

On Rehabilitating Victims of War and Torture.

War falls extremely hard on all who are exposed to it, soldiers and civilians alike. Those who survive, carry with them unbearable memories.

Killing a human being is relatively quick and inexpensive. Destroying a person and the community he or she is a part of, is on the other hand demanding of work, effort and time. It's called torture and aims at making that person's existence impossible, preferably also that of the next generation. By that the foundation for that person's nation is torn up.

To make extinct a whole ethnic group requires, as we know, extensive logistic machinery. Then it is easier to terrify and hurt a number of key persons in the assumed opposition. For this reason, they are not supposed to die, but they will continue carrying and spreading a poison into their body of society.

Traumatized and tortured human beings are black holes of chaos and pain. What they have experienced has cracked their image of themselves and of the world. They are like Humpty Dumpty who sat on a wall and fell and broke into pieces, and never can those pieces be put back together again. In spite of that, they continue to fight and to try saving their lives and their values.

Traumatized people have lost the ability to sleep, to live a normal life, to eat, to think clearly and to learn. Their lives often hurt so much, in body and soul, that they see death as a liberator from the unbearable.

The therapist's role.

When we as therapists finally meet a traumatized person trying to give relief and to contribute to healing, it is an almost overpowering task we have ahead of us. In response to the question what does it take to work with traumatized refugees, someone exclaimed: "Grey hair!" In other words, it is a job for very experienced therapists who can endure and are able to meet the patients where they are, that is in their black and terrifying holes.

In the experience of the therapist there also needs to be the courage to dare to be eclectic and to use all the different methods that he or she has ever met during their professional lives. All tools are needed to recreate and rebuild an existence torn to shreds. Not the least, the therapist must dare to leave the familiar talk therapy to help the patient to reach hidden creative and emotional resources.

Obviously, such a way of working cannot easily be captured with methods of measuring and weighing. Yet it is possible to say that it is based on evidence, because it's founded on well-tried experience and there are good results to point out in form of improved quality of life and an ability to function in society.

Everybody who at any time has done a jigsaw puzzle knows that it takes a very long time to do a thousand pieces jigsaw compared to a simpler one, before the image appears and it is possible to interpret what it portrays.

When it comes to therapy with traumatized persons, it's known that the time of therapy must be allowed to be long, often measured in years. Those who wish quick, visible results will probably have an unpleasant and even expensive surprise in the future. Growth and healing cannot be forced.

Loss of what makes life worth living.

Most of our refugees come from countries where relationships are the most important thing. Here in the north, we have a totally different culture; we see achievement as the most important. The refugees have lost most of what makes life worth living; their language, their country, their possessions and not the least, precisely their relationships. Family and relatives may be dead but if they are alive, they are at least far beyond reach. In the Mediterranean which might be more familiar to us, much of the culture has been kept that views relationships

as central. In the antique Greece, one of the most severe punishments was to be sentenced to exile.

Losing an important person in one's life creates a dark hole that tries to suck the person into itself. "I want to be united with those I have lost, be it so in death." To carefully mend those holes and replace the shortage with new resources is a long term and delicate work. Should it fail, the danger of suicide is close. Often, the therapists themselves will function as a kind of transitional object. He or she will become like a member of the family; someone who sees, hears, understands and cares. Someone who has been like a brother, a sister or a parent can not be left after a short term contact. Then there would be a risk for new traumas, based on the old ones.

The cognitive capacity of a traumatized person is often severely disturbed. Our patients complain all the time that they are spinning in painful thoughts and at the same time they are forgetful. Their condition would be possible to compare with a light dementia. In some cases it can go so far as to losing basic abilities like talking and walking. Fortunately, they can come back when the situation of the patient has become calmer.

Common with traumatized people is a furious waking state; all the time being watchful and on combat alert. Patients describe how during all the nights when they don't sleep, they usually brood. Their thoughts spin without finding a way out. For us therapists it's important to find an opening out from that maelstrom, sometimes with the aid of methods that are not verbal but stimulate other creative parts of the brain.

Many patients suffer from powerful anxiety attacks, often for no obvious reason. It can be a real detective's work to figure out what triggered the attack. Perhaps it was a bee that was buzzing nearby and awoke the memory of the sound of bullets that swished by, a person who looked like another once dangerous person, or perhaps an inner stimulus from the patient's own body. For the patient it is a relief to get an explanation; he or she is not unconditionally exposed to incomprehensible attacks.

All the pain ends up in the body, and our patients suffer from aching of different kinds. There is no quick cure for that but we can try to alleviate with massage and relaxations exercises.

When the physical and psychological pain gets unbearable, a strong wish to commit suicide can emerge. The person knows and understands that suicide isn't anything he or she wants to do but the emotions just want to escape the suffering. Then it is necessary to combine psychotherapy with medical treatment.

It takes time.

Some patients have divided their inner world into several parts because their experiences in the outer world are so contradictory and threatening for the ego that they cannot stay in the same inner room. It takes time to build bridges and work through what no human being ever should have to experience. Perhaps it will never be possible to fully heal such wounds, but then we must try to help that person to as full a life as possible.

In the treatment of traumatized, the first thing we must do is to calm and stabilize. It begins already with the very first reception. The patient must feel welcome, seen and respected. It is not always possible to continue with a regular interview. The therapist must be utterly present and feel comfortable in a state of just being with the patient. What we communicate then is, "what you have gone through might not be possible to talk about right now but I can be here together with you". Here we are performing a delicate balancing act between being open, accepting and permitting and making demands on participation. If the patient is carrying a lot of anxiety, it can be helpful to use some form of non provocative bodily contact, perhaps just something as simple as sitting a little closer in the room.

In the continued work it is necessary to have many different work tools in one's box in order to find exactly what fits this person in this moment. Therefore the therapist must have a broad

education and long experience. It is also important that the medical attendants can co-operate around the patient because there is often a need for contributions of different kinds.

Traumatized patients can be very taxing their attendants. Therapists need to take care of themselves and allow themselves time to reflect and work through their own experiences from the therapy. If not, the risk is great that the therapist will suffer a secondary traumatization.

It's very important that the therapist receives supervision. If it isn't always possible to engage a supervisor from outside, then the therapists can give each other peer supervision and support.

Our centre has now existed for more than five years and still, we feel that we are learning.

From the beginning, one of our goals was to build knowledge which is something that can never be finished. Recently, we visited RCT in Copenhagen, the oldest and most well known centre in Europe for rehabilitation of traumatized refugees. There they have an extensive research department and the work is interdisciplinary. The centre has 110 employees within several different areas. We would like to recommend anyone who wants to gather knowledge on what it takes to work with the human beings who have been wounded severely in war and conflicts around the world, to turn to this centre.

Without deep knowledge about seriously traumatized refugees, the difficulties could be underestimated.

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