Psychoanalysis and the situation of refugees

A Human Rights perspective

Sverre Varvin

Professor
OsloMet – Oslo Metropolitan University
Training analyst
Norwegian psychoanalytic Society

Address for correspondence:

Gustav Vigelands vei 40

0274 Oslo, Norway

E-mail: svvarv@oslomet.no

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Abstract

We have today the highest number of persons who have been displaced due to war, persecution and terror since the Second World War. More than 65 million people are currently displaced, either internally or as refugees. Most are in developing countries with a small portion having reached western, high-income countries. Borders to western countries have however been increasingly difficult to pass and there is disproportionate anxiety about and resistance to receiving refugees.

Refugees as a group experience abundant human rights abuses and perhaps as a group, experience the most severe, prolonged, and extreme traumatisation and complicated losses today.

Flight has become increasingly dangerous. Large numbers of people are exposed to sickness producing circumstances, inhumane conditions, and danger of death.

Basic human rights are violated before, during and after flight.

This chapter will focus on how human rights violations can damage psychic and somatic health and produce illness for both the individual and the group. International human rights declarations and laws aim at protecting health and quality of life. It is necessary that psychoanalysts understand the direct influence on the psyche of violations of these rights and how they affect psychic economy, affect regulation, relational capacities, and family and caretaking functions. It will be argued that psychoanalysis and psychoanalysts can play a crucial role in both prevention and treatment, in line with earlier psychoanalytic pioneers as John Bowlby and René Spitz.

The situation now is serious with large groups of refugees living under appalling conditions at Europe's border and in low-income countries around the world. There are great risks for younger generations through transgenerational processes of transmission of suffering.

Introduction

Millions of people today experience Human Rights Violations (HRV) worldwide. Many groups live under conditions that make them vulnerable and being exposed to HRV under such conditions can have devastating consequences. Those affected are people exposed to trafficking, violence in close relations (mostly women), abused and neglected children, victims of paramilitary groups and terrorist groups, violent religious groups, state organised violence, those impacted by civil wars, and so forth. Many are force to flee.

At the beginning of 2018, 68,5 million people are displaced worldwide due to conflict and persecution (this includes refugees and internally displaced people or IDPs). Of these, more than 28 million are refugees**.** There are also 10 million stateless people who have been denied a nationality and access to basic rights such as education, healthcare, employment and freedom of movement.

The magnitude of the problem is staggering. Approximately 34,000 were displaced every day in 2015 and 2016 (UNHCR, 2016). One out of every 133 people in the world today is displaced. Over the past five years, 50 families in Syria have been displaced daily and we have seen unimaginable suffering due to indiscriminate attacks on civilians. More than half of refugees and displaced persons are children. The suffering due to war and persecution today is enormous and we can expect serious consequences of massive traumatization in the years ahead, especially for coming generations.

For refugees, flight has become increasingly dangerous and death tolls are rising (UNHCR, 2016). Women are raped and abducted for prostitution, many are killed or die for example at sea, children are violated and forced into the sex-industry or slavery (there is increasing evidence that human trafficking networks cooperate with organized crime (Europol, 2016)) and many are maltreated and/or tortured by police, border guards, or organized crime during flight. One study from Serbia testifies to this sad situation: 220 refugees were examined and it appeared that torture and degrading treatments were more frequent during flight than in their country of origin (Jovanović et al., 2015).

Conditions for refugees upon arrival are growing worse. Stranded in the refugee camps of Greece, Italy, Serbia, Bangladesh and on islands outside Australia, thousands must

survive with little or no access to health care, poor sanitation, insufficient food, and minimal human concern. In refugee camps near war zones, conditions have worsened since 2015 when UNHCR budgets were cut by more than half (Clayton, 2015). It is not unusual that there are political crises that involve frequent and cruel atrocities that seldom make headlines. There are several happening now, including the situation in Kongo, Yemen and South-Sudan, among others; milions are displaced and humanitarian aid is insufficient.

Many refugees or asylum seekers describe their conditions *after arrival*, even in more affluent countries, as the worst part of their refugee journey. On a daily basis, they face long wait times, bureaucratic red tape, inactivity, and the possibility of being forced to return to their homelands. This is described by many as mental torture. There are reports that the mental and physical health of refugees today are deteriorating (Hassan et al., 2016), not only due to traumatisation in their home countries but very much as a result of the conditions during flight (violence, torture, rape, slavery and so forth) and due to the conditions offered refugees in centres at the border of Europe (Greece, Italy) and outside, for example in Libya.

It has repeatedly been shown that refugees as a group have endured many potentially traumatising experiences before and during flight such as near-death experiences, seeing close ones maltreated or killed, tortured, raped and so forth. These experiences represent gross human rights violations. Most researches find higher average levels of known posttraumatic conditions in refugee populations, like PTSD, anxiety disorders, forms of depression, somatising disorders and psychotic disorders, (see for example (Alemi et al., 2013; Apitzsch et al., 4291; Drozdek et al., 2013; Kroll et al., 2011; Opaas & Varvin, 2015a, 2015b; Teodorescu et al., 2012; Vaage et al., 2010; Vervliet et al., 2013)). The complex traumatising experiences of refugees may disturb personality functions, relational functions, affect regulation and somatic regulation (Allen & Fonagy, 2015; Allen et al., 2006; Rosenbaum & Varvin, 2007; Schore, 2003; Varvin & Rosenbaum, 2011).

Those who develop mental health problems in exile often suffer from complex conditions with multi-layered aetiology, involving the circumstances of their exile and the aggravating factors accompanying displacement, which include poverty, poor housing, lack of social support, stressful acculturation processes, resulting in poor quality of life. Whole families may be affected and there are specific contingencies that make the transgenerational transmission of suffering more likely, for example, insufficient early care and traumatization of children and stressful family situations (Blanck-Cereijido & Grynberg

Robinson, 2010; Daud et al., 2005; de Mendelssohn, 2008; Krell et al., 2011; Romer, 2012; Ruf-Leuschner et al., 2014; Silke & Möller, 2012; van Ee et al., 2012; Wiegand-Grefe & Möller, 2012).

The consequences for refugees in the present situation are, in spite of a high degree of resilience, potentially very serious both for present and coming generations. It is important to understand and analyse the refugee crisis from a psychiatric, psychological and medical perspective, but also to see the situation as a consequence of serious violations of basic human rights. What many refugees and displaced persons have experienced and are experiencing would not happen if human rights, as formulated in internationally accepted conventions, are respected. The psychological matters at issue are moreover a consequence of the fact of the most basic rights having been violated in the first place. The psyche that has experienced these violations is one that is marked by disruptions in basic systems of attachment, basic trust, narcissistic imbalances, and major blows to conscious and unconscious dreams of future development. Understanding the ramifications of the violations of the patients in our consulting rooms is of paramount importance. We must not think only in terms of mental health problems or diagnostic categories (e.g. PTSD), which of course may be useful; we need to consider the special circumstances of human rights violations.

Human rights matter.

Violations represent grave problems for public health and also disturb the democratic foundations of a society. Health care systems in western countries have been affected in that a growing number of health care seekers have been exposed to HRV. Furthermore, health care workers have participated and still are participating in HRV in, for example, prisons.

In this article I will discuss a human rights perspective on mental health problems caused by HRV and how attacks on the fundamental right to be a human affect psychological functioning. I will first shortly present the international system of conventions that attempts to regulate and prohibit the violation of basic human rights.

What is Human Rights.

Every human being's uniqueness is what entitles them to ethical treatment and Human rights. Human rights are situated on three pillars: ethics and moral principles, laws/conventions and declarations on human rights, and basic philosophical principles related to being human. Emphasising the uniqueness of every human being has important implications; it opposes conceptions of human beings that would have them treated as a mass, or some groups as inferior or superior to others. There is a philosophical conception of man that informs human rights thinking, and creates ethical and moral imperatives. The conventions, laws and declarations concerning human rights are built on these principles. Fundamental values are involved: the right to life, the integrity of the body, personal freedom, safety, the right to have property, the right to have a family and a private life, freedom of thought, freedom of belief, freedom of speech, the right to have work and the right to health and welfare.

Human rights are thus moral principles or norms that describe certain standards for human life and are regularly protected as natural and legal rights in national and international law. There are several definitions of human rights and all concern rights to which a person is entitles simply because she or he is a human being. One broad definition may be that human rights are inalienable rights and freedoms; their protection secures all human beings inherent dignity and lays the ground for freedom and justice (Stang & Sveaas, 2016).

They are applicable everywhere and at every time in the sense of being universal, and they are egalitarian in the sense of being the same for everyone.

The basis for modern human rights is the universal declaration formulated after World War II (UN, 1948).

Several conventions followed that specify these rights. Among others, these are:

International Covenant on Civil and Political Rights (1976)

This convention concerns "negative" rights in that these rights are not dependent on resources. These rights shall apply no matter the resources or circumstances. They concern a state's duty for example to provide freedom of speech, freedom of movement, freedom of religion and proscribe torture. State adherence to the protection of these rights is supervised by the UN's committee on human rights.

International Covenant on Economic, Social and Cultural Rights (1976)

This convention concerns “positive” rights, that is, rights that require resources, for example, the right to work, pensions, a reasonable living standard. The convention recognizes the possible lack of resources, but there is a mandate to initiate measures and procedures to achieve these goals.

Convention Relating to the Status of Refugees (1951) with additional protocol 1967

This convention defines who has a right to be granted residence as a refugee in another country. It specifies the duties of countries when receiving refugees. It does not, however, mention the right to seek and admit persons’ asylum. The Universal declaration from 1948, paragraph 14, says, however, that anybody has the right to seek asylum and accept asylum due to persecution.

There are several other conventions of concern for health workers, e.g. International Convention on the Elimination of All Forms of Racial Discrimination of 21 December 1965 (ICERD), Convention on the Elimination of All Forms of Discrimination against Women of 18 December 1979, Convention on the Rights of the Child of 20 November 1989 (CRC) (for further reference see https://www.eda.admin.ch/eda/en/home/foreign-policy/international-law/un-human-rights-treaties.html)

In the context of this article *The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* from 1984 is of importance (UN, 1984).

This convention concerns protection against torture, the right to remedy and to justice, the right to reparation, compensation and in particular the right to rehabilitation. I will return to the question of torture. (It should be mentioned that other conventions also treat torture as a special case, e.g. The American Convention on Human Rights, The European convention for the prevention of torture, The African Charter on Human and Peoples’ Rights, The Convention for the Protection of Human Rights and Fundamental Freedoms).

These conventions/declarations and their underlying ethical principles function as guidelines for, among others, health workers in situations of conflict and who are under pressure, or in situations of dual loyalties (for example for health workers working in prisons) (Baldwin-Ragaven et al., 2002).

Why are human rights important for health workers?

Human rights are a concern for health workers for the following reasons: a) everyone's, including health workers' and patients', basic rights and dignity are dependent on human rights; b) health policies/programmes and all interventions can support or violate basic human rights; c) violations of human rights may have serious health consequences; d) endorsement of human rights promotes public health; and e) preventing health workers from participating in human rights violations is very important.

The last has been documented in recent history:, the involvement of doctors in the Nazi genocide and euthanasia programs (Lifton, 2004), and the American Psychological Association's involvement in torture (Patel & Eikin, 2015). In the latter case, the torture and dehumanization of people supposedly connected with Al Qaeda and other terrorist groups were human rights violations sanctioned by state authorities. Health personnel failed to hinder or report torture, gave medical information to torturers and even forged death certificates.

Dehumanization

Needless to say, but a reminder is important nevertheless, torture implies great health risk for the affected, for their families and larger communities, and for the foundation of society. Torture is the most dehumanizing treatment that is known. It often occurs in the context of other dehumanizing practices in in political situations such as persecution, ethnic cleansing, genocide. Today's refugees are especially exposed both in their country of origin and during flight.

Dehumanization is a process that is simultaneously socio-political and psychological; fundamental human characteristics are disavowed in other people, such that others are perceived as less than human or non-human. Consequently, actions resulting from dehumanization can threaten the basic rights of these "others" and endanger their lives and safety.

Dehumanization on a societal scale often goes hand-in-hand with xenophobia and lays the ground for malicious violations of basic human rights. This was the case in the genocides during the Balkan wars in the nineties, during the genocide in Rwanda, during the genocide against Yazidis, to mention a few – and strong xenophobic political movements in the

western world have, in the last decades, led to increasingly malignant behavior towards refugees/asylum seekers and ethnic minorities.

When xenophobia becomes part of a political or religious narrative and is used to foster intergroup conflict, unconscious processes, both at individual and group levels, are set in motion. These unconscious motivational forces are organized at primitive mental levels (i.e., undifferentiated and not well structured) and involve fantasies that may be shared by many people in a group or community. Such fantasies are often related to common life themes such as sibling rivalry, the struggle between good and evil, or separation-individuation (Bohleber, 2007, 2010), but they are magnified in the xenophobic context where libidinal aspects are separated or split from aggression. Relationships and social fields usually characterized by mutuality are transformed into fields of projections where the other is cast in the role of the projected, unwanted parts of the self or of the group-self. As the other is perceived as "not human," not like "us," then inhumane and violent behavior may be justified (Varvin, 2017) as a fight/flight response (Bion, 1952).

There is thus a complex societal process that leads to atrocities (e.g. torture). The ground is prepared for the ignoring and more or less consciously violation of basic human rights as specified in human rights conventions. Dehumanizing processes deprive persons or groups of their political status and ultimately of their humanity. A man becomes only a man, that is, not a citizen protected by a state/nation. This "naked" status implies a loss of those characteristics that makes it possible for others to treat this person as a fellow human being (Mitmensch) (Arendt, 2017). Studies on processes leading to genocides demonstrate this with horrifying clarity (Crowe, 2013; Varvin, 1995; Yazda, 2017).

Torture

Torture may be defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed.

The four Geneva Conventions on the law of war establish firm rules. The common Article 3 states:

> *. . . the following acts are and shall remain prohibited at anytime and in any place whatsoever . . . violence to life and person, in particular*

murder of all kinds, mutilation, cruel treatment and torture; . . . outrages upon personal dignity, in particular humiliating and degrading (ICRC, 1949)

The prohibition of torture or other ill-treatment could hardly be formulated in more absolute terms. In the words of the official commentary on the text by the International Committee of the Red Cross (ICRC), “no possible loophole is left; there can be no excuse, no extenuating circumstances” (ICRC, 1949).

In spite of this absolute “no,” torture is practiced in more than half of the world’s countries. There are undoubtedly countless people who are impacted by torture living in the world today, its direct victims and their communities.. We don’t know how many have been killed during torture.

Torture happens in what Lifton calls, an “"atrocity-producing situation" — these are situations “so structured, psychologically and militarily, that ordinary people can readily engage in atrocities”. And concerning doctors’ participation, he states: “Even without directly participating in the abuse, doctors may have become socialized to an environment of torture and by virtue of their medical authority helped sustain it. In studying various forms of medical abuse, I have found that the participation of doctors can confer an aura of legitimacy and can even create an illusion of therapy and healing” (Lifton, 2004).

Article 14 in The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment states that: “Each state party shall ensure in its legal system that the victims of an act of torture obtains redress and has an enforceable right to fair and adequate compensation including the means for as full rehabilitation as possible”.

There are a number of definitions of rehabilitation and of what is understood by services that aim at rehabilitation. The recently adopted General Comment number 3 to article 14 of the Convention Against Torture argues that rehabilitation ‘‘should be holistic and include medical and psychological care as well as legal and social services’’. Furthermore, rehabilitation ‘‘refers to the restoration of function or the acquisition of new skills required as a result of the changed circumstances of a victim in the aftermath of torture or ill-treatment. It seeks to enable the maximum possible self-sufficiency and function for the individual concerned and may involve adjustments to the person’s physical and social environment. Rehabilitation for victims should aim to restore, as far as possible, their

independence, physical, mental, social and vocational ability; and full inclusion and participation in society'' (UNCAT, 2012) cited in (Sveaass, 2013).

This is a strong statement, which implies that all who have been tortured should have the right to redress and rehabilitation wherever they are. By virtue of signing the convention, states are required to provide help and rehabilitation to the victims of torture residing within their borders.

Psychological effects of HRV and torture: What role can psychoanalysts have?

Being exposed to gross human rights violations, especially torture, affects basic systems of security, exposes the self to humiliation and shaming and sets forth a cascade of anxiety-provoking fantasies. More seriously, it gives the person a feeling of being outside of and not part of the human community. As Jean Amery wrote:

"... I am certain that with the very first blow that descends on him he loses something we will ... call 'trust in the world'. Trust in the world includes ... the certainty that by reason of ... social contracts the other person will ... respect my physical ... being. The boundaries of my body are also the boundaries of my self. My skin surface shields me against the external world. If I am to have trust, I must feel on it only what I want to feel. At the first blow, however, this trust in the world breaks down .. He is on me and thereby destroys me ... with the first blow... a part of our life ends and it can never again be revived. ... Whoever was tortured, stays tortured. Torture is ineradicably burned into him" (Amery, 1998).

A patient came cautiously into the consulting room. He looked under the sofa, behind pictures and whispered, "He (the dictator) killed all my family". He was shivering, could hardly breath properly and looked around with wide open eyes. I gave him tea. I asked about his daily and nightly life. Hesitatingly, stammering, he said he could hardly sleep, did not eat much and actually had no own place to live and had to be taken care of by friends. He was terrified all the time. Did not feel safe anywhere. I asked about what food he was eating, which he could not remember. When I asked what kind food his mother had made for him and he started to remember, he started to cry and could relax a bit.

This man felt totally lost. He felt almost no safe anchoring in his internal world and the external reality was totally unsafe. He lost his familiarity of being a human being among other human beings and felt totally alienated. His way of being in the world is typical of persons who have survived gross human rights violations. It is a psychological situation reinforced by being in exile and for many, by not having a proper legal status as a citizen.

The next vignette concerns the situation of flight -- and for the many who must live for years in bad refugee camps and wait for their asylum applications to be evaluated.
A father, stranded in Nauru, outside Australia wrote the following letter to United Nations Secretary-General Ban-Ki-Moon and Peter Thomson, president of the United Nations Summit on Refugees, held in New York on September 19, 2016:

> *We simply trusted what they told us. Yet over three years later we are still trapped in Nauru, like rare animals living in an Australian-made zoo.*
> *After being brought to Nauru we spent almost 24 months in detention, before we were finally found to be genuine refugees. Since then I have not slept even one night without having recurring nightmares of those endless months living in a hot, mouldy tent. We became so alienated from our humanity, we were thoroughly transformed into a bunch of animals after years of living in the most appalling conditions possible (Herald, 2016).*

These stories, of which there are many, illustrate the profound effect of being placed outside the common humanity. As Hanna Arendt described in her writing after World War II, people who are so mistreated, and deprived of basic rights, are subject to further dehumanizing treatment, as they are seen as less than human.

Miss A came to Norway as a refugee after having been arrested and spending time in prisons and concentrations camp due to participation in a peaceful political movement in her home country. She had a daughter of 10 years. She lived in isolation, had few friends but managed to work part time. She suffered from posttraumatic problems with bad sleep, nightmares, anxiety of bodily pains. She had attempted treatment several times but they came to abrupt endings mostly because she felt humiliated and disrespected. She avoided close relationships, especially with men as she feared being treated with no respect and – as she later said – that it would be revealed that there was something fundamentally wrong with her.

The last was a pronounced fear in therapy. She felt she had to defend herself against a therapist whom she imagined could be dangerous. She resisted involving herself in the therapy, as she feared that during the process it would irrefutably be proven that she had been damaged for life. As she said: "That I cannot ever be a normal human being". ,It was revealed that that was what the torture team had repeatedly told her.

Her distrust and defensive attitude was present from the beginning of the therapy. She gradually became more depressed and expressed that hope for improvement was diminishing. During a period with suicidal ideation and intense distrust in the transference where the patient literally felt tortured by the therapist, it was revealed that there had been a medical doctor participating in the torture. She had been given medication to make her reveal secrets and the doctor had "supervised" how much torture she could stand. She realized soon after how much of her distrust had arisen from what she called "mixing up" present with past. This was a breakthrough in the therapy. A long working through followed where earlier determinants of her distrust, especially related to a difficult relation to her father was explored. It was also obvious that, in a work of nachträglich, her relation to father had been colored by the experiences with the male torturers.

Conclusion

There is tremendous work to be done to improve the conditions of refugees, especially for seriously traumatized refugees -- to provide proper re-humanizing conditions. The whole refugee system has to be revised internationally. The situation in most countries is geared towards keeping refugees out. Disproportionately more money is used in Europe on surveillance and border control in order to keep refugees out, than on providing good enough conditions and measures that would prevent trauma and re-traumatization. Governments have for decades been in the role of "helping" refugees on their journey to increasingly cruel and have collaborated with human smuggler organizations. The conditions of refugee camps are appalling.

In this context some psychoanalysts have done important work on a larger scale (Volkan, 1999) and many provide psychological help for refugees both during flight and upon arrival (Lebiger-Vogel et al., 2015; Leuzinger-Bohleber et al., 2016). Psychoanalytic therapy is also provided in many places and there are prominent psychoanalysts that have developed good strategies for the treatment of severely traumatized persons (among others -- Henry Krystal, Dori Laub and Sylvia Amati Sas (Krystal, 1978; Laub, 2005; Sas, 1992)). Psychoanalytic therapy is not, however, offered to the extent that is necessary, especially as psychoanalytic psychotherapy is a very promising tool for what article 14 in the Convention on torture demands: redress and rehabilitation.

The humanizing potential of psychoanalysis is key to this crisis. There is increasing evidence that psychoanalytic therapies are effective for traumatized persons in comprehensive ways; they may help address crucial areas in the clinical presentation of complex traumatization (complex PTSD) that are not targeted by other currently empirically supported treatments. Psychoanalytic therapy has a historical perspective and works with problems related to the self and self-image. It enhances the ability to modulate reactions to trauma through improved reflective functioning, and aims at internalization of more secure inner working models of relationships. Our work utilizes the human therapeutic relationship to improve social functioning. Finally, and this is increasingly substantiated in several studies, psychodynamic psychotherapy for traumatised patients tends to result in continued improvement after treatment ends (Schottenbauer, 2008).

Psychoanalysis, psychoanalytic therapies and psychoanalytically informed interventions in refugee camps have a broad and basically humanistic character in the sense of re-humanizing the individual, by facilitating the process of connection to others and by helping to re-establish basic human bonds. Dori Laub showed that a grave consequence of extreme traumatisation is a breach in the bond to an empathic inner other (Laub, 1998, 2005). This special object relation is the basis for the experience of being connected to others – and for being and feeling like a human. This meaning is embedded in international declarations that concern human rights. Basic human rights, which include safety, the right to family, home, and protection, are integral to membership in the human community. These basic rights are givens, but not stable – they have to be fought for continuously in different arenas. Psychoanalysts have, in this fight, their specific tasks and obligations.

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