoing project balanced on a ridge; the women described and acted out a suspended life between the danger from which they fled and the precarious safety in Johannesburg. They expressed their financial and food related needs on one side and their needs for moral and psychological support on the other. Their experiences of loss - of their country, their homes and family members - as well as the difficulties they experienced living in the country of asylum, meant that they daily experienced trauma, keeping them in the limbo of exile.

The group experienced problems around language as we had to struggle with several languages in the group (English, French, Swahili, Portuguese, Kirundi, Kinyarwanda). The women did not want to translate themselves and requested an interpreter. They recommended a Burundian male refugee who frequented the shelter they lived at with their children. The women told us that they felt comfortable and safe with him and we began working with him both as an interpreter as well as a sometime helpful co-therapist, as he was familiar with the difficulties the refugee community experienced. He was the only male in this group and we were astonished to learn that his presence affected the group in a positive and supportive way - he was one of them.
Exile creates disempowerment and disconnection

The core experiences of trauma are disempowerment and disconnection from others (Herman, 2001). There were different expressions of this in the group. In the first few months the group discussions were entirely focused on us as facilitators and the women rarely interacted among themselves. They acted their disempowerment out and seemed disconnected from each other. They asked us to help them in a number of areas eg searching for a place to stay, a job etc. They had little understanding of the procedures involved in obtaining the documents they required, or of how to obtain employment and accommodation after they left the shelter. They presented themselves as passive, lost in South Africa, tired, anxious and depressed - they all suffered from a lack of concentration. As trauma therapists we had to comfort them, by telling them that these were common and understandable reactions to the experienced events of their lives.

Most of the women appeared lost in a nostalgic view of the past, which they described as a time in which everything was okay and intact. They presented themselves as lost in a shapeless present without any other possible future other than going back to their home countries as soon as possible. This was almost impossible for most of them, as their countries were still at war.

The women were always late for the group meetings. During meetings the door never remained closed - some were coming, others were leaving, as they took care of their children who were also moving in and out of the room. The women's many responsibilities (taking care of their children, attending to problems the children had at school, going to the Department of Home Affairs to obtain their documentation and to the Jesuit Refugee Services for money, looking for employment, etc) meant that the participants in the group varied from week to week. The group also changed as women left the shelter; and new women were taken in. Throughout the 18-month period, we attempted to create boundaries such as ensuring the meetings began on time, requesting that women remained in the group for the duration of the session of 90 minutes, keeping the older children (who did not need to be breast-fed) out of the room and asking that they inform us when they were leaving the shelter. It was however, almost impossible to maintain these boundaries as the group was ever-changing. We were constantly challenged to remain open and flexible, and had to remind ourselves that that the goal of the group was to provide moral support to the refugee women, as they experienced ongoing stress and trauma in their lives.

As mentioned previously, we had to struggle with several languages in the group. Although we had an excellent interpreter we nevertheless needed a lot of time to communicate with each other and, given the bustle and restlessness in the room, the sessions moved on in an awkward style. We had to move on despite these difficulties which are also described in other descriptions of group work with refugees (Callaghan, 1998; Van der Guus, 1993; Woodcock, 1997).

The support group

From the beginning we tried to create a morally supportive and therapeutic space in order to provide understanding, interaction, mutual support and sharing and to build resilience and empowerment among the women. They had to find ways to manage themselves and their children in the face of extreme adversity. Also, living together with other women in the shelter environment, and having to share food and space is not an easy task for women who are still dealing with their trauma. Because of the extreme and intense experiences of refugees, therapeutic work with refugees should be more supportive rather than exploratory or challenging (Woodcock, 1997).

Given the abovementioned difficulties, our work with the group focused on two areas. The first was a result of the requests made by the women to get information
regarding access to education, health care, their rights as refugees, and also about looking for documents, employment (income) and for a place to live after they left the shelter. The other related to self-expression, communication and to the team-building process among the women.

As trauma implies disempowerment and disconnection, recovery is based upon the empowerment and creation of new connections (Herman, 2001). We emphasised to the women that the group belonged to them (and not to us) and that they had to assume the responsibility of expressing their needs. Given the instability of the group, we as facilitators had to assume more responsibility than was initially envisioned to keep the group functioning.

Every three or four months we would ask them if they really wanted to continue with the group. Despite the lethargy and the passivity of the women, they always insisted that we move on. In some way they felt the value of the support group. It was as a result of the loss of familiar cultural backing, that their ability to integrate new experiences was seemingly reduced (van der Veer, 1991). This is why they were often not able to participate more actively in the group.

Give us bread...

For us as therapists, it was a continuous struggle to handle the manifest and latent squabbles and fights among the women - over food which they told us was scarce in the shelter, and about their position and work sharing at the shelter group. We spoke to them about very material needs (such as getting more food), being unable to provide them with this kind of material help ourselves, while constantly emphasising possibilities of moral and psychological support work. Many times one or more women would approach us after meetings and ask that we provide them with money for food, transport and for the needs of their children.

We therapists often felt helpless and exhausted by the demands of the women to resolve their food problems. Despite emphasising the moral and supportive value of our group we had often to deal with practical issues and to find a balance, 'a transitional position', (Callaghan, 1998) between addressing psychological issues and practical ones. We thus began to discuss practical issues in the first part of the group meetings, and moved on to common group work in the second part.

Group-building

Reports from the shelter management about squabbling between the women resulted in frequent team-building exercises conducted with the group. In one exercise the women had to form four squares from an amount of scrap paper and discuss the process and their feelings after the accomplished task. Another time we put a big piece of paper on the table and asked them to draw together a village, the shelter, a garden or another common space. We asked them to be in a permanent discussion about the parts they drew themselves: houses, flowers, trees, spatial objects etc. During the construction of a common garden or village we asked them to put common goods in it, e.g. an irrigation system, roads and community buildings. We encouraged the women to interact and share the processes within the group every time we did this exercise. Given the necessary interpretations these interactions proceeded slowly and sometimes laboriously. The women liked to do these common tasks and we all felt a certain group feeling during such sessions. But the next week we had a different group of women and would attempt to build these feelings amongst this group too. This was easier during periods where we had a stable core of two to three women in the group.

Being able to do something themselves and not feeling helpless, was a very important experience for these women who had experienced prolonged feelings of powerlessness and helplessness. We could tell that it was a very rewarding experience for them.

We also did other exercises through which we tried to assist them to provide comfort to themselves through
Creating an inner world of positive images. After guiding them through relaxation exercises we would guide them through imaginations about the inner garden, a safe inner place, a tree or a flower (Reddemann, 2001). One of us would introduce a topic and invite them to see and feel an inner safe place. Every woman was creating her own inner picture. After these imaginations or daydreams, we invited the women to tell us about their experiences and to share, if they chose, these with the group. Some women said they had had the opportunity to see and feel an inner safe place, an inner garden, to rest a moment in this place and to enjoy rest and peace. Others did not enjoy this opportunity to dream, given the difficult circumstances of their lives and the numerous problems they had to resolve. Others preferred a Christian or Muslim prayer as a possible way to find inner peace, to build their strength, to move on.

Another technique we tried was common storytelling. Storytelling in a group provides the group members with opportunities to bond with others who have had similar experiences and to share them. We worked in an intuitive way and looked for stories which we thought would reflect the realities of these women. Sometimes we would begin to tell a story and then ask the women to complete it. There were stories of the leopard and the tortoise; of the lion and the rabbit, mostly African stories about a problem that needed to be solved between a physically strong and physically weak but cunning animal. Most of the women identified with the cunning animal. After completing these stories they exchanged experiences of solving difficulties during their flight and now as refugees.

Dealing with trauma

All the women in the group are traumatised - about the loss of their homes in a country at war, the loss of family members, their flight and their current realities in a shelter in a foreign country. From time to time we invited them to speak about their traumas, about the losses and about bereavement. Eventually we do not know if the group was too big (six-10 women), too open and unstable or too complicated with the translations, or if it was simply avoidance. Whenever they spoke about their losses they became very sad and asked us to avoid this kind of discussion and work. But helping them deal with their trauma was an initial purpose of this group. Eventually what we learnt from this experience, was that the women in their current situations of ongoing distress, needed us to help them find ways to deal with their realities - speaking together about the daily problems, listening, drawing, dreaming and finding comfort etc. Nevertheless we gave them information about trauma with pamphlets and brochures from the CSVR Trauma Clinic. We have also always been available for counselling individual women at the Trauma Clinic.

One day the women asked if they could rename the group, not 'trauma group' - but 'Furaha', which means joy in Swahili. To us, this was very significant, and indicated the impact of the work we were doing with them.

As therapists we had to deal with strong counter-transferences (limbo, loss, depression, low energy levels).
Trauma is contagious and in the role of witness we were at times overwhelmed (Herman, 2001). Our mutual debriefing after the group meetings was a very important work instrument.

The effect of being in limbo and the daily realities of refugee life were replayed in the group through absences, disappearances and unresolved conclusions to meetings. Only once did we get the chance to say goodbye to a woman who left the shelter. It remains unclear the extent to which the women’s practical needs, such as looking for employment and childcare, influenced their attendance in the group. Some members may have seen joining the group as a means to receiving practical help, and having received it, or not, saw no further reason to stay in the group. In such situations it was difficult to give the group a sense of continuity and worth.

It was clear to us that we had to maintain the transitional position necessary for addressing moral, psychodynamic and practical issues.

Callaghan (1998:39) writes about a movement psychotherapy with refugees, that this,

all-pervasive sense of limbo that refugees experience is reflected in and can be transformed through the dual nature of movement, not only as a continuous process of becoming but also as a position reached.

In our understanding the healing strength of our work was in:

1. Seeing and reflecting all difficulties; in continuing with the group work eg carefully watching and exchanging our counter-transferences and developing the next steps;
2. Emphasising what was accomplished in the group work and also in the lives of the women.

We are aware that we do not speak about individual women when we describe group work. While we did perceive the women as individuals, we felt a stronger need to work at a community level. In other words, we constantly encouraged the women to build their group strengths among the adults in the shelter in order to improve their quality of life in limbo. There was also a ‘fellow traveller’ aspect of the group which we observed. Every meeting began with an introductory session at which each woman would speak about how she felt that day and what happened during the week. Most often the first statement set the mood: if the first woman felt well, the women who came after her would come across similarly. We asked ourselves if this was an attempt by the women not to be seen as different and unusual in the group or if it reflected the pattern of their former lives – the flight and the struggle in exile and an uneasiness to talk about personal matters with someone outside the family (van der Veer, 1991).

Roses

Despite the ever changing make up of the group and the difficulties we experienced in the group sessions, there were times when the sessions went very well and the women experienced happy moments in the group. We described these times as ‘roses’ or ‘flowers’ - positive and beautiful moments. This happened when the women shared with the group, things about their own cultures as they spoke about their homes, and described their cultures and traditional celebrations. At one such session, during a Christmas party, a woman told stories about where she had lived before she came to South Africa, and another recited her own poem. On another occasion, when the women spoke about their religions and about the importance of prayer, one woman spontaneously said a prayer for the whole group. This was a reflection of their attempts to share and celebrate their origins in a new environment, where they felt, even though for a short time, that they belonged together in the present. This was the kind of ‘breakthrough’ we strived for.

Following a discussion about resilience and courage, each woman, using clay, formed a symbol of their capacity to overcome: a heart (twice), a casserole, a...
rabbit, a tree, a horseshoe, a star and a sun. They insisted on putting the symbols together in a group picture, which symbolised love, life and hope. These were moments where we all experienced the group as a gift to us, where we found a way to answer the questions of loss and individual and cultural bereavement.

What does healing mean in such a group?

We worked in a multicultural and multilingual group. We noticed that the group members had a strong interest to learn about our cultures and to hear about our lifestyles, education, rituals, feasts, and even witchcraft. There was a strong feeling among them too about their different origins, cultures and languages. Some women spoke more than three languages, others did not, some had husbands and others not, some were employed, and others weren’t. The women were different from each other, culturally, socially and personally.

In this melting pot we tried to apply our professional knowledge about group work, trauma healing, team-building, guided imagination, narrative therapy and art therapy. We adapted our techniques so that we could reach the women in both their cultural and individual diversity. We had to develop a creative therapeutic style to interact with the women in the group, to let them express themselves and make connections with each other, while taking into account their diversity. Sometimes we able to reach a common ground within the group and at other times women shared very different experiences.

The day after a burglary at the shelter, we were asked to have a debriefing session with the women. They told us afterwards that they found the group session very helpful because they were able to talk about their fears and anxieties with each other.

Throughout Africa the means for healing are embedded in the fibre of the diverse cultures that inhabit the continent. This makes it necessary for support groups such as ours to provide space for a variety of expressive forms - speaking together and giving meaning to life through plays, art and symbols, creating an inner movement through imaginations and facilitating links between the internal and external worlds. We discovered that the women were able to symbolise their cultures, feelings and traumas in a non-verbal way, through imaginations, drawings and clay objects. We believe that the work we did together made a positive difference in their lives.

Given the low levels of education amongst the majority of women, they were stronger in non-verbal forms of expression. Putting the drawings or clay figures together and arranging them on the table in the group room became an exciting experience of creativity and diversity. In this sense healing is discovery of inner wisdom. It happens when we confront the unexplored territory of imagination and body and take the step into the unknown.

When the group decided to change its name from 'trauma' to 'joy' they were telling us symbolically, that it was in fact possible for them to express themselves individually and within the group, and that they experienced joyful moments together. We interpret their capacity to express practical needs while being able to 'play' in a creative sense as an indication of their capacity to heal.

Feedback from the women

Work with the group is ongoing. Writing this profile was a necessary and helpful step to achieving a better understanding of the work we are doing. We felt obliged to submit the text to the group and ask them for feedback and their permission to publish it.

At first the women were pleased to hear about our project. Then, however, they began to focus on what they believed were the negative points we mentioned, i.e. the squabbling over food. We interpreted it as a form of shame as they were resistant towards our explanations that the struggles over food were normal in their context, and that food represents a number of
things: to have or not; to steal or to fight to obtain resources, or to go without. These are normal issues that therapists deal with. Eventually they agreed with us in describing the full reality of the group work. Furthermore they emphasised that it is the creative part of the group work they preferred - sharing occasional ‘furaha’ during their difficult life passage as refugees. We as facilitators are in full agreement with them. To us it meant a confirmation of our work ‘on the ridge’ and their approval that we continue.

References
Herman JL (2001) Trauma and Recovery. From Domestic Abuse to Political Terror, London: Pandora.

Notes
1. Psychological debriefing is a form of crisis intervention that has been used with groups of people who have experienced a stressful or tragic event together. The overall aim of group debriefing is to minimise the occurrence of unnecessary psychological suffering and to build group cohesion and support. Debriefings cannot prevent reactions from arising, but they provide a framework for the individual for containing and understanding them and taking further action.
2. We use the word ‘refugee’ in this text generically to include asylum seekers and refugees as it was common in the shelter to use this term. We are aware that refugees and asylum seekers are distinct groups but this did not affect our work.
3. Most of the women had husbands living in male shelters nearby.
4. This was surprising to us given reports that many refugee women experience abuse and violence at the hands of men both in their home countries, and during their flight to safety in countries of asylum.
5. Guided imaginations are part of a psychodynamic psychotherapy of trauma. The technique is based on the everyday experience of traumatised people who find creative and comforting escape routes for themselves in situations of distress. They create internal places, spaces or rooms in which they feel well and secure. They invent (day dream) inner-companions, guardian angels, animals etc., in order to no longer have to feel alone, and to be comforted. An important goal for traumatised people is learning to consciously find an opposing vision to the horror vision or horrific thought (Reddemann, 2001).
6. It is known from the therapeutic work with severely traumatised women in Bosnia-Herzegovina that the psychologists changed their techniques from post-traumatic stress practice to simply creating a safe and common space where the women could discuss and knit together with the further goal to build their resources (oral report from Professor Inger Agger, Manager of the UN-Post-traumatic Interventions Team, 2002).

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