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REFUGEES AND PSYCHIATRIC PROBLEMS

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Background to refugee production

Natural catastrophes such as earthquakes, droughts, storms, tidal-waves etc. do not force people to leave their countries of origin, but they are displaced within it. The local governments usually take responsibility and rehabilitate victims of such catastrophes. On the other hand, man-made catastrophes through coup d'etat, religious fanaticism, military dictatorship, or minority-groups with alliances outside their country, such as in South Africa, Chile and El Salvador, force people to seek asylum elsewhere, mainly to neighbouring countries.

They often flee due to fear of their lives, persecution, imprisonment, possibilities of being tortured, death threats, daily harassment, or recruitment to an unpopular army to kill so-called terrorists.

They leave either as individuals, groups or as whole families, to seek safety, refuge or better opportunities in other countries. This could either be permanent or temporary as in the case of South African refugees.

South African refugees who join the liberation struggle, plan to go back to their country as soon as the apartheid regime is ousted from power.

Refugee-groups belonging to liberation struggles are usually isolated from the host-country and divested of all civil rights. They become the responsibility of the liberation movement. Whereas refugees who flee on their own, become the responsibility of the host-country, which takes care of them in accordance with

international laws.

Refugees might be categorized as falling into several groups.

1. Opulent groups without political involvements, who flee due to fear of economic persecution. They prepare themselves for flight and transfer wealth in good time to outside countries.
2. Politically persecuted individuals and groups. Flee due to fear of persecution, imprisonment, torture, death threats to other family members etc.
3. Criminal types, who might have been involved in criminal activities for private gain. They often flee to avoid arrest and imprisonment, especially after a coup or revolution. They may also infiltrate organisations as spies in return for a pardon from prison.
4. Others leave to find better opportunities for themselves without political involvement, but apply for refugee status, which is often quite difficult.

The common factor for all except the first group, is that they all become aliens in the new country, they have no property, no means of income. They leave even external objects of identity which gave recognition to their persons, at home. Often concealed is the loss of self-respect, personal identity, (self-esteem) and self-reliance etc. They all leave behind loved-ones, pets and friends. They leave a well-known social and cultural network, within which they knew how to communicate with each other, whom to trust and whom to be aware of. They understood the political language and struggles. But once outside, they become "aliens", "foreigners", guests", or different persons. He or she becomes an outsider in every sense.

Refugees often have difficulties with the language of the

host-country, especially those who have left Asia or Africa and have received asylum in other European countries.

Language is one of the most important forms of communicating ones thoughts, feelings, wishes etc. to those who wish to help. Failure to communicate can be a very frustrating experience which may lead to insanity or even suicide.

Some refugees have had traumatic experiences, by being raped, eg. by sea pirates in the China Seas, tortured as in Chile and South Africa, grave illness, starvation, imprisonment, beaten up by political gangsters, as the vigilantes in South Africa who take the law into their own hands and are supported by the South African police.

They lose loved members of the family, close relatives and friends. These traumatic experiences, are often so painful that they prefer to negate them. Common experiences of refugees are as follows:

Pre-flight situation

Pre-flight situation is a life situation experienced in their home areas. A person or persons feel that they are being persecuted by police, secret police, being spied upon, or threatened to be arrested, telephone-tapping, being constantly interrogated by the police, being threatened with annihilation or by being spied on by neighbours, or facts that point to murder or torture. They may lose all civil rights through various forms of legislation, police action. The situation in South Africa is typical of such harassment. When a person or people feel that they have no human rights, then it is a condition that contributes to a pre-flight situation.

Flight situation

When the pressure from such tension becomes high and unendurable, people decide to leave their country. Often the rich, who have

resources planned well ahead, their flight might not be so difficult. They can pay very large sums of money to acquire false papers or arrange their passages out of the country. For example Iranians and Vietnamese after their revolutions. Others, who might have to leave in a hurry, may have great difficulties in reaching safety and survival.

The actual flight situation is filled with tension, the fleeing persons face dramatic situations such as the people who left Vietnam, the so-called "boat-people", or South African refugees after Matolla and Maseru, or like the Sri Lankan Tamils who were abandoned in a boat outside the shores of Canada. They live in constant fear of being captured by the police or military personell to be returned to home-base. Often those who undertake such hazardous journeys have little money and very few belongings. They may have no travel-documents, and some of them might even travel with out-of-date documents, which adds to their fears of being stopped at borders. If the country of first asylum does not understand their language, they are unable to talk about their plight. When in flight, they are often exploited by gangsters who offer help with travel documents and passage to a foreign country. Due to these hardships, refugees often fear that they will have a mental break-down, and they often on these hazardous journeys fall ill through infection or accidents. A group of Africans trying to enter into Europe by smugglers were found suffocated to death in a closed vehicle in France.

Refugee camps and asylum

On reaching a camp of asylum, which receives refugees and asylum-seekers, common reaction is as follows:

There is tremendous reaction of joy when they succeed to reach their goal. They are usually exhausted and excited. Some may suffer from depression, and others display paranoid symptoms because they may not feel safe in that situation, due to fear of

being returned to their home country. They look upon refugee reception centre officials and the host-country officials as omnipotent persons who can save them from danger and protect them. In such a situation refugees react differently as individuals and groups even if they come from the same country. Most refugees however cope well, and adapt to new situations without great difficulties.

Those who leave their country, hoping to return soon, when things become normal again, may experience long waiting in a transit camp, exasperating and frustrating. The inability to communicate in a foreign language can accentuate his or her frustration. As already mentioned before, people in refugee camps usually lose all civil rights.

There is lack of work. There is no real social status as they have had at home. They lose their freedom of movement and often feel as if they are in prison. There is always a lack of food or they have a monotonous, undifferentiated diet. Often they refuse to eat this food after a while.

Limited health and medical services may have a negative influence on the individual. After fleeing from difficult conditions and situations, many refugees find it difficult to adapt to camp or settlement rules. This may develop into protests against the administration. Punishing them only aggravates their life situation.

The length of time one might have to wait before being transferred undoubtedly influences the psycho-social state of the refugee. In this state the refugee who remains longest, without being able to influence his/hers or their future life situation, can develop psychiatric problems. This could be illustrated in some cases:

A Ugandan woman during the time of Idi Amin in Uganda, escaped to

Italy where she and her two children had to wait nearly 2 years. While waiting she became psychotic, that is to say that she lost all awareness of herself, place, situation and time. In Italy she no longer took care of herself, but the two children she was with, helped her with daily personal functions. She was then transferred to Norway where she lived for another two years without being aware of her environment or concern for her family. She was given psychiatric treatment and recovered. Others find the situation so difficult, and fail to cope with it, and therefore commit suicide, or become chronic psychiatric patients.

Others might escape from the reception camp or settlement or from liberation organisation and find themselves in further difficulties which they usually do not anticipate. It is not uncommon to see people losing control of their mental faculties and attacking fellow refugees, and even killing them. An investigation into psychiatric symptoms experienced by refugees in a camp situation showed the following:

156 individuals took part in the self-rating questionnaire based on the SCL-symptom check list by Derogatis.

67% suffered from paranoid thoughts

53% suffered from tension and anxiety

66% suffered from depression

52% suffered from somatic complaints.

22% of a population of 3000 refugees had some form of psychiatric illness which needed treatment. These refugees will obviously be the last ones, to be transferred to second countries of asylum.

Often refugees are suddenly called upon to prepare for departure, sometime to his country of choice or is just sent to any country that will have him or her.

A case to illustrate:

A Chilean woman, after spending three years in a transit camp, was suddenly given the chance to travel to Norway. She had no choice.

On her arrival in Norway she was suddenly confronted with a very cold climate, a very difficult language, cold reserved people, and a form of social intercourse which she was not used to. She was alone without friends or relatives. Repeated attempts to make close friendship with males ended in misery. She felt she was being misused by men because she was alone. She longed for home.

This situation caused severe depression and anxiety, and she was on the verge of a psychotic break-down, and only recovered partially through psychiatric intervention.

Most refugee transit camps or settlements, give refuge to people who have been tortured in their home countries. These victims often suffer from "past torture syndrome". They are people whose personality has been broken down. They have lost all sense of the self, and often behave as zombies that have lost all emotional responses, and only obey commands.

Methods of torture that they have been subjected to are as follows:

They have been assaulted with batons. Hooding, that is a wet sack or bag covering head and face and then assaulted with fists, kicks, or sjambokked. The victim cannot see where the blows come from and therefore cannot prepare himself for the blows.

Submarined, that is holding ones head submerged in water, dousing with water for hours with a hosepipe. Standing on ones feet for hours on end. Winnie Mandela describes how her legs felt like concrete slabs, due to edema.

Electric stimulation to the genital organs, toes and fingers.
Mid-air suspension known as the helicopter; death threats against family members, close friends or fiancées; threat of being thrown out of fast moving cars. Kept naked for hours in low temperature.

One black priest describes how he was held naked with his face and head covered for nearly 30 hours. During that time they introduced some kind of a creepy thing into his anus and between his thighs, and he felt like his genitals were being bitten (Guardian report).

It must be made clear that these victims were neither given medical nor psychiatric treatment after being released. Some, like Steve Biko and Neil Aggett have died under interrogation.

It seems common among those that were tortured, to develop defence mechanisms such as denial, negation, repression, bravado and somatisation. Continuous visits to the medical clinic for somatic complaints had very little remedial effect and some of them were therefore referred for psychiatric consultation. Others who had undergone torture were discovered through mass application of the SCL questionnaire by Derogatis, L.R. Common symptoms that plague victims are anxiety, depression, irritability, chronic fatigue, nightmares, impairment of memory, difficulties in concentration, insomnia, headaches, sexual disturbances.

Finally, some refugees who try to forget their problems, through alcohol and euphoria stimulating drugs, such as dagga, hashish etc. develop symptoms due to drug and alcohol abuse.

I hope that I have managed to give a glimpse into what a refugee's life is like and the kind of mental problems that arise from being declared a refugee.