IMMIGRATION AND TRANSCULTURALITY IN TREATMENTS WITH TRAUMATIZED REFUGEES IN GERMANY -

Christine Schwankhart-Pérez de Laborda……

1. Introduction

In introducing this topic, I would like to refer to the papers of Suzanne Ehrensperger about treatment of groups in Rwanda traumatised by the genocide (Geneva 2016), and Jaak Le Roy's paper (Brussels/Bilbao 2012) about treatment via mediators in the Republic of Congo. Group analytic principles are put into practice in these countries, and not transferred to a new place in cases of immigration where it should become something like a new home.

Often immigrants are victims of violence brought about by xenophobic reactions in the street or in their homes. As professionals we should have understanding but at the same time to keep a distance in order to be able to help. M. Rose Moro (University Descartes, Paris) explains it thus (Congress of SEPT in San Sebastian 2016): To be effective therapists in an intercultural context where the patients and therapists are from different cultures requires questioning oneself and being very aware of what one is doing.'

Ndoyé, an African therapist, refers directly to psychoanalysis as "each person is split in different ways, even if from the same culture. There is nobody without some split that couldn't be found in the other." (Wohlfart & Zaumseil, 2006)

The mixture of different ethnic groups without a common language causes difficulties in the exchange of traditional Western attitudes, be they part of the Christian Weltanschauung or religion or globalised consumers (ref. Le Roy 2011 p.2)

The fundamental principle of psychoanalysis is listening requiring total abstinence (in the analytical sense of private and therapeutic relationship) between interpreter and participants (Kaës 2009). This rule is difficult to maintain in a transcultural (group) context. This is why native interpreters are often very important for us. They are able to convey something of the native culture because it is very easy to misunderstand e.g. a delirium as a psychosis.

Kaës speaks of an inter- or trans-change (metatonía). The group space and the intrapsychic space unify, one for all and all for one. All you can find inside you can find outside. (Kaës, ZS Die Psyche, 2009)

2. Some statistics of immigration in Germany, and especially Munich.

From history we know that there has always been movement of people across continents.

The motivation often is to seek a better country, a better life, which is then projected on to this other unknown place. Nowadays this better world or country is seen on the internet and television. In ancient times nomads made it and still make the move knowing the climatological and territorial circumstances of different regions, but perhaps also because of an intrinsic need for change.

2.1 Brief historical overview of immigration in Germany .

70 years ago, at the end of World War II, eight million Germans moved from Silesia, Prussia and Bohemia to West Germany abandoning their homes, their belongings and coming to a ruined Germany in need of humanitarian aid from the US. Only fifteen years later in the early sixties the frontiers were opened to a wave of workers coming from Greece, Spain, Portugal, Italy, and Turkey. Twenty five years ago the fall of the Iron Curtain and the unification of Germany attracted many immigrants from eastern Europe.

We should also remember that during the years 1991 to 1995, 2.5 million refugees came due to the Balkan Wars. The majority of these immigrants were able to integrate into their new country. Others returned to their country of origin. They also influenced the hostess country leaving traces of their own cultures. In these cases we helped, but we also benefitted from their presence.

There are always some who remain and who do not adapt. For this reason therapists created another speciality, transcultural therapy in the way M. Rose Moro, Suzanne Ehrensperger (2016) and Wohlfarter (2007) work.

The politicians arranged norms and laws for integration, and humanitarian aid which functions well as long as the waves of newcomers are not too high. These large numbers of immigrants could not be integrated. In Germany there is a law that during the first three years immigrants are not permitted to work because there is a fear of immigrants taking away jobs from Germans. This raises society's xenophobic fears.

Now the German state has to rethink the situation because housing and feeding such numbers, could be a price too high even for a rich country like Germany.

2.2. Actual situation.

During last year 1.1 million refugees have arrived in Germany . Our Chancellor Angela Merkel welcomed them with the words "Wir schaffen das "– (we can do this).

Aware that Germany has never had a great deal of sympathy internationally, it was as if Germany was compensating for this by making such a gesture and for some weeks there was a sort of world wide admiration.

Beyond help in the form of money, clothes, and food, an important part of help comes via voluntary work with little or no compensation.

In March 2016 after much discussion the German Government approved laws named "Asylpaket 2" regulating asylum with the aim of not permitting them to bring their families immediately without any restrictions.

Significantly the borders are not as open as before (Schengen). The first checks for psychiatric and somatic illness have to be done during the first forty-eight hours of arrival. Previously it was 150 days. The law of accepting PTSD (post traumatic stress disorder) as a mean of remaining is no longer acceptable.

In 2015, from 60,000 unaccompanied young people, 4,500 disappeared. It is presumed they are victims of criminal organisations, forced into prostitution or obliged to become organ donors. (Bühring 2016). Female victims of violence in the camps and hostels are rare. It tends to be more frequent during their flight.

Amongst those who have been accepted and those who are in the process of being accepted there are many where complications arise with their assimilation.

3. Therapeutic treatments

3.1 Trauma and traumatised people.

Nearly every refugee has traumatised memories. Whether something is a trauma nor not, depends not only on the trauma itself, but also in the way of experiencing these memories.

Although not all refugees are traumatised, the number of those suffering from trauma is much higher than in the normal population. There are always some of them who overcome the trauma and grow (Rendon 2015, Tedeschi 2013).

3.2 Treatment concepts

We distinguish between treatments existing within normal society and treatment with professionals. Both aim to increase stability and integration. Very important is treatment aiming to prevent aggression.

There are different types of treatment and often they differ from those normally used.

I would like to give a few examples set up by either state, municipal or private initiatives, some are provided by medical organisations.

One private initiative is to offer aid in the form of sponsorship (Patenschaft) e.g. in Berlin and other capitals. Individuals offer to be responsible for a refugee providing economic and personal support. This helps the immigrant and relieves the state. It also facilitates their integration into society.

3.2.1. Theatre

Musiktheater Culture Clash (their names indicate their goals) These theatre groups aim to give a group of Syrian refugees (about 20) a unique experience working with real actors with varying outcomes, personal and as a group.

”Opera for the Young” (Oper der Jugend) where people from all backgrounds are able to experience listening to the orchestra of the Bavarian Broadcasting station. This is a prestigious orchestra dedicated to the theme of multi- or transculturality. For those participants this experience has a special impact.

Pantomime is another nonverbal experience where movement and mime affords
a gratifying experience.

3.2.2.Trommelpower is yet another group who use drums as a source of relieving feelings of aggression.

The Freies Mlusikzentrum e.V in Munich has established a programme to work for improving integration and also to deal with aggression. (website WWW A.Wolfl, 2013).

About 200 unaccompanied minors (part of the 5000) who arrived in Munich recently and who are considered able to benefit from this programme. Not all are traumatised even if most of them have bad memories which could be classified as PTSD. One point is to establish some way of being able to regulate their emotions. The experience of playing the drums with

both professionals and non-professionals is unique. The immigrants are rapidly integrated into the group, they learn to listen which helps them to become more aware of what is around them. They grow in confidence, and have positive experiences. Through the playing of drums violent experiences can be reproduced musically.

It is hoped new solutions for their problems will arise and they can begin the process of re-orientation. It is possible that dissociative episodes do occur where the group therapists have to intervene building bridges between the actual situation and the dissociation.

However this is a non-verbal therapy. Problems are not discussed directly and loud noise can re-traumatise. It is important that a space is created where young people can feel accepted.

3.2.3. Expression through art therapy/crafts:

This includes working with pens, finger paints, creating sculptures including recycling objects of any kind of simple material. These are some of the methods used to help in expressing feelings of fear, and also to be able to express more positive feelings. The trained art therapists can interpret these type of outcome. This type of work is done with children up to 15 years of age (SZ newspaper Nr. 52, 2015)

State Aid

The Heckscher Clinic for children and adolescents deals with 150 children and adolescent refugees annually. The percentage of immigrants is constantly increasing and is about 3% of their total intake. The running costs including treatments for refugees are charged to the state.

Municipal Aid

Some towns in Germany have developed prototypes for these kind of projects.

In Darmstadt close to Frankfurt they run a programme called ”Step by Step”. It is rather like a village where traumatised refugee families can find a home.

In Berlin there is LAGESCO (Landes Gesundheits Organisation) This is a clearing station for those refugees already assessed by various institutions. About a third of the children there suffer from PTD or PTSD.

Apart from the officially recognised refugees are those without papers. They present an even more difficult situation to transform to a normal life. The church holds an open door for them.

Despite their illegal situation they have to survive. Twenty four of them exist in the grounds of an old cemetery in Berlin. The psychiatrist, Dr v. Strachwitz works with them. She does not consider her work as therapeutic, even if the effects are therapeutic. To some she gives German lessons. In others she intervenes in their quarrels, and abuse of alcohol and drugs. The average is about 22 years. Some of them have been living in this way for 8 or 9 years. Some of them entered Germany as minors unaware that the State would take charge of them. Cologne is one of 8 connecting points for the reallocation of the refugees to different zones. 500 to 1000 immigrants arrive every day. A well-run organisation makes it possible to re-distribute them to the different camps.

3.2.4 Independent level and federal state level

Each state in Germany regulates the refugees differently. There are regulated funds and

each state makes their own laws, and how they uses these funds. They are often in dispute with Central Government.

As an example, the Heckscher Clinic has clinics in 8 different localities in Bavaria with 220 places for children and adolescents, 120 of those places are in Munich. Here there is a special transcultural treatment using interpreters.

The Bayernkaseme, a former military barrack, takes in newly arrived refugees during their first 4 to 6 weeks in the country. Health Care doctors (refudocs), often using interpreters, attend to them. Their communication is often non-verbal.

3.2.5 Clinical cases:

During my experience of the Bayernkaserne, I made contact with a 16 year old boy Naoun (name changed) . He was from a small town in Nigeria. He had arrived by plane which is unusual.

He attended the doctor with an interpreter (whom he had found himself), a paternal figure of about 40 years old who have translated the comments of the psychiatrist Dr. Winnewisser:

Naoun doesn't move his face, his mood seems depressed. He answers only to questions with short responses. He cant sleep, it takes several hours for him to fall asleep. His father died a few months ago. He lived with his father. He had not seen his father die, but he assured us that he had been murdered. After the murder he was arrested because of secrets he could have known of his father. He was not really tortured. He was able to escape after several days of being retained. Now several questions arise from what he has said and what he has not said. His information is not totally coherent. Why did he come by plane? From where to where? Days later he disappeared once more. There are rumours of prostitution reported by a resident psychologist. We do not know. Perhaps he is one of the 5000 who become victims of the criminals. After the group sessions at the end a qualitative feedback is done.

The female patient from Congo 38 old female patient came a few weeks ago visiting Dr. Pfanzelt the doctor of psychosomatic medicine in the Bayernkaserne. She comes with an interpreter, but we realise soon that she speaks French quite well. She tells Dr. Pfanzelt and me that she participated in a public demonstration and was arrested. She then was abused sexually by three policemen. Since then she suffers from terrible headache, sleeplessness, and other symptoms. Dr. Pfanzelt gave her some globuli which she took out of her case and said she could come back.

The story continues a fortnight later. She sees the psychosomatic doctor once more. During the session they are without the interpreter and speaking in French. The patient makes contact directly with the doctor. She feels better. The globuli helped, she said. The headache dissappeared. My impression was correct, the doctor confirmed this to me later on: The globuli had an effect on her like the natural medicine of her country. The patient could make contact by phone with an emergency phone in for women in Munich. Notruf für Frauen. This hot-line is busy each afternoon of the week. The trained staff look for therapists fluent in different languages with a capacity to take on refugees. Networking is done. This patient from Congo found a place and her stay in Munich was extended.

Sati (name changed) is a patient with chilaba and headscarf, 49 years old, comes from

Taytikistan, previously part of Russia. She continued visiting Dr. Pfanzelt, the psychosomatic doctor. She hasn't improved since last time, in fact her condition has deteriorated. The day, we see her is the day the Ramadam finished. She had problems in taking the pills. She couldn't swallow them. The drinking water was also rejected. The interpreter repeats several times 'bad'. Everything coming from the medicine is rejected. She fears to be found by the secret services of her country. She feels she has told us too much, and she can be localised by the secret services. She has no confidence in the country she is staying (Germany). For me, it is as though she has a negative introject which can't be pushed out (water). She works in the laundary, more for distraction, and not to feel so depressed, but the toxiic fumes could have a bad effect on her throat. It could be also something like a blockage of the liver. The triangle of interpreter, patient and doctor is not very balanced. We were then informed that they have known each other for several weeks, because the interpreter works in her hostel as a guard. Her eyes are restless, reflecting anxiety. It could be possible she also suffers from paranoid syndromes, there could be some other traumatic parts in her history. Her uncle who lived in the same house at home, was murdered. He was involved in politics. She doesn't speak about her husband, but her two sons of four and eight years live with her. She seems relatively old to be the mother of these two children. There are a lot of questions unresolved. After our consultations the internist doctor suspects she is suffering from kidney stones. Due to drinking less during the Ramadam could have exacerbated the problem. After further sessions we will be able to say more.

These cases are all very varied. The culture, the religion, the politics and the concrete history of the flight influence the actual condition of the refugee. Despite symptoms of trauma we always work with the medical doctors.

3.3. Therapeutic training:

In her paper at Bilbao (2016) S. Ehrensperger spoke about trainee group analysts working in mental health services in Switzerland who were involved in a training programme in a hospital in Rwanda. There the population is deeply affected by the genocide carried out in this country.

One of the interesting aspects of this paper is the lack of knowledge of the language used by the professionals there and who had to communicate with the training analysts, a situation often reflected when immigrants come to Europe without any knowledge of the language.

In another paper I related the communication from the EATGA workshop in Naples 2014 where communication becomes difficult because of the language.

Antonio d'Angiò, psychiatrist and professor in Naples informed us during the EATGA workshop in Paris 2016 about a study in two hospitals in Naples where two groups of refugee helpers are given the opportunity to attend group sessions in order to talk about the stress of working under these difficult circumstances.

3.5. Psycho- Education, Resilience

Recent clinical studies in universities deal with treatments of refugees and their new forms. Between these studies is the one by Demir et al. (2016) which also includes earlier studies.

Refugees have high scores of PTD due to the trauma they have sufferend in their original country, but also because of their flight (Jacobi 2014) and the prolonged process of being accepted as an official refugee. The longer the period of uncertainty leads to a greater probability of further trauma.

Psycho-education begins at the moment of making contact with the refugee in the country of his arrival. The traumas themselves are not treated. But in two long group sessions of three hours each, there exists an approximation to a programme of psycho-education. During the first one, the refugees are informed about various treatments available to them including psychotherapy. The second session is dedicated more specifically to the psycho-education for gaining stability and resilience. (comp. Birck 2004). They are invited to volunteer the groups which are made up of four to eight members plus two cotherapists/coordinators. Sometimes interpreters are available, but are not always necessary. Pictograms help in a nonverbal way understanding some of the material treated in the groups.

The therapists work with pictures, posters about different symptoms disabilities. Metaphors are used like wounds which could be real or also symbolize feelings etc.. The age of the participants average 29 years and differs from 18 to 42 years. Their own experiences of life is used and also analogies of their lives and animals are done (Jacobi et al. 2014) :12 month prevalence, comorbidity and correlates of mental disorders in Germany: the Mental Health Module of the German Health interview and Examination Survey for Adults (DEGS1-MH) International Journal of Methods in Psychiatric Research.

At the end a qualitative feedback is done. A cuestionnaire to complete is a difficult task for which interpreters help or the group leaders themthelves. Their exists a manual with graphics done at the beginning.(concept PEGI by Birck 2004).

To fill out a questionnaire is a difficult task, Here the interpreters help or the group leaders themselves. There is a manual available which includes graphics (concept PEGI by Birck 2004).

4. Conclusions

At this point we could continue with many examples. Immigrants do confront us with ourselves, our ”groupality” (groupalité) in the sense of René Kaës (2009) with whom I want to conclude: ”All which comes from outside, comes or is also inside. Our unconscious is structured as a group.” It is the task of the immigrant to form a new ”self” and to separate from his internal group to grow and form part of a new group.

He/she cannot do this work without our help. This help can only take place if we, the professionals, are able to understand and to become part of him/her, and to integrate part of him in us.

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