

# Systemic challenges in a refugee camp

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Systemic therapists work in many different settings and face varied challenges. What I will try to outline here are some of my experiences in working in a large refugee camp in Africa and some of the challenges I face there. Although not many situations encountered there would be of direct relevance to therapists working in more traditional settings, nevertheless, I believe that many of the issues that I will address below can be related to most of the challenges we face, whatever our work setting may be. Moreover, I would argue that working in different settings may help us to sharpen and deepen our understanding of systemic principles which tend to become imprecise within the context of too familiar and predictable work settings.

## background and the setting

In January 1991 the government of Mohammed Siyad Barre in Somalia was overthrown by what is referred to as a 'popular uprising' and ever since there has been no stable government in the country. The chaotic instability that ensued has been characterised by unending violence that often peaks to catastrophic levels. Consequently, huge sections of the Somali population had to flee their homes either within their own country (as internally displaced persons) or outside the Somali borders (as refugees, abroad). Seventeen years on, the situation has not improved; if anything, it has deteriorated. On 26 March 2008 (while, in fact, I was working in the refugee camp) 40 aid agencies issued an appeal warning that there is a 'catastrophic humanitarian crisis in Somalia' due to the worsening of the situation which makes them 'unable to respond adequately to the needs'. They emphasised that 'there are now more than one million internally displaced people in Somalia' and that 'intense conflict in Mogadishu [the capital city] continues to force an average of 20,000 people from their homes each month' and 'two million Somalis [are] in need of basic humanitarian assistance' on a daily basis.

Back in 1991, the combination of civil war plus droughts, overgrazing and desertification caused 300,000 deaths and forced 900,000 to flee as refugees. As a result, the United Nations (UN) set up three temporary refugee camps for 800,000 Somalis around the small village of Dadaab in eastern Kenya near the Somali border. Now, the population of these camps (still considered 'temporary') is about 200,000 with the Somalis being the overwhelming majority (97.5%) and the rest from other neighbouring countries. Over the years, the population had gone down to 150,000 as some of the refugees were resettled in a third country or repatriated themselves. However, due to the recent upsurge of violence in Somalia the camp authorities predict that by the end of 2008 the population will double.

The refugees in the camps still live in huts that they make themselves out of twigs and mud using plastic sheets for roofing and they survive on meagre rations that they collect once a fortnight. According to the UN's own assessment, the living conditions in the camps (since their inception) remained 'substandard' in terms of essential

services, sanitation, food and water supplies. Nearly half of the population are women and young people. Only very basic education is offered and the resources available both in terms of materials and staffing are minimal. The camps are administrated by the UN agencies (United High Commissioner for Refugees – UNHCR) and its implementing partners, mainly CARE International.

Living in the camps is fairly difficult. They are situated in a sub-desert terrain, an endless flat surface of red sand with some scattered shrubs which are used as cooking fuel. The poor quality of the soil and the scarcity of water make it impossible to cultivate the land; a few inches under the thin sand the ground is hard almost like cement, baked by the scorching sun. The camps lie exactly on the Equator where it is constantly hot without much seasonal variation. The refugees have virtually nothing to do on a daily basis and almost all are unemployed. Some of them keep domestic animals such as chickens, goats and camels for their eggs, milk and meat. Remarkably, they succeed in maintaining some minimal trade with Somalia. A few refugees are involved in small trading and each camp has its own market with extremely modest stores selling very basic items of clothing, kitchen utensils and foodstuffs. Their movement is restricted and they are not allowed to leave the camps without special permit. Geographically, the camps are extremely isolated and the nearest town is about hundred miles away. The survival of the great majority of refugees is ensured by remittances from relatives from abroad (Horst, 2004; Horst & Van Hear, 2002). Most of them (especially those who were born in the camps) never saw a city or a mountain or a lake or the sea. The majority of young people have nothing to do on a daily basis but are avid supporters of European football teams which they watch on TV sets in communal spaces. All refugees in the camps live with the hope or dream that one day they will be resettled in another country. Every year about one thousand refugees are resettled abroad, mainly in the USA.

Given the difficult living conditions and without an obvious viable political solution in sight that would enable their repatriation, the refugees have been living in a state of limbo. Inevitably, rivalries and conflicts along clan and regional lines are rife occasionally reaching violent expressions. However, the camps are virtually free of crime and have remained safe places. The only serious danger comes from roaming bandits who, rarely, attack and rob camp refugees; also, occasionally, women who venture out of the camps to collect firewood are attacked and raped.

## remit and work

The initial invitation was for me to consult to the camp authorities focusing on reviewing the psychological assistance that is offered to refugees, provide suitable training to staff, and then submit a report with recommendations.

In 2004 the camp authorities established a Counselling Unit (CU) staffed by four counsellors (Kenyan nationals who do not speak Somali). Despite the severe limitations, the CU developed a remarkable range of activities providing

counselling services at individual, group, family and community levels, psychosocial support to the community, and training in basic counselling skills for various community resource persons. More importantly, the CU trained a group of young refugees as ‘para-counsellors’ who assist them as interpreters, offering basic counselling in their own communities in the camps and acting, in effect, as community mental health assistants.

To begin with, the logical question arises as to what a handful of counsellors can possibly do in a camp of 200,000 refugees who live under sub-standard conditions for seventeen years, without any clear future ahead of them? Are counselling interventions the best possible approach to address the situation? The inevitable conclusion would have to be that any psychological input should be interwoven within the fabric of the realities of the camps, i.e. both the external living conditions as well as the cluster of socio-economic, political, cultural and religious contexts. In a sense, these thoughts formed my main hypothetical ideas before I went there.

In addition to many communications (by e-mail and telephone), and studying documents and reports, two visits were made to the camps (last year and this year) after official invitations to the Centre for Trauma, Asylum and Refugees (CTAR) of the University of Essex. On both occasions I led the CTAR team; in the first visit I was accompanied by Ana Ljubinkovic and Simone Warner and in the second by Ana Ljubinkovic, Stefano Carta and Elisa Morellini.

During the first visit, we reviewed the work of the CU and it became apparent that there was a disjunction between the Western counselling models that the counsellors were trying to apply and the actual refugee realities (living conditions, cultural context, values and belief systems) in the camps. On closer examination, a central paradox emerged: on the one hand, being sensitive professionals, the counsellors (and para-counsellors) were, in fact, working appropriately and in tune with the cultural context of their clients but, on the other hand, their accounts of their work were formulated according to the only theoretical framework they had, which mainly was Rogerian counselling theory. For example, when they talked about their work with a raped young girl, the counsellors talked in Rogerian language about what they did with her during their individual counselling sessions, yet, when I insisted to hear the exact sequence of all their interventions, they told me that, indeed, they did contact an Imam (who duly read the prescribed Koranic verses to her) and they did search and find a suitable elder person whom they used to assist her family in their plight. In other words, whereas their counselling models were Western and geared at individual interventions, their solid grasp of the complexities of the situations in the camps made them act appropriately in an apt psychosocial way based on systemic considerations. Following discussion with them of this paradox, I offered them (counsellors and para-counsellors) a brief and focused training on systemic principles so that they could have more appropriate conceptual tools to account more accurately for the various overlapping contexts of each facet of their work. In effect, this training validated (explicitly and implicitly) their own insights and the actual way they practised.

In addition to the work with the CU, we studied the overall organisational structures and relationships between staff and refugees in the camps and identified a cluster of four interrelated recurring patterns. Refugees tend to perceive staff as being ‘detached’ and staff tend to perceive refugees as being ‘greedy’. In a pattern of systemic communication, familiar to systemic practitioners, each side (following, implicitly, a linear epistemology) tended to blame the other side for their own stance which they saw

as a justified response to the primary ‘cause’ - the ‘original’ stance of the other. In other words, staff tend to respond with detachment because they feel that they cannot cope with the endless ‘greediness’ of the refugees, and the refugees tend to keep demanding more from staff because they blame them for being ‘detached’ and not caring sufficiently for them, i.e. the more ‘greedy’ the refugees, the more ‘detached’ become the staff, and the more ‘detached’ are the staff, the more greedy become the refugees. In this way, both are caught up in a circular pattern of mutual blame by co-constructing each other’s position and thus maintaining this vicious circle. I explained this circular pattern to them and immediately they recognised its reality; this was followed by assistance to develop alternative ways of interacting (between staff and refugees) so that this pattern of destructive responses would be broken.

Another recurring and related pattern was the refugees’ insistence on maintaining a ‘victim identity’. Refugees have virtually no possessions; often they are seen clutching the only things they have – pieces of paper that describe officially the misfortune that had befallen them, e.g. that they were raped, that they suffer from a certain war injury, etc. These pieces of paper seem to confirm and maintain their only ‘official’ identity. Staff feel frustrated that refugees want to relate to them only through their specific victim identity and not in any direct way. In discussing this phenomenon with staff, I encouraged them to relate it to the wider system of power relationships within the camps where refugees are indeed powerless and helpless and completely dependent on staff for their basic means to survive. For example, it is indicative that their ration cards (the single most important means of ensuring refugees’ survival) have no name or photograph but only a number. The helplessness and anonymity of refugees is sharply contrasted to the perceived omnipotence and identity of staff. Within this context, it made sense that refugees would want (consciously or unconsciously) to confirm their own victim position so as to activate (consciously or unconsciously) the ‘rescuer’ position in staff in order to obtain maximum possible benefits from them.

The other two typical patterns we identified were the ‘dependency syndrome’ and the ‘resettlement syndrome’. The first is closely related to the ‘victim identity’ syndrome and it refers to staff’s impatience with refugees, perceiving them to be too passive and too dependent on them. The second refers to the refugees’ obsessive preoccupation with the magical solution of resettlement which often has detrimental consequences, especially when their lives are disrupted by the tyrannical obsession of the dream of a paradisaical life in some North American city. Somali refugees use the term ‘buufis’ to refer to this hope, dream and yearning for resettlement (Horst, 2006). This syndrome is also an understandable response to the unbearable helplessness of their situation as well as it is imbedded in the Somali tradition of migration (Horst, 2006), and staff, following our meetings, came to appreciate this phenomenon with compassion rather than dismissal.

This cluster was identified during the first visit and was clearly elaborated in the *CTAR report* (Papadopoulos, Ljubinkovic & Warner, 2007) which was well received by all. The report (which is a substantial document of about 16,000 words) started with a sincere expression of admiration of the camp authorities in general and of the CU in particular for their ‘remarkable achievements despite numerous and serious adverse conditions’ and went on to recommend that a new conceptual framework be adopted that interconnected the various structures, activities and roles of both staff and refugees as ‘expressing the inter-systemic relationship between refugees and staff’ (Papadopoulos, Ljubinkovic & Warner, 2007, p.8).

This framework was, in fact, the formalisation of the actual insights we had developed together with staff and refugees by working closely with them during our first visit. Some of the main characteristics of the proposed new framework included the appreciation:

- a. that certain negative roles and even identities of both staff and refugees were reciprocally and circularly co-constructed (as illustrated by the examples above).
- b. that refugees display characteristics of ‘nostalgic disorientation’ (Papadopoulos, 2002) which is the sense of pervasive and intangible uneasiness and discomfort that people experience as a result of their involuntary loss of home; therefore, some of their demands (especially some of those that staff deem to be irrational) could be understood as an attempt to give concrete form to the ungraspable pain from their ‘nostalgic disorientation’ which has an elusive nature but very clearly and painfully felt effects.
- c. that the way that both staff and refugees understood the refugees’ own experiences of being exposed to devastating events tended to focus exclusively on the negative consequences. This means that resilience and adversity-activated development (AAD) were ignored.

This led to specific training about the ‘Trauma Grid’ (Papadopoulos, 2004, 2005, 2006, 2007) which offers a systematic framework to identify the wide spectrum of all possible responses to adversity ranging from negative (such as post traumatic stress disorder and other distressful psychological reactions) to positive (such as resilience and AAD). Resilience, in the context of this approach, refers to the ability of a person to retain certain positive qualities after being subjected to adversity. The various positive characteristics of a person can be called resilient as long as they existed before the exposure to adversity and were retained despite the person experiencing adversity (e.g. their ability to look after themselves). AAD, however, refers to new positive qualities and characteristics that were developed as a result of a person being exposed to adversity e.g. compassion for other persons’ pain or valuing now every moment of living having come close to death. These qualities can be called AAD as long as they did not exist before the person’s experience of adversity. The advantages of the trauma grid are, *inter alia*, that they assist workers to move away from global and definitive categorisations (e.g. ‘this person is resilient or that person is traumatised’) to a more precise and differentiated way of identifying in a more reliable and discriminating way the various functions and characteristics of a person; moreover, the grid does not operate according to the all or nothing principle but accepts that the same person even at the same time may display different responses to trauma in relation to different contexts.

Finally, the report gave specific recommendations for the overall systemic functioning of the camps as well as for the CU, proposing to change their name to ‘Psychosocial Services Unit’ and function accordingly. It is important to note with gratitude that our work was made possible due to the welcoming and collaborative attitude of the management of the camps.

### last visit

During the last visit (March – April 2008), our input was divided into work with refugees, with staff (mainly counsellors and para-counsellors), and consultation to the management team of the camps.

#### work with the refugees

Individually and in groups, we saw refugees from identified vulnerable groups, e.g. raped women and war injured. One of the important outcomes was the impact of

working with the Trauma Grid. Having established good therapeutic contact with them and after listening carefully and responding appropriately to their accounts of their plight (that emphasised all the negative effects), then we enquired in a sensitive manner about:

- a. the good qualities/functions/characteristics that they had before they were exposed to the devastating events and which survived the trauma and are still active in them, and
- b. the various ways that their experience of their trauma helped them in other facets of their lives, especially in helping others. Their responses were not only extremely moving but also contributed to changing radically the overall atmosphere of our meetings by providing a more holistic and representative picture of their reality now, of their current totality.

#### work with staff

The main work with staff counsellors (mainly counsellors and para-counsellors) was to hear from them how they were able to implement the recommendations of the report and discussed their difficulties and shared their excitement and disappointments, as well as to offer specific training in order to address identified gaps, e.g. how to work more systemically in a psychosocial way with families and how to collaborate better with other services and resources in the camps.

#### consultation to the management team

As always, the inter-agency management team of the camps was particularly receptive to our input and worked actively with us to re-think ways to keep improving the overall climate in the camps. One specific issue that is worth mentioning here is our alerting them to the implications of the huge influx of new refugees. We emphasised that in effect within the space of few months they are likely to face a completely new phenomenon in the camps, i.e. having two large groups of refugees (about 200,000 each) – the old and the new. In terms of group dynamics the possible outcomes could be that the two groups get on very well together (unlikely), become antagonistic (to various degrees) to each other, or join forces against a third ‘other’ (most likely to be the staff group). In considering various ways of addressing this anticipated situation, we suggested that they approach the existing group of refugees and ask for their help emphasising that they (the refugees) have a unique expertise which the staff do not have – the experience of being and surviving in the camps for so long. In a spirit of genuine (not artificial or strategic) collaboration, the refugees would be encouraged and supported to develop ways to share with the new group of refugees their positive and negative experiences of living in the camps and to welcome them. It is important that the refugees themselves would choose the best method of conveying these experiences in a medium and manner that they would feel to be the most appropriate, e.g. by enacted narrative stories, dance events, or whatever. In this way, the management would make a proper use of the refugees’ unique contribution in a genuinely empowering way.

#### final thoughts

This brief account cannot possibly do justice to the complexities of issues we encountered, the powerful feelings that were evoked in us by working there (despite many similar experiences in comparable situations) and the excitement we felt from being able to assist with the co-development of activate collaboration with staff and refugees. Nevertheless, I hope it will give the reader a taste of the challenges one faces in such unusual settings and also of the possible contributions

professionals with systemic background can make. Ultimately, it is impossible to describe the enormous benefit one can derive from working with refugees who have endured so many adversities and still maintain their spirit in a most admirable way: a truly humbling experience.

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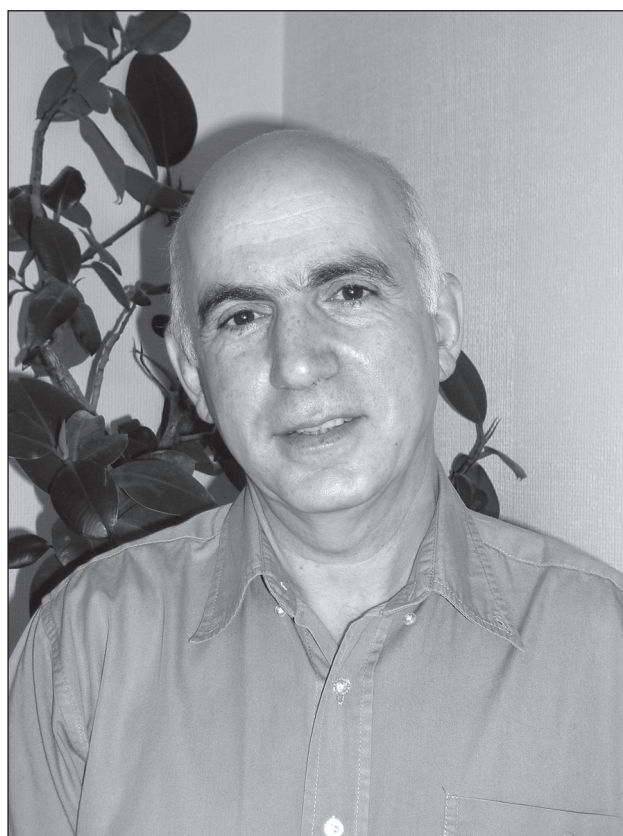
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**Subsequent to receiving the above paper from Renos, he sent us this piece and we decided to include it as a fitting supplement to his paper. When you read it, you will realise why.**  
**Máire Stedman.**

During my last visit to Dadaab we came across a Somali man whose daughter had been missing for the last 15 years. He is one of the many thousands of persons who had lost contact with relatives as a result of the war and fleeing their country. However, we felt that we could assist in this case because of his specific circumstances: during the outbreak of fighting this man took his daughter to an Italian military hospital that was at the time in Somalia and he even had photographs of her with two Italian hospital doctors. The father wanted to stay with his daughter at the hospital until she got better and discharged but he was not allowed to do so; he was told by the hospital authorities that he had to go home and that they would return his daughter (who, at the time, was 13 years old) on her discharge. Shortly after he returned home, the father had to flee due to the intensification of fighting and then was taken to the Dadaab refugee camps and never heard from his daughter again. In vain he tried for all these years to find her or obtain any information about her. On hearing this story, an Italian member of our CTAR team had the idea of seeking assistance from a popular TV show in Italy that searches for missing persons, so we videoed the father telling his story and also showing the photo of his daughter with the Italian doctors. We sent the video with a detailed account of everything we knew about this story and the TV producer accepted to take this case on. They sent a reporter and a TV crew to Dadaab who investigated further the case and last week they showed the story on their programme. The miracle happened and the missing daughter was found! She had been adopted in South Italy and now she will be reunited with her father! We are delirious from joy!

**Renos K Papadopoulos**