

WALTER RENNER (ED.)

**CULTURE-SENSITIVE AND  
RESOURCE ORIENTED PEER  
(CROP) GROUPS**

AUSTRIAN EXPERIENCES WITH A SELF-HELP  
APPROACH TO COPING WITH TRAUMA IN  
REFUGEES FROM CHECHNYA

INNSBRUCK - STUDIA

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## PREFACE

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Encouraged by positive results of previous research pertaining to culture-sensitive diagnostics of traumatization in asylum seekers from Chechnya, Afghanistan, and West Africa, in early 2005, Walter Renner expressed the idea of developing culturally competent methods in order to help asylum seekers and refugees cope with their traumatic experience as well as with difficulties during acculturation in Austria. Towards this goal, Walter Renner suggested to develop and evaluate Culture-Sensitive Resource Oriented Peer (CROP) Groups, i.e., self-help groups facilitated by same-gender lay-counselors for Chechens, who are the strongest ethnic group among asylum seekers and refugees in Austria.

When Walter Renner approached me asking me to act as the "principal investigator" or "project leader" of the proposed research, I felt that it would be a great honor to direct this important study, although my personal tradition of research is a qualitative one, while Walter Renner, according to his primary scientific experience as a senior researcher and lecturer of clinical psychology, individual differences, and psychometrics, in the first place intended to carry out a quantitative evaluation study. Maybe, feeling obliged to a psychodynamic approach implying the critical analysis of modern society, fifteen or twenty years ago I even would have refused participating in a quantitative study involving sophisticated statistical methods.

In fact, meanwhile I have learned that quantitative and qualitative approaches can be combined very effectively and Walter Renner contributed a lot towards helping me overcoming my previous doubts. In present psychology, mutual prejudice and preoccupation of both research traditions have become obsolete and psychologists or psychotherapists of different professional backgrounds can work together fruitfully in an attempt to assist neglected and traumatized people seeking help in Western society.

Walter Renner's work is an excellent example of such a co-operation. Although the present study of CROP-groups in the first place was based on psychometrics, and thus on a quantitative paradigm, evaluation also employed qualitative methods using informal talks with the group leaders as well as semi-structured interviews with the participants. In addition, all the preparatory steps of the research, as well as its cultural conditions and assumptions were documented in detail.

The present book is about these qualitative aspects, while the quantitative results (which are extremely encouraging, suggesting that the CROP idea will be established internationally in future) will be presented in a forthcoming journal article. Thus, as the editor of this volume, Walter Renner has given an excellent example of how quantitative and qualitative methods can be combined successfully towards a comprehensive understanding of psychological or psychotherapeutic intervention methods.

I also wish to acknowledge especially Karl Peltzer's contribution to this book, which is devoted to previous experiences with lay counseling in refugee work. His chapter is

based on his large-scale experience in various African war torn societies. He also taught me a lot, primarily regarding cultural differences in perceiving and treating trauma and sequelae of trauma. Both, Walter and Karl, don't talk much about their efficient work as clinical psychologists with a strong human rights commitment and would never praise themselves. So I want to take this opportunity to thank them for their effort for a better understanding of traumatized refugees and towards developing effective and sensitive tools to support these people's struggle for health and human rights. I also wish to highlight the fruitful cooperation with Anthony Marsella who is one of the world's most renowned experts of clinical and cultural psychology and a human rights activist on an international basis.

Ingrid Salem is well known to me as a collaborator at the Klagenfurt Department of Psychology, who has done pioneer work in several health related intercultural projects. Claudia Baldeo and Verena Schlichtmeier are active members and experienced clinicians in the Austrian Network of Intercultural Psychotherapy for the Extremely Traumatized (NIPE). Professor Barbara Juen is a highly recognized colleague of mine at the Department of Psychology, University of Innsbruck whom I have met several times, enjoying the friendly professional atmosphere. I want to thank her for her contribution to this book as well as those authors, whom I do not know personally, namely (in alphabetical order) Elke Grabher, Mishela Ivanova, Julia Kaserer, Rudolph Morawetz, and Ulrike Rier. I am convinced that all who have contributed to this book share a strong commitment to human rights in their clinical and scientific work.

The present research on self-help groups for traumatized refugees is an especially fascinating one because many trauma experts hold that group work with traumatized individuals might be detrimental, as expressing emotions in the group setting may "trigger" excessive reactions in other group members which in turn could lead to exacerbating clinical symptoms rather than promoting relief and recovery. Although such criticism should be taken seriously, it is important to note that according to the present results the group setting clearly was beneficial, even in severe cases of traumatization. This positive effect can for example be explained by the fact that in collectivist societies, where our participants came from, group based healing rituals may help overcome stigmatization of trauma victims and may also be instrumental in supporting the individual process of mourning, even in complicated cases.

Of course, self-help groups must not be regarded as a simple and low-cost alternative to be offered to all clients instead of professional psychotherapy regardless of their individual needs and preferences. Beyond such over-simplification, however, the present research has shown clearly that Culture-Sensitive Resource Oriented Peer (CROP) Groups with trauma victims from Chechnya are highly effective if they are well prepared, properly supervised, and evaluated according to current scientific standards. I am convinced that this book will instigate a fruitful discussion with respect to the controversial topics just mentioned and that it will be an initial step towards developing the CROP approach further on a much larger scale.

Klaus Ottomeyer

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## INTRODUCTION AND OVERVIEW

WALTER RENNER<sup>1</sup>

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Ward, Bochner, and Furnham (2001) reported 20 millions of refugees and asylum seekers worldwide, with other estimates going even further (Wilson & Drozdek, 2004). In Austria, in 2006, over 13,000 persons have applied for political asylum (Ministry of the Interior, 2007), with people from Chechnya being the most prominent group among them.

In a recent Austrian study (Renner, Salem, & Ottomeyer, 2006; 2007) we have assessed traumatic symptoms by diagnostic interviews as well as by clinical questionnaires in asylum seekers and refugees from Chechnya and, on the basis of the interviews, have found approximately 60% of them to be suffering from post-traumatic symptoms. These symptoms are a consequence of terror, rape, torture, kidnapping, mutilation, or other forms of violence in the course of the Chechen war, a shocking account of which has been given by the recently murdered journalist Anna Politkovskaja (2002) (cf. also a detailed report by Médecins Sans Frontières, 2004 and Ingrid Salem's contribution, this volume).

This previous study by Renner et al. (2006, 2007) confirmed earlier research (e.g., by Stamm & Friedman, 2000) with respect to post-traumatic symptoms in Chechen and other "non-Western" refugees and asylum seekers. Only about 50% of respondents, who had been diagnosed as severely traumatized in diagnostic interviews, also fulfilled the Diagnostic Criteria of Post Traumatic Stress Disorder (PTSD) on the basis of DSM-IV-TR (American Psychiatric Association, 2000). Many traumatized individuals showed few symptoms of avoidance or psychological symptoms were replaced by somatic ones.

Among others, de Jong (2002a), Kirmayer (1996), and Peltzer (1995) have pointed out that members of collectivist societies frequently are unaware of the "Western" body-mind dualism. At the same time, for asylum seekers and refugees the disruption of social bonds and of the networks of social support provided by their extended families left back home poses an additional source of stress. For these reasons, Eisenbruch (1991) has suggested to abandon the conventional diagnosis of PTSD and to replace it by the term "cultural bereavement" with respect to refugees and asylum seekers from non-Western societies. Recently, in a more general context, Marsella and Yamada (2007) have called for a culturally sensitive approach to mental illness.

Austria has a well-established system of support for asylum seekers, who – after a period of some weeks at central camps – mostly live at government financed guesthouses or in private flats. Refugees and asylum seekers are entitled to free medical care. Additional support is granted by Caritas counseling centers (see Mishela Ivanova's

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contribution, this volume) and psychotherapy is provided by other NGOs to a limited number of individuals on the basis of projects financed by the European Community and by provincial governments (see Claudia Baldeo's and Verena Schlichtmeier's contribution, this volume). Psychotherapy in almost all cases is conducted by Austrian therapists in a single setting and with the help of interpreters.

Although basic needs are met, however, this system of support is unable to account for the specific requirements of people from collectivist societies, for which the Chechen Muslim culture is a typical example. Just like Western diagnostic approaches only partly account for post-traumatic symptoms, Western therapeutic techniques also have serious limitations when applied to clients from non-Western cultures. Consequently, one of the reviewers of our previous research suggested, not only to account for culturally sensitive diagnostics, but also to address interventions which are sensitive to other cultures' needs. Accordingly, de Jong (2004) has pointed to the importance of therapy being "culturally congruent" (p. 171). Symptoms have culturally specific meanings (Chakraborty, 1991) and issues of ethnic identity (Jablensky et al., 1994), expectancies (McIvor & Turner, 1995) as well as illness metaphors (Coker, 2004) should be taken into account. Therapy conducted with the aid of interpreters poses additional difficulties (Westermeyer, 1990). Not surprisingly, many indigenous people are reluctant to use Western medical, psychiatric, and psychotherapeutic facilities as McIvor and Turner (1995) have pointed out:

A reductionist medical model cannot fully encompass the complexity of the torture concept. Significant social and political sequelae, affecting survivors, families and whole communities, need to be considered [...]. Only a minority will actually reach the door of the health professional. The majority become survivors without treatment [...]. Community, political and religious groups probably provide the majority of support and treatment. (p. 709)

The present book introduces a culturally sensitive, alternative model to conventional psychotherapy, on a self-help basis, towards assisting Chechen asylum seekers and refugees in coping with symptoms of post-traumatic stress. This approach has been designed following encouraging previous results on self-help activities and lay-counseling from various parts of the world.

First of all, self-help has been shown to work effectively with traumatized persons in Western countries, e. g., with Vietnam veterans (Lifton, 1992; Shatan, 1973), survivors of sexual abuse (Crowley, 1997) and with relatives of murder victims (Rynearson & Sinnema, 1999), to name only a few examples. In a cultural context, on behalf of the Transcultural Psychosocial Organization (TPO), de Jong (2002a) and Eisenbruch et al. (2004) have introduced a nine-step-program for the work of lay counselors with traumatized refugees, for example in Cambodia, Burundi, Algeria, Gaza and Uganda. This approach has also been successfully applied in Sri Lanka, Nepal, Tibet, Congo, and the Middle East, encompassing traditional and spiritual healing techniques (de Jong, 2002b). In *Chapter 1* of the present volume, Karl Peltzer will report his experiences in training lay counselors for Sudanese refugees, which were based on the TPO approach.

Referring to Métraux and Fleury's (1995) experiences with victims of war from Nicaragua, Perren-Klingler (2001) and Meier and Perren-Klingler (2002) introduced a self-help program towards assisting refugees from former Yugoslavia to Switzerland. Indigenous lay people were trained as paraprofessional multipliers, who applied both,

Western and culturally specific healing strategies towards helping their compatriots to cope with post-traumatic stress. Similar community based and culturally sensitive activities towards assisting asylum seekers and refugees have been initiated by the Australian Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) (Aroche & Coello, 2004).

Though encouraging, these previous reports on culturally sensitive, community based methods of lay counseling and self-help activities do not comprise controlled studies which compare the effectiveness of these programs with conventional, Western psychotherapeutic approaches. Thus, for those parts of the world where both approaches can be realized (like for example, most European countries, the USA, Canada, and Australia), up to now, evidence based recommendations in favor of the community based or the conventional psychotherapeutic approach cannot be given.

Financed by the Austrian Science Fund, the study which has led to the present book was aimed at filling this gap by providing empirical evidence from guided self-help groups of Chechen asylum seekers and refugees to Austria as compared to conventional psychotherapeutic and psychological methods. With the help of the Provincial Government of Tyrol and the Caritas Counseling Centers at Innsbruck and Feldkirch, in summer 2006 a total of 94 Chechen asylum seekers and refugees living in Western Austria were recruited and randomly assigned to (1) 15 weekly sessions of a same gender "Culture-Sensitive and Resource Oriented Peer Group", i.e., a self-help group guided by a Chechnyan, same-gender lay facilitator (CROP-G), (2) 15 weekly sessions of a same gender Cognitive Behavior Therapy Group (CBT-G), (3) 3 sessions of a short psychological intervention, when appropriate employing Eye Movement Desensitization and Reprocessing (EMDR), or (4) a same gender waiting-list control group (WL-G), which received the CROP intervention 15 weeks later, after fulfilling their waiting list function.

Details of the geographic, cultural, and political background can be seen from Ingrid Salem's contribution (*Chapter 2*). For the CROP interventions, the group format was chosen, as this corresponds to the worldview of collectivist societies, where problems typically are discussed jointly and a one-to-one setting frequently is stigmatized with the connotation of possibly discussing a secret which one tries to hide from public attention. Moreover, with respect to Chechnya's Muslim culture, CROP-Groups (as well as CBT-Groups) were designed on a same gender basis. Waiting List Control Groups also received their (delayed) interventions on a same gender basis.

The Chechnyan lay-facilitators, who headed the CROP-Groups, had been trained for their task beforehand in twelve workshops. The theoretical assumptions and practical details of this training will be presented in *Chapter 3* by Anthony J. Marsella and in *Chapter 4* by Walter Renner et al., who have acted as instructors in the course of the training. All the interventions took place at a refugee home in Innsbruck. Participants came from a surrounding area of up to 150 kilometers, either by public transport or by private bus transfer and all travel expenses were paid for.

Renner et al. (2006) have shown that the Hopkins Symptom Checklist (HSCL-25, Mollica, Wyshak, de Marneffe, Khuon, & Lavelle, 1987) as well as the Harvard Trauma Questionnaire (HTQ, Part IV, Items 1 through 16, Mollica et al., 1992) can be used effectively towards assessing post-traumatic symptoms in Chechnyan asylum seekers

and refugees and thus these questionnaires were employed as quantitative measures of symptom reduction. In addition, as an attempt to assess post-traumatic growth, Tedeschi and Calhoun's (1996) Posttraumatic Growth Inventory (PGI) was administered as a quantitative measure. We administered Russian translations of these instruments immediately before and after the interventions and at three- and six-months follow-up occasions.

Considering the complexity of post-traumatic stress and recovery as well as the diversity of symptoms in non-Western cultures, a quantitative approach to evaluation was not sufficient and had to be supplemented by a qualitative one. Towards this aim, semi-structured interviews were conducted at three- and six-months follow-up occasions, assessing the participants' experiences in the course of the interventions as well as possible change with respect to clinical symptoms and post-traumatic growth. These results will be reported in detail in *Chapter 5* by Juen, Renner, and Rier.

Juen et al. will highlight the culturally sensitive rationale employed by the Chechen group facilitators as well as the cognitive behavioral and the EMDR based approaches employed in the course of the various interventions and will summarize the quantitative results obtained on the basis of the questionnaire. In the first place, however, *Chapter 5* will give an account of the qualitative results obtained in the course of the semi-structured interviews with the group participants at the three- and six-months follow-ups.

Quantitative analyses have shown that CROP-Groups were equally effective as Cognitive Behavior Therapy, and both types of interventions were significantly superior to the waiting condition as well as to the short-term psychological intervention comprising only three sessions. Effect sizes of both, CROP and CBT interventions approximated 1.00, indicating substantial change.

While quantitative results will be presented in detail in a forthcoming journal article (Renner, Bänninger-Huber, & Peltzer, in preparation), the primary focus of this book is on the conceptual and cultural framework of the project and on its qualitative results. While journal articles, by their nature are restrictive with respect to the space conceded to authors, the primary motive of editing this book was to offer sufficient opportunity to describe the fine grain aspects of the present research in their necessary depth.

We also want to present the results of this study within the larger psychosocial framework in which the interventions took place. Towards this goal, in *Chapter 6*, Mishela Ivanova will give an account of the refugee work of the Caritas counseling center in Innsbruck, which contributed considerably to the present research by recruiting the group facilitators and by contacting potential participants. Mishela Ivanova also contributed to the supervision of the group facilitators.

Is psychotherapy superfluous in a cultural context, when Western therapists, assisted by interpreters, are dealing with problems presented by indigenous clients and should it be replaced by guided self-help groups which pose an equally effective and economic alternative? In *Chapter 7*, Verena Schlichtmeyer will bring forward her arguments against such a position in a "reply from psychotherapy".

Of course, when deciding whether a client should receive conventional psychotherapy in a single or group setting or whether he or she should participate in a CROP-Group, differential indication must be considered, meaning that individual factors which may vary from case to case must be taken into account. For example, highly confidential or embarrassing themes may necessitate individual therapy, as may serious psychiatric disorders, implying the risk of suicidality. Still, after an initial screening by clinical psychologists or psychiatrists, according to the experiences presented in this book, a majority of clients may choose CROP-Groups as a promising alternative to conventional psychotherapy when offered both possibilities. With respect to differential indication, future research and practical experiences should yield data for evidence based decisions.

In the concluding *Chapter 8*, Walter Renner will present the implications and recommendations resulting from the present research. Colleagues who intend to implement Culture-Sensitive Resource Oriented Peer Groups towards assisting refugees and asylum seekers may find such ideas helpful. The present study provided encouraging preliminary results which should be followed up by investigations with additional ethnic groups among asylum seekers and refugees under various living conditions and in different parts of the world.

The authors of this book are indebted to Klaus Ottomeyer for his willingness to act as the project leader of the present research as well as to the Austrian Science Fund for excellent co-operation. Our thanks are due to Gertraud Gscheidlinger, Mishela Ivanova, and Christian Schneider of the Caritas counseling centers as well as to Peter Logar, Melita Duma and the directors of the refugee homes (Provincial Government of Tyrol) who made this research possible, by contacting potential group leaders and participants and by providing premises for the sessions. We particularly thank Barbara Juen (Department of Psychology, University of Innsbruck) for supervising the qualitative analyses. The editor especially thanks Ingrid Salem for her assistance in proofreading the manuscript and for her valuable suggestions towards arranging this volume.

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## CHAPTER 1

# **PREVIOUS EXPERIENCES: THE CULTURAL CONTEXT OF TRAINING LAY COUNSELLORS IN PSYCHOSOCIAL ASSISTANCE OF REFUGEES**

KARL PELTZER<sup>2</sup>

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### **1. INTRODUCTION**

De Jong (1992) describes a model for the identification, management, and prevention of psychosocial and mental health problems among refugees and other victims of organised violence as part of the IPSER (International Psycho-Social and Socio-Ecological Research Institute) project. This public mental health programme uses a decentralised and self-sustaining approach aimed at adults, adolescents, and children.

The programme purports to train primary care workers to implement existing knowledge by involving refugees, to increase awareness by providing information, and to strengthen research capacity among refugee communities. The programme tries to realise these objectives, among other means, by providing psychosocial support to traumatised individuals and their families, and by stimulating initiatives in the field of income generating activities and other areas of development. The model can be used in different societies with different sociocultural backgrounds. IPSER runs community-based psychosocial programmes for refugees and displaced persons in Africa and Asia. It also includes research and services interlinked with the World Health Organisation (WHO) and the World Federation of Mental Health (WFMH). Furthermore, IPSER tries to extent mental health care into primary mental health services and UNHCR social services.

The IPSER psychosocial assistance programme in this project was geared towards the two largest refugee camps in Northern Uganda. Under the UNHCR Pakelle Sub-Office (East of the Nile) and under the UNHCR Sub-Office Arua (West of the Nile) in 1995 were about 230,000 Sudanese refugees. The implementing agencies are for Pakelle UNHCR, for Arua the Red Cross in Kokoko and Cara in Rhino Camp.

Some 185,000 refugees receive care and maintenance assistance in transit centres and camps and the remainder 45,000 are assisted in 22 rural settlements (UNHCR 1994). Regarding socio-demographic statistics under the Pakelle UNHCR field office, for example, in August 1994, a total number of 158,490 refugees were registered of which 39% were above 18 years old (18% male, 21% female), 46% between 5-17 years (equal

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sex distribution), and 15% 0-4 years old (8% male, 7% female). The statistics per ethnic group were 45% Madi, 40% Kuku, 9% Acholi, 3% Kakwa, 1% Dinka, 2% others.

## 2. METHODS

The author was involved in the training and supervision of lay counsellors. For the IPSER project for 230,000 Sudanese refugees in Uganda 20 counsellors were selected from the refugee population with having social sciences, health, and community development backgrounds to be trained as psychosocial counsellors for a period of about two months. The author spent five months in 1994, one month in 1995 and one month in 1996 in the training and supervision of the counsellors and trainers.

The counsellor candidates were assessed with the Harvard Trauma Questionnaire (HTQ) (Mollica et al. 1992) and the Depressive Symptoms List of the Hopkins Symptom Checklist-25 (Mollica, Wyhak, De Marneffe, Khuon, & Lavelle, 1987) at the beginning and at the end of the eight weeks training course. The HTQ is used to measure the extent of traumatization of the refugee population. It is particularly appropriate for the description of multiple stressful events that were experienced by refugees. The instrument comprises 16 listed traumatic events (e.g., lack of food and water, sexual abuse and wounding). The HTQ is a cross cultural instrument designed for the assessment of trauma and torture, related to mass violence and their sequelae. The trauma symptom section lists 16 items from the DSM framework of PTSD, which includes dimensions of re-experiencing, avoidance and arousal symptomatology, and 14 additional 'refugee' specific items.

The sensitivity and specificity of the HTQ (with a cut off score for the total scale of 2.5) have been reported to be 78% and 65% respectively. The inter-rater reliability has been estimated to be .98 and the one week test-retest reliability to be .92. The Hopkins Symptom Checklist-25 consists of 10 items for anxiety symptoms and 15 items for depressive symptoms. Each item is scored ordinarily along four category responses ranging from no symptoms to extreme symptoms. Responses are summed and divided by the number of answered items to generate an anxiety score, a depression score, and a total score between one and four. The originators of the instrument established a score of 1.75 as a positive cut off point for depression, anxiety, and combined total response. This cut off point has been established as valid for US communities and still has to be validated for specific Indochinese communities and others.

This instrument has proved reliable and valid for measuring depression and anxiety in South East Asian refugees with a test-retest reliability of  $r = .89$ . Tests of the measure's ability to identify patients with DSM-III diagnosis of depression yielded a sensitivity of 88% and a specificity of 73% when HSCL-25 depression scores of more than 1.75 were considered to indicate clinical depression. The scale is, according to Mollica et al. (1987), easily understood by subjects from South East Asian refugee populations and subjects have been found to have no problems expressing their psychological symptoms.

Two research assistants translated the research instruments into the major refugee local languages with blind back translation. In each language, group consensus had to be reached on specific concepts, sayings, and phrases. In addition, the instruments were

pre-tested in the refugee population as well as advice was sought from elders and other authorities like healers and teachers. As a result, certain items of the HTQ were adapted to the local culture.

In providing psychosocial assistance the following objectives were pursued:

- (1) **Training the trainers**, i.e. the training and supervision of counsellors who will have two functions: a) attend to refugees suffering from the consequences of trauma, and b) gradually start to train and supervise other aspiring counsellors such as health care workers, relief workers, and primary school teachers. They should be able to recognise children and adults suffering from the consequences of trauma. Subsequently, they should learn to provide psychosocial support or treatment to individuals or groups, e.g. by setting up self-help groups. They should be able to refer persons with serious problems to professional practitioners.
- (2) **Detecting indigenous coping strategies and culturally mediated protective factors**. This includes operational research on the cultural dimension of the psychosocial mechanisms that determine how people cope with trauma. The objective of this research is threefold: (a) formulate guidelines for a community-based mental health care approach and for the counselling of victims which takes the context of the local culture into account, (b) formulate guidelines for preventive actions both on community and individual level, and (c) involve local healers in the programme and achieve that they work side by side with health workers (de Jong 1992).

Specific objectives for the counsellors that have been established in this project include:

- (1) Public relations on the counselling programme, e.g. by regularly holding meetings in the community;
- (2) Establishing and maintaining a working relationship with individuals and helping institutions (churches, health care providers, NGOs, traditional healers, community leaders, etc.);
- (3) Offering individual, marital and family counselling. Depending on the client's problem this also requires home visits or accompanying the client to other helping institutions;
- (4) Counsellors are expected to hold counselling groups (e.g. for traumatised adults, youth or children, or alcoholics).

#### **Specific objectives of trainers:**

- (1) Trainers are expected to hold one training course each month for the duration of about four days each;
- (2) Trainers have to take protocol of all sessions of the training course, have to record the participants' expectations and problems as well as an evaluation of the workshop (Peltzer 1994).

The training, case supervision, case discussions and follow-up of clients was recorded, analysed and evaluated over a period of two years by the author.

### 3. TRAINING

The training can be divided into the (1) training of counsellors, (2) training of trainers and other health and social service groups.

#### 3.1 TRAINING OF COUNSELLORS

##### 3.1.1 ASSESSMENT OF THE PARTICIPANTS' OWN STRESS RESPONSES

The counsellor candidates were assessed with the Harvard Trauma Questionnaire (HTQ) (Mollica et al. 1992) and the Depressive Symptomlist of the Hopkins Symptom Checklist-25 (Mollica et al.1987) at the beginning and at the end of the eight weeks training course.

The mean score of traumatic events on the HTQ (experienced, witnessed, or heard about) was among the trainees 12.7 ( $SD = 3.6$ ) ( $N = 18$ ). The mean of having experienced traumatic events was 5.7 ( $SD = 2.4$ ).

The mean pre-course assessment regarding the trauma symptoms was 63 points ( $SD = 7.9$ ) among the trainees. Two of the refugee trainees had more than 75 points indicating a posttraumatic stress disorder. The mean pre-course assessment regarding the Hopkins Symptom Checklist was 13.6 ( $SD = 3.2$ ) (the cut-off point is 17.5); three trainees suffered from a depression. In all, there were five suffering from a psychological disorder, whereby one was suffering from both PTSD and depression. It was felt that generally women scored higher on the symptom lists either because they suffered more or because the men were less willing to express the truth in the questionnaire.

The post-course assessment in all but one cases, showed a decrease of trauma symptoms ( $M = 53$  points;  $SD = 5.8$ ) and depressive symptoms ( $M = 10.3$ ,  $SD = 2.7$ ). The decrease of the symptoms was attributed to the following factors as evaluated by the trainees according to their rank:

- (1) the continued practice of relaxation exercises such as the progressive muscle relaxation;
- (2) components of a constructive narrative perspective such as social comparison (e.g. the experience that one is not the only one with traumatic experiences and symptoms, and that others may even have it worse);
- (3) cognitive undoing and focussing on other things such as being occupied in daily activities and keeping the mind busy;
- (4) peer counselling (as part of the training and supervision);
- (5) the counselling course (such as learning about the dynamics of trauma, normalisation of PTSD symptoms, and coping strategies);
- (6) sharing one's trauma with others (putting one's account into words and sharing with others imposes coherence and completion that is not otherwise readily available);
- (7) getting a job;
- (8) others, such as insight in the problem and thus decreasing the threat and understanding that one was not to be blamed for things which happened. In some cases there was also an increase in certain symptoms, which was largely attributed to re-exposure to traumatic or hurtful events.

### 3.1.2 THEORETICAL APPROACH

#### 3.1.2.1 ASSESSMENT

Identifying mental disorders including substance abuse and functional complaints; taking history; asking for the most recent symptom; a concrete example/situation should be described; taking case notes; assessment form; assessment questionnaires (e.g. HTQ, BSI, Alcoholic Screening Scale) and copies of relaxation exercises in local language; painting material; record system; referral letter.

Each counsellor has a format to assess and evaluate each client: Name of counsellor, station, referred by, date of first visit, referred to, case closed, result, client initial, settlement, ethnicity, born (date, place), sex, religion, marital status, vulnerable (if yes, why?), date of arrival in exile, family members (initials, relation to client), problem presentation, trauma symptoms, trauma events, explanatory model, coping strategies, health-seeking behaviour, counselling objectives, counselling approach, evaluation.

On this basis monthly reports are compiled including the type of problem, number of clients, referrals, etc.

#### 3.1.2.2 COUNSELLING APPROACHES

The training of trainers, counsellors, and health/psychosocial/administrative services personnel basically followed a community and participatory pedagogic approach as outlined by Metraux and Fleury (1995):

- (1) community diagnostics and determination of curriculum;
- (2) working on the individual, familial, and community experiences (in group work);
- (3) working on a theory;
- (4) application of the found theory into practice.

This approach was applied in particular when doing focus group research on trauma in the community but also when assessing the clients' different needs, concepts, and approaches towards counselling. Thus, a specific socio-political counselling technique was developed.

Counselling approaches included:

- (1) **Traditional counselling** (this involved basics of the methods of divination, traditional concepts of illness and trauma, intervention methods in the forms of herbal treatment and rituals for PTSD, rape, and other illnesses);
- (2) **Christian counselling** (e.g. prayers, confession, baptism, role modelling, discussions of spiritual/religious issues, recommending specific spiritual/religious practice, recommending spiritual/religious books, recommending spiritual rituals);
- (3) **Social work** (case management, social networking);
- (4) **Psychoanalytic approach** (basics on the unconscious and psychodynamic concept of illness, symptoms and dreams);

**(5) Behavioural approach (basics on learning theory and behaviour modification) and cognitive behavioural/anxiety management:**

(a) To create a relationship of trust and faith, (b) to help to learn relaxation techniques, (c) to provide information about stress and common responses to stress, (d) to identify the most frightening moments, (e) to change the effect of violence or torture on the life of the person, (f) to help the person to stop avoiding certain situations or other people, (g) to spot setbacks, and (h) to integrate difficult and painful experiences in the person's life and, if possible, find a meaning for it (de Jong & Clarke, 1992).

**(6) Trauma/grief counselling:**

This is the process of working through traumatic experiences by denial, acceptance and integration. Furthermore, the testimony method comprises listing, writing, retelling life/trauma history and reconstructing details of trauma and socio-political processes. A constructive narrative perspective is about sharing experiences, as well as social comparison, cognitive undoing and metaphors (Meichenbaum, 1994).

**(7) Socio-political counselling:**

This involves, among others, an open expression of emotional reactions to trauma (to counteract the formerly produced silence instigated by fear of the regime and the war situation); delegation of responsibility; social, political, and religious work towards human rights; seeking compensation; creation and participation in remembrance and demonstrations (Teter 1995).

**(8) Individual, marital, family, group counselling:**

In group counselling, a more informal family/group support programme involving natural, unicultural, or intercultural groups can be installed, where general and convenient personal issues can be addressed.

**(9) Methods of home visiting**

**(10) Critical situations in counselling:**

- ⇒ Client and counsellor have a different explanatory model, e.g., a female client complained of bleeding, the counsellor advised medical treatment but the client preferred traditional treatment refusing to see the counsellor.
- ⇒ Material expectations of the client, e.g. a male client felt he could only be helped by giving material assistance since he had lost all his properties in Sudan.
- ⇒ Ethnicity, e.g. the Dinka do not feel comfortable to be counselled by a non-Dinka.
- ⇒ Gender, e.g. female counsellors experience some insubordinate remarks by male clients.
- ⇒ Only indirect criticism is made, e.g. outside the counselling sessions in public meetings the counselling programme is criticised as not providing material assistance.

### **3.1.2.3 MANUALS**

#### **Primary manuals (v. Appendix):**

- (1) "WHO-UNHCR Refugee Mental Health Manual" (de Jong & Clarke, 1992);
- (2) "Programme for Identification and Management of Mental Health Problems" (Essex & Gosling, 1982) (especially for identifying and referring psychiatric patients);
- (3) "Mental Health in Africa" (Swift & Asuni, 1975) (especially for epilepsy, mental handicap and basic psychiatry).

An adaptation and revised version of the WHO-UNHCR Refugee Mental Health Manual could include the following chapters:

- (1) Helping victims of torture or other violence (including stress and relaxation);
- (2) Helping victims of rape; (3) Helping refugee children and youth (including behavioural aspects of physical disorders and trauma counselling); (4) Functional complaints; (5) Common mental disorders (including epilepsy and mental handicap); (6) Alcohol and other drug problems; (7) Traditional and religious healing (including diviners, positive healing practices and collaborative guidelines); (8) Counselling (including socio-political aspects of counselling, and grief counselling); (9) HIV counselling; (10) Social work (including aspects of the dependency syndrome, community support, etc.); (11) Appendix: (a) Symptom Scales/Questionnaires (e.g. HTQ), (b) Case vignettes e.g. on functional complaints.

#### **Secondary manuals (v. Appendix):**

- (4) "Clinical Psychology in Africa" (Peltzer & Ebigbo, 1989) (for cultural psychopathology and ethno-counselling/psychotherapy);
- (5) "Counselling and Therapy with Refugees..." (Van der Veer, 1992) [for trauma counselling];
- (6) "Communicating with Children: Helping Children in Distress" (Richman, 1993) [for counselling traumatised children].

### **3.1.3 PRACTICE APPROACH**

#### **3.1.3.1 PERSONAL ANALYSIS AND WORKING THROUGH OWN TRAUMA**

Some trainees were fairly traumatised and it took more time until they were in a position to have worked through their own problems and could take up counselling.

Many counsellors were difficult to convince that they could actually do something sensible with the clients they saw. Often, it was found that they would easily refer the client to the health centre or for material assistance to the UN without working out their

own contribution towards solving their problems and often not really identifying the psychosocial aspects of the problem. It was further discovered that many had to work through their own dependency syndrome first before they could counsel their clients more efficiently. For example, it was a common opinion that one could only get proper medical treatment from private medical assistants called doctors. Although there had been and still are problems with the existing primary health services in East Oyo regarding personnel, microscopes, etc., this reasoning was not correct, e.g. one counsellor reasoned that he went to the health centre but no malaria was diagnosed (conclusion: false test) and after two weeks he went to the private clinic where he tested malaria positive (conclusion: the health centre result was false, irrespective of the 10/12 days incubation period of malaria and other possibilities).

### **3.1.3.2 PEER COUNSELLING AND SUPERVISION OF PEER COUNSELLING/WORKING THROUGH TRAUMA INCLUDING DREAM ANALYSIS**

#### **Case example:**

Four days ago I encountered some problem with my feet when stepping on the ground. (What happened before you noticed the problem?)

It was in the night, I had a nightmare.

#### **The nightmare:**

I was going through the bush towards a stream, alone, then I saw dark figures, like dead bodies covered with leaves. They had something wrapped around their bodies following me and trying to kill me. They ran faster, I had light feet, they grabbed me from behind and beat me. Then they released me and I ran away and escaped. Then I woke up.

#### **After the nightmare:**

That night when I was getting up and putting the feet on the ground, I felt pain, it was like I was stepping on a corpse.

(Did you have a similar experience in reality before?) In reality about 10 years ago I was in the bush and stepped on leaves, it felt like something soft. My younger brother insisted on seeing what it was. It was a dead body covered with leaves. Around the head was a white shirt and he had a wound in the stomach where he had been shot. This was near the border; people were killed and hanged in trees.

### **3.1.3.3 CLERKING CLIENTS**

#### **Case example:**

The judiciary referred a 21-year-old woman with suicide attempt to the IP SER transit-counselling centre. She arrived in the camp in April 1994. She got married in June 94, meanwhile her husband went to Sudan to see his mother; she had already tried to hang

herself with a rope but she was rescued. Two days before she had been at the judiciary, she had a quarrel with the relative with whom she stayed (the wife of the nephew of her husband; she had taken her jerry can to collect water, as the queue was very long she went to do something elsewhere but when she came back the jerry can was stolen. She did not have the money to buy another jerry can and she decided to sell some of her clothes to get money. As it became late in the process she was unable to return home that night and stayed with another relative. But when she came back she was accused of having had sex elsewhere.

Previously, she had had *Jok Jok* (spirit illness) in January 1993; she would wander to strange places to a mountain or hill and would stay there for a day until she was found. The relatives knew about her *Jok Jok*, they saw a diviner who said that her (deceased) mother was not happy in her grave; her spirit was disturbing her. Therefore, a goat was sacrificed last year in Sudan, it was appeased but it came back. Her father was refusing to allow her to be a diviner (the aunt of her father had had *Jok Jok* and became a diviner). Her husband was consulting his mother over these problems. When she showed these abnormal behaviours she would not feel hungry, not drink anything, grind flour the whole day, not getting tired, had no blisters, etc.

Her explanatory model for the suicide attempt was that she was hurt that those relatives alleged that she had gone to bed with someone. She just felt it would be better if she died.

#### **Issues to be addressed:**

Reduce suicidal risk, consult a *Jok Jok* healer, consult psychiatric service for her attacks, family counselling (she could stay with the father until the husband comes back).

#### **3.1.3.4 CROSS-CULTURAL COUNSELLING**

##### **Case example:**

A 19 year old female pastoral worker complains of headaches, sleeping problems, when she is alone she starts thinking too much and becomes sad, and complains that she can now not even go to school. She has one brother who is older than her and three older sisters. For four years her brother used to send her school fees but this year he stopped and instead he sent her a dress. She feels useless and believes her brother hates her. Her father died and she stays with her mother here. Her other three sisters are all married and have children. She tried the health centre several times and they gave her some aspirins, but in vain.

##### **=> Christian approach**

Advise her to pay a visit and invite her brother so that she can forgive him. In a Christian family brother and sister assist each other and they care for each other's burden, however, her brother may have just migrated to town but she could see that he was still helping her by sending clothes. The Bible is quoted on learning how to forgive each other. She needs to forgive without anger or hatred. She should accept his dress and put her brother in her prayers so that he would begin to pay her school fees

again. There could also be 'demons' of her dead grandfather troubling her and she would have to get the clergyman to have them chased away.

=> **Elders**

Telling the family elders about the problem with her brother so that a message could be sent to him.

=> **Traditional healer**

The spirit of her father was disturbing her, so beer needs to be brewed for him. Her brother's wife was against her but she is assured that she will be protected from these evil influences.

=> **Social work**

She should try to get involved in some income generating activities.

[Upon evaluation she found the Christian approach most helpful for her.]

### 3.1.4 SUPERVISION

Training including supervision, intervision (collegial supervision), debriefing and team meetings is important for the development and maintenance of good counsellors. Debriefing means that the counsellor is given the possibility to take care of himself by expressing what he has experienced in counselling sessions, especially his or her thoughts and feelings, to understand what has happened. However, experience with refugee counsellors in Uganda has shown that intervision and team meetings are preferred to supervision and debriefing. One reason for this may be that the former two methods involve less self-disclosure about one's personal problems (during the counselling process) than supervision.

Worldview conflicts within the triadic relationship may result in distrust, hostility, and resistance. According to Brown and Landrum-Brown (1995) a supervisor's cultural frame of reference, or worldview, is likely to influence, for example, the therapeutic choices made by supervisees and their supervisors. Furthermore, they argue that worldview conflicts between supervisees and supervisors may be reflected in the trainee's evaluation, in the quality of the supervisory relationship, and in each party's therapeutic approach. Although it is not always necessary for all parties in the relationship to have congruent worldviews, it is critical that the supervisor and counsellor/supervisee be aware of potential worldview incongruities that might disrupt the therapeutic and supervisory process.

Brown and Landrum-Brown (1995) further highlighted socio-cultural factors which not only impede cross-cultural mentoring but the supervisory process as well: Issues of trust, managing power relations, the unwillingness to express a need for help, the readiness to believe that the trainee/mentee is judged and treated differently, feelings of isolation, and cross-cultural misunderstandings.

It is suggested that group supervisory approaches could be effectively utilised since they elicit alternate cultural perspectives concerning counselling and supervisory relationships. Group supervision relies on the multiple feedback of additional parties to

the supervisory process, though the focus has chiefly been on increasing the self-awareness of a counsellor/supervisee's interpersonal style and behaviour.

### **3.2 TRAINING OF TRAINERS AND OTHER HEALTH AND SOCIAL SERVICE GROUPS**

After counsellors have been trained, six of them were selected to undergo another three weeks course to become trainers. It basically consists of identifying, organising, and conducting training seminars with different groups, first as co-trainers and later as trainers. The training contents are the same as with the training of counsellors with modifications according to the degree of knowledge and experience.

Possible groups for training (four days each) for other health and social service groups are: Psychiatric nurses; pastoral workers; traditional healers; medical assistants; women community leaders; teachers; camp administrators, and community development workers. In the case of pastoral workers it was felt they should be grouped together according to their different denominations.

General expectations/problems identified and covered in training courses for the above groups were as follows: Mental disorders, types/prognosis in schizophrenia, alcohol problems, refugee children, abnormal behaviour, premarital sex, unwanted pregnancy, forced marriage, prostitutes, AIDS, orphans/child soldiers, children who abandon their families, ex-soldiers, trauma symptoms, rape, psychiatric services, functional complaints, counselling, HIV counselling, family planning, suicidal patients, abnormal birth/pregnancy, fertility issues, nutrition (malnutrition), food distribution, misled youth (traditional dances, discos, video).

### **4. CONCLUSION**

Apart from training counsellors and trainers, health staff was trained at community, dispensary, clinic, and hospital level. Most trainees were nurses, community health workers, medical assistants, teachers, community development workers, etc. It was found that on the basis of the primary resource manuals, a client-oriented practical and supervision-oriented training and monitoring, effective counsellors and trainers could be produced.

Service delivery and community based data collection (data produced by continuous basic registration of clients, sensitisation groups, group counselling and protocols from continuously conducted training courses with different groups) form the basis of the programme in terms of future priorities, personnel and service provision. Many clients came with economic problems like lack of school fees or malnourished children. For this category of clients the counsellor has to provide social counselling.

Monitoring, regarding health services discovered that (a) since the training of health workers and counsellors, the number of psychiatric patients from the refugee community has drastically increased in the psychiatric department of the hospital, (b) that primary health care services identify and refer cases to the counsellors, and (c) that counsellors often refer cases to specialist medical services, e.g. for sleeping sickness, eye problems, or requests for HIV testing.

Topics suggested by the counsellors for continuous supervision were for example: Care for caretakers, mental disability, family counselling, management of vulnerable persons, psychotic cases, STDs, family planning, or group counselling. The training of counsellors, trainers and the training of health and social service staff depend on the size of the refugee population, the severity and diversity of problems.

The training contents may be expanded on areas like socio-political counselling: A number of issues in the counselling process require political, ethnic, or historical knowledge so as to understand and counsel clients in view of, e.g. repatriation, demobilisation of former soldiers, or fear of abduction from the camp. Another example is the training of community health workers for better identification of psychiatric cases.

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## APPENDIX: TRAINING MANUALS

To identify the mental health needs of refugees and other displaced persons, culturally sensitive mental health assessments need to be developed and used. Generally, however, most available manuals - as listed below - demonstrate a lack of cultural context evaluation. For example, counselling methods are based on Western Rogerian methods, e.g. "summarising, reflecting, confronting, and clarifying" or "listening, clarifying, reflecting, summarising, and problem solving".

### Manuals:

**(1) *Counselling and Therapy with Refugees: Psychological Problems of Victims of War, Torture and Repression*** by Van der Veer (1992).

Table of contents: The experience of refugees; Traumatization and up-rooting (five theoretical approaches); Diagnostic appraisal; Providing assistance to refugees (overcoming cultural differences); Treatment goals and the therapeutic relationship; Treatment techniques aimed at limited goals; Therapeutic techniques aimed at less limited goals; The use of psychotropic medication; The risk of suicide among refugees seeking asylum; The children of refugees; Adolescents and young adults; Victims of sexual violence; The consequences of working with refugees for the helping professional.

**(2) *Serving Survivors of Torture*** by Randall and Lutz (1991).

Table of contents: Physical sequelae of traumatic human rights abuses; Approach to the patient; Documentation, Treatment of physical complaints; Introduction to psychological treatment; Psychological treatment techniques; Self-help therapeutic initiatives; Children and traumatic human rights abuse; Prevention.

**(3) *Psychotherapy with Torture Survivors*** by Vesti, Somnier, and Kastrup (1992).

Table of contents: Methods of torture; Psychological reactions of victims during torture; Psychological after-effects of torture; Doing psychotherapy with torture survivors; Case histories; Evaluation of rehabilitation.

**(4) *WHO-UNHCR-IPSER Refugee Mental Health Manual*** edited by Jong and Clarke (1992).

The World Health Organisation and the United Nation's High Commissioner of Refugees (UNHCR) have recently collaborated on the production of a refugee mental health manual for use in refugee camps. The manual also features sections on helping victims of torture and of rape. The manual is undergoing field testing.

**(5) *Counselling Torture Survivors*** including training material for lay counsellors by Staehr and Staehr (1995a, 1995b).

Table of contents: What is torture?; What to do?; Model of counselling; Tools in counselling; Testimony; Child and family counselling; To cover all aspects and to reach out; Support material.

**(6) *Assessment of the Consequences of Torture and Organised Violence: A Manual for Field Workers*** (AMANI-Trust, 1994).

Table of contents: Introduction; Background; Repressive violence; Consequences of repressive violence; Consequences for society; Assessment of adults; Assessment of children; Report writing and reporting.

**(7) *Teaching Lay-Counsellors: A Manual for Trainers*** by Sterling and Lazarus (1995)

Table of contents: Introduction; Listening; Clarifying; Reflecting; Summarising; Problem solving; Difficult situations in counselling; The counsellor's own feelings; Referral; Grief counselling.

The authors found that participants being trained as lay counsellors for trauma and violence commonly saw counselling as being the same as giving advice. They reported that people they counselled expected them to give them advice as to what they should do and were disappointed and angry with them if they did not. Participants also expressed disappointment if they did not have advice to offer.

**(8) *Counselling and Psychotherapy of Victims of Organised Violence in Sociocultural Context*** by Peltzer (1996).

Table of contents: Organised violence in sociocultural context; Organisation and structure of counselling and psychotherapy services; Malawi-IRCT - Centre for the rehabilitation of torture survivors; Uganda-IPSER psychosocial assistance programme for Sudanese refugees; Germany-Diakonisches Werk (DW) - Psychosocial Center for Refugees and Victims of Organised Violence in Frankfurt; Ethnocultural assessment; Ethnocultural intervention; An integrative model for ethnocultural counselling and psychotherapy.

**(9) *Surviving Violence: A Recovery Programme for Children and Families*** by Fozzard (1995) gives a useful approach to sensitisation and training approaches in existing institutions (clinics, pre/primary schools), the women's clubs, and work in the villages.

**(10) *How to Help Children Affected by War: A Manual for Parents and Teachers*** by Macksoud (1993).

Table of contents: Wartime stresses on children; Parent or close relative's death; Exposure to combat; Having to live as a refugee; Long-term separation; Exposure to violence as a witness/victim; Suffering physical injuries; Participation in armed forces; War-caused poverty; Understanding children's reactions to wartime stressors (ages 2-16); Home and school support for children and adolescents; Ten specific problems (clinging, bed-wetting, bed-time, school work, anxieties, depression, grieving, risk-taking, and 'aches and pains').

*(11) Communicating with Children: Helping Children in Distress* by Richman (1993)

Table of contents: Communication; Getting to know each other; Children showing us how they feel; Blocks in communication; Giving support and advice; Talking about death and separation; Talking with disabled children; Working with groups; Talking with family; Organising support for yourself and other staff.

*(12) Cognition through Games: A Handbook for Workshops for Children under Stress, ages 7-14* by Kovac-Cerovic et al. (1993).

The methodology used is based on metacognitive phenomena: Awareness of one's own cognitive functioning, personal experiences arising from certain changes or temporary difficulties in psychic functioning, and strategy of following and directing of personal cognition and behaviour. The games are divided into introductory, preliminary, main and closing games, and include games of getting to know one another, warm up games, games of trust, co-operation and group cohesion, other games, traditional games. Unfortunately the games are described without applying them to children's experiences.

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## CHAPTER 2

# CHECHNYA'S CULTURE AND HISTORY

INGRID SALEM<sup>3</sup>

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### 1. Culture

The "Chechnyans" were given their name by the Russians in the course of the seventeenth century. They refer to themselves rather as "Notsho" or "Natshi" (= nation, people) and have a strong feeling of kinship towards their neighbours, the Ingush.

For many centuries they had a unique societal structure of Teips or clans without nobility or sovereigns, which were based on shared ancestors as well as proximity of land. These ethnically heterogenous clans differed in regard to geographical provenience (valley or mountain clans). Today the estimated 170 clans of different size still play an important role in Chechnyan society (Simonsen, 2005).

By observing the "adat", the Caucasian moral law, the Council of Elders governed familial and societal matters such as marriage, clan liability, vendetta, or jurisdiction. Social behavior was also determined that way; Reciprocal help, hospitality, and paying attention to nature were obligatory.

Later, starting approximately in the 16<sup>th</sup> century and as a concomitant of islamization, judiciary culture was co-determined by the "sharia", although Chechens continued to identify with local communities rather than with the Islamic denomination.

Social behavior, however, has remained unchanged until today. The code of conduct is rooted (among other influences) in the geographic and climatic conditions of the country. Refusing hospitality could cause the death of a person seeking shelter in the cold winter of the high mountains – frost, hunger, being attacked by beasts or highwaymen were common dangers. Therefore, tradition demanded that a guest had to be offered a seat by the warm fireside, a meal, as well as accommodation. Although the open fireplace has been substituted by central heating long ago, and the danger of encountering wild animals or highwaymen has been banned, the tradition of hospitality is still alive and today, welcoming a guest is an honorable and pleasant event for all Chechens.

The narrow mountain roads of Chechnya could lead to precarious situations in the case of hot tempered conflicts between travelers – thus politeness and willingness to compromise were called for. Altogether, the difficult circumstances of life demanded

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willingness to co-operate and helpfulness from everybody. These kinds of virtues are still being kept up today and Chechens continue to practice strong solidarity.

Chechens were always expected to behave with respect towards strangers, regardless of their provenience or faith. It is commonly said that hurting the feelings of someone of different faith is even worse than hurting those of a Muslim. As opposed to the latter, on doomsday, one would not meet this person face to face and thus this sin would never be forgiven.

The eldest man of the family clan is still regarded as the most important decision-maker. He solves conflicts and his advice is followed in case of problems of any kind. A Chechen man also is obliged to defend his family and his friends. Carrying a weapon, to date is regarded a sign of courage and willingness to defend. For Chechens, freedom is essential and thus a greeting commonly used is: "Come in – freely and peacefully".

Chechens follow a very rigid code of conduct even in daily life: Problems within the family are not discussed among spouses, but rather the husband converses with his brother. If measures are to be taken as a consequence of a daughter's behavior, the father does not address her directly but informs his wife, who, in turn is responsible for the daughter changing her behavior. Women are not entitled to make decisions and they have to obey to their husband's directives.

Still, women are highly respected by Chechen men. Most importantly, the mother and the wife's family are to be esteemed and respected. To date, disrespectful behavior towards women is regarded as shameful. As the "guardians of the fire in the hearth", women used to be highly respected. Wars and blood feuds, for example, could be terminated prematurely only by a woman. When a woman appeared at the theater of war, all combat operations had to be abandoned. When a woman took off her headdress and dropped a handkerchief between two combatants, the fight had to be terminated. When an enemy touched the seam of a women's cloth, weapons had to be laid down.

Women also actively participated in resistance against the foreign rule and tales and songs abound about the heroic deeds of women. Important examples are the anti-Russian demonstrations organized by Chechen women in 1995 and 1996 in Groznyy, which attracted worldwide attention.

The elderly also have an exceptional position and each family cares for its older members, especially the parents. Usually parents live with one of their sons and the daughter-in-law is obliged to care for her husband's parents in the first place. Only until they are provided for adequately, is she allowed to observe her other duties. Grandparents enjoy more respect by children than parents do and misbehavior is not tolerated. In addition, child-care is regulated in detail. A father may not have sufficient time to look after his own children, but he is obliged to take his time to care for his brother's children, if they ask him to do so.

Customs, like weddings, visiting friends and relatives, a host's duties, funerals, or vendetta are regulated strictly. Some families attend to these standards anxiously, while others do not observe traditions closely any longer. It may be due to their long-term

resistance against Russian foreign rule, that Chechens acquired the reputation of a "barbarous" and "bloody-minded" people. Besides, in spite of emigration and waves of evacuation they preserved a strong national and religious feeling of coherence (Götz & Halbach, 1994).

## **2. History**

Chechnya, located in the Northern Caucasus has always been a march-through region for the multitude of ethnic groups and people of the steppe empire migrating from the interior parts of Asia towards the Mediterranean Sea. Thus the inhabitants of the country had to defend themselves against intruders at all times. Till the downfall of the Mongolian-Tartar Empire the inhabitants of this region were able to defend themselves even against repeated attempts of subjection by the troops of Genghis Khan.

The Russian exertion of influence on Chechnya already began during the sixteenth century when Ivan the Terrible decided to station his Cossack troops in the area. Against the resistance of the Northern Caucasian population the Russians set up a whole system of border fortifications (the "Caucasian line"), reaching from the Caspian to the Black Sea.

Sheik Mansur, the national hero of the Chechnyans had only had one single purpose in life -the resistance against the czardom and a coalition of the different clans ("Holy War" against the Russians –1785). He was succeeded by Imam Schamil, who fought the Russians and their policy of colonization with imperturbable passion for all his life as well. Only after his capture in 1859 were the Russians able to control some of the military bases alongside army routes – the civil population in the mountains still grimly resisting in any possible way.

Up to this day those two leaders have been worshiped as national heroes and stand for the resistance against the Russian foreign rule and colonial violence.

In order to weaken the will of the Chechnyan population to resist the Russian rule, a policy of deportation had been implemented in the middle of the 19<sup>th</sup> century, displacing at least one-fifth of the Chechnyans to Turkey, Syria, and Palestine. Many more followed voluntarily to those regions later on.

The commencements of communism brought further assaults and spates of ethnic cleansing to Chechnya. Thousands were abducted to Kazakhstan or "distributed" to neighboring provinces. Stalin had accused them of collaborating with the Germans and an estimated fourth of the population perished in the following deportations (Isaenko & Petschauer, 1999).

The anti-Stalin policy enforced by Chruschtschov in 1956 granted the survivors the right to return to their homes – this leading to permanent conflicts and frictions between the repatriates and the Russians residing in Chechnya. During the following years Russia invested considerably in the oil industry. The economical gains of these investments were still solely on the part of the Russian population of Chechnya, the Chechnyans themselves were repelled to the rural areas and largely excluded from the economical progress.

At the beginning of the ninetieth century, 30% of the rural population was out of work. In 1990 the Chechnyans declared their independence; in 1991 the president and the parliament were elected. Dzhokhar Dudajew, a former major general of the Russian army, was elected president polling 85% of the votes. Chechnya's refusal to join the Russian Federation, led to a rorback policy. It wasn't the oil supply of the country keeping Moscow interested in the area – it was the necessity to conduct the oil pipelines for the exportation of Russian oil through the country which kept the interest in the country alive. (Ebel, 2005).

In the media Dudajew mutated to a "bandit" but since this strategy didn't show the desired effect of weakening Chechnya, Russia decided on a policy of blockade. Another way of trying to enfeeble the state and enforce the attachment to Russia was the promotion of oppositional party leaders.

Since none of those strategies led to the aspired goal, Russian troops invaded Chechnya in 1994<sup>4</sup>. This first war lasted for two years and ended with Dudajew's death. Presidential elections in 1997 brought forward Aslan Maschadov and an area of violence and counter-violence opened up. Maschadov took cover in the underground and called out on combat against the Russian invaders. In 2003 Putin appointed and enforced a pro-Russian presidential candidate (Akhmad Kadyrow) by eliminating all rival candidates through exerted pressure or ulterior appointments. Kadyrow was assassinated in 2004, he was followed by Alu Alkhanov in October of 2004, supported also by Putin. The few election observers called the election a charade.

Although Alkanov was known to be Moscow-friendly, he did make demands for some concessions regarding tax reductions and the right to invest revenues from the Chechen oil industry uniquely into the country's own economy.

All in all the Kremlin tried to take influence on the political events in every possible way. International media coverage was manipulated or even obstructed, internet pages containing inimical topics were deleted and journalists were often taken into custody or even murdered in order to prevent unwanted media coverage. The most recent and noted example was the murder of Anna Politkovskaya who had been fighting vigorously against the way the Russian government handled political matters regarding Chechnya.

The civil population suffered the most. After several wars and an enormous amount of violence directed mostly against those who were unable to defend themselves, the Chechnyans had to live in economic misery and uncertainty and at loss of nearly all public services.

Ten thousands of Chechnyans had to live in refugee-camps under the most unworthy circumstances. After their often forced return home they mostly had to live in the ruins of their houses. The security of the civil population was endangered by the Russian army as well as by the resistance fighters. Human rights violations such as detentions, torture and abductions were common events – hundreds of people "vanished" and officials reported the discovery of 49 common graves where up to 3000 persons had been hastily buried (Denber, 2004).

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<sup>4</sup> Chechnya's geography can be seen for example at <http://boes.org/child/russia/mapchechnya4.html>

Violence didn't stop at the Chechnyan borders - the refugee camps in neighboring countries were often attacked and civilians were murdered. Many refugees were forced to return to their home towns by depriving them of electricity and water supplies or by barring them from food lists. All efforts by governments, institutions and Human Rights organizations to appeal to Russia were in vain, even a mutual statement by Amnesty International, Human Rights Watch, and the Medical Foundation for the Care of Victims of Torture in April 2004 referring to many examples for violations of human rights stayed unheeded during this period.

The Russian officers obviously underestimated the strength of the national movement and had difficulties due to the lack of discipline within the Russian army. They mostly were in control of just the one place they were stationed at – this feeling of lack of control often leading to waves of violence (Jean, 2000).

In spite of all efforts to demoralize the resistance fighters, subvert their feeling of solidarity and implement Moscow's authority, the Chechnyans mostly stayed united. All in all, however, the long lasting conflict between Chechen rebels and the Russian army in the first place demoralized the civilian population. Everyday situations turned into dangerous endeavors, frequently men had to protect their wives and corruption, torture, abduction, imprisonment, and violence were characteristic of people's lives. Social and personal structures had been destroyed and public systems were unable to protect people, who, as a consequence had to resort to clan structures in order to safeguard survival. Attitudes towards governmental institutions, e.g., towards courts frequently were then and are still problematic.

In Chechnya it is regarded as dishonorable to appeal to court in the course of conflict: "Real men" should be able to account for their interests themselves (Isaenko & Petschauer, 1999).

In a study by de Jong et al. (2004), living conditions and health status of internally displaced persons in Chechnya as well as those of refugees from adjacent Ingushetia were examined. The study revealed that the civilian population suffered from an enormous amount of strain and that the sympathy of the international community had been virtually absent.

In the past, there have been two main pillars of the country's economy – agriculture in the extremely fertile valleys and oil production, which looks back on a history of hundred years. Oil production reached its maximum before the Second World War. In the area around Groznyy, refineries had been built which not only were able to process the local output but also handled oil which was delivered from other parts of the country. In addition to oil production, other businesses developed which constructed the machinery necessary for oil and gas delivery. Moreover, there were factories belonging to other branches, like textile and leather processing, the production of medical instruments, or rubber industry. These enterprises depended on the supply with raw materials from other parts of Russia.

All these industrial sectors were disrupted by the wars and the shutdown of kolkhozes and sovkhoses led to even more chaos, the structure of ownership being unclear. As a consequence of continued acts of war, most businesses were destroyed and the land areas devastated and mined. Economic crisis was accompanied by the collapse of civil

structures. Both, in the areas of education and health care, not even a poor degree of provision could be guaranteed.

The reconstruction aid promised by the Russians was never granted. Large scale emigration followed and posed additional strain upon the country's efficiency. Both, qualified Chechen and Russian experts left the country, thereby contributing considerably to the aggravation of economic crisis (Wagensohn, 2000).

In Chechnya, the characteristic clan structures promoted organized criminality. Authorities by no means felt obliged, however, to search the background of kidnappings and other crimes, and thus, the legal system was invalidated to a large extent. As a consequence, reliable entrepreneurs and investors avoided Chechnya – a spiral which contributed to the economic decline of the country even further.

This unstable and lawless situation of war had many beneficiaries – oil was stolen, and from the excavated pipelines oil was drawn by those who held the power. Oil business was continued illegally, many criminal groups shared the profitable market and those who were present had the chance to enrich themselves financially within a very short time. Machinery in the oil refineries frequently was disassembled and stolen. Towards this goal, eventually Russian soldiery affiliated with Chechen gangs of thieves in order to be able to "work more effectively".

As Politkovskaya (2002) pointed out, initially Chechen authorities were eager to boost economy and to encourage investment within the scope of law. When they encountered serious difficulties, however, they decided to postpone further activities till the war would end.

Drilling locations either were exploited or – if their "owners" were unable to control them sufficiently – were set on fire in order to keep others from exploiting them. In addition to the tremendous profits which were pocketed by criminals, this nonprofessional exploitation of oil wells also led to environmental problems. Mazut, a substance derived from the distillation of petroleum which is usually employed as a lubricant or for heating industrial plants, was simply poured away: The plants were destroyed, the machinery stolen and thus there was no further use for this product which was disposed of - free of charge and in an ecologically harmful way, directly to the soil.

Most funds reached the wrong recipients and those involved in this dubious kind of business were not interested in things turning to normal in Chechnya – on the contrary, as long as a well functioning government was absent, Chechnya's oil wells invited shady people who intended to enrich themselves. Corruption and fraud furthermore were common. Relief supplies sent by foreign countries used to disappear and governmental aid had to be shared with corrupt officials by the poor population. Accordingly, medicines which should have been available free of charge, were sold at high prizes on the black market.

As a consequence, many villages attempted to live independently on their own and increasingly relied on their traditional kinship. They did not seriously expect to be helped by others any more (Politkovskaya, 2002).

Meanwhile the political situation in Chechnya has stabilized to some extent. War gave way to dubious peace, but still the political power governing the country is oriented towards the Russian potentates. Although living conditions are improving slowly, the hope of so many who had to leave their home country to return to a peaceful and brighter future remains an illusion.

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## CHAPTER 3

# A TRAINING PROGRAM FOR CHECHNYAN REFUGEE MENTAL HEALTH COUNSELORS: CONTEXT, ISSUES, BASIC PROFESSIONAL INFORMATION

ANTHONY J. MARSELLA<sup>5</sup>

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*And if a stranger sojourn with thee in your land,  
ye shall not vex him.  
But the stranger that dwelleth with you shall be unto you  
as one born among you,  
and thou shalt love him as thyself;  
For ye were once strangers in the land of Egypt.*

*Old Testament, Leviticus, xix*

### 1. PURPOSE

The purpose of this chapter is to discuss the initial training offered to four Chechnyan refugee mental health counselor trainees who were selected on the basis of personal and educational skills to render counseling to Chechnyan refugees and asylum seekers Austria. The training program for this section consisted of six hours of direct lectures and interactions with the counselor trainees by me. Since this was one of the initial sessions, introductory information was shared regarding the international refugee system, including its history, terms of reference, and organizational and legal structure and dynamics. In addition, information was provided about the mental health consequences of the refugee experience as a result of the uprooting and resettlement process. Lastly, information was provided about mental health interviews, assessment, and interventions, especially as these were related to problems of anger management, depression, post-traumatic stress, and suicide. Special attention was given to the process of listening and empathy, and of having information available for the solution to practical problems of daily adjustment to life in Austria. All of this information was presented via a power point slide show that was distributed to the counselor trainees. Emphasis was placed on direct brief information.

However, to insure that the material would be appropriate and responsive to the counselor trainees and their future counselees, I spent considerable time learning about Chechnyan history and culture so that I would be able to communicate an understanding of their experience and challenges. This was an invaluable activity and became evident in the positive response of the counselor trainees to the section information and to the entire program. I learned that without this prior learning, much of the material offered

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would have been devoid of context and meaning. With it, I was able to communicate with credibility and legitimacy.

It should be noted that under the best of circumstances, it would have been good practice to begin any mental health refugee counselor training program with discussions with culturally informed experts to generate and develop appropriate information. This approach, which is now widely recognized as the basis of effective training, serves to inform and guide training content and process with sensitivity to the cultural background of the trainees and their refugee clients. However, as is usually the case, time did not permit this strategy to be implemented for this section of the training program. But, it was fortunate that through study and prior contact with Chechnyan refugees in an asylum camp in another European country, I had some familiarity with the challenges they faced. The combination of this experience and extensive background reading and study proved to be useful and effective.

## **2. PREPARING THE TRAINER**

### **2.1 HISTORIC AND CULTURAL BACKGROUND OF REFUGEES AND IDPS**

In the broadest sense of the word, refugees and internally displaced people (IDPs) have been a part of humanity's story from its earliest days of its existence. While the legal definition of a refugee (i.e., someone who crosses national borders to seek refuge from persecution) is based on the relatively recent existence of nations and national boundaries, the process of human flight for safety and survival is among the most important stories in human history. When considered with migration, immigration, and other acts of uprooting and resettlement, stories of refugees fleeing from political, religious, economic, and environmental threats can be found across the world for millennia (Kraut, 1994; Marsella & Ring, 2003).

For the past few decades, the international refugee situation has reached crisis proportions. The most recent edition of the United States Refugee Committee Report published in 2006 indicates that refugees and internally displaced people (IDP) now exceed 35 million people, and it is likely that this figure is an underestimate given the ongoing wars in the Middle East that are forcing millions into flight and refuge. The numbers, the suffering, the lack of funds, and the failures of so many countries to offer asylum and sanctuary has continued to keep the refugee and IDP crisis before us as one of the most pressing social and moral issues of our time.

The major source of the refugee and IDP crisis throughout the world are the scores of ethnopolitical and religious conflicts that are present in varying degrees of intensity. Some of these conflicts are more than a century old. They represent an endless failure among the populations involved to resolve the struggle for freedom and sovereignty from a past colonial era. Nowhere is this more exemplified than in Chechnya, a small section of land bordering that has fought for independence and sovereignty from Russia for centuries. The struggle between Chechnya and Russia continues today and has led to a growing flight of refugees from Chechnya to a number of European countries. Austria agreed to offer a number of Chechnyan refugees and has worked to provide them with basic human services. In combination with the growing number of refugees from the Middle East (e.g., Palestine, Afghanistan, Iraq, Iran, Kurds) and from Africa (e.g.,

Somalia, Congo, Eritrea), Chechnyan refugees arrive in Europe with virtually no funds or social resources. They are truly "Strangers in a strange land."

## **2.2 CHECHNYAN REFUGEES**

While it is beyond the scope of this chapter to describe the history and politics of the Chechnyan tragedy in depth, it is essential that some information be offered as a context for understanding why this particular training program content was considered essential. Even a brief conversation with a Chechnyan refugee reveals that the history of Chechnya is embedded in every physical, mental, and spiritual problem among children, adults, and the elderly. It is present in refugee women who have been raped and refugee men and women who have been tortured and permanently maimed and crippled. It is also found in the untold thousands who have fought as insurgents where they witnessed or participated in the injuries or deaths of others. In the sheer confusion and horror that prevailed as Chechnya was invaded and occupied by Russia, and as Chechnyans fought against Russians and their fellow Chechnyans, all semblances of order and meaning were lost. Chaos reigned and has continued to reign to present days. The result has been an indelible inscription of trauma and a flow of memories flooded with fear, violence, and brutality.

This experience is present in the lives of all Chechnyan refugees. It is kept alive by memories shared across generations creating an enduring legacy that may never end. The memories of what occurred are told and retold in every gathering of family and friends as the survivors adjust to their new world even as they desperately hold on to their old. I understood this during the course of my teaching when I learned that Chechnyan refugees who pass away in Austria have only one wish, and that wish is to be buried in Chechnya. In spite of prohibitive costs, families pool all available funds to have the body returned to Chechnya, there to be buried in a land that has known centuries of violence and struggle. How can this be? How can a land that has been so filled with tragedy and horror still maintain a hold on a refugee's identity as a Chechnyan? The answer resides in Chechnyan identity. Every individual still holds to their collective identity rooted within the land that nurtured them, the Muslim faith that has comforted them, and the history of struggle that has taken lives in their very family and that has obligated them to remember who they are and from whence they have come. Chechnya is their land. They neither forget nor forgive.

## **2.3 CHECHNYA: THE LAND**

Chechnya or the Chechen Republic region has a population estimated at 1,300,000 (with neighboring Ingushetia). Prior to 1992 Chechnya and Ingushetia comprised the Checheno-Ingush Republic.

The mountainous region has important oil deposits, as well as natural gas, limestone, gypsum, sulfur, and other minerals. Its mineral waters have made it a spa center. Agriculture is concentrated in the Terek and Sunzha river valleys. Oil, petrochemicals, oil-field equipment, foods, wines, and fruit are produced. The population, which is concentrated in the foothills, is predominantly Chechen. The Chechen, like the neighboring Ingush, are Sunni Muslim, and speak a Caucasian language.

The Chechens have survived attacks from numerous would-be conquerors in their 7,000-year history. However, over the last 200 years, their gravest threat has been from Russia. Both Imperial and Communist Russia successfully annexed the Caucasus, and both met and continue to be met with persistent Chechen resistance. Why has Russia coveted Chechnya for centuries? The answer is quite simple. Chechnya is strategically vital for two reasons. First, access routes to both the Black Sea and the Caspian Sea go from the center of the federation through Chechnya. Second, vital Russian oil and gas pipeline connections with Kazakhstan and Azerbaijan also run through Chechnya and oil has become the new gold. It is the age old story of tragedy for all small countries that border larger and more powerful ones who covet their resources (<http://www.infoplease.com/spot/chechnya1.html>).

## **2.4 THE HUMANITARIAN TRAGEDY**

Chechnya's efforts in 1994 to seek freedom from Russia resulted in Russian troops destroying Grozny, the Chechnyan capital, killing tens of thousand and sending others across international borders as refugees. Within a very short time, there were massive food and housing shortages, a collapse of medical services, and a collapse of the agricultural economy and governmental systems. Civilian casualties were sizeable with extensive mortality and morbidity. Chechnya had joined the scores of other ethnopolitical conflicts and struggles of genocidal proportion that have been occurring in the last few decades. The struggle has led to hundreds of thousands of death and numerous efforts to destroy Chechnyan culture - an act that has come to be called "culturalcide". For the Russians, the war has been directed towards more than the killing of insurgents, it has been directed toward eliminating Chechnyan culture, language, and all semblances of traditional life. Russian is now the official language and political leaders are Russian appointees.

According to Valery Tishkov in his monograph entitled "Chechnya: Life in a War-Torn Society" (2004), the first to flee from Chechnya were those who were not ethnic Chechens. These were followed soon by Chechen intellectuals and professionals. The conflict then ousted great numbers of urban and rural dwellers who had suffered ruin and devastation, as well as those who did not wish to stay and see their children living in a society torn by conflict.

Tsihkov (2004) goes on to say that after the war of 1994-96, Chechnya was abandoned by those who could not or would not link their lives to building the new kind of social order that emerged. In the end, more than half the population of Chechnya (its best half, in the sense of education and professional qualification) had left the ruined republic to an "ethnically clean" population controlled by Russia. While Chechnyan separatists continue fight against Russia and are labeled terrorists by Russia and the international community, there now seems to be little hope that tragic land and its people will disappear beneath continued oppression masquerading as legitimate government.

## **3. LESSONS FOR THE TRAINER**

This then is the background that required understanding for the trainer in this section of the mental health counselor training program. It is a foundation for the traumatic individual and collective history in which efforts after healing the scars of trauma and abuse must be understood. It is also the background that offers insights into the meaning of every medical and psychological symptom, disability, and impairment found among the Chechnyan population seeking purpose and hope in their new land of Austria. For me, it was an essential immersion that was required so that knowledge and skills I was intending to impart would have meaning and understanding within the context of the Chechnyan refugee experience. It seemed quite obvious to me that merely passing along information devoid of this context would be a violation of my personal conscience and of my responsibilities as a scientist and professional. Context is everything! What I learned was manifested in all of my comments and in all of my communications via my tone of voice, my gestures, my smiles and grimaces, my pauses, and some points, my tears. I know that they knew that I understood and empathized with their experience. That made my teaching easier, relevant, and credible.

#### **4. THE TRAINING PROGRAM**

##### **4.1 DEVELOPING TRAINING CONTENT**

As the training program leaders worked to identify the training program content and process, it became clear that there were a number of fundamental questions that would have to guide the training content since ultimately, these questions would be at the heart of the counselor trainees' effectiveness. Because the leaders of the training program had had prior clinical experience in working with refugees from different nations and cultures, there was a recognition that every effort must be made to be relevant to the cultural and historical experience of the counselor trainees and the refugees they would be counseling. This would require an understanding of Chechnyan history and culture as previously stated.

In addition, the trainers felt the fundamental questions that should guide the training involved addressing questions that have proven to be relevant to refugee mental health work in other settings: (1) How do you heal the spirit? (2) How do you restore hope and meaning? (3) How do you build identity in a new setting? How do you deal with the victim emotions of anger, hate, and revenge? What are the immediate and long term mental health consequences of this tragedy? How do you address the basic challenges of adjustment to resettlement? While these questions were not the direct content of the training program for this section, they constitute the basic concerns for all effective intervention efforts.

##### **4.2 TRAINING LOGISTICS**

All Chechnyan mental health counselor training activities for this section of the training program were held at the local government supported refugee settlement house in Innsbruck, Austria. In addition to the four Chechnyan counselor trainees, there were some representatives of other private and government agencies who also attended the two day training program. All communications were in English and were simultaneously translated into the Russian language. An Austrian adult male who was

fluent in Russian served as the interpreter. All trainees indicated that the language communications were excellent and readily understood. The trainees also expressed the opinion that the speaker was well received and was considered to be well informed and of good heart and intention. The training was conducted for a period of six hours over a two day period.

Opportunities for questions and comments punctuated the presentation. Many of the questions and comments were related to personal experiences of the counselor trainees (e.g., Question: "My friend has a child who wakes up each night crying for her mother because she is afraid that bombs will kill them." Answer: "This is typical of children who have been traumatized by war and can best be handled by assurances during waking hours as well as at night that they are now safe." The child's fear can be normalized and is understandable given what has occurred. However, now they must move on and place these fears behind them. If the problem continues, then it may be necessary to seek some professional help. "But begin with family support." Explanations of PTSD symptoms were also shared with this example.

### **4.3 ASSUMPTIONS**

As part of a larger effort to train Chechnyan refugee mental health counselors, a power point presentation with accompanying lectures and question and answer periods was developed. The lectures had five main purposes: (1) To provide counselor trainees with an understanding of the international refugee and IDP system enterprise, including its history, critical terms of reference, legalities, and information on current refugee and IDP statistics and relevant demographic information; (2) To provide counselor trainees with an understanding of the historical, cultural, political, economic, and contemporary events and forces that have shaped and continue to shape the Chechnyan refugee crisis; (3) To provide counselor trainees with an understanding of the international refugee experience, including the refugee cycle from uprooting to resettlement, the range and pattern of traumatic experiences, and the mental health consequences of the experience and the complexities involved in refugee mental health assessment, counseling, and prevention. Although time limitations did not permit a discussion of policy and ideological foundations for addressing refugee and IDP challenges (e.g., world citizenship, international human rights, etc.), the trainees were given material on these topics.

### **4.4 TRAINING PROGRAM CONTENT**

#### **4.4.1 INTERNATIONAL REFUGEE SYSTEM**

The legalities of the international refugee and IDP system often constitute a source of bewilderment to refugees and IDPs because of the national variations and the differences in interpretation of international guidelines and recommendations. Thus, the trainer discussed formal definitions of a "refugee" and an "IDP" and the process for seeking and gaining asylum. In addition, the trainer noted the many new types of refugees and IDPs beginning to be recognized across the world including economic, environmental, and gender preference patterns. The issue of "refoulment" or the return of refugees to their homeland was also noted. While attention was not given to global

human rights and international law, the present author feels more discussion of these topics should be part of refugee counselor training (e.g., White & Marsella, 2007).

The trainer spent considerable time going over common refugee and IDP war-zone traumas including:

- ⇒ Lack of food, water, and shelter
- ⇒ Separation from family
- ⇒ Deaths and injuries to family members
- ⇒ Witnessing murder of family and friends
- ⇒ Violence including torture, rape, beatings
- ⇒ Robbery and extortion
- ⇒ Imprisonment and torture
- ⇒ Serious injuries and chronic illnesses, especially brain injuries
- ⇒ Malnutrition
- ⇒ Uprooting.

These topics were noted to make sure that counselor trainees recognized that the stress from these events would still be alive and present in many of the victims they would counsel. Within this section of material, the counselor trainees were told that while they had suffered much and escaped from harm, they would find that many in their new land might resent their presence and that this was part of a larger issue of immigration across Europe. They would need to understand that xenophobia (i.e., fear of strangers), anger toward Muslims, and resentment of the financial resources used to assist them at the expense of local populations could lead to some open conflicts. Lastly, the counselor trainees were taught the various international organizations that were part of the refugee and IDP enterprise within the United Nations including:

- ⇒ Department of Humanitarian Affairs (DHA)
- ⇒ Department of Peacekeeping Operations (DPKO)
- ⇒ UN Development Program (UNDP)
- ⇒ UN Disaster Response Organization (UNDRO)
- ⇒ UN High Commissioner for Refugees (UNHCR)
- ⇒ World Food Program (WFP)
- ⇒ World Health Organization (WHO)

Other organizations cited included CARE, Doctors without Borders, Catholic Relief, Save the Children, Oxfam, Red Cross/Red Crescent, and the International Refugee Committee.

#### **4.4.2 FORCES SHAPING CHECHNYAN REFUGEE AND IDP SITUATION**

It was felt by the trainers that the counselor trainees would benefit from some knowledge regarding the complex historic, political, economic, and cultural forces that had shaped and were continuing to shape the Chechnyan refugee and IDP situation. As a result, the trainer (i.e., Dr. Anthony J. Marsella) identified and discussed some of the many forces involved, including the following:

- ⇒ Secularism vs. Religion (e.g., Orthodox Christian, Islam)
- ⇒ Fundamentalism vs. Moderate

- ⇒ Variations Within Religions (Islam, Judaism, Christian)
- ⇒ Western vs. Eastern Cultural traditions
- ⇒ Nation vs. Culture vs. Region
- ⇒ Change vs. Tradition and Stasis
- ⇒ Poverty, Unemployment, Demography
- ⇒ Russian Control of Oil Resources and Pipelines

In a related discussion, the trainer pointed out how wars among nations had changed across the last century and now involved widespread citizen involvement, polarization of the population along ethnic, language, religion, and/or region dimensions, and the encouragement of hate and repressed animosity. Unfortunately, wars today also involved powerful nations (e.g., China, Russia, Spain, USA) acting unilaterally to protect "national" interests at the expense of indigenous people.

#### **4.4.3 REFUGEE AND IDP MENTAL HEALTH PROBLEMS**

In this section, I offered material that captured the cycle of the refugee experience from uprooting to resettlement and beyond. This cycle is well known but deserves citation since it acknowledged the lived pattern of experience for most of the Chechnyan refugees. This prototypical cycle typically includes seven phases:

- (1) Pre-refugee phase (First signs of difficulty)
- (2) Immediately preceding refugee phase (Pressure to uproot increases)
- (3) Evacuation, uprooting and dislocation phase
- (4) Sojourn or escape phase
- (5) Camp-life or sanctuary phase (some go directly to a country for asylum)
- (6) Resettlement or a return to country phase
- (7) Post-resettlement phase (short-term and long-term).

The counselor trainees were explicitly told the following: "And for those few refugees fortunate enough to be admitted to a host country, there are the new problems to be overcome - problems of acculturation, racism, language, prejudice, work, housing, health, and personal safety. For many refugees, the process of rebuilding their lives often proves to be as traumatic as the dislocation process from which they sought refuge." As the trainer for this section, I believed that every effort should be made to help the counselor trainees grasp that asylum did not mean the end of the struggle for survival, but rather a new phase that would be trying and difficult. Among the problems of resettlement that were shared were the following:

- ⇒ Language
- ⇒ Un-employment
- ⇒ Under- employment
- ⇒ Mis-employment
- ⇒ Poverty
- ⇒ Housing,
- ⇒ Profound acculturation stress
- ⇒ Racism
- ⇒ Prejudice
- ⇒ Social isolation and rejection
- ⇒ Availability, accessibility, and acceptability of health care services, and education

⇒ Violence.

Some of the medical and mental health problems of refugees the counselor trainees would likely encounter were summarized for them. Since the counselor trainees were also refugees, these problems were validated by their own experience and they frequently cited personal and familial experiences. Among the medical problems cited were the following:

- ⇒ Diarrheal Diseases
- ⇒ Measles
- ⇒ Malaria
- ⇒ Acute Respiratory Diseases
- ⇒ Tuberculosis
- ⇒ Malnutrition (e.g., starvation, scurvy, pellegra)
- ⇒ Infectious Diseases (e.g., meningitis, AIDS)
- ⇒ Skin infections.

It was emphasized that these problems could often be fatal and if they were present, the counselor trainees should immediately refer the client/patient to a medical facility. It was also pointed out that many of the mental health problems that might be reported could be due to these problems and not solely to the traumas of refugee experience.

The trainer pointed out that the mental health problems that the counselor trainees would likely encounter included the following:

- ⇒ Anxiety Disorders (e.g., fear, tension, irritability, panic attacks)
- ⇒ PTSD and Stress Disorders
- ⇒ Depressive Disorders (e.g., extreme sadness, apathy, withdrawal, anhedonia)
- ⇒ Suicidal Ideation and Attempts
- ⇒ Drug and Alcohol Abuse
- ⇒ Extreme Paranoia, Suspicion, Distrust
- ⇒ Somatization and Hysteria
- ⇒ Psychoses
- ⇒ Sleep Problems.

The trainees were told to particularly be sensitive to certain special populations that were vulnerable to mental health problems because of their exposure to risk conditions and traumas. These special populations included:

- ⇒ Rape Victims
- ⇒ Malnutrition Victims
- ⇒ Torture Victims
- ⇒ Unaccompanied Children
- ⇒ Violence Prone
- ⇒ Neurological Disorders
- ⇒ Substance Abuse Addicts
- ⇒ Former or Current Mental Patients.

The trainees were also taught examples of counseling and therapy approaches to refugee trauma including:

- ⇒ Personal Narration (Trauma Story)
- ⇒ Relaxation Therapies

- ⇒ Indigenous Healers
- ⇒ Critical Incident Stress Debriefing (Education and Normalization)
- ⇒ Cognitive Behavior Therapy
- ⇒ Eye Movement Desensitization Therapies (EMDT)
- ⇒ Basic Problem Solving and Information Sharing
- ⇒ Medication (e.g., Anti-Depressants)
- ⇒ Nutritional Approaches
- ⇒ Socialization and Recreation Activities
- ⇒ Scriptotherapy.

It was suggested to them that among all of these approaches, it would probably be the safest and most successful using personal narrative therapy. Simply stating to the refugee: "Tell me your story." Narrative therapy has proven to be very effective with many non-Western groups, in particular, because it does not impose an alien healing process (e.g., cognitive behavior therapy), but rather encourages the refugee to make personal meaning from their experience by placing it in words and time dimensions that are relevant to them.

The importance of simply listening carefully and with empathy for the refugees was also shared. It was noted that listening is much more than most people think. There are different levels of listening (World Health Organization, 1996). They were told:

- ⇒ We can listen to a person's words
- ⇒ We can listen to a person's voice
- ⇒ We can listen by observing a person's body movements
- ⇒ We can listen to a person's silence
- ⇒ We can listen to the meanings the words have for the speaker
- ⇒ We can listen to a person's feelings

Lastly, the trainees were reminded that amidst all of the refugee mental health problems, there were certain conditions that have been found across cultures and different ethnic refugee populations to promote effective coping and resiliency for the refugees and that these should not be forgotten in developing treatment plans with the refugees. Among these factors are:

- ⇒ Extended family
- ⇒ Employment
- ⇒ Presence of human rights organizations
- ⇒ Continuation of cultural practices
- ⇒ Recreation
- ⇒ Formation of self-help groups
- ⇒ Situational transcendence
- ⇒ Strengthening of belief systems

## **5. SOME CLOSING THOUGHTS**

The shortage of time, of course, limited the depth at which all of this material could be covered. However, it was felt that since this was one of the first sections of the extended counselor trainee program, it was more important to expose the trainees to an overview of relevant information and knowledge and rely on future training sections to provide an elaboration of the material. This is, in fact, what occurred, and the initial exposure from

this section offered trainees an anchor for understanding the critical responsibilities and tasks before them.

For the trainer, the experience was a life-learning lesson in the resiliency of the human spirit and in the importance of human support and caring in times of crisis. Our response to the world refugee crisis is a test of our commitment to peace and social justice, and ultimately to our willingness to accept our responsibilities to our fellow human beings. If we turn our back on their plight, if we deny their experience, if we fail to act to prevent the very conditions of war and conflict that generate and sustain the refugee crisis, then we must accept the reality that we have failed in our time on Earth to advance the human condition and to develop that dimension of our being that enables us to fulfill our essential human purpose and meaning.

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## CHAPTER 4

# TRAINING REFUGEES AS FACILITATORS OF CULTURE-SENSITIVE AND RESOURCE ORIENTED PEER GROUPS

WALTER RENNER, JULIA KASERER, ELKE GRABHER, ANTHONY MARSELLA,  
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### 1. HOW GROUP FACILITATORS WERE RECRUITED

As we explained earlier in this volume, Culture-Sensitive and Resource Oriented Peer (CROP) Groups have been established in Innsbruck (Austria) in order to help Chechen refugees and asylum seekers to cope with post-traumatic stress and with problems in the course of their acculturation. As opposed to conventional self-help groups, the CROP-Groups, by definition, were headed by same-gender lay counselors, who acted as facilitators.

When the present research started, with the help of the Innsbruck based refugee counseling center of Caritas (cf. the contribution by Mishela Ivanova, this volume), the first author got to know four Chechens, two women and two men, who already had been granted asylum and who had a basic knowledge of German. Two of them have been working permanently and one occasionally.

The prospective counselors did not suffer from severe symptoms of traumatization and showed an acceptable degree of acculturation in Austrian society. The two women were a tailor, 28 years of age, who had come to Austria two years and eight months ago and a secretary, 41 years of age, who had been living in Austria since three years and two months. One of the men was 44 years old and had come to Austria two years and six months ago and the second man was 37 years of age, living in Austria since three years. Both men were teachers. All four Chechens were married and had children.

In the first session, which took place at the Caritas counseling center, Walter Renner explained the aims of the present research to the prospective group facilitators and asked them whether they would be willing to head one of the CROP-Groups. Walter Renner also explained that an extensive period of training would precede their work, during which they would not be paid but would get refunded their traveling costs.

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<sup>6</sup> Walter Renner has authored this text on the basis of Julia Kaserer's notes. She has documented in detail and evaluated the group facilitators' training. Elke Grabher, Anthony Marsella, Rudolf Morawetz, Karl Peltzer, and Walter Renner (in alphabetical order) planned and conducted the workshops. Correspondence should be addressed to Univ.-Doz. Walter Renner, PhD, Senior Researcher and Lecturer, Dept. of Psychology, University of Klagenfurt, Universitätsstraße 65-67, A-9020 Klagenfurt, Austria or by electronic mail to [walter.renner@uni-klu.ac.at](mailto:walter.renner@uni-klu.ac.at).

With respect to the financial conditions, it was further explained that their work as group facilitators would be paid with 900 Euro for 15 sessions per two 45-minutes units, i.e., 30 Euro per 45-minutes unit and that during their work as group facilitators they would be offered supervision according to their wishes and needs. Although the group facilitators communicated quite fluently in German, this first contact was aided by an interpreter, in order to be sure that they understood every detail. After some discussion they all agreed to participate.

## **2. HOW GROUP FACILITATORS WERE TRAINED**

### **2.1 RATIONALE OF TRAINING**

In the first place, this training did not intend to superimpose the ideas of Western psychotherapy on the prospective group facilitators. It was quite clear, however, that they had to be taught basic knowledge with respect to psychological consequences of trauma, psychological disorders in general, main issues of refugees' acculturation as well as practical skills in leading groups.

At the same time, an extremely important issue of the training was to encourage the prospective facilitators to rely on the resources they had learned from their own culture and to reinforce their role as indigenous mediators of these resources. As we will outline below, we pursued this goal by motivating the prospective facilitators to speak proudly and extensively about their own culture, especially with respect to religion, health issues, child rearing etc., with special consideration of differences between Chechen and Austrian culture.

In the course of these discussions, we consistently stressed the importance of an indigenous point of view in order to help their Chechen compatriots. We particularly reinforced all comments that pertained to culturally sensitive coping approaches.

In addition, a number of "Western" techniques, especially referring to relaxation and coping with (traumatic) stress were introduced, in order to satisfy the group facilitators' desire to have a provisional tool kit at hand which might be useful for their future work. Apart from the practical value of such basic intervention techniques, we considered them as especially helpful in instigating perceived self-efficacy in the group facilitators regarding their prospective tasks. In order to stress the importance of an indigenous point of view, however, we left the decision, which type of various "Western" techniques they perceived as helpful, to the group facilitators.

With respect to the time frame, a series of workshops comprising a total of 240 units (45 minutes each unit) was devised. Two thirds of these 240 units had to be attended in person, while one third comprised home work or group tasks which could be carried out by the participants on their own. Thus, as compared to de Jong's (2002) and Karl Peltzer's (this volume) programs, in the present study the training was limited to a smaller amount of time. From our point of view it was an important issue, however, not to put too much pressure on the prospective group facilitators who participated in the training free of charge and who were eager to start with practical work as soon as possible.

## 2.2 THE WORKSHOPS

Between May and August 2006 we conducted a total of 12 workshops at a lecture hall in a refugees' home in Innsbruck (Austria)<sup>7</sup>. Most of the workshops took place on two consecutive days, but in some cases a different setting had to be employed in order to take into account the prospective counselors' time resources. Towards creating a motivating frame for the trainings, the first and second author provided fruits, coffee, and tea at the group meetings.

At nearly all the workshops, power point presentations were used. All presentations, except the one by Anthony Marsella, were held in German. As the prospective group facilitators all had sufficient knowledge of German, no interpreter was needed. Anthony Marsella's contribution was translated from English to Russian by an interpreter.

In the course of the workshops, Walter Renner prepared a working manual as a written tool for the group facilitators' future work. In this manual, important phone numbers, group rules, basic information on trauma and coping with trauma as well as recommendations for group work were summarized.

### **Workshop 1: Psychological Sequelae of Trauma: The Western and the Cultural Point of View (Walter Renner)**

As this was the initial meeting, Walter Renner started by inquiring about the participants' wishes and needs for their training. Quite soon it became clear that, at this point they were unable to formulate clear expectations and instead were waiting to be "taught" what was necessary.

In his presentation, Walter Renner explained the "Western" concept of Post Traumatic Stress Disorder (PTSD) and gave an overview of results obtained in a previous research pertaining to diagnoses of traumatization in refugees and asylum seekers from Chechnya, Afghanistan, and West Africa (cf. Renner, Salem, & Ottomeyer, 2006; Renner, Salem, & Ottomeyer, 2007). Approximately 50% of asylum seekers and refugees were shown to be suffering from symptoms of traumatization, while PTSD Diagnostic Criteria were only partially fulfilled. This research also revealed that groups of participants from Chechnya, Afghanistan, and West Africa differed grossly from each other with respect to the types of post-traumatic symptoms, as well as to the coping strategies they used. As far as people from Chechnya were concerned, they often uttered feelings of distrust and irritability, sometimes even believing their own compatriots might have conspired against them. Owing to their socialization in war, especially men endorsed toughness and self-assertion, frequently being unable to express their emotions freely. Thus, in many cases, somatic, especially gastro-intestinal symptoms, often accompanied by feelings of helplessness were presented.

Typically, people from Islamic cultures, owing to a fatalistic worldview, show little avoidant behavior. With respect to coping strategies, Chechens favor to be in contact with their relatives and extended families, either in person or by phone. Moreover, when having been done an injustice, aggressive reactions, including *vendetta*, are frequent.

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<sup>7</sup> We gratefully acknowledge the assistance of the Provincial Government of Tyrol who provided the premises where the workshops took place.

Walter Renner also gave an overview about methods of dealing with trauma therapeutically in Western countries. He explained the rationale of Cognitive Behavior Therapy, including confrontation, relaxation, and cognitive restructuring as well as the pharmaco-therapeutic approach, including possible combinations.

In the course of the first workshop, the four participants contributed eagerly their own experiences. For example, they stated that Russian soldiers who had participated in the Afghanistan war, frequently suffered from "Afghanistan disease" after returning home, which obviously equaled some aspects of PTSD. They also discussed the issue of *vendetta* as well as some details of Islamic religion. One possible way of helping the ill, they said, was to read from the Quran, to pray with them, or to use "holy water", which is a remedy against many diseases.

## **Workshop 2: Trauma and Culture (Anthony Marsella)<sup>8</sup>**

Anthony Marsella started his presentation by expressing his personal concern for the issues of refugees and asylum seekers. He reported his experience in India, when he got to know a little girl who had fled from Tibet. At that time he knew that he would want to work with refugees but he also knew that he had to be careful, not to make mistakes: "Good intentions are not enough". He has also been deeply impressed by his work with refugees from Bosnia, Palestine, Chechnya etc. at a Swedish refugee camp, where people lived at the outskirts of town under poor conditions, staying idle and having no opportunity to work. He told about a woman who had been waiting for asylum for more than six years, being so depressed that at times she even was unable to cry, when one day her little son had found a letter in the mailbox and came up to her, shouting with joy: "Dear mummy, you can stay, Swedish government".

After providing a secure emotional basis for further work, Anthony Marsella asked the participants to reply to the following questions:

- ⇒ What are the major problems faced by Chechen refugees in Austria?
- ⇒ What are the primary mental health problems?
- ⇒ What do you think are the best ways to solve these problems?
- ⇒ What does a counselor need to know about Chechen refugees to be of assistance?
- ⇒ How does a person heal past memories and be of hope?
- ⇒ What are the special needs of women, children, elderly, and men?

In the subsequent discussion this list served as a framework. The participants indicated that from their point of view financial and economic issues posed the main problem to their compatriots. At some refugee homes they are not allowed to cook for themselves and sometimes additional difficulties arise from Muslim nutritional rules. With respect to economic issues, Anthony Marsella stressed the importance of making the counselors familiar with means of support offered by the Austrian social security system.

Next, following Anthony Marsella's suggestion, the group addressed matrimonial issues and child rearing concerns. The participants indicated that children often suffered from traumatic experiences to an extreme extent, after having "seen too much". They often

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<sup>8</sup> For details see Anthony J. Marsella's Chapter 3 (this volume)

woke up as a consequence of nightmares, but their mothers too suffered from post-traumatic symptoms and thus were unable to help them.

In such cases, one of the women, L. M., suggested giving reassurance, comforting the child, and praying with him or her. Anthony Marsella recommended delegating responsibility to the child, saying: "I'll help you, but you have to be strong and help mummy too". Chechens are a strong people and thus, also a child can be strong. Anthony Marsella also recommended telling stories emphasizing the child's role as a hero, as opposed to a victim. Threatening themes should be addressed during daytime rather than at night, promoting feelings of security in the child and enabling him or her to recount, or possibly also to draw, the content of his or her dreams.

Another crucial point addressed were problems at school. Anthony Marsella suggested to deal with teachers in a diplomatic way, asking them to co-operate in helping the child to deal with traumatic experiences, taking into account problems resulting from cultural differences.

With respect to religious issues, the group facilitators emphasized that practicing their religion has not posed difficulties to them in Austria. One problematic point is, however, that, according to their faith the dead should be buried in Chechen soil. Taking the costs of 6,000 to 7,000 Euros, this is virtually unaffordable and there is little chance to receive financial support from Austrian authorities for this purpose. The prospective counselors indicated that few Chechens intended to return to their home country, as many compatriots who tried to do so, were killed or disappeared. The participants finally stressed the importance of preserving their cultural identity by common activities in everyday life.

The themes addressed in the course of Anthony Marsella's workshop were summarized in the following "List of Problems", which he also recommended to be used in the course of practical group work:

- (1) Economic (Amount of money; source of money – employment, charity; employment; ment, workplace)
- (2) Parent – child (Child's problems; mother)
- (3) Education (Language; teacher)
- (4) Transportation (Freedom to move)
- (5) Housing (Availability; how good?)
- (6) Religion (Food; Transport of dead people)
- (7) Identity
- (8) Cultural Center (Where you pray, dance, cook, etc. together).

### **Workshop 3: Psychological Disorders: The Western Approach (Walter Renner)**

In this workshop, the prospective group facilitators got to know "Western" concepts of mental illness – in addition to psychological trauma and PTSD. We considered this to be important, because co-morbidity is a frequent phenomenon among refugees and asylum seekers. Workshop 3 gave an introduction to this theme, in order to enable the group leaders to organize professional help in cases of severe mental illness especially regarding suicidal tendencies.

Although we were well aware of the dangers of superimposing "Western" concepts of illness upon Chechen refugees, for the sake of clarity, Walter Renner organized this workshop according to the structure given by DSM-IV-TR (American Psychiatric Association, 2000), and summarized it in on four Power Point slides presenting the main categories of mental disorders.

Walter Renner commented on the most important categories with respect to asylum seekers and refugees (depression, anxiety disorders apart from PTSD, somatoform and dissociative disorders, substance induced disorders, sleeping disorders, adjustment and personality disorders) referring also to his own clinical and psychotherapeutic experience.

An important point of Walter Renner's presentation was to discuss with participants, possible causes of mental disorders. Walter Renner emphasized that, according to current clinical psychology, no single reason for mental diseases can be given. In contrast, a bio-psycho-social model of explanation is necessary. On the basis of an individual's disposition, life events act as stressors, possibly resulting in clinical symptoms. Psycho-social factors such as living conditions, occupational situation, housing, financial aspects, etc. act as moderating factors.

Walter Renner also emphasized the role of stigmatization with respect to psychiatric diagnoses. Advantages and disadvantages of inpatient treatment were discussed, also considering the danger of hospitalization.

In a complementary exercise, Walter Renner encouraged the group facilitators to identify persons who might fulfil the diagnostic criteria of mental disorders presented in this workshop from their circle of friends.

#### **Workshop 4: Lay Counseling: An Example of Good Practice (Karl Peltzer)**

Karl Peltzer's presentation aimed at encouraging the lay counselors towards their future tasks and at making suggestions for the use of practical techniques that might be helpful for their work.

In his workshop, Karl Peltzer gave an account of his experiences of training and supervising lay counselors in Uganda (cf. Peltzer, this volume). Karl Peltzer emphasized that usually, when dealing with victims of war, medical problems were dealt with adequately, while psychological ones tended to be overlooked. One of the most important goals of Karl Peltzer's Uganda project was to address these shortcomings by training lay people to act as counselors.

Most importantly, this six-weeks training comprised the following topics:

- ⇒ Recognizing sequelae of trauma in children and adults
- ⇒ Providing psycho-social support to individuals, groups, and families
- ⇒ Doing public-relation work regarding to the counseling programs
- ⇒ Establishing working relationships with individuals and helping institutions
- ⇒ Conducting group sessions with adults, youth, and children.

Lay counseling was effective by means of

- ⇒ Relaxation techniques
- ⇒ Constructive narrative perspective (social comparison)
- ⇒ Cognitive focusing
- ⇒ Psychodynamic approaches to trauma
- ⇒ Strategies of normalizing and coping
- ⇒ Talking about traumatic experiences
- ⇒ Finding work.

Taking these results into account, Karl Peltzer recommended the following strategies for lay counseling:

- ⇒ Screening for psychological problems, including drug abuse and functional disorders
- ⇒ Taking case histories
- ⇒ Asking what the latest symptom was
- ⇒ Asking for examples of problematic behavior
- ⇒ Administering screening materials like the Harvard Trauma Questionnaire (HTQ) or the Hopkins Symptom Check List (HSCL-25)
- ⇒ Teaching relaxation techniques
- ⇒ Having painting material at hand
- ⇒ Setting up records
- ⇒ Writing letters of referral

Karl Peltzer also addressed the possibility of keeping records with regard to socio-demographic data and to the course of interventions.

In a next step, the participants' questions were collected:

- ⇒ How can we help others as long as we are unable to help ourselves?
- ⇒ What are the most important post-traumatic symptoms?
- ⇒ Why are people healthy as long as they are in Chechnya and why do they develop symptoms when in Austria?
- ⇒ What are the cultural differences in abusive words and swearing?
- ⇒ What are the consequences for children when being transferred from one refugee home to another?
- ⇒ Children speak better German than their parents and refuse to learn Chechen and Russian. What can be done about that?
- ⇒ What are the different reactions of cultures to clinical symptoms?
- ⇒ What can be done about fear of deportation and false information?

Karl Peltzer discussed these points on the basis of case examples reported by the participants. One of the female participants reported about a woman who had complained about sleeping problems, including startling reactions at night, which Karl Peltzer interpreted (1) from a psychodynamic, (2) an indigenous/traditional, and (3) a behavioral point of view.

Other points brought forward in the course of the workshop were, for example, one man's fits of anger, which frequently occurred when he saw Russian news on TV which he perceived to include false information about Chechnya. One woman reported difficulties to fall asleep and accompanying nightmares which had started when she was ambushed during nighttime by military in Chechnya. After allowing the participants to

report their problems in detail, Karl Peltzer again commented on etiology and possible remedy. He especially focused on differences between psychodynamic and cognitive techniques on the one hand and traditional, indigenous approaches on the other.

### **Workshop 5: Relaxation Techniques (Walter Renner)**

The aim of this workshop was to make the prospective group facilitators acquainted with a variety of "Western" techniques which are known to be instrumental in normalizing the level of arousal in trauma survivors. It is important to note that Walter Renner did not try to persuade the participants to accept any of these techniques as useful but rather offered these methods as potentially helpful, leaving it to the participants to decide, which of them they wanted to use in their future work.

The following techniques were adopted from Fischer (2005), who offered numerous approaches towards dealing with post-traumatic stress in his book, well-known in German speaking countries.

These were the techniques that were offered to the participants:

- ⇒ **Thinking of success in life**  
Participants were encouraged to prepare lists of the greatest successes or achievements in their lives and to remember these events intensively as soon as post-traumatic symptoms occurred.
- ⇒ **Breathing exercise**  
Participants were instructed to inhale quickly and to exhale slowly for ten minutes, by counting from 1 to 2 during the inhaling and by counting from 1 to 3, 4, or 5 during the exhaling phase and to repeat this exercise until relaxation was achieved.
- ⇒ **List of positive activities**  
In this case, relaxation should be achieved by pleasant activities like going for a walk, riding a bike, meeting friends, drinking tea, etc. Most importantly, participants have to find out by themselves which activities have a pleasant effect for them personally, possibly taking notes in a small book (cf., Lewinsohn's, 1974, behavioral approach to the etiology of depression).
- ⇒ **Progressive relaxation**  
This is the method first described by Jacobson (1938) which is well-known for effectively reducing symptoms of stress by tensing and relaxing muscle groups, usually starting with the right hand and the right upper arm, progressing with the left upper extremities, the head, neck, and shoulders, the trunk and the belly region, and finishing with legs and feet. Another possibility is to start by tensing and relaxing the muscle groups in ones feet and legs, subsequently moving upwards through the body.
- ⇒ **Packing trauma away**  
After closing ones eyes and relaxing, a TV-screen is visualized, as well as a remote control which enables the participant to select a program and to turn the TV set on and off. The TV is imagined to be connected to a video, which records everything that is shown on the screen. At start, the screen is empty, until the participant visualizes on the screen the traumatic event, feeling the pain which was associated with the trauma. What was the color and what was the form of the

pain? After turning off the TV, the picture vanishes. Next, the participant is instructed to remove the cassette from the video recorder, to deposit it in a large safe, to lock the safe and to keep the key in a secure place. This process can be repeated, using various images of traumatic events.

⇒ **Secure place**

Participants are instructed to sit or to lie comfortably, possibly after practicing the breathing exercise or progressive relaxation as described above. Next, they visualize a place, where they feel completely safe and secure. There, each participant is alone and nobody else is allowed to enter the scene. He or she can feel the air and enjoy the smells, the colors, and the tastes, expressing his joy by a smile. The participants are encouraged to lend the scene variety by building a cave or a house and by modifying the landscape or the weather according to their wishes. They may stay at the place as long as they want, until they feel fresh and well rested. Finally, they return slowly, at their own pace.

⇒ **Distraction by arithmetic**

When uncomfortable thoughts keep coming to ones mind, distraction is important as it is impossible to think of "nothing". One way of distracting oneself is mental arithmetic, reckoning for example  $10,000 - 7 = 9,993$ ,  $9,993 - 7 = 9,986$ ,  $9,986 - 7 = 9,979$  and so on. Of course, various tasks, simpler and more difficult ones, can be experimented with.

⇒ **Mantra exercise**

A senseless word, ideally consisting of three syllables, is invented. It is important that the artificial word has no meaning and does not remind the participant of anything. This word is being meditated in a state of relaxation, while sitting or lying comfortably. This procedure can be combined with the breathing exercise or with progressive relaxation.

⇒ **Luminous flux exercise**

Participants are asked to relax and to visualize a color which they associate with "recovery". A vast amount of this color is available in the air and in the universe. Participants allow this color to flow through the room and through their bodies, where the color heals and smoothes every pain. The color is allowed to flow as long as this is perceived as comfortable.

(Adapted from Fischer, 2005)

In the course of Workshop 5, Walter Renner made the prospective group facilitators acquainted with the exercises just described instructing them to practice the various techniques under his guidance as well as later at home. Most importantly, he encouraged the group facilitators to pay special attention to differences between the various techniques and to report, which of them they considered to be helpful for themselves and to Chechens in general. After having experimented with all the exercises mentioned above, the prospective group facilitators emphasized unanimously that they preferred progressive relaxation to the imaginative techniques, which they perceived as somewhat "childish" and unrealistic.

## **Workshop 6: Themes of Concern to Chechens and Related Emotions (Elke Grabher)**

From Glass, Hamm, and Koenen's (1998) "Trauma Information Group Manual", we derived emotionally important themes for refugees and asylum seekers, supplementing them by additional issues which were taken from our previous work with Chechen migrants in Austria.

These were the topics, together with a summary of the respective discussion:

### ⇒ **Security**

First, Elke Grabher, together with the participants, attempted to reach a common definition of security. While in Austria people live in security, this is not the case in Chechnya. In Austria, nobody has to be scared of bandits, robbers, or military planes, you need not feel anxious during the night and you need not worry about your children. Finally the group defined security as a "state which is free of unacceptable risks".

### ⇒ **Risk**

The group stated that a certain amount of risk is essential in life, otherwise life would stagnate. It is important to know, how much risk a person is willing to take. Going back to Chechnya would be a serious risk. Also meeting a different culture can be risky, as one never knows the exact meaning of "good" and "evil" when living in a culture other than ones own. Risks can also imply chances and one has to take certain risks in order to be able to start from the beginning and to continue one's life after a crisis.

### ⇒ **Danger**

An innate reaction to danger is a startle response, associated with stress, tension, attacking the opponent, or flight. This is a normal reaction, which can get harmful, however, if it continues to be present over a long period of time with no danger being present any longer. Thus, real danger has to be distinguished from imagined danger (two group members reported about children who constantly feared to be abducted or who used to startle at night crying for fear without an objective reason). The group agreed that after traumatic experiences it is important to restore security and stability, to deal with the traumatic experience by mourning and finally, to integrate the experience into one's biography.

### ⇒ **Trust**

Interpersonal trust was defined by the group as the conviction that other people do us good or, at least no evil. Trust is considered to be an important asset towards being content in life.

### ⇒ **Anxiety**

One participant described somatic aspects of anxiety, like a feeling of heat, breathing quickly and an acceleration of the heart rate. Elke Grabher named possible remedies like breathing deeply, allowing oneself to be anxious, waiting, and again breathing deeply. The group agreed upon the notion of anxiety being vitally important on the one hand but being abused as an instrument of torture and coercion on the other.

Elke Grabher encouraged the participants to name events which typically provoked anxiety in Chechen refugees. Initially, they named the military approaching at night and roadblocks. In Chechnya all women use to worry about what might happen to their husbands. The participants also named military planes

and bombs, as well as military actions at small villages which might take five or six days, with all the houses being searched and many innocent people being killed. Frequently there are false accusations. During such actions, nobody is allowed to work and schools are kept closed. During such times, meeting with other people is the only thing that provides at least some feeling of security. The participants emphasized that such things do not happen in Austria but they expressed their feelings of concern towards the members of their extended families whom they had to leave behind.

The participants said that illegal drugs pose a serious threat to young people living in Austria as many Chechen youths start consuming drugs after arriving here too. They agreed, however, that their children were "good children", who neither smoke nor drink alcohol and who never had been involved in a fight.

In Austria, there is a well-functioning police who do not jail innocent people. Health care is provided free of charge, while in Chechnya, people who cannot afford to pay for surgery have to die.

⇒ **Memories**

Elke Grabher started the discussion by explaining some basic facts on memory as they are known from general psychology (short term vs. long term memory, emotions acting as a filter which decides which information is saved in and retrieved from memory) as well as special phenomena associated with remembering traumatic events. This introduction instigated a lively discussion, in the course of which the participants described a phenomenon, known as the "Chechen Syndrome" in Russia. Soldiers who returned home from war were unable to cope with their experiences and described flash-backs which relegated them to the theater of war. In some cases, they mistook some other person who happened to be present for an enemy and eventually even killed him.

## **Workshop 7: Differences of Chechen and Austrian Culture I: Religion, Philosophy, and Societal Roles (Walter Renner)**

As a starting point of this workshop, Walter Renner used the eight-points list of problems Anthony Marsella had compiled at the end of Workshop 2 together with the prospective counselors. Walter Renner presented the Problem Solving Approach (D'Zurilla & Goldfried, 1971) as a means of dealing effectively with conflicting issues and seemingly hopeless situations and applied it to the points addressed in the list. Subsequently, problem solving was applied successfully to various examples of problematic situations.

As already mentioned above, a central idea of the training was to enable the prospective group facilitators to rely on the indigenous resources of their own culture rather than trying to imitate "Western" therapeutic approaches. Thus, in order to give them an opportunity to speak proudly of the specificities of Chechen culture, in Workshops 7 and 8 the prospective group facilitators were encouraged to highlight differences between Chechnya and Austria. Brainstorming yielded the following results:

⇒ **Religion**

With respect to religion, similarities and differences of Chechen and Austrian cultures were addressed:

**Similarities:** both, Christianity and Islam are monotheistic, both believe in repayment of good and evil deeds in an afterlife (heaven and hell), the soul does

not die, there is a holy book (Bible vs. Quran), which comes directly from God, church vs. mosque, in both religions there are various prophets, the child receives his or her name in a religious ceremony, there is a period of lent each year. In both religions, it is strictly forbidden to belief in other gods, and homicide and adultery are deemed capital sins.

**Differences:** Mohammed was a prophet, but Jesus Christ was God and man at the same time; children receive their names in different ceremonies (baptism vs. slaughtering a sheep); Muslims have no pictures of God while Christians have pictures of God father, of Jesus Christ, and the saints, especially Holy Mary; for Muslims there is no human being as a central religious authority, while for Christians the pope represents such an authority; still, Muslims have the Quran as their central authority. For Muslims, as opposed to Christians, there are strict behavioral obligations, like praying five times each day and abstaining from alcohol and pork meat.

In addition, the participants emphasized that neither *vendetta* nor suicide bombings have been envisaged by the Quran. Both come from man, not from God. Group members also emphasized that there is no strict fatalism in Islam: "Allah", they said; "arranges things, but people have to take care of them themselves" and "you only need to fear Allah, but not humans".

⇒ **Children and child rearing**

For Chechens it is highly important to have many children. One group member emphasized that she had four children but did not want to have further children. She told about her uncle in Chechnya whose first wife had born seven sons and three daughters and whose second wife had born three sons and seven daughters. Thus, his had 20 children. Chechens who have no children of their own often adopt children. When parents are old, for girls their brothers act like fathers and protect them. In that case, the girl is supposed to live at her brother's home until she gets married. In Austria, many Chechen girls live without their parents and, if possible, they are assisted by their brothers. Sons and daughters take care of their parents. They live with them, and often their grandparents until their relatives die. Especially the youngest son is obliged to do so. If somebody has no children, his or her nephews or nieces take care of him or her. On the contrary, in Austria, sons and daughters leave their homes when they are grown up, not caring for their parents.

In Chechnya, child rearing and children's education are the mothers' tasks, while fathers go to work. Participants said that children must be educated to follow clear guidelines: "Once they are 17, it's too late to change anything", one woman said. Participants also emphasized the importance of spending time with one's children, for example to do homework with a seven years old child.

⇒ **Gender roles**

The participants emphasized that in Chechnya women study and work also when having children. If her husband is affluent enough, however, his wife does not need to go to work and he will take care of her financially. In Chechnya, boys and girls play the same games using the same kind of toys. For example, girls as well as boys use to play with dolls.

Girls are expected to marry a Chechen man, also when living in Austria. In theory, they would be allowed to marry a Muslim man from a different country but in practice in such case cultural differences would prevail and cause conflict in everyday life.

Among spouses, men are the heads of the family who make decisions. Muslim girls are only allowed to marry a Muslim, while an equivalent rule does not apply

to boys. Gender roles are conservative in Chechnya and thus, a Chechen man would refuse to cook or take care of the children while his wife goes to work.

⇒ **Marriage and family**

In Chechnya, husbands and wives are often introduced to each other by their families. "Everyone is happy", one participant said, "if a brother marries, but everyone is sad, if a sister marries, because this means that she will be leaving home". Divorce is known in Chechnya as well as in Austria. In Chechnya, in the case of divorce, the wife returns to her family, while the children stay with their father. In Chechnya, men can have two or three women but normally they do not live together in the same house. After a divorce, both partners are allowed to marry a second time.

⇒ **Health and disease**

In Chechnya, pain is explained psychologically rather than physically. Illness has to do with problems. For example, two years after a psychological trauma occurred, heart problems may result.

Disease may come as punishment from God. Thus, diseases can be cured by good deeds which are aimed at reconciling God.

In addition, among others, the participants suggested the following possibilities towards healing disease or ameliorating one's state of health:

Holydays, working in the garden or with animals, talking a walk with an animal, listening to the frogs in the moor, (in previous times) using bloodsuckers against high blood pressure (take black=dirty blood away) or slaughtering an animal against fever (bringing sick child in contact with slaughtered animal), sucking a frog against angina, eating young nettles with flour, cheese and some fat may be good for your hair, massage of head and shoulders, carrying an amulet with a piece of paper on which a verse from the Quran was written, reading the Quran before going to bed...

People living on social benefit have no regular health insurance and thus often have problems financing some aspects of medical aid. Medication can be expensive and has to be paid for by the patient and often one type of drug is used against all kinds of medical condition, of course, usually to no avail.

⇒ **Employment**

Before being granted asylum, Chechens may only do non-profit work for three Euros per hour. After asylum has been granted, it is important to speak German, to hold a driving license, possibly also to own a car as a prerequisite for finding a job. Frequently, refugees have to take on jobs below their original qualification.

In the course of brainstorming, the following ideas for finding work were created: asking at the employment center, asking Caritas, approaching a firm at random and asking for work, asking Austrian friends, consulting the newspaper, attending courses offered by employment center, relying on the help of one's family, taking on a three-Euro job, having the Russian driving license changed to an Austrian one, etc.

## **Workshop 8: Differences of Chechen and Austrian Culture II: Mating, Education, Housing and Clothing (Elke Grabher)**

As opposed to Walter Renner's Workshop Nr. 7, which mainly aimed at religious and philosophical questions, Elke Grabher's Workshop Nr. 8 in the first place discussed practical questions of life. Issues regarding marriage and children's education already

discussed in Workshop Nr. 7 were expanded this time and reviewed with an emphasis on practical details. In addition, the following two themes were addressed:

⇒ **Housing**

In Chechnya, the extended family, including the grandparents used to live together in one house, and the sons stay at their parents' home when they get married while daughters leave the home and move to their husbands. Sometimes, also nephews or nieces live in the house. Only rarely somebody rents a house and most people live in houses of their own. In case of divorce, in Chechnya children stay with their fathers. In Austria, only rarely the extended family is living together. It is common to rent a flat and only some people, who are well off, buy real estate. In cases of divorce, in Austria the children usually stay with their mothers.

⇒ **Clothing**

In Chechnya, selected clothing is important as a status symbol. Neither women nor men wear sleeveless shirts or shorts. Women wear trousers only before they get married and married women usually wear headscarves. Unmarried women wear them too, if fathers or brothers insist on that. Most Austrians cannot afford expensive clothing and wait for seasonal sale in order to buy clothing at a lower price. Elegant clothing in Austria only is important on special occasions, e.g. when having a job interview.

### **Workshop 9: Recommendations for Group Work from the Perspective of Emergency Psychological Support (Rudolf Morawetz)**

Based on his experience as an emergency psychologist, in his workshop Rudolf Morawetz focused on a number of prerequisites of successful group work. All the points addressed were underpinned by practical examples.

After focusing on individual differences of post-traumatic stress reactions, Rudolf Morawetz highlighted the importance of strengthening resources in the course of group work, especially by means of group discussions, by joint activities, and on the basis of the problem solving approach.

For group work it is important to arrange the surrounding conditions and settings (such as time and place, seating arrangements, etc.) as well as to have basic rules for discussions (themes, taboos, culturally specific issues). Possible problems in group work refer to excessive silence or talking too much, emotional outbursts of aggression, anger, or mourning as well as excessive competitiveness between group members.

Group facilitators should also be aware of possible emotional strain resulting from their own traumatic experience as well as of false hopes and expectations with respect to their work. Possible group activities, apart from discussions could comprise exercise or eating together as well as various leisure activities.

The prospective counselors should also be well acquainted with the basic symptoms of traumatization and extraordinary strain (e.g., flashbacks, dissociative symptoms, changes in social behavior and social relationships, being jumpy and easily scared, difficulties concentrating, avoidant behavior, loss of vitality, disturbed eating or sleeping behavior, etc.). They should be aware of the possibility of re-traumatization as a consequence of improper confrontation with traumatic memories. In addition they

should consider the possibility of personal, political, or religious conflict in the course of group work.

Problem solving can be achieved as part of the group work, or by additional one-to-one meetings as well as by seeking professional help.

### **Workshop 10: Collecting Ideas for CROP-Groups (Walter Renner)**

This workshop aimed at collecting ideas for conducting CROP-Groups in order to facilitate the group leaders' work. At the same time the workshop was designed towards encouraging the lay counselors and strengthening their self confidence in their roles as para-professionals.

After fixing the dates for the first meeting with the prospective group participants (i.e., Information Day, see Workshop Nr. 11) and for the first group meetings a few weeks later, brainstorming was done in order to collect ideas for practical group work. Group work should be designed to promote the group members' motivation to visit the CROP-Groups on a regular basis. Thus, socializing, having fun and staying together after the meetings should be central points. Moreover, pleasant activities would be of obvious "therapeutic" importance for group members who, in their everyday lives, for financial reasons, only have very restricted opportunities for leaving their homes, meeting friends, or going out.

Following these considerations, the prospective group facilitators developed the following ideas for organizing group work and discussed them in detail:

- ⇒ cooking and drinking tea
- ⇒ cooking some dishes at home and bringing them in
- ⇒ making music
- ⇒ visiting a museum or art gallery
- ⇒ seeing a film
- ⇒ sports
- ⇒ painting
- ⇒ reading the Quran
- ⇒ dancing and singing
- ⇒ hearing music from CDs
- ⇒ playing chess or cards
- ⇒ knitting
- ⇒ reading poetry and discussing it, possibly writing poetry.

### **Workshop 11: Information Day**

With the help of the Provincial Government of Tyrol, of the directors of the refugee homes, and with the help of Caritas, a total of 180 Chechen women and men were contacted and invited to attend the information day, which took place on 11<sup>th</sup> August, 2006 at a large refugee home in Innsbruck. Eighty-one Chechens had agreed to come, and 64 Chechens were present at the information day<sup>9</sup>.

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<sup>9</sup> Subsequently, by further contacts, additional participants were recruited and a total N = 94 (including the four group facilitators) was achieved.

With the help of an interpreter, Walter Renner introduced himself, explained the aims of the research and asked the attendees to participate in the project. Next, the four prospective group facilitators introduced themselves and explained the purpose of the meeting from their point of view and in their mother tongue.

All prospective participants received a questionnaire, printed in Russian, which comprised

- ⇒ a personal data sheet, and
- ⇒ a declaration of informed consent,

and – in the sense of pre-measurement towards evaluation of the prospective interventions,

- ⇒ the Hopkins Symptom Checklist (HSCL-25, Mollica, Wyshak, de Marneffe, Khuon, & Lavelle, 1987),
- ⇒ the Harvard Trauma Questionnaire (HTQ, Part IV, Items 1 through 16, Mollica et al., 1992),
- ⇒ the Posttraumatic Growth Inventory (PGI, Tedeschi & Calhoun, 1996).

Next, on a random basis, the attendees were assigned to the various conditions of the research, i.e.,

- ⇒ Culture Sensitive and Resource Oriented Peer (CROP) Group,
- ⇒ Cognitive Behavior Therapy (CBT) Group,
- ⇒ Wait-Control (WC) Group, or
- ⇒ a short term psychological intervention, including Eye Movement Desensitization and Reprocessing (EMDR) where appropriate.

All travel expenses were refunded to the attendees and we explained to them that accordingly, when attending group meetings in the future, travel expenses would be paid for. Finally, the attendees were informed that, as a token of appreciation, they would be granted the amount of 100.— Euros after attending the group meetings regularly. For attending EMDR single treatment which would comprise only three sessions, an amount of 30.— Euros was fixed.

### **Workshop 12: Planning the First CROP Session (Walter Renner)**

A few days before the first two CROP counselors commenced their work, in this workshop they were thoroughly prepared for their task. Again, the main focus was to support the group facilitators and to encourage them with respect to their task, rather than giving them detailed behavioral guidelines. Therefore, also in this workshop, Walter Renner only facilitated the brainstorming process while the participants provided most of the ideas.

Before regular work started, however, the group facilitators received formal certificates of attendance, issued by the University of Klagenfurt, confirming that they had taken part in twelve workshops and completed their trainings as CROP counselors.

Next, formal steps for group work during the first session were planned. The group facilitators decided that they would sit with their participants in a circular arrangement without tables. They also decided that they would like to start the first session by asking the participants how they felt, by introducing themselves and by asking participants to reciprocate the introduction. Part of the introduction would be saying not only one's name, but also giving one's age, profession, exact place of birth in Chechnya and length of stay in Austria, saying, whether one was accompanied by one's family, etc.

At the beginning of the first meeting, group facilitators would ask their participants to report their expectations towards the CROP program. Walter Renner pointed out that in many cases group participants have difficulties identifying and reporting their expectations. Still, the question could be used as a means of transition to the next point: Group counselors might suggest to their participants a few topics which could be discussed in the CROP-Groups. Generally, participants could be invited to discuss both, problems encountered at home as well as difficulties arising from the unsettled situation in the host country.

In any case group facilitators should try to encourage group members to search for solutions, thus emphasizing the self-help character of the CROP-Groups. Another important point already mentioned at previous occasions was stressed again, namely the prominent role of enjoying group attendance and having fun. The group counselors and Walter Renner agreed upon improving personal well-being as the general aim of the CROP activities. If a problem cannot be solved at present, it is important to find distraction.

During the first session, group facilitators would explain group rules. The most important rule would be that nobody would be *obliged* to speak about a certain theme. Group facilitators decided that they would like to promote feelings of togetherness among the group members by practicing rituals of reception and leave-taking. In this way group members would be encouraged to come again next time and to attend the meetings regularly. The group counselors also indicated the importance of enjoying one's work, saying that this is the most obvious prerequisite for the group members to benefit from attendance.

In his final statement, Walter Renner congratulated the group facilitators on having completed their training and on having learnt a great deal. He also emphasized that he was convinced that they would be able to perform their tasks very efficiently but also mentioned once again the importance of continuous supervision. Walter Renner assured the group counselors that he would help whenever this should be needed.

### **2.3 EVALUATION OF TRAINING**

For evaluation purposes, Julia Kaserer interviewed the four prospective group facilitators on a one-to-one basis and asked them what aspects of the training they had liked or disliked. She also encouraged them to tell her, which points they would modify if *they* were to train *other* group facilitators. Finally, Julia Kaserer inquired whether their feelings and overall mood had changed as a consequence of the training course.

In the first place, all four interviewees emphasized the importance of the **emotional** quality of the training especially with respect to one of the instructors who had shown special empathy and extraordinary personal concern for the dire situation of Chechen and other refugees.

All participants said that they had **learnt** a lot, albeit without giving details with regard to content. They also mentioned that they did not encounter serious language problems.

In all four interviews, the prospective group facilitators pointed to the importance of **cultural differences** between Austria and Chechnya. One participant noted the importance of being aware of the specificities of his own culture in order to be able to work efficiently with his compatriots. "Now I know that I can be of help to other people", one participant said, thanking the interviewer for what she had learnt. This woman also reported that a few days ago she had been successful in comforting another Chechen woman who had visited her at home and who had been crying desperately over so many of her relatives and friends having died.

A male group facilitator addressed **gender differences** indicating that women rather than men were expected to express negative feelings openly. Independently, the other man said that he had appreciated Jacobson's Progressive Relaxation as more helpful than discussions and also found it to be a powerful tool against sleeping problems and nervousness. With respect to group work, this man pointed to individual differences saying that some people might rather need professional help while others might benefit from the self-help approach.

One woman mentioned the possibility of including in group work **indigenous methods** which had not been discussed during the training course (e.g., using massage as a remedy against headache or bringing herbs which are known to have healing power to the group meetings, etc.). On the other hand, the second woman expressed her concern about still being uncertain about what she could offer the group members. This would be easier as soon as she knew the participants personally. She also indicated that she was going to rely on **supervision** with respect to any open questions.

With respect to his **own feelings**, one man indicated that he felt **less nervous** than before. He also pointed to the fact that most Chechens have encountered serious traumatic events, many having lost their relatives, or having witnessed murder and mutilation. Thus, his compatriots might not take offers like group discussions or relaxation techniques seriously and might even **laugh at him**. He would be trying, however, to help his group towards successful acculturation, by looking **forward instead of backward**.

Another man emphasized that the training workshops had made him **feel stronger** and had given him **self-confidence** towards being able to help other people. One male participant, in the course of the interview, was reluctant to give details. With respect to his own feelings he said that the training did **not change much**, apart from the positive effects of relaxation which he found helpful.

One of the two women indicated that she had started the training course quite anxiously. In the meantime, however, she had been **gaining self-confidence**, finding it extremely helpful to have an opportunity to leave her home when attending the training sessions.

The same might apply to other Chechen women, she said. At initial sessions, other women will be somewhat frightened too, but talking will help them to "clear their heads" and to envisage the **future rather than the past**.

### **3. RECOMMENDATIONS FOR FUTURE TRAININGS OF CROP-GROUP FACILITATORS**

The central objective of the research summarized in this volume was to install and to evaluate CROP-Groups for Chechen asylum seekers and refugees, in order to give recommendations to future interested parties who might intend to instigate similar guided self-help activities, possibly also for additional ethnic groups of displaced persons. From our experiences in the course of the workshops as well as from evaluation, some evidence based recommendations can be formulated for training future group counselors.

#### **3.1 DURATION AND INTENSITY OF TRAINING**

Providing the training on a workshop rather than a full-time basis seems preferable when working with refugees as prospective group facilitators. According to our experience at least some of them already work on a regular basis and thus can participate in the training on weekends only.

As mentioned before, in the present study the group facilitators' training comprised twelve workshops with a total of 240 units, two thirds of which had to be attended personally. Our group counselors attended these workshops regularly and reliably, but did not express the wish to extend the training phase any further.

Optimal duration and intensity of training may vary according to personal needs and expectations of participants, but were found to be sufficient in the present study. It is important not to put too much strain on the prospective group facilitators' motivation and patience especially when they participate in the training free of charge.

#### **3.2 SUPERVISION**

Rather than extending the training phase any longer, it is important to inform prospective group facilitators should be informed that proper supervision will be provided according to their wishes and needs.

This effectively reduces performance anxiety which we found to be typical for the training phase, while group counselors did not know their prospective clients personally and still had difficulties imagining their future tasks in detail.

Supervision may also be important in assisting group facilitators coping with their own negative feelings and post-traumatic memories which might be activated as a result of their work. Although this did not occur in the course of the present research, the possibility of re-traumatization should be taken into account and dealt with professionally by supervisors.

### **3.3 WORKING MANUAL**

In the course of the workshops, a working manual has been prepared in easy to read German which summarized most important information with respect to group rules, basic information on trauma and coping with trauma as well as recommendations for practical work. During the training course, this was highly appreciated by the group facilitators because it took the pressure from them, not to "forget" what they had learnt.

It should be noted, however, that the prospective group counselors did not mention the working manual in evaluation and, as we found later, did not use the manual during practical group work.

Still, for future trainings of CROG-group facilitators, we recommend to continue preparing written material, possibly in the group facilitators' mother tongue, in order to gather further experience.

### **3.4 LANGUAGE, PROFESSIONAL, AND PERSONAL PREREQUISITES**

The present Austrian experience has shown that the training course worked effectively, although prospective group counselors only had rudimental knowledge of German. Of course, all the instructors were careful not to speak too quickly and at many points of their presentations and discussions they asked whether they were understood properly. Apart from saving considerable costs for interpreters, this procedure had additional value in encouraging the group facilitators and in enhancing their feelings of competence as they were obviously able to follow successfully a training course conducted in German.

We also found that group facilitators need not have previous knowledge of psychology or related science. Moreover, as CROP-Groups are intended to work on a self-help basis, group counselors should be unbiased with respect to the issues brought up by their group members. Although coming from various professions, in the course of our training, all four group facilitators acquired basic knowledge of trauma-related group work without difficulties.

Prospective group facilitators should have been granted asylum already and they should have achieved at least a moderate degree of acculturation in the host country. In order to be able to deal with other people's negative emotions without getting involved excessively themselves, potential group facilitators should not suffer from severe post-traumatic or other clinical symptoms.

### **3.5 IMPORTANCE OF EMOTIONAL ASSETS OF TRAINING**

Quite obviously, in the course of the training, emotional issues have been much more important than just "teaching" academic knowledge. The prospective lay counselors emphasized consistently that they had commenced the training with distinct feelings of insecurity or even anxiety, while in the course of the workshops feelings of self-efficacy developed. Self-efficacy did not just develop out of having learnt enough in order to

know how one had to carry out one's task, but, much more importantly, was instigated by a sound, friendly, and secure working relationship.

We also want to emphasize that a warm relationship between the Chechen group facilitators and the Austrian and international scientists who conducted the workshops was of motivating value. Although not being paid during the three months of the training, none of the four group facilitators at any time of training tended to lose interest or considered discontinuing the training course.

Moreover, the group counselors have *enjoyed* taking part in their training. They repeatedly indicated that they appreciated the aspect of socializing when they came together. Thus, we want to stress once again the high importance of creating a pleasant atmosphere during the workshops. One obvious and easy way towards this goal was to provide coffee, tea, fruit, and sweets at the meetings.

### **3.6 TEACHING SOME BASICS OF CLINICAL PSYCHOLOGY**

In spite of the special importance of emotional learning in the course of the training workshops, the prospective group facilitators have benefited substantially from some basic knowledge with regard to psychological sequelae of trauma, psychological disorders in general and conventional Western approaches towards treating them in particular.

The idea behind teaching group facilitators basic knowledge of clinical psychology is not to make them lay psychologists but to instigate in them a feeling of competence which will help them in their work. Although *some* single techniques like for example Progressive Relaxation may be useful in some cases, special care should be taken, not to provide detailed instructions or curricula for group work. Rather, the group counselors should be enabled to facilitate groups according to their own ideas with special emphasis on their own cultural background.

### **3.7 REINFORCING POSITIVE ATTITUDES TOWARDS OWN CULTURE**

The strategy of asking the prospective group facilitators to inform their trainers about their own culture proudly and extensively was highly effective in terms of enhancing their willingness to rely on their own culture's resources, possibly even using cultural healing strategies. Evaluation has shown that the Chechen group facilitators initially had little idea about how to discuss cultural issues with their compatriots, while the workshops successfully enhanced their feelings of competence in this respect.

### **3.8 DRAWING ATTENTION TO GENDER DIFFERENCES**

As mentioned above, in the course of evaluation, group members pointed to marked gender differences which are in accordance with previous findings (cf., Renner et al., 2007). Quite typically for Islamic countries and even more characteristic of belligerent Chechen people, men use to emphasize toughness and boldness, thus disregarding showing one's feeling openly. Consequently, in male therapy and self-help groups,

discussions will have to be led on a factual matter and men will not be expected to talk about feelings.

Some men might accept relaxation techniques as helpful, while discussing emotionally laden themes frequently will be disregarded as "waste of time" by male group members.

On the contrary, women might benefit from emotion-oriented group work but group counselors should be prepared to deal with heavy affects.

### **3.9 PERSONAL DEVELOPMENT OF GROUP FACILITATORS IN THE COURSE OF THEIR TRAINING**

In the course of evaluation, three of the four group facilitators reported that they had felt considerable improvement of their own psychological condition, especially with regard to feeling stronger, more competent, and self-confident as well as less nervous and anxious.

Ideally, group counselors should perceive these positive changes as examples of positive effects that can be instigated by group work. Thus, they should feel that they would be able to instigate similar improvements in their group members when facilitating the CROP-Groups,.

### **3.10 LOOKING FORWARD INSTEAD OF BACKWARD**

This motto has been derived from one of the participants' comments in the context of the training course's evaluation. Most group members can be expected to suffer from traumata and almost all of them have been forced to leave back at home their extended families, accepting that they were approaching an uncertain future in their home country. This situation is aggravated by frequent bad news delivered from family members by phone with respect to relatives being killed in the war, abducted, or incarcerated.

Besides these extraordinary stresses and strains at the same time there are the claims of Austrian authorities and society towards Chechen refugees' successful acculturation. "Looking forward instead of backward" thus means to take steps towards learning German, finding work and housing, dealing successfully with children's problems at school, etc. This can also be a successful strategy of dealing with traumatic events that happened in the past and thus can be recommended as a working principle both, for training group facilitators, and for practical work in the CROP-Groups.

### **3.11 GENERALIZING RECOMMENDATIONS TO OTHER ETHNIC GROUPS**

We expect that these recommendations can be generalized **cautiously** to the potential work with other ethnic groups. We have shown previously (Renner et al., 2006; 2007) that even among asylum seekers and refugees, post-traumatic symptoms as well as coping strategies vary considerably between ethnic groups and thus results should not be generalized without a sound empirical basis.

The above mentioned recommendations may at large be applicable to other cultures as well, and may work especially well with refugees and asylum seekers from other Islamic countries. Still, keeping culturally specific differences and specificities in mind, further pilot work with respect to other ethnic groups is strongly advocated.

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## CHAPTER 5

# IMPLEMENTATION OF CROP-GROUPS, QUALITATIVE EVALUATION, AND SUMMARY OF QUANTITATIVE FINDINGS

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### 1. WHY USE A QUALITATIVE APPROACH IN EVALUATING PSYCHOSOCIAL INTERVENTIONS WITH REFUGEES AND ASYLUM SEEKERS?

Applying Western ways of categorising psychiatric states and disorders in different cultural contexts may have the effect that an assessment/evaluation misses certain culture-specific ways of expressing and interpreting the world. It may also be that certain recognisable symptoms are identified, but that these have a different meaning or are not considered important in the local setting. On this background, a purely clinical approach to obtaining and evaluating information about psychosocial issues is not recommended, rather a mix of methods, and a sense of pragmatism should be employed as has been done in the present study (see for example: WHO's "Rapid Assessment of Mental Health Needs of Refugees, Displaced and Other Populations Affected by Conflict and Post-Conflict Situations"<sup>11</sup>) or the Emergency Assessment Guidelines published in 2005 by the International Federation of the Red Cross and Red Crescent (IFRC)<sup>12</sup>.

In order to obtain an understanding of the cultural factors that shape the needs to which a psychosocial project is due to respond, it is thus important to step beyond Western notions of psychosocial well-being. This is done by using methods that are cross-culturally sensitive and thus enhancing the understanding of opinions, values, and beliefs from the local point of view (see for example Renner, Salem, & Ottomeyer, 2006, 2007). Such an inside perspective includes cultural understandings of distress, how the events that have taken place affect cultural and social relations, the capacity of groups and individuals, and the potential harm which a psychosocial project may inflict upon the cultural setting (Christensen, 2006, p. 2ff.).

Furthermore, it is very important to be aware of side effects of the situation in which the asylum seekers are living. The mere presence of foreigners carrying out an assessment or evaluation may impose outsiders' explanations, silence cultural understandings, and create unrealistic expectations. This is especially true for asylum seekers who may start to believe that the improvement of their stress symptoms may decrease their chance of getting a positive asylum decision while at the same time needing support in

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<sup>11</sup> <http://www.who.int/hac/techguidance/pht/7405.pdf>

<sup>12</sup> <http://www.proventionconsortium.org/themes/default/pdfs/71600-Guidelines-for-emergency-en.pdf>

ameliorating their stress. Thus it is very important to assess the situation in which the asylum seekers are living as well as their cultural beliefs and subjective views of the intervention as well as their general experience of their everyday life when carrying out an evaluation of the project.

## 2. RATIONALE, PARTICIPANTS, AND SETTING OF THE STUDY

As outlined in the Introduction, in the present research  $N = 94$  Chechen refugees and asylum seekers were randomly assigned to the following treatment conditions, which were primarily aimed at reducing post-traumatic stress as well as symptoms of anxiety and depression and in addition were expected to instigate post-traumatic growth in the sense of Tedeschi and Calhoun (1996):

- (1) 15 weekly sessions of a same-gender **Culture-Sensitive Resource Oriented Peer (CROP) Group** ( $N = 25$ ; 10 women and 15 men),
- (2) 15 weekly sessions of a same-gender **Cognitive Behaviour Therapy (CBT) Group** ( $N = 21$ ; 10 women and 11 men),
- (3) 3 sessions of psychological treatment by a male therapist on a one-on-one basis, where applicably including **Eye Movement Desensitization and Reprocessing (EMDR)** ( $N = 17$ , 9 women and 8 men), and
- (4) a **Wait-List Control Group**, which received 15 weekly CROP sessions 15 weeks later ( $N = 31$ , 15 women and 16 men).

Thus, after fulfilling their task as a control group, the clients assigned to the Wait-List condition also received the CROP-Intervention.

Among the total of 94 participants, there were 44 women and 50 men. The participants' mean age was 34.8 years ( $SD = 9.8$ , Range 16 to 54 years). Thirteen participants were single, 50 married, 9 widowed, and 1 divorced. 12 Participants did not state their marital status. While 51 participants already had been granted asylum, 38 participants were still waiting for asylum being granted. Five participants did not state their asylum status. The mean duration of stay in Austria was 25.6 months ( $SD = 8.0$  months).

As we explained in the Introduction, CROP-Groups essentially are self-help groups, facilitated by same gender compatriots who had been trained towards their task in a series of twelve workshops (cf., Chapter 3 and 4, this volume). The central idea of CROP-Groups is that "Western" therapeutic approaches are unable to account for the culturally specific needs, health-beliefs, and expectations of non-Western cultures. Self-help approaches, on the other hand, can be expected to instigate empowerment, hope, and self reliance in a way appropriate to the specific cultural background..

As outlined in Chapter 4, the group facilitators were free to organize their work according to their own ideas (Conditions (1) and (4) above). CBT Groups were conducted according to Luise Reddemann's imaginative approach (cf., for example Reddemann, 2005) and to the manual by Young, Ruzek, and Ford (1999) (Condition [2] above).

Psychological one-on-one interventions followed the rationale of emergency psychological aid, which was supplemented by EMDR where necessary (for details of EMDR see Shapiro, 2001) (condition [3] above). EMDR-based interventions have been

reported previously to work effectively in the course of two to five single sessions (Chemtob, Tolin, van der Kolk, and Pitman, 2000). In a first step, the therapist assessed whether the client could give a complete and uninterrupted account of the traumatic event. Whenever he or she was unable to do so, the classical EMDR procedure was employed. CBT groups and psychological one-on-one interventions were conducted with the help of an interpreter.

All these interventions were conducted at a large refugee home in Innsbruck. Participants travelled to Innsbruck from up to 150 kilometres and all travel expenses were paid for. Where appropriate, bus transfer was organized on a private basis. In order to create a warm and comfortable atmosphere, at all the meetings, we offered tea, coffee, and fruits to the participants.

### 3. THE INTERVIEW GUIDELINES

Towards qualitative and quantitative evaluation, we invited the group participants to the refugee home where the interventions had taken place at three and six months respectively, after the interventions had been finished. Again all expenses were paid for. The participants of the intervention groups were asked to give group interviews. Prior to the interviews, the participants were informed about the purpose of the evaluation. We explained to them that we wanted them to tell us their feelings, expectations, and experiences in order to judge, which interventions were effective to a larger and which were effective to a lesser extent. This would be important in order to plan, which type of interventions should be continued in the future and which should be discontinued.

During these group interviews four main topics were addressed:

- (1) Mental and physical well-being: e.g., "How do you feel at the moment?",
- (2) Hopes for the future: e.g., "What do you expect for the future, how do you expect your life to be in three years time?",
- (3) Past mental and physical well-being: e.g., "How did you feel last year when we first met?",
- (4) Experience of the intervention: e.g., "When you think back to the intervention, what did you like about it? What did you dislike?"

The interviews were conducted by Walter Renner and Ulrike Rier. After asking the participants for their consent, all the interviews were tape recorded and transcribed.

### 4. QUALITATIVE CONTENT ANALYSIS AND LIST OF CATEGORIES

The interviews were analysed according to Mayring (1993). Data were reduced and categories were formed according to the following principles:

- ⇒ **Subsumption into a communication model:** Define aim of the analysis, include experience of researcher in the field, include knowledge of setting and socio-cultural background of data gathering.
- ⇒ **Using rules:** The material is reduced and analysed in a step by step procedure. Inductive and deductive methods are combined.

- ⇒ **Forming categories:** The most important aspects of analysis are formed into categories that have to be defined in a detailed manner and be revised several times during the process.
- ⇒ **Reliability and objectivity:** The process has to be done in a way that others can understand what has been done and results can be compared to other interpreters as well as similar studies.

In the course of qualitative data analysis it is very important to develop the categories directly from the data. At the same time, theoretical knowledge from the field as well as results from other studies are taken into account by using memos. The following four main categories (each containing several sub-categories) were formed:

- ⇒ **Present mental and physical state:** e.g., sleeping problems
- ⇒ **Present problems:** e.g., unemployment
- ⇒ **Hopes for the future:** e.g., hope for the children
- ⇒ **Evaluation of the intervention:** e.g., positive evaluation of talking one's own language.

## 5. SHORT SUMMARY OF QUANTITATIVE METHODS AND RESULTS AND QUALITATIVE DATA ANALYSIS

### 5.1 SUMMARY OF QUANTITATIVE METHODS AND RESULTS<sup>13</sup>

Towards quantitative evaluation, we employed the following questionnaires:

- ⇒ **Harvard Trauma Questionnaire** (HTQ, Mollica et al., 1992) (Part IV, Items 1 to 16)
- ⇒ **Hopkins Symptom Check List-25** (HSCL-25, Mollica et al., 1987)
- ⇒ **Posttraumatic Growth Inventory** (PGI, Tedeschi & Calhoun, 1996).

While the HTQ was aimed at assessing post-traumatic symptoms in a narrow sense, the HSCL-25 assessed symptoms of depression and anxiety, and the PGI addressed "Post-Traumatic Growth" in the sense of Tedeschi and Calhoun (1996), i.e., positive changes as a consequence of a traumatic experience. The HTQ and the HSCL-25 have been shown to be reliable and valid with Chechen asylum seekers and refugees in a previous study by Renner et al. (2006).

Russian versions of these questionnaires were administered prior to ("Pre") and immediately after ("Post") the interventions as well as at a three- and a six-months follow-up (FU) occasion.

With respect to HTQ and HSCL-25 scores, repeated measures ANOVA revealed that CROP and CBT groups were significantly superior to the Wait-List Control and the EMDR conditions. Participants of CROP and CBT improved significantly from "Pre" to "Post" and achieved effect sizes of approximately 1.00 indicating that both approaches were highly effective. CROP and CBT did not differ significantly from each other with respect to their effectiveness, indicating that CROP Groups pose a highly promising

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<sup>13</sup> Quantitative methods and results are only briefly summarized here and will be reported in detail in a forthcoming journal article.

alternative to CBT. More detailed analyses of the quantitative data are currently going on.

With respect to PGI Scores, i.e, concerning post-traumatic growth, none of the interventions proved effective.

## **5.2 QUALITATIVE RESULTS AND CONCLUSIONS**

### **5.2.1 THE SUBJECTIVE EXPERIENCE OF THE CROP-GROUP FACILITATORS**

There were four group facilitators, two women and two men. The first pair facilitated the same gender CROP-Groups from September to December 2006, and the second pair the same gender Wait-List Control Groups from December 2006 to March 2007.

In the course of the CROP-Groups, the facilitators often discussed everyday activities and everyday problems. While women mostly discussed children's problems (e.g., difficulties at school, eating problems, child gets up late, getting free bus tickets for children, etc.) or household questions, men were discussing practical problems like how to obtain an Austrian driving license, or how to help a compatriot who needed an operation. Men were frequently discussing how to help each other with respect to job applications and finding work. One male facilitator told his own story, thus serving as a good example to others. He also stated that his group had been discussing everyday problems because the most important problem, i.e., getting asylum, could not be solved.

Both, men and women, tried to comfort others who were sad and homesick, while only women were able to express grief: One woman was crying all the time because her mother, whom she had left back home, had died "without her". Both, men and women, frequently were talking about their extended families left back at Chechnya and men were also talking about Chechen politics.

The women developed additional ideas towards positive activities as remedies when being sad, like hearing good music or going for a walk with the child, going for a visit, or making Chechen sweets.

While initially, all four group facilitators were anxious whether they would be able to fulfil the participants' and the researchers' expectations, they gained self-confidence quite quickly and were able to manage their groups in a self-confident and competent way. Moreover, all of them expressed that occasionally they had fun together with the participants. One day they were dancing, at other occasions they were singing or telling jokes. "This makes life easier", one man said.

### **5.2.2 THE SUBJECTIVE EXPERIENCE OF THE CBT- AND EMDR-THERAPISTS**

The female therapist started by asking her clients to tell their biographies. She primarily used imagination exercises and imaginary journeys as a means of managing post-traumatic symptoms. The therapist tried to start each session by asking her clients to express their current feelings, but to little avail. Some women declined to do so and rather they wanted to tell their traumatic experiences once again. The female therapist

said that she experienced her group as "being active, but in quite a peculiar way", meaning that the clients frequently were reluctant to respond to the therapist's suggestions. The clients rather expressed their own wishes, e.g., towards reading from a book or celebrating a small festival.

The male CBT group was conducted by the second author of this chapter. He started with an introduction of the group members which also included their traumatic experience that has led to their flight from Chechnya. In the male CBT group, Progressive Relaxation and a breathing technique were employed as a means of reducing the level of arousal. The therapist introduced the problem solving approach as a way of dealing with everyday problems. The group also discussed trauma-related emotions. The therapist suggested writing a diary by registering intrusive thoughts as a means of self-exposure, but none of the group members fulfilled this task. Cognitive restructuring was experimented with, but with little success. While Progressive Relaxation was readily accepted by the group members, in accordance with the female therapist, the male therapist felt that Chechen group members were reluctant to accept various other techniques which are commonly worked with in "Western" psychotherapy.

The male EMDR therapist reported that only in about 50% of cases he could employ the classical EMDR procedure following Shapiro (2001). He found it extremely difficult to establish an emotional contact with his clients with the assistance of an interpreter especially in the light of the fact that Chechens usually are reluctant to use Russian language which they regard as the language of their conquerors, while Chechen interpreters are still unavailable. The EMDR therapist also felt that classical techniques directed towards treating post-traumatic symptoms in a number of cases were not applicable as clients rather suffered from difficulties of adaptation to life in their host country than from flashbacks or intrusions.

### **5.2.3 THE SUBJECTIVE EXPERIENCE OF THE PARTICIPANTS**

The participants' subjective experiences were analysed according to two main clusters, the first of which focussed on the participants' present problems and their hopes for the future, the second on their state of well-being or distress and their evaluation of the intervention. The description of the results is done along the main categories gained by qualitative content analysis (Mayring, 1993).

#### **5.2.3.1 PRESENT PROBLEMS AND HOPES FOR THE FUTURE**

The interviews were all done in the presence of Walter Renner. This led to the lack of negative expressions with respect to the CBT group that has been led by Walter Renner, while the EMDR therapist was not present at the time of evaluation. Due to their cultural respect of authorities, the mere mentioning of problems in the evaluation interview seemed to be a kind of impoliteness to the group members. This tendency can also be seen in general when comparing the CROP-Groups with the CBT groups. In the former, the participants spoke much more openly about their present problems than in the therapy groups (see Tables 1 and 2).

CBT Women	CBT Men	EMDR One-on-one
<b>Present Problems</b>		
Restrictions by rules in the asylum		Restrictions by rules in the asylum
		Uncertain future and waiting for asylum decision
Lack of rights, status and respect		Lack of rights, status and respect
		Loosing one's cultural identity
Unemployment		Unemployment
		Cultural view of male work: Hard and manual labour-keeping one's dignity (male)
		No separation of genders in the asylum (female)
Negative asylum decision		
Positive asylum decision: No accommodation, work, money		
Language	Language	
<b>Hopes for the Future</b>		
	Hope for the children	Hope for the children
		Hope of getting work
General expressions of hope and confidence	General expressions of hope and confidence	General expressions of hope and confidence

**Table 1: Categories of Problems and Hopes for the Future: CBT-Groups and EMDR Single Setting**

The participants' present problems are mainly characterized by the uncertainty of their future because of the long time they have to wait for the asylum decisions and the lack of employment. Waiting for the asylum decision in Austria may last for several years. At the moment, however, the process is shortened by new legal procedures. With regard to employment, the men emphasized the importance of keeping their male dignity by doing hard manual labour.

Some problems arise from the living conditions while waiting for the asylum decision (see Table 2). Perceived discrepancies between living conditions of asylum seekers and those of the host population very frequently lead to dissatisfaction among asylum seekers (e.g., perceived lack of privacy and attribution of conflicts to the close living together of different cultures and age groups in the asylum are everyday problems that affect the well-being of the participants. As stated above, these problems are mentioned only in the CROP-Groups. Towards the authority figures in the therapy setting they only talk about their problems with the asylum rules. A third cluster of problems arise from the lack of rights, status and control that affect the participants' sense of self worth and dignity.

Waiting for the asylum decision affects the participants' well-being, but also a positive asylum decision brings only a short alleviation, before the problems of looking for accommodation, work, and money as well as problems of adjustment to the new life

situation arise. Therefore, psychosocial projects for asylum seekers should not stop at the moment of the positive asylum decision but be carried on during the first time of asylum.

CROP 1 Men	CROP 1 Women	Wait-List Control Women	Wait-List Control Men
<b>Present Problems</b>			
	Restrictions by rules in the asylum		
	Uncertain future: Waiting for asylum decision	Uncertain future: Waiting for asylum decision	
Lack of rights, status and respect		Lack of rights, status and respect	
Unemployment		Unemployment	Unemployment
	Conflicts within the asylum	Conflicts within the asylum	Conflicts within the asylum
	Perceived difference of living conditions	No privacy within the asylum, crowding	
		Sharing showers and kitchen	
Having to adjust to a new life			
Being brought up for hard field work and finding oneself in the passive role of a mere receiver of benefits			
<b>Hopes for the future</b>			
Hope for the children			
General expressions of hope and confidence			General expressions of hope and confidence

**Table 2: Categories of Present Problems and Hopes for the Future: CROP-Groups**

Hopes are mainly focused on the children. Participants emphasize the difficulty of remaining hopeful over a long time of uncertainty whilst at the same time expressing a general hope for a better future.

According to the International Federation of Red Cross and Red Crescent (IFRC) Societies' Reference Centre for Psychosocial Support<sup>14</sup>, assistance should focus on helping persons in re-establishing normality, hope, dignity, mental and social well-being as well as an integrated and stable life. In order to reach these goals it is important to strengthen the affected groups and communities in order to activate their resilience and help them to develop from passive victims to active survivors. Projects that really help the affected population involve them in an active and participative manner.

<sup>14</sup> See: <http://psp.drk.dk>, IFRC community based psychosocial support training manual, 2003

Especially for men, the lack of employment during displacement is a severe problem. In Aceh (Indonesia) a simple but very effective psychosocial intervention after the Tsunami has been the establishment of coffee shops within the camp in order to allow for communication and normality. This coffee shop is a good example of population resilience. It demonstrates the importance of involving the population as active partners. The beneficiaries themselves decided to use part of the money they received from the Red Cross to start a coffee business in the temporary shelter. Here they roasted the coffee and sold it to several markets, but they also sold cups of coffee to the IDPs (Internally displaced persons). These places have also attracted women who served home-made cakes and pastries. Thus the places functioned as community centres. The Danish Red Cross was inspired by this idea and decided to support the establishment of three additional coffee shops where the population can gather (Wiedemann, 2006). The CROP-Groups presented in this volume are another good example of this kind of community based psychosocial support.

### **5.2.3.2 Present State and Evaluation of Intervention**

In the description of their present state, as given in Table 3 and 4, the participant's view of authority is once more expressed. If you compare the two tables, you can see the total lack of negative expressions in the therapy group interviews compared to a very detailed description of their present state in the CROP-Groups.

One participant expresses the cultural view of health as being able to walk. The participants do not really seem to have a concept of mental health. Furthermore they seem to be aware of the link of the expression of well-being with their positive evaluation of the interventions. It is very important for them to thank the authority figure for the intervention. In their view the expression of a negative evaluation of the intervention would be a severe impoliteness and very disrespectful towards the therapist. Thus they do not express any distress.

Nevertheless they express a very clear preference of group interventions to one-on-one interventions. When having a look at the evaluations of the therapeutic interventions, the interventions helping them to reduce their stress and to relax as well as interventions helping them to cope with their traumatic memories seem to have the biggest subjective impact on their well-being.

In the CROP-Groups the participants are more open and able to express their present state as feeling depressed and hopeless, nervous and irritated and having sleeping disorders and psychosomatic problems (especially the women seem to suffer from psychosomatic problems). The main reason for their distress seems to be the long period of waiting and uncertainty but they also realize that the positive asylum decision does not lead to a long term improvement.

When having a closer look at their view of the group interventions we can see several benefits that have a clear link to the participants' cultural background (coming from a traditional culture where group identity is more important than individual identity as in Western cultures - see Markus & Kitayama, 1991). Experiencing the community, sharing experiences, and talking to other Chechnyans seems to be a very important

means of becoming more calm and reducing distress. For the participants opening themselves up seems to be much easier in a group than in a one-on-one setting towards an authority figure. Talking in one's own language helps them to stick to their cultural identity.

<b>CBT Women</b>	<b>CBT Men</b>	<b>EMDR One on one</b>
<b>Present State</b>		
Feeling good at the moment	Feeling good at the moment	Only short term improvement of intrusions
		Cultural view of health: Being able to walk
<b>Evaluation of Intervention</b>		
Preference of group interventions	Preference of group interventions	
Lasting improvement due to group intervention		
Getting to know other Chechnians and being able to share experiences	Getting to know other Chechnians and being able to share experiences	
Experiencing the community	Experiencing the community	
	Being more easily able to open oneself up in a group	
To dance together	To register with others	Being listened to and being registered
Stress reduction: Mental journey	Stress reduction: Breathing and muscle relaxation	Stress reduction: to write about problems (female)
		Stress reduction: Destroying what has been written
Wish to continue group meetings		
	Active contact to other group members	

**Table 3: Categories of Present State and Evaluation of Intervention: CBT-Groups and EMDR Single Setting**

The groups are furthermore seen as a chance to escape from everyday reality and to spend time away from the asylum. The self-help groups seem to be a very good way to cope with the distressing elements of their present life situation whereas the therapy groups focus rather on coping with the past and teaching stress management techniques. A combination of self-help groups with psychotherapeutic interventions for those who are extremely distressed seems to be the best form of intervention for this special group. The group interventions seem to have an activating effect by encouraging continuation of the group meetings also after the intervention has ended. Special care should be taken with the selection and training of the group facilitators because the strengthening of cultural identity by fundamentalist groups could eventually also lead to exclusion and radicalisation.

<b>CROP 1 Men</b>	<b>CROP 1 Women</b>	<b>WL Control Women</b>	<b>WL Control Men</b>
<b>Present State</b>			
Some of us are feeling bad	Some of us are feeling bad	Some of us are feeling bad	Some of us are feeling bad
	Some are feeling good for a short time after receiving a positive asylum decision	Some are feeling good for a short time after receiving a positive asylum decision	Some are feeling good for a short time after receiving a positive asylum decision
Feeling depressed, having no more energy, lack of joy	Feeling depressed	Feeling helpless	
Lack of hope and belief	Lack of hope and belief	Lack of hope and belief	
	Feeling nervous, irritated and anxious	Feeling nervous, irritated and anxious	
	Psychosomatic problems	Psychosomatic problems	
Some have sleeping problems			
	Fear of having to leave the asylum		
Guilty feelings towards relatives at home			
Fear of having to go back			
<b>Evaluation of Intervention</b>			
General importance of friends and neighbours			
Importance of group cohesion		Experiencing the community	
To be able to escape from everyday reality	To be able to escape from everyday reality	To be able to escape from everyday reality	
Becoming more calm because of experience sharing and talking	Becoming more calm because of experience sharing and talking	Becoming more calm because of experience sharing and talking	Sharing experiences and talking
Being able to talk one's own language			
To listen to each other and give advice			
Keeping one's cultural identity			
Wish to continue group meetings	Wish to continue group meetings		
Active continuation of group meetings			

**Table 4: Categories of Present State and Evaluation of Intervention: Self help groups**

Group cohesion, stress management and relaxation, as well as creative techniques to cope with trauma seem to be the most important factors influencing the participants'

well-being from their own point of view. A psychosocial approach based on instructed self help groups seems to be one of the most promising interventions for the given population according to their own subjective experience. Also the results obtained by the quantitative measures strengthen this position.

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## CHAPTER 6

# THE SOCIO-CULTURAL BACKGROUND OF THE STUDY AND THE COUNSELING WORK OF CARITAS INNSBRUCK

MISHELA IVANOVA<sup>15</sup>

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The experience of Caritas Innsbruck in refugee work reaches back to the nineties of the 20<sup>th</sup> century. At that time, in the course of the Bosnia crisis, there was a nationwide effort towards providing shelter and assistance to thousands of people who had been dispelled by the war. For those who decided to stay in Austria, integration had to be prepared on a large scale, with Caritas being one of the major contributors.

When the Caritas counseling office for refugees in Innsbruck was established in 2002, this tradition was continued, although the main focus of the activities shifted from asylum seekers to recognized refugees during the past years. While during the first four years, only legal advice and social work were differentiated, in 2006, social work activities were sub-divided into social counseling for asylum seekers and integration oriented counseling for refugees. Since 2004, the Caucasian war brought a huge number of Chechens to Austria, a high percentage of whom were granted asylum. In due course, Caritas was confronted with a new dimension of demands with respect to integration oriented counseling. This can be seen quite clearly from annual statistics: In 2006, we attended to approximately 2,700 persons and almost half of the contacts pertained to counseling of recognized refugees although this group only makes up about one fifth of our clients.

In the following text, I intend to introduce the three main areas of activities at the Caritas counseling center with special focus on current trends observed in the past year 2006, also giving a short account of recent socio-political developments and practical problems in refugee work in Austria and Tyrol.

### 1. LEGAL COUNSELING

Legal counseling as provided by the Caritas counseling center only pertains to questions related to asylum legislation. A main focus is legal advice and legal representation of asylum seekers in the course of the asylum procedure as well as investigations specific to certain countries. In the course of an interview with respect to the reasons for flight, usually assisted by an interpreter, the prospective intensity of legal assistance is

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determined, taking into account the credibility of the asylum seekers' reports as well as their personal need for protection.

As in the two preceding years, in 2006 there were many clients from the Russian Federation and, among them, mainly members of the Chechen ethnic group. In Chechnya, in the face of frequent purges, taking of hostages, rape, and murder the number of victims among the civilian population is high and the humanitarian situation is extremely poor. In addition, in the Russian Federation, internally displaced persons are not entitled to choose their place of residence freely, are not allowed to have themselves registered, and do not receive any kind of help.

## **2. SOCIAL COUNSELING**

The Caritas counseling center provides social counseling for asylum seekers who live in Tyrol and who are not accommodated in a refugee home. In 2006, the primary task was information and advice with respect to new legislation as a result of the "Immigration Law Package 2005" (Fremdenrechtspaket 2005). With the beginning of 2006, access to the labor market was even more restricted than before. In addition, as family allowance was not granted to asylum seekers any more, (not even to working parents paying taxes in Austria), the financial situation of many families deteriorated drastically. While previously, some possibilities existed to terminate the asylum procedure and to receive a different type of residence permit in Austria (and thus getting easier access to the labor market), after the legal reforms such possibilities hardly exist any longer.

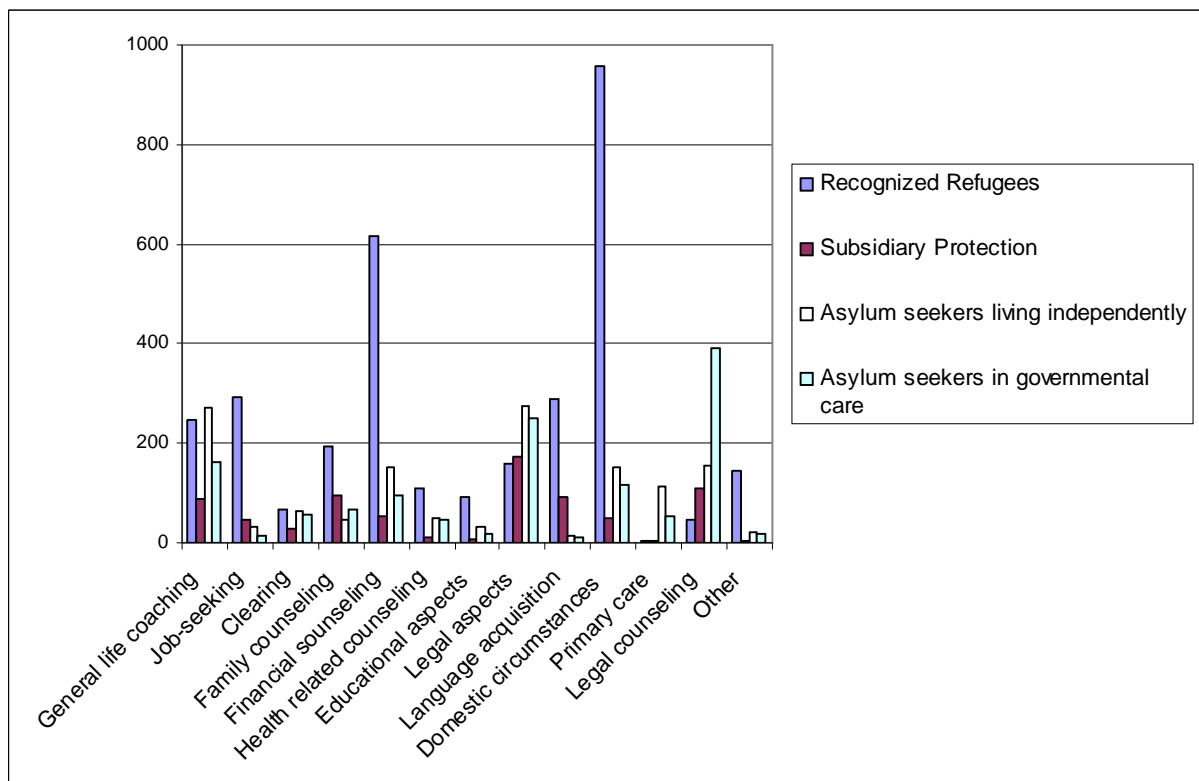
In contrast, the Immigration Law Package 2005 implied an improvement of the legal situation for a special group of refugees, namely "people in need of subsidiary protection" (subsidiär Schutzbedürftige). They are allowed to work if their permission of stay lasts for more than one year. As a consequence, "subsidiär Schutzbedürftige" were granted access to some of the benefits provided by the "Austrian Integration Fund" (Österreichischer Integrationsfonds), e.g., language courses or accommodation.

## **3. INTEGRATION COUNSELING**

This is the counseling center's most recent field of activities which addresses only recognized refugees. Within a period of four months after being granted asylum, the clients have to leave the refugee homes and face a huge number of tasks which are nearly impossible to handle without help: Finding and renting accommodation (including legal and organizational aspects), acquiring furniture, moving to another place, applying for passports, registering with the authorities, registering children at school or kindergarten, getting access to medical care, applying for family allowance and child care benefit, organizing child care as a basis for going to work or attending language classes, finding adequate work, etc. As this group of clients has acquired a legal status which allows them to stay in Austria permanently, this project aims at long term integration of refugees as a basis of an independent life. Towards reaching these goals, clients must be accompanied intensively, starting immediately after asylum has been granted.

Here are some examples of providing assistance in the course of integration counseling:

- ⇒ Initial interview
- ⇒ Writing a "to do list" with first important steps
- ⇒ Assisting in applying for social benefit, renting an apartment, family allowance, child care benefit, health insurance, getting expenses for passport and driving license refunded
- ⇒ Preparing a profile of requirements and abilities
- ⇒ Planning aims and help towards these aims
- ⇒ Interventions pertaining to practical issues like being removed from ones flat, escalating conflicts in neighborhood, lack of heating during winter, fines, debts, illnesses, etc.
- ⇒ Assistance in matters related to schooling and kindergarten
- ⇒ Language acquisition
- ⇒ Providing accommodation
- ⇒ Contacting employment office
- ⇒ Helping with various contacts and applications to authorities
- ⇒ Preparing for vocational rehabilitation
  - ⇒ Having certificates, diplomas, and/or driving license translated
  - ⇒ Writing CVs and job applications
- ⇒ Active help towards finding a job.



**Figure 1: Foci of counseling for clients with different asylum status in 2006**

In 2006, accommodation and financial issues were the main focus of counseling work. It can be well understood that, after living at refugee homes for years, refugees in the first place wish to live in premises of their own. Finding flats, however, again and again turns out to be a special challenge in integration counseling. Especially in the Innsbruck

area, a high number of people, especially many students, are looking for accommodation. Thus, there is a severe imbalance of supply and demand, high rents being the consequence. In addition, we usually assist clients who are not yet integrated on the labor market and need financial support by social welfare when renting a flat. In these cases it is essential that rents are low and flats are conveyed free of commission. Frequently landlords provide accommodation to "Austrians only" or only to families "without children", which poses additional problems to our refugee families who usually have many children. Consequently, in many cases we can only provide initial, provisional help, while stable integration with respect to adequate accommodation stays a long-term goal.

From Figure 1, the different aspects of counseling for clients with different asylum status can be recognized. It is also obvious that most counseling time has been devoted to recognized refugees.

Table 1 shows the numbers of applicants who have been granted asylum by the Austrian authorities in the course of the past eight years.

	2006	2005	2004	2003	2002	2001	2000	1999
Positive decisions	4,063	2,256	4,785	2,084	1,073	1,113	1,002	3,393

**Table 1: Number of positive asylum decisions in Austria 1999 – 2006 (Source: Ministry of the Interior)**

Of course the numbers in the province of Tyrol reflect the high rates of positive asylum decisions during the past three years (2004 – 2006) on a nationwide level. While in 2004 it was estimated that approximately 250 persons recently had been granted asylum, in the meantime this number has tripled.

Not only the refugees' number but also their social background has changed considerably during the past years, depending on various economic and political factors, the distribution of home countries being one of them. While in previous years refugees from the Russian Federation, especially from Chechnya were rare, their proportion among recognized refugees has increased dramatically. Since 2003 they represent the strongest nation among positive asylum decisions in Austria. Over 50% of those who were granted asylum since 2004 hold the Russian citizenship and over one third of those granted asylum in the past eight years are of Russian descent. Only very rarely single people migrate from Chechnya. Mostly, Chechens come with large extended families, including sometimes widows accompanied by a number of children.

The high number of Chechen refugees being granted asylum would not pose a problem if sufficient societal integration would follow. In fact, integration is difficult to achieve, however. In the first place, recently various parties have complained that many Chechens fail to integrate in the labor market. On the basis of many years of experience in refugee work, Caritas is convinced that this is by no means a new phenomenon. Difficulties of Chechen families in integrating vocationally and socially, however, highlight a number of problems which did not receive much attention in the past and which I want to summarize as follows:

- (1) Refugees do **not form a socially homogenous group**. Of course, among them people can be found who are unable to read or write German, but just as many others are highly qualified specialists, who belong to societal elites, or who have worked as physicians, or journalists, lawyers, politicians, or senior officers. Many of them had to leave all their possessions back home as a consequence of persecution and had to trade social descent for saving their lives. In the face of this heterogeneity, very flexible and individually tailored models are needed towards counseling refugees in a sensible way.
- (2) Frequently refugees have experienced severe **psychological traumatization** in their home countries or in the course of their flight and therefore are suffering from symptoms of Post-Traumatic Stress Disorder. Lack of capacity, limited cognitive abilities (e.g., when facing unknown situations or when learning a foreign language), depression, panic attacks, and social isolation are the most frequent symptoms which can have a detrimental effect on vocational integration.
- (3) Especially among persons who stem from war-torn areas, **insufficient vocational socialization** is frequent. Lack of education, vocational experience, and qualification as well as not being used to work at all can be just as problematic as specific qualifications which are not needed in Austria. Research with permanently unemployed persons as well as gender studies have documented clearly that there is a strong positive relationship between the length of time unemployed and the amount of difficulties of (re-)integration on the labor market.
- (4) Insufficient vocational socialization partly is a consequence of long lasting asylum procedures. Having to wait for asylum for years is by no means a new phenomenon; it should be noted, however, that previously asylum seekers usually were allowed to work while this is not, or only partly the case according to present legislation. **Vocational disintegration** is only one of various consequences of being forced to stay idle over years while waiting to be granted asylum.
- (5) **Cultural barriers** pose additional problems. Different societies seem to adhere to quite different preconceptions of masculinity and femininity as well as of activities typically pursued by people of one's own or the opposite gender (professions have different reputation in various cultures – not only for economic reasons). Tourism is one of the strongest economic factors in Tyrol and most asylum seekers and recognized refugees eagerly utilized this easy access to vocational life. Because of **gender role expectations** as well as for **family related reasons** this economic sector does not seem to be equally acceptable for people from certain cultures (in this respect, special emphasis is laid on people from Turkey and Chechnya).
- (6) The current **philosophy of Austrian labor market** should also be taken into account. The idea of the typical "working migrant" of the seventies is still alive, not giving room to integration in the sense of the word. Foreign qualifications frequently are disregarded and the recognition of foreign academic degrees takes excessively long time and implies taking many hurdles. Qualification courses are rarely offered to refugees. In this context it can be well understood that, to name only two examples, a Turkish medical doctor or a Chechen stage director have difficulties to get used to

an economic system which only offers them jobs as dish washers or cleaning staff.

- (7) Austria is one of those European countries which express growing concern about declining birth rates. The example of **migrant families with many children** illustrates impressingly, however, how difficult it is to combine Austrian everyday life with having many children. Lack of child care facilities or excessive prizes to be paid for them make it virtually impossible for both parents to work. On the other hand, in most cases one income is not sufficient to finance the rent and maintenance for a large family. Models which could compensate for this lack of financial perspectives for families with several children are missing. These costs are only one out of many difficulties which arise for refugee families. For families with four or five children, first problems already arise when looking for an affordable, large enough flat.
- (8) Last but not least the **lack of social networks** should be mentioned. While refugees from Turkey and former Yugoslavia usually find well developed social networks in Austria, many other refugees cannot rely on a similar background which would be helpful towards finding the way towards integration in society.

This list is by no means exhaustive but is meant to illustrate the difficulties and complexity resulting from the issue of societal, social, and vocational integration of recognized refugees. In the face of these problems, the importance of measures towards reducing difficulties and assisting the persons involved becomes obvious. In the first place, single-parent and extended families are confronted with many hurdles after being granted asylum. While singles usually are able to organize an independent life after a few months, for families this initial phase may last for years. If a person is expected to take care not only for him- or herself but for a whole family, much more time will elapse until he or she will have found accommodation, moved to another place of residence, attended a language course, or will have acquired an adequate job. When children are present, not only financial questions arise. In addition, issues with respect to work and accommodation must be addressed and frequently the families are faced with new challenges like organizing special classes for the children, changing schools, financing school related activities, seeking for help in the case of illness, etc. Again and again new challenges and crises arise which have to be dealt with quickly and which can have a detrimental effect on current endeavors towards integration.

Taking limited resources as well as a constantly rising numbers of refugees into account, the Caritas counseling center is delighted to cooperate with projects which are aimed towards encouraging self-efficacy and empowerment among our clients, thus facilitating and assisting our work. Therefore, when Walter Renner presented the concept of guided self-help groups for Chechen men and women, we appreciated this idea highly. Shortly after being contacted by Walter Renner, we selected four to five persons from our Chechen clients as potential group leaders. After reassuring that they were interested in this task, we introduced them to Walter Renner as possible facilitators of the prospective self-help groups. We selected them with respect to personal competencies like assertiveness, ability to articulate, a basic knowledge of German as well as vocational experience with psycho-social work. The facilitators also helped us to contact additional Chechen refugees, who later took part in the research.

In the course of the study we only received positive feedback from our clients. Most importantly, we appreciated the fact that clients were strengthened with respect to their competencies. Delegating responsibility for their well-being to others does not make sense and clients tend to get used to direct help and to rely on it excessively. Rather a kind of support which is aimed at people helping themselves and which is based on the clients' own resources promoting their autonomy seems highly advisable. Especially in cases of extraordinary crises, the clients' active engagement as well as encouraging their independence will be useful and helpful. Apart from the fact that such models take into account the clients' cultural background and genuine needs in an optimal way, the problem solving process has a positive and reinforcing effect on the refugees' psyche as well as on their "inner" psychological life. After many years of flight and of being persecuted, usually being at the mercy of fate as helpless victims, finally human beings are offered the possibility to organize their lives independently.

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## CHAPTER 7

### **A REPLY FROM PSYCHOTHERAPY: OUR EXPERIENCES WITH INDIVIDUAL PSYCHOTHERAPY FOR TRAUMATIZED REFUGEES**

CLAUDIA BALDEO AND VERENA SCHLICHTMEIER<sup>16</sup>

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This contribution is based on our work with Ankyra, a Center for Intercultural Psychotherapy and part of the "Diakonie Flüchtlingsdienst" in Innsbruck. We began providing psychotherapy for asylum seekers and people with approved refugee status in the summer of 2004. Many people from Chechnya had already fled to Austria at that time. All over Austria the Chechnyan region accounted for the biggest number of women, men and children seeking help from the organizations providing psychotherapy for refugees. The degree of traumatization amongst refugees from Chechnya seems particularly high due to the atrocities of the war, the related social collapse and the attempts at extinguishing Chechnyan culture altogether (in his contribution to this book, Anthony J. Marsella speaks of "culturalcide"). We shared our first experiences providing psychotherapy for refugees with many Chechnyans – together, we discovered new ground. The high need for psychotherapy led to our program being used extensively. Even if most of our clients were unfamiliar with psychotherapy, and even if their lives as well as their understanding of the world and of themselves differed from ours, we were able to create a space in which trust, understanding, and sharing became possible.

Within Ankyra we offer refugees individual psychotherapy, psychological, psychiatric, and medical advice as well as specific group therapy and empowerment groups. The study presented in this book might give the impression that self-help groups could substitute for psychotherapy with traumatized refugees. However, for us the question is not that of an either-or (*either* group therapy *or* individual therapy, *either* psychotherapy *or* self-help) but of an as-well-as. The same solutions do not apply to all people and their respective problems. As a facilitator for the "Culture-Sensitive and Resource Oriented Peer Groups (CROP)" stated, "Some people have to carry a big burden, they need a doctor. Others have to carry a small burden, they need a friend".

Some of our clients of individual therapy took part in CROP groups. We stopped with the individual meetings during this time and resumed them after the group meetings had terminated. We have clients who are only interested in individual therapy, others who prefer group therapy, and some who combine both. These decisions are not random; they follow the needs, resources, and extent of the problems of the individuals in question.

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## **1. WHEN GROUP THERAPY IS NOT (YET) INDICATED - OR: ON THE PROBLEM OF FINDING ONESELF**

A lot is possible within groups: The exchange of shared suffering, the experience of solidarity, the gathering of strength, resource-oriented processes. Especially for traumatized refugees whose trust in others has been damaged, who have experienced the destruction of social relations on many levels within a system of war, and who have lived in social settings marked by fear and rifts, healing powers are set free when meeting others and experiencing a functioning community, no matter how small. However, the degree to which their trust in others is damaged might prove so high and their fear so big that a positive group experience is not (yet) possible and can hence not be recommended.

The treatment of traumatized people must – regardless of the methods employed – consider the abilities of the clients to endure intense emotions. Traumatized individuals are often confused by their symptoms and are afraid to become “crazy” since they are often unable to describe their strong emotions, their anger, their pain, and isolation.

A first important step in each treatment is to enable stabilization through information and the verbalization of somatic states, i.e., to relate the physical, somatic expression of a feeling back to its emotional source. For some individuals this first step on the way back to a sense of identity is only possible within the firmly guarded space of individual therapy. To share their fears and their feelings of shame and powerlessness with others might remain a step too big to take for a long time to come. Traumatized individuals do not feel “normal”. They notice that their problems alienate them from their families and their social environment in general and they feel unable to structure the internal dynamics caused by past and present events. Receiving information on trauma and its possible consequences is hence an indispensable first step in the healing process. For some individuals it is very difficult to accept to be “sick”, and to enter a group setting unprepared might, under these circumstances, strengthen adverse reactions.

Entering a group is hardly feasible when the symptoms caused by traumatization do not allow the traumatized to consciously experience and verbalize their emotions. To them, their emotions remain bodily experiences and somatic effects or they express themselves through acts which appear to have no connection to the emotions' cause. In this case, those affected by trauma have lost the ability to articulate themselves towards others and hence find themselves unable to share their experiences and work towards solutions communally. Individuals in such a situation can be easily overwhelmed by a group setting and might feel over-stimulated, which could in turn provoke aggressive behavior towards themselves or others. When a person's social perception – both of her- or himself and others – is massively damaged and distorted, then introducing these individuals to group settings demands particularly careful preparation.

Mrs. R. is a widow and mother of three adult children who have all found refuge in Austria. Mrs. R. and her children witnessed the brutal torture and killing of their husband and father in their own home. Mrs. R. is since suffering from amnesia, fever attacks and general fatigue. She is regularly in hospital care. Mrs. R.'s amnesia affects years of her life. This leads her to a feeling of isolation, a sense of distance to the world around her. This confuses and wears her down psychologically. Even though Mrs. R. longs for social contact and is eager to join a group, she tires quickly in conversation (to the degree where this

manifests itself physically). In individual therapy it is possible to adapt both pace and content to Mrs. R.'s individual needs. Breaks, walks, rests, and silences allow Mrs. R. to understand and accept her exhaustion and to interpret it positively as a part of her sickness. The connection to the therapist remains, and the emotional bond needs not be severed.

Since the dyadic setting of individual therapy guarantees positive intimacy as well as emotional acceptance and support, it can generate the first steps towards a feeling of self-control. The connection with the therapist often offers the first opportunity to become more conscious of the relations between thoughts and emotions based on a traumatic experience; It also often provides the first "safe space": A space in which the search for words to speak the unspeakable becomes meaningful. Being able to identify and name one's emotions provides the trauma affected person with a subjective sense of control and the mental flexibility to support her or his capacity to differentiate emotions and compare the situations these are related to.

Once these conditions for a feeling of identity and an experience of integrity – i.e., a stabilization and identification of emotions through the verbalization of somatic expressions – are fulfilled, group therapy, or the introduction into a group setting, can be valuable extensions of individual therapy. The social and communicative competence of a person can now be strengthened through the group experience and ways towards a new self-understanding and a new sense of self-determination can henceforth be developed from a social and communal perspective.

## **2. ON THE RELIEF OF BEING ALONE - OR: "MEN DON'T CRY"**

Even though empowerment groups support resource-oriented processes, they remain an overwhelming environment for many when it comes to confronting the horror of their experiences (of disempowerment). Group settings can accumulate horror and the accounts of one person might aggravate the pain of another. This might lead to the above-mentioned over-stimulation and a renewed sense of a loss of control. Often the intimate space provided by individual therapy is necessary to work through traumatic experiences. In this space, the client can experience the attention and support she or he needs.

Mr. M., from Chechnya, attends individual therapy sessions at Ankyra since half a year. He lives with his wife and child in a refugee center in the Tyrol. He has very little trust in his surroundings and suffers from sleep disorders, nightmares, intrusive memories, acute back pain, and anxiety. He feels that he will not be able to cope with the demands of his new life in Austria without the support of his extended family. His young life is marked by war: already as a boy he and his friends armed themselves to fight Russian tanks – later he experienced imprisonment and brutal violence. Though young, Mr. M. feels old at the same time: He has already seen and experienced too much. He finds it hard to believe in a future for himself: He can neither imagine to succeed in Austria nor to return to Chechnya. He experiences his life as destroyed by war and, in a sense, as already lived. He feels a great need to talk, he wants to be understood and perceived as a person. Even though Mr. M. has very little trust in others, feels excluded from Austrian society as Chechnyan, and experiences the daily social exclusion as a refugee as extremely distressing, he finds an ability to trust within the space of individual therapy. He refers to this as a

crucial "counter-experience" where he feels listened to and accepted, supported and strengthened. It will take time for him to overcome perceiving the world between extremes of "good" and "evil" and to re-develop a more differentiated understanding of his surroundings. After one meeting in which he distinguished and described important points of his life as "good" and "bad", he expressed great relief: "It helps that I was able to tell you all this: [...] When I am with other Chechnyans, every story I hear is worse than the one before – it devastates me". Mr. M. needs a space where he can receive the support he needs, where he can remember his painful past with a sense of control, where his own personal history is the focus and receives importance and meaning. Meetings with other Chechnyans do not allow for this.

A CROP-facilitator voiced, "With women, talking is helpful, with men it is not. Men must not cry". In a male environment that is marked by notions of traditional masculine identity which attributes talking about trauma and experiences of pain to women, it would be extremely difficult for Mr. M. to grieve the violence and destruction he has experienced.

### **3. ON THE NECESSITY OF CONFIDENTIALITY – OR: "I CANNOT SHARE THIS IN THE GROUP"**

We experienced repeatedly that clients did not accept the offer of group therapy because the group does not provide a space considered confidential enough to articulate their suffering and the violence which has caused it. Women say that they are not able to trust other Chechnyans and speak of the culture of gossip that does not allow them to open up within the group. Refugees bring the rifts that mark a society in war, their different political positions as well as their respective social status to Austria with them. Just because the overall social context is different, these patterns of their society of origin do not disappear – in fact, in the cramped living conditions of refugee centers they might become more pronounced and lead to conflict. Especially women often begin to question the virtue of clinging to Chechnyan values and draw inspiration from the relative emancipation achieved by women in Austria. Some women find the strength to leave an abusive relationship of many years behind; Some divorce their husbands. These decisions are further encouraged by the fact that, according to Austrian law, their children can remain in their custody. In Chechnya they would have had to stay in the husband's family.

Many of the women who come to Ankyra have experienced rape and sexual abuse. In Chechnya not only the rapist but also the victim of rape becomes socially stigmatized. When Chechnyan women talk to us about their experiences of sexual violence, they always need frequent reassurance that what they tell us will remain confidential. They fear social exclusion, even murder.

One example is Mrs. A. who fled with her husband and three children to Austria. She comes to us because she suffers from post-traumatic stress disorder. She told us about having been raped in Chechnya. The experience haunts her, yet almost more so the social reaction she was subjected to. The latter is responsible for feelings of shame and guilt (already a common effect of experiencing sexual violence) which consequently do not allow to properly process the experience itself. There is no one in her immediate surroundings who Mrs. A. could confide in, since she is afraid that her husband might

condemn, ostracize, or even kill her if he knew about the rape.

Mrs. L. was sexually abused by her uncle as a girl. She grew up in a progressive Chechnyan home and experienced protection through her parents. Outside of the parental environment, however, she experienced a deeply wounding stigmatization within the local community. She is scared that this might happen again. Before she told us about the abuse, she repeatedly asked us to reconfirm that we will not tell anybody what she was about to tell us. She is sceptical regarding group therapy, but does not reject it outright. In her case, group therapy cannot substitute for individual therapy since she needs a strong sense of trust to share her burdening secret and talk about the violence she experienced.

Different women told us similar stories – stories of violent husbands, of rape during the war – and we see similar symptoms as the results of their experiences. Still, each one of these women feels alone with her pain. In this sense it does seem important to create possibilities of solidarity among women and to enable mutual support – however, for most of the women who talk to us about their experiences it is not (yet) possible to actually share these within a group. Taboos and a culture of banishing the victim weigh too heavily on them.

#### **4. ON THE CONSTRUCTION OF "REFUGEES" AS A SOCIAL GROUP – A POLITICAL ARGUMENT**

The experiences from our therapy meetings support the approach of individual therapy. Yet it could be argued for individual therapy from a political perspective too: Within Austrian society, refugees are rather seen and treated as a group than as individuals. Of course not because they are all alike – in fact, they are as different as Mrs. Walter is from Mr. Maier, and some refugees might have more in common with Austrians than with other refugees. Refugees have all different backgrounds, they come from different places, have different personal histories, different levels of education, different political views, different ways of explaining the world. The perception of refugees as a group rests on their legal status and their specific living conditions as refugees. Against this backdrop it seems crucial to see and approach each refugee as an individual with her or his individual story and to allow for an exchange beyond both a romanticizing fascination with the “exotic” and a categorical rejection of the “other”. Tendencies in Austrian society to speak of “the Chechnyans” or “the North Africans” – or, generally, of “the refugees” – do not do individual refugees justice and further complicate open social contact and exchange. This creates significant obstacles for integration since the notion of integration demands openness and acceptance of social change from the long-time resident community as much as from recently arrived refugees and migrants. The contact with understanding psychotherapists – who usually come from the majority culture – can be a big step in this direction.

#### **5. PROSPECTS**

Psychotherapy as we provide it focuses on a specific field and demands specific expertise: The ability to communicate inter-culturally and to work with interpreters as well as knowledge about trauma, legal issues, conditions, and intrapsychological

processes related to experiencing exile. The living conditions of refugees in Austria do not help their healing process. Research on trauma tells us that a crucial condition for processing traumatic experiences successfully lies in the possibility of overcoming a feeling of hopelessness through meaningful activity. This can contribute significantly to finding new purpose in life. Amongst the most important conditions for successful healing from traumatic experiences count security, autonomy, and vision. These conditions can hardly be provided for while individuals have pending asylum applications. The applicants' lives mainly revolve around waiting for the decision of the authorities, being questioned by government officials, being controlled, sharing tight living quarters, experiencing limited agency and suffering enforced idleness. Such a situation is very straining. In fact, refugees accord psychological problems as much – or even more – to their current living situation than to experiences in their countries of origin. Their current situation is marked by permanent stress and anxiety and the feeling that their hope for an improvement of their lives remains unfulfilled.

In this context, self-help groups can, without doubt, bring a lot of relief. Self-help groups allow to share individual suffering, can expand agency through empowerment, can partially break the spell of hopelessness and help regain a sense of self-determination. It is in this spirit that the work of the self-help groups presented in this book will be continued within Ankyra. Soon a group on "Living Conditions in Austria and Conditions for Integration" will be guided by a facilitator trained within the study presented in this book. The needs and demands established and formulated within this group will be discussed with the authorities responsible for the situation of refugees in the province of the Tyrol.

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## CHAPTER 8

# CONCLUSIONS AND RECOMMENDATIONS

WALTER RENNER<sup>17</sup>

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While previous research had yielded encouraging anecdotal evidence, suggesting a culturally sensitive lay-counseling approach to coping with trauma to be effective, up to now, empirical evidence on the basis of controlled studies has been missing. The study presented in this book tried to take first steps towards filling this gap by assigning a total of  $N = 94$  Chechnyan asylum seekers and refugees in Austria randomly (1) to same gender "Culture-Sensitive Resource Oriented Peer (CROP) Groups", (2) to same gender Cognitive Behavior Therapy (CBT) Groups, (3) to a short term psychological intervention, or (4) a Wait-Control condition.

As will be reported in a forthcoming journal article (Renner, Bänniner-Huber, & Peltzer, in preparation, cf., Juen, Renner, & Rier, this volume), CROP-Groups were equally effective as CBT-Groups, and both types of interventions were significantly superior to the Wait-Control Group, yielding satisfactory effect sizes. Thus, both approaches worked satisfactorily and were clearly superior to short-term single treatment. These quantitative findings were confirmed and elaborated by the qualitative ones which have shown that the participants perceived the CROP interventions as equally helpful as the professional CBT interventions.

While only four CROP-Group leaders have been trained in the course of the present research, in future, larger groups could be trained, making the CROP approach even more efficient. Apart from financial aspects, it is also important to emphasize that in many parts of the world professional psychotherapy is (nearly) unavailable and thus, evidence based alternative approaches gain additional importance. Even in most highly developed countries, for financial reasons, psychotherapy is available to refugees and asylum seekers only to a very limited extent. Thus, CROP-Groups pose a promising alternative for many prospective clients who otherwise would be left without help towards managing their psychological problems.

The evaluation of the group leaders' training as well as numerous informal discussions with them have shown that both, their training and their practical work also had a substantial positive effect on their own well-being, self-esteem, and confidence. Thus, the CROP approach is helpful not only to the participants but it can also constitute an important step towards the group leaders' personal development and acculturation in their host country.

With respect to recruiting CROP-Group leaders, once again our excellent co-operation with the Caritas counseling center should be highlighted. Similarly, future users of the

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CROP concept should seek the advice of experienced counselors who are able to select appropriate individuals with respect to their personal backgrounds, their psychological prerequisites, as well as to a basic knowledge of the language of their host country.

In spite of their obvious effectiveness, CROP-Groups do not claim to replace conventional therapy with refugees and asylum seekers in all cases. Claudia Baldeo and Verena Schlichtmeyer (this volume) have argued quite correctly, that, for example, embarrassing themes may have to be discussed, or a high degree of confidentiality may be necessary, which cannot be guaranteed by a group intervention.

As severe clinical symptoms or suicidal tendencies may be overlooked by lay counselors, it is explicitly recommended, that potential group members undergo a diagnostic screening by a clinical psychologist or psychiatrist prior to participation in a CROP program. At the same time, potential participants should be interviewed with respect to their expectations and motivation toward participation in CROP-Groups versus conventional therapy, especially with respect to the kind of traumatic events encountered and to the themes to be discussed. As severe clinical symptoms, including suicidal ideation and threat to others may develop in the course of time, continuous supervision of group leaders by a clinical psychologist or psychiatrist will be of utmost importance.

Future studies should address the question of differential indication, i.e., they should be aimed at ascertaining, under which circumstances, for which clients, and/or for which type of problems CROP-Groups will pose an equally effective alternative to conventional psychotherapy and maybe even could yield a superior outcome.

Taking the topics into account, which were addressed in the course of qualitative evaluation (cf., Chapter 5 of this volume by Juen, et al.), it is important to note that interventions should not focus solely on the management of post-traumatic stress but should equally take into account the clients' present living situation. Accordingly, Porter and Haslam (2005) have pointed to the fact that clinical symptoms in refugees and asylum seekers should not only be interpreted as a long-term consequence of dire living conditions in their home countries, but also reflect acculturative stress and adaptational problems encountered in the present. Thus, future CROP approaches might benefit from supplementing the concept of post-traumatic stress by the theory of psychological acculturation, which has been presented for example by Berry (1970) and further elaborated by Berry, Phinney, Sam, and Vedder (2006). They have presented convincing evidence that acculturative stress can be coped with most effectively by attending to both, one's own indigenous culture and to the culture of one's host country.

Qualitative evaluation as presented in Chapter 5 also has pointed to the fact that psychosocial care for refugees should be continued and sometimes even intensified after asylum has been granted. Many everyday problems, like finding work and housing, typically arise at that time and should be attended to by adequate assistance.

Ideally, the present research should have a pilot function, instigating further studies in various parts of the world. As CROP-Groups have proved to be beneficial for asylum seekers and refugees from Chechnya, the next step should be to test the CROP concept with additional ethnic groups. As mentioned in Chapter 4 with respect to the group facilitators' training, the findings of the present research should be generalized

*cautiously* to other ethnic groups. When applying the present results to clients from other parts of the world, their specific cultural background should be studied carefully prior to practical work. For example, it seems advisable to adhere to the concept of same-gender groups as it was applied in the present research when dealing with Muslim participants, while for example for Christian clients from West Africa, mixed-gender groups may be preferable.

In addition to the obvious practical helpfulness of CROP-Groups, the findings of the present research lead to the more academic question of the causal determinants that make them effective. Kurtz (1997) has pointed to unspecific factors (like instigating hope, creating an atmosphere of warmth, accepting, and understanding...) which are common to self-help groups and psychotherapy. Taking Juen et al's report of qualitative results in Chapter 5 into account, it is obvious that similar unspecific factors have been acting in the course of CROP-Groups.

Still, one might expect that in the case of CBT Control Groups, the same unspecific factors would **add** to the specific therapeutic effects of Cognitive Behavior Therapy, thus rendering the CBT-Groups **even more** effective than the CROP-Groups. This was not the case, however, as no difference could be detected between the effectiveness of the CROP and the CBT intervention. How can this be explained and why were lay trainers equally successful as highly qualified Western therapists?

An attempt to answer this intriguing question has to start from the basic assumptions of this study as addressed in the Introduction, especially from de Jong's (2004) claim for interventions being "culturally congruent" (p. 171). Western psychotherapeutic methods do not account sufficiently for the specificities of clinical symptoms within the framework of Chechen culture. An interesting example of this fact was reported in Chapter 4 of this book, when the prospective group facilitators only accepted Progressive Relaxation as a method useful to Chechens, while they felt that methods implying imagination or mantra exercises were "childish". Another example was reported in Chapter 5, when both "Western" therapists independently reported that their Chechen clients had been reluctant to accept some of the therapeutic techniques that they had offered to them.

While some "Western" psychotherapeutic methods may seem questionable to non-Westerners and psychotherapy, aided by an interpreter, necessarily will be perceived as somewhat artificial because of lacking a "first hand" contact between client and therapist, culturally homogenous CROP-Groups are able to instigate feelings of mutual understanding, competence, empowerment, and cultural identity. Such feelings can constitute a powerful tool towards coping effectively and persistently with post-traumatic stress as well as with symptoms of anxiety and depression.

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