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Final written assignment

«Narrative Responses to Trauma. Bring back Agency»

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Abstract

The content of this written assignment is my implementation of narrative practices in my work with unaccompanied minors (adolescents) in a refugee camp. Externalized conversations, remembering conversations, narrative practice of Tree of Life were used to provide a safe context for the minors, to reconnect with their values/intentions and to build agency in order to resist effects of trauma.

*The name of the child at this paper is pseudonym.

Key words: refugees, adolescents, agency, narrative practices

Context of Work

Before I get through my project, it's good to say some words about the context of my work. I am working as a psychologist for a NGO that is operating in two different sites that accommodate refugees in the broader area of Athens-Greece. More specifically, during last months I am the sole psychologist of a 'safe zone', a shelter for unaccompanied minors age between 14-17 years old, which is hosted inside one of the central sites for refugees. It's a transit shelter for these adolescents until a place in a 'regular' shelter in the urban setting will be open. The need for such a transit infrastructure was crucial in order to avoid keep these minors detained in custody. Safe zone at the moment hosts 24 minors, all of them boys, from different countries (Pakistan, Afghanistan, Syria etc.) and provides 24/7 services of a variety of expertise (legal advisor, caregivers, translators, social workers, psychologist).

These months of working in this context many structural issues- problems have come up. One major issue that holds back my role as a psychologist is the undefined request by these minors or irrelevant to my services asking for example arrangement of their legal issues. Things are getting worse after explaining job's role because such a job 'carries' a lot of stigma in their cultures ("doctors for the mad people"). Another problem that has arisen is unknown time frame that I have available to work with these boys. That means that every time I saw one of them could be the last, cause an open place to a shelter could be the reason for a quick transfer over there. Another issue that I have to deal is the variety of info regarding these kids. Due to 24/7 service many confronting or even biased information about minors have to be filtered. One last issue is the tiredness, complaints of the staff or demand from me to be an expertise with the correct solution for many problems presented. This issue is getting bigger also by the fact that no staff care service is available for the personnel.

First proposal's difficulties-Group intervention-Tree of life

My inspiration for implementing a proposal for my last assignment of narrative therapy's educational course was found in many articles during this year, but I most motivated by this piece of White's article.

The restoration and/or development of this sense of personal agency provides an antidote to the sort of highly disabling conclusions about one's identity that feature perceptions that one is a passive recipient of life's forces. Such perceptions are highly influential in the development of conclusions that one is 'damaged' and 'messed up' on account of what one has been through, and to the development of the pervasive and profoundly immobilizing phenomena of 'vulnerability' and 'fragility'. (White, 2006).

The sense of personal agency has been found to play an important role in overcoming personal difficulties and reducing effects of trauma in one's identity. Especially in settings like these passive sense of identity is dominant, since an adolescent is obliged to relocate countless times without being able to affect these transfers or the conditions he deals each time. For that reason and in order to develop this sense of personal agency group and individual (in most vulnerable cases) interventions were put into action. As far as group interventions concerns tree of life considered as most appropriate for strengthening agency (Ncumbe, 2006).

My first goal was to provide tree of life through two different group interventions. One with the minors of safe zone and another one with other unaccompanied minors currently hosted inside the camp.

As far safe zone's minors concerns many difficulties had arisen. The lack of availability of translators (other needs to be covered like hospital attendance), my mandatory presence in detention centers for interviewing minors, minor's unwillingness or tiredness to be present in a morning activity like this and their prioritization of discussing legal issues rather than other topics, were few of these obstacles. Ideas of overcoming these obstacles were to support them to self-organize their own activities using their personal skills. As for an example someone who was a barber back on his country could use this knowledge by learning to other boys how to cut hair. Even though that hasn't started yet this idea has motivated a lot of boys.

As regarding the other minors in the camp there were many cancellations similar to those of the other group but finally we had the chance to organize a

group session. I have to say that initially I was reluctant to provide tree of life in a group of adolescents, as I was thought that they would find it childish or boring to participate. After I explained them (group of 6 Afghan boys) the reason I wanted to have this activity (reconnect with their purposes, hopes) I asked them to draw the tree. Surprisingly, I find out that all the boys had strongly motivated to draw and apart from that by their initiative each one after completion was stood up to present their picture to the group. All of them spoke about the importance they give to values like family and friendship. Also they had the opportunity to talk about their hopes and dreams about future. As an example of that they spoke about what kind of jobs want to do and how this is connected with stories from their past. Thus, one minor shared with rest of group a story of a local doctor in Afghanistan who helped a lot of people and that's was the reason minor's mother gave doctor's name to the minor and minor decided to study medical school. One of them at the end of this activity that hold approximately 2 hours summarized the whole process at the end by a poem he inspired: "always to think and look high, always to help those who need".

Unfortunately, because of the limited available time we didn't have the chance to continue the activity further with 'forest of life' or 'what happened when disaster comes'. I do appreciate that all these boys enjoyed it and everyone asked to have their drawing with them.

Work on progress-Case Study-problem saturated story

S., 17 years old, was the only child of a family, living in countryside of Afghanistan. His father after an accident in work he was unable to work and stayed mainly in house. His mother was the one that was working. S. was raised in a restricted way, didn't allow to leave home. He neither had many friends in the small village he lived. He only attended 3 years in school. Even though he grown up in an isolated environment, there was enough love and care inside the home. 3 months ago Taliban soldiers reached his family and ask from the kid to join them. The mother (who was 6 months pregnant at that time) denied in order to protect him. 2-3 days later they came back, the mother hid him inside house and refused to deliver him to the soldiers. Both she and his husband were assassinated by the troops. The son was helped to escape by his uncle. During his journey from Turkey to Greece the boat was sunk.

First intake with this minor was in a detention center, during our standard procedure to release minors from detention and bring them in Safe Zone. He was 12 days in Greece and 4 days in this center. Initially, he was staying in a refugee site in a Greek island, and transferred under public prosecutor order to local psychiatric clinic and from there under psychiatrist's reference in a psychiatric hospital in Athens. According to his words he felt out of control and nervous (he forced to recollect memories of the murder in an interview with a local doctor) and that's why he transferred to the hospital. According to the psychiatrist's reference he suffered from acute psychotic disorder, both visual and acoustic illusions, intense stress and lack of coherence in his thoughts. In hospital he was under medication but no prescription was available after his left from hospital (2 days stayed there). In discharged letter he was diagnosed with acute depressive incident.

During our intake we observed he had dull emotion, difficulties in memory, no future orientation and also hopelessness. He also had thoughts of suicide that started after parent's murder without a clear plan. These thoughts are beginning when he has intrusive memories by the incident, tries to avoid them with no success, squeezing his head and knock it against the wall. Apart from images, flashbacks of the murder, he suffers also from sleep disturbances and frequent nightmares related to that. He expressed a constant fear that Talibans will come for him.

First three days in safe zone

During these first days in the new environment S. expressed the following symptoms: sleep disturbances, loss of appetite, withdrawn, feeling of emptiness and dizziness when he is in a crowdie place or when he remembers his parents. This was getting worse during nights, when also escalating incidents of dissociations were reported. Even though some basic grounding techniques have

introduced to staff in order to support in these incidents, anxiety and fear in the personnel was increasing.

In our conversations with S. those days we managed to externalize these effects under the name of “Fever against the body”, but it was difficult to reach any unique outcome. Another aspect that was predominant in our sessions was that all his speech was in passive voice. All the aspects of his daily life, even the more simple and practical one like going to a service or pick up the food were narrated in passive voice with no agency by his side.

During the last of these nights S. expressed intense headache and in order to get relief he squeezed strongly his head with his hands and forcefully protected no to hit his head against the wall. Because headache was escalating from previous nights and was a great risk of harm himself it was decided to transfer him by his will to psychiatric hospital for further evaluation and possible medication. The night shift of psychiatrists in hospital have decided to hospitalized him having listening also S. expressing death wishes.

Translator’s trauma

At this point I need to point out one other difficulty that came up after those days. One of the two interpreters that I worked with in the case of S. expressed his refusal to work anymore on this case cause reminded him the traumatic experience he had while he was detained in a detention center couple of years ago. He also mentioned that at that time in order to cope with those conditions he had regular sessions with a psychologist of this context, sessions that reflected on them as positive and very helpful. Having listened to that I said to him that I respect his decision and I would like if he has no objection to ask him some question on what was helpful those days in order to give me ideas on how to handle the present situation. Having his agreement I asked him the following questions:

- “what was helpful in your work with this psychologist”
- “what skills/beliefs did you use to resist hopelessness (his words) during this traumatic period”
- “with what you were connected to sustain detention”

In his appointments with the psychologist he said that he was helped if their conversations stayed in here and now and not talking about previous traumatic events and also if they co-search for positive things or even qualities he maintained into this center. In order to resist hopelessness he said that keeping a small garden outside of his container was something that gave him a lot of hope to sustain and that this garden was also a great chance to connect with people who eventually found out that shared same values with him (respect).

After thanking him for sharing these information with me, I said to him that more or less these type of questions I would like to introduce in sessions with S. and he would be welcome to join whenever he likes. After some sessions this interpreter decided to join and didn't express any further concerns.

Externalized problem in present-‘Loneliness’

No-one is a passive recipient of trauma. Even children respond in ways to lessen the effects of the trauma, to seek comfort, to try to preserve what is precious to them, and so on. This second story is very important. The ways in which children respond to trauma are based on certain skills. These skills reflect what the child gives value to. And what the child gives value to is linked to the child's history, to their family, to their community, and to their culture. (White, 2006).

After 5 days of hospitalization and medication having been provided S. came back to safe zone and started our sessions again. In the first session he talked about an incident that went out on the middle of the road and was waiting till a car will hit him. He said that ‘Loneliness’ drove him there and as we discussed more on the effects of ‘Loneliness’ in his life, he said that was making him feel distressed, tired and making him think of harming himself.

- “What makes you to resist when loneliness invites you to go outside to the road and hit by a car”
- “I didn’t want to forget”
- “What things loneliness wants you to forget”
- “My parents. I remember the hugs with them”

(Shares a story that every morning after he awakes he hugs his parents)

- “So, it looks like hugging is important to you! What do you do to keep this alive in the present?”
- “E.,F.,G (names of coworkers) are giving me hugs”
- “What do you do to invite people to give you hugs?”
- “Approach them, smile, open up my arms”

This conversation gave him the opportunity to speak for a first time about his parents and recall a happy ritual they shared and still keeps it alive at the present. Furthermore opened up a window of agency at the present by talking on his initiatives to invite people to hug him.

Agency

“This is a sense of self that is associated with the perception that one is able to have some effect on the shape of one’s own life; a sense that one is able to intervene in one’s own life as an agent of what one gives value to and as an agent of one’s own intentions, and a sense that the world is at least minimally responsive to the fact of one’s existence.” (White, 2006).

In the following sessions my target was to promote even more moments of agency. For that reason we agreed to stop our conversations whenever he feels tired or to choose the topic he wants to discuss. Despite these, presence of passive voice was still dominant in his narration: “I am happy when I see I get help by you”.

So, my intentions were to find out gaps in his daily life at present that reinforces agency and connect them with incidents of the past, values that he carries.

- "F. (another coworker) is a very good guy"
- "What did you see him doing, saying, that helped you evaluate him as a nice guy?"
- "By the fact that he is caring about me, he always smiles when he sees me, he has good manners and uses good words"
- "When you say he has good manners and uses good words could you be more precise? In what way behaves and speaks in a good way?"
- "He is discreet and respectful with me"
- "Is respect something that you give a great importance to your life?"
- "Yes"
- "Could you share with us a story that shows the importance that respect has in your life? Maybe an incident from your life when respect entered?"
- "I remember my father saying to me many times to be polite and show respect to others"
- "Remembering these words, how is it for you right now?"
- "I am feeling happy and nice (smiles)"
- "Those words on respect are something you want to keep alive? As a guidance from now on?"
- "Yes, I want to keep on with respect from now on"
- "In which regions of your life could respect be introduced from now on?"
- "I want to show respect also to the place I live, so I clean more often and encourage others (roommates) to do so"

Present state

The respect for the clean room may brought him into trouble with other minors of the room due to their unwillingness to follow him but that didn't disappointed him to stop cleaning. Also eventually symptoms of withdrawn, suicidal thoughts, feelings of tiredness and emptiness have been reduced, while in our sessions begun to focus more on his daily issues regarding rules in living with the other minors. And though in Ramadan fast he experienced a small relapse of "loneliness", due to the fact that remembered last year's Ramadan with his parents, he was opened to speak about that and not persist on the effects of "loneliness".

From now on

My intentions from now is to keep on working on outcomes that promote agency. Reconnect with his purposes, beliefs, values through remembering conversations and also through practicing Tree of Life. Because of the transit nature of safe zone and because his journey isn't finished yet I am reluctant to introduce any idea of speaking about the traumatic event, unless he expressed a want on that. Last thing I am intending to, and if he will, is a small documentation on his struggle against trauma effects, so it will be as a small guidance for other minors.

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