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Refugees and asylum seekers

ROBERT was forced to flee from East Africa, where he worked as a teacher, after he was accused of belonging to a proscribed political group. He was taken into custody and badly beaten up over a period of eight months. He was eventually released but received death threats, which became increasingly regular and threatening. His family sold most of their land to enable him to leave his country of origin, and he arrived in the UK disorientated and troubled. He denied being a member of the political group but quite openly stated that he had been involved in discussing politics and philosophy with colleagues, as they all hoped for a better future for their country and children. He was devastated about leaving his country and abandoning his hopes and plans for the future. He found life as an asylum seeker degrading and very difficult; uncertain if he would be allowed to start a new life in Britain, he expressed concerns about his mental health and his future. He has come to see you.

In this special issue we aim to reflect some aspects of the diversity of psychological work undertaken in this area. Counselling, clinical, developmental, educational, forensic, health, organisational and research psychologists are all working with asylum seekers, refugees and

RACHEL TRIBE and NIMISHA PATEL set the context for the special issue.

internally displaced people in a variety of contexts in the UK and abroad. This special issue hopes to highlight the efforts of some members of Psychologists Working with Refugees and Asylum Seekers (PsyRAS), a forum for any psychologist or psychologist in training. The collective hope of all contributors is to encourage critical reflection by other psychologists to contribute to this field.

A hostile and complex arena

Psychologists' work with refugees and asylum seekers is often undertaken in the context of hostile media coverage, which has exploited the rhetoric used in the 'war on terror' to conflate terrorism with asylum, and in the context of a stream of punitive government policies and widespread public fear and resentment towards asylum seekers. The political context of this work is riddled with the complexities of domestic and international legislation, rapidly changing and tightening



government policies, limited resources and professional pressures to conform to traditional psychological models of service delivery. Against this background different psychological approaches have emerged, which whilst revealing differing epistemological stances also demonstrate a consensus that such work requires a commitment to engaging with the social and political context.

Arguably, psychology, as theorised and practised in the West reflects the experiences and the worldviews of those with Western backgrounds and risks being overgeneralised and uncritically applied to those with differing backgrounds, including asylum seekers and refugees. However well intentioned our efforts, psychological practice in this field requires continued scrutiny of its ethnocentrism, as well as needing to take into account current philosophical, legal and sociological

KEY ISSUES

What and how can psychologists contribute to this field, and to what end?

Does psychology have anything to offer survivors of persecution, organised violence, torture, poverty and racism?

Should psychology and psychologists be taking a stance to ensure human rights are upheld at the individual and societal level?

What about our own ethnocentric, political, epistemological and theoretical biases?

Can we contribute in ways beyond traditional, individualistic and sometimes pathologising models and practices?

How can we effectively work with interpreters?

To what extent do professional guidelines and psychological research exclude or marginalise asylum seeking and refugee people in our health, social and educational services?

Is there a role for psychologists in providing training to other colleagues, whilst also building meaningful and non-exploitative partnerships with refugee communities and organisations with a commitment to ensuring sustainability?

debates on human rights and their implications for psychology.

It is a complex area, and this special issue will address many difficult questions in terms of theorising, researching and practising psychology (see box above). In fact, people have often assumed that refugees are a 'challenging' group, with whom it is not possible to undertake psychological work. Reasons given have included cultural differences being too complex or insurmountable, working with interpreters being perceived as too difficult, and uncertainty or poor understanding of the legal system and implications for asylum seekers. In addition, some psychologists may be reluctant to work in areas which are viewed as being 'political', whilst covert and perhaps unintentional racism can also play a role in justifications for psychologists not working with this population.

However, we contend that it is not only quite possible to undertake psychological work with asylum seekers and refugees, but it also provides an opportunity to enhance our thinking as psychologists in all areas of our practice. If we are to provide equitable, accessible and inclusive services to everyone, it behoves us all to work with refugee people and asylum seekers within mainstream services, although as with many areas of psychological services there will remain a need for some additional specialist services.

World context

Overall, it would seem important to consider asylum-seeking behaviour within the world context and to be cognisant of the reasons which force people to flee their country of origin and seek asylum in a country often far from home. The

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A Colombian asylum seeker registering to become a refugee at the UNHCR offices in Ecuador

nationalities of people seeking asylum largely mirrors the larger world situation of conflicts, human rights abuses and persecution around the world. Increasing numbers of failed asylum seekers in the UK face destitution. Following the introduction of the Immigration and Asylum Bill in 2005 (which became the Immigration, Asylum and Nationality Act 2006), there were several moves to curtail access to services for asylum seekers, restrict their legal status and the period of time granted to remain in the UK, restrict welfare benefits, the right to work and the continued use of detention for asylum seekers (see tinyurl.com/ymvu9z).

In addition, the mandatory dispersal around the UK of the majority of asylum seekers and refugees, some survivors of torture with specific health needs, raises concerns about detrimental effects to the well-being of asylum seekers and refugees.

Service innovations

Despite constraints (political and economic) there have been many service innovations around the country and around the world. In Britain these include Natural Growth projects (which use horticulture in combination with therapy) and the Write to Life project (using writing as a medium to process, share and disseminate ideas and experiences in literary and political texts at the Medical Foundation for the Care of

Victims of Torture. Other organisations have effectively used sport (particularly football), art, drama, dance or sharing traditional crafts in tandem with therapeutic ideas as ways of improving psychological well-being for asylum-seeking, refugee and internally displaced people. Group work is widely used in traditional and innovative ways. In some countries, projects at the community level have integrated human and legal rights, life skills, conflict resolution, developing support networks and sharing coping strategies into their projects.

What appears to have made many of these projects successful is that they have

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WEBLINKS

- Forum for Psychologists working with refugees and asylum seekers: www.psyras.org.uk
- Mental health for refugee professionals: www.mentalhealth.harpweb.org.uk
- International Committee of the Red Cross: www.icrc.org
- International Federation of Red Cross and Red Crescent Societies: www.ifrc.org
- British Red Cross: www.redcross.org.uk
- Medical Foundation for the Care of Victims of Torture: www.torturecare.org.uk
- Refugee Council: www.refugeecouncil.org.uk

been initiated by service users or community leaders in collaboration with mental health professionals. Many of these projects have become self-sustaining. In addition, they have not focused exclusively on mental health but rather on promoting well-being. By avoiding labelling they tend to be viewed within the communities they serve as being non-stigmatising.

This development in partnership with service users and their communities, addressing the concerns of service users, is vital. Part of promoting best practice includes considering the appropriateness of various therapy approaches. One example is the indiscriminate use of cameras in family therapy – this can be experienced as highly insensitive, culturally and politically, for families who have experienced persecution (sometimes based on information obtained secretly about them). Another example is the use of various psychological assessment tools, frequently used in clinical work and in research, without appropriate validation on the relevant refugee and asylum-seeking populations.

Arguments that many individualistic approaches may be problematic have led to contributions at the broader community level, which also should not escape a similar critical gaze. Such approaches might include developing partnerships with the voluntary and statutory sector and through strengthening existing resources with refugee communities (for example working with refugee community organisations in training, offering support and supervision with the aim of strengthening practice, instilling confidence and ensuring sustainability).

We hope this guest issue will encourage more psychologists to contribute to the development of research and practice that is innovative, respectful, ethical and appropriate for refugee people and asylum seekers whose health and social worlds have been violated by human rights abuses and by experiences in exile.

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REFLECTIONS FROM A REFUGEE PSYCHOLOGIST

NEARLY two decades ago, after fleeing my country of birth, I sought refuge in Britain. When I reflect on years passed by, I realise that I have spent a substantial part of my life in exile and working with refugees. England has become my adoptive home and my experiences have changed me forever.

In the early years I had resented being seen as a 'refugee', being dumped into a category. It was a time in which I acutely felt that my knowledge about the world, my skills and my experience did not count for anything.

In the 1990s, a certain kind of victim discourse became closely associated with working with refugees. They were often identified solely as 'victims' in need of help to cope with managing their daily lives; help that counsellors and psychologists alone could give. The reality is different. There are victims among refugees but the vast majority, including myself, will resist being defined as a victim. Besides, there isn't one simple 'refugee syndrome' or a 'survivors' syndrome'. When refugees are identified as a group of victimised or traumatised people, a 'client group', psychologists sometimes assume that there is only one way to psychologically respond to exile and persecution.

A flow of reverse prejudice may also come into play, identifying refugees as passive victims in the face of racism and xenophobia. Because refugees are often not seen as active participants in the life of the community, their capacity to survive and their tenacity can be underestimated or remain hidden. This context can make it difficult for refugees to consider using psychological services. Likewise, it can be hard for psychologists to work alongside refugees to find appropriate solutions to these difficulties. For many psychologists a refugee represents 'the other' in many senses of the word.

Finding ways and developing skills for working with this population in a multicultural society is not easy, with several dilemmas to overcome. The issue of interpreting is a good example. As Rachel Tribe makes clear in her article, it is not only possible to work effectively with interpreters but it may enhance other aspects of psychological practice and service delivery. The presence of an interpreter is a testimony to the fact that refugees come from differing cultures, backgrounds and historical conditions and this can be alien and threatening to psychologists. However, being in the room with a psychologist representing the 'host' society can mean that both the client and psychologist (with the help of an interpreter) are provided with rich opportunities for mutual learning and interaction.

Nimisha Patel and Aruna Mahtani in their article bring the issue of racism and psychologists' tasks in working with torture survivors together: enabling access to psychological services may be contingent upon British psychologists actually confronting their own racism, which can only help if they are committed to finding ways of formulating models of mental and psychological health services which address the needs of refugee survivors of torture appropriately and ethically. In this context, Adrian Webster and Mary Robertson suggest one approach in which refugee communities, rather than the individual refugees, are in focus. An approach which is underpinned by values of social justice, liberation, empowerment and inclusion of people marginalised by the existing order could hopefully bring benefits to all communities. But there is a need to emphasise the lack of programmes and psychological work aimed at the inclusion of refugees into the host society despite increasing number of refugees coming to Britain within last 20 years. In parallel, the creation of enclosed and isolated refugee communities have left many people acutely aware of their difference and isolation in a 'host society' where they are not wanted, and feared.

It seems that in the political climate refugee communities are likely to be seen as a burden on existing NHS services. Under these circumstances voluntary refugee organisations, often undertaking innovative, accessible and culturally appropriate services with little and insecure funding, carry the weight of the responsibility of supporting refugee people. Psychologists must help bridge gaps between good intentions in the NHS and actions that make a positive difference to the lives of refugee people in Britain.



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