

Burning in the fire' — the continuing saga¹: An analysis of group work with Temporary Protection Visa (TPV) holders in NSW

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In October 1999 the Department of Immigration and Multicultural Affairs (DIMA) declared that 'unauthorised arrivals' successful in their application for refugee status in Australia, would be granted a three years Temporary Protection Visa (Visa Subclass 785). While on a Temporary Protection Visa (TPV) they would be eligible for only limited services as outlined below. At the end of this three years period they would be permitted to re-apply for refugee status.

Previously people arriving without valid documents but with authentic claims for refugee status were eligible for Permanent Protection Visas (PPV) and access to settlement support. However, this new category effectively created two classes of refugees. The TPV (Temporary Protection Visa) holders were contracted different entitlements compared with asylum seekers and refugees arriving from overseas with approved permanent protection visas.

In September this year the Government introduced further significant changes with the Border Protection Bills. It is beyond the scope of this paper to discuss these bills and what their impact will be. The groups discussed in this paper were largely conducted before the Bills came into effect. The Bills are likely to affect those who seek asylum in Australia as 'unauthorised arrivals' from the time of their introduction and will exacerbate even more the TPV holders' symptoms of anxiety, depression and PTSD. These bills will also affect TPV holders who have not already applied for PPVs.

Temporary Protection Visa (TPV) Holders Compared to Refugees with Permanent Protection Visas (PPV)

Holders of permanent protection visas (PPV) are eligible for the same range of benefits and support as permanent residents or citizens of this country. Temporary Protection Visa (TPV) holders are eligible for a restricted range of benefits. Significant differences in entitlements between TPV holders and permanent protection visa holders are outlined in Table 1.

Due to the limited range of benefits TPV holders are entitled to various community welfare and religious organizations have come forward to assist them. These organizations, mostly run by volunteers, are already beginning to feel the pressures of working with the TPV holders, particularly in certain parts of NSW where a majority seem to reside.

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Characteristics of Temporary Protection Visa Holders

TPV holders are predominantly men from Afghanistan and Iraq. They have arrived in Australia on their own without their families. A majority claim to have been traumatised and endured hazardous journeys to escape oppressive regimes or a well-founded fear of persecution. In addition, many claim to have risked their lives in perilous fishing boats to reach what they thought was a libertarian, fair society. However, upon arrival in Australia, just when they believed their nightmarish odysseys may have ended, they have instead been placed in detention centres in different parts of the country.

Table 1: Entitlement comparisons between TPV (Temporary Protection Visa) holders and PPV (Permanent Protection Visa) holders.

Benefits	(TPV)Temporary Protection Visa Holders	(PPV)Permanent Protection Visa Holders
Centrelink	TPV holders who have not managed to find employment are only entitled to a 'Special Benefit'	PPV holders are eligible for Newstart allowance, Sickness allowance, Parenting payment, Youth allowance, Austudy and a range of other benefits.
Education	TPV holders access to education is subject to State Policy. In NSW (New South Wales) this effectively precludes them from tertiary education due to imposition of full upfront fees.	PPV holders access to education is not restricted by their visa and they can avail of the same benefits within the educational system as Australian citizens.
Settlement Support	Except for EHAI (Early Health Assessment and Intervention) programs TPV holders are not eligible for any DIMA funded services.	PPV holders can access DIMA funded services such as MRC's (Migrant Resource Centres) and ethno-specific community welfare agencies. They are also eligible for services within the IHSS (Integrated Humanitarian Settlement Strategy).
Language Training	TPV holders are not eligible for the federally funded English language programs: the AMEP (Adult Migrant English Program) or the AEMP (Advanced English for Migrants Program)	PPV holders can access 510 hours of English language training provided by the AMEP.
Employment	TPV holders do have permission to work but their ability to find work is influenced by the temporary nature of their visa and poor English skills. Job search is further hindered by limited access to employment related assistance provided by Centrelink.	PPV holders can access the entire suite of employment related assistance provided by Centrelink.
Travel	TPV holders are free to leave the country but have no automatic right of return.	PPV holders are entitled to multiple entry visas and have no such travel restrictions.
Family Reunion	TPV holders have no family reunion rights and cannot sponsor members of immediate family to Australia.	Enjoying the same rights as Australian citizens PPV holders can sponsor immediate family members to Australia.

As their refugee claims have been substantiated TPV holders have been released from the three main detention centres: Port Headland and Curtin in Western Australia and Woomera in South Australia. Upon release TPV holders have been provided passage by DIMA (usually by bus) to all capital cities in Australia except Sydney. The majority who have come to NSW appear to have been given passage to Adelaide, Perth or Brisbane by road. A few mentioned being taken from Curtin and Woomera to Launceston in Tasmania. Many narrated stories of being 'escorted' and 'abandoned' by officials from detention centres in shopping centres, bus stations or motels, at night or in the early hours of the morning and having to fend for themselves. With little knowledge of the language or surroundings they found their way to NSW in search of employment or community from a similar background.

In addition, NSW is host to TPV holders released from the local detention centre at Villawood, who have arrived by air and are from a wider range of countries including Iran, Somalia, Algeria, Kuwait and Sri Lanka.

At October 2001 the Department had granted 5,721 TPVs. Recent Centrelink figures indicate that, of the 4,363 TPV holders receiving a Special Benefit, 1,824 (over 41%) are in NSW. Centrelink also indicates that 1,358 TPV holders nationally are likely to have gained employment.

The Early Intervention Program's Experience with the TPV Holders, and the Need for a Group Approach

By November 2001 the Early Intervention Program (EIP) had provided a service to at least 748 TPV holders. Of these, 55 had attended individual counselling. Approximately 230 TPV holders had attended group sessions.

Working with this group of clients has posed a unique set of challenges to the EIP. TPV holders are not eligible for any DIMA-funded settlement services and other common referral avenues of the EIP. Therefore EIP counsellors have had to identify new services, mainly religious and welfare agencies run by volunteers, to assist these clients with their settlement needs.

Further, TPV holders did not seem to follow regular patterns of service usage. The majority repeatedly failed to keep appointments and were reluctant to accept individual assessments and counselling. Persecuted by officials in their own countries — and feeling that they had been persecuted by officials in detention centres — a majority appeared to be suspicious of counsellors inquiring into their backgrounds.

In addition, many were beginning to drop in at the EIP on an ad hoc basis. Disoriented and confused, their requests included information related to their visa, family reunion, Centrelink payments, Medicare cards, language classes and even assistance with filling in forms. If not provided with immediate assistance they usually became agitated and very upset.

To meet the increasing demands on the Service, and to provide a more efficient and effective way to manage the needs of this client group, it was decided to trial group sessions. A group ambience was perceived as relatively safe for these clients to ventilate their feelings and overcome obstacles related to individual counselling and assessments. Groups were also seen as a useful way to combat 'counsellor frustration' due to the high 'drop out' or 'no shows' among this client group. In addition, they were also considered a more efficient allocation of resources to meet the growing demands, particularly of the 'drop-in' clientele.

Early Intervention Program's experiences with the groups

The group approach set out with the ambitious task of assisting the TPV holders come to terms with an oppressive and cruel past that disrupted their family and personal lives, their flight experiences and the events that occurred once they arrived in this country. Their ambivalence towards both individual and group counselling was seen as being a consequence both of cultural understandings of the meaning of counselling and as a reflection of their predicament and attempts to comprehend the intense emotions that were an inevitable response to their current situation.

Client profile

A majority of the clients who attended the groups were Afghans from the Hazare ethnic group. They came from working class and lower middle class backgrounds. With minimal formal education many were farmers, shepherds or blue collar factory workers. However, there were some middle class clients who were better educated and had administrative white collar jobs in their own countries. There were also a few professionals attending the groups (doctors, physiotherapists, computer programmers) and a few others who were traders or small entrepreneurs

It was observed that clients were predictably irregular in their attendance, choosing to attend whenever the need arose (very often when in a crisis). It was common for clients to attend a session and then return after a gap of three to four weeks or even not return at all. Therefore although initially conceived as a closed group, over a five or six week period it became virtually impossible to follow this plan. Hence each session was envisaged as an independent module, so even if it was a client's only experience with the EIP they could salvage something relevant and worthwhile from it. The same was true if a client returned after a gap of a few weeks (in some instances a few months), or if it was the first time they could participate in the group like the regular attendees. (This also made it important to conduct the sessions at the same time and day of the week).

The group work evolved as relatively unstructured sessions, which in itself was a learning process. Clients were allowed to 'bring to each session' whatever they felt was relevant. The first half of the group session (generally about an hour) was devoted to this aspect. The second half (generally lasting at least an hour) focussed on a pre-planned topic (for example, anger management, dealing with grief and loss, how to improve sleep, dealing with guilt). However, at times these pre-planned topics too had to be set aside, depending on what was discussed and hence considered relevant and important to group members in the first half of these sessions.

Strategies employed for these groups acknowledged the complexity of this group process and viewed progress not in linear terms, but *'rather the analogy could be life experienced as a fugue in which themes related to loss, culture, identity and the search for understanding recur and modulate throughout life'* (Richmann, 1992, p. 171).

The group facilitator provided information that would help settlement. In addition, a major focus of the group sessions was to increase clients perceived control over their environment and their ability to cope with it. Further, they provided a supportive environment to manage the distress caused by their symptomatology. Attempts were made to identify stress-inducing cognitions, and alleviate and deal with systematic biases in looking at the self, the world, and the future. The techniques used were basically psycho-education, positive self-talk and cognitive restructuring, including focus on past successes, specific solutions, reality checks, reframing and self-

affirmation. These interventions had to take into consideration the cultural sensitivities and perceptions of the client group.

Impact of Recent Events

As mentioned earlier, the groups were relatively unstructured largely to accommodate the complexity of the processes involved and the cultural perceptions and needs of the client group. However, in the past few months even the bare structure of these groups was torn apart due to the impact and media coverage of recent events. These include the following: the Australian government's stance on the asylum seekers stranded on the Norwegian freighter 'Tampa', the terrorist attack on the twin towers of the World Trade Centre in NYC, America and its allies 'War against Terror' and their quest for 'Enduring Freedom', the capsizing of the boat from Indonesia with over 350 asylum seekers on board, and the recent Border Protection Legislation.

Since the 'Tampa' incident it appeared that clients attending the group sessions were presenting as increasingly disoriented and confused. Numbers attending fluctuated, ranging between two and thirty in the first few weeks following the crisis. However, gradually attendance patterns became more regular as the sessions progressed. Further, it became obvious that the clients could only focus on the ongoing 'crises' and their own intense emotional turmoil associated with it. Hence any pre-planned agenda could not be adhered to, as dealing with current emotional issues were of paramount importance.

In addition, settlement issues almost took the backstage during this period. Clients began to express their feelings in an open and honest manner. Those who were not ready to articulate their feelings listened sensitively as they felt they were being 'reflected' in each other. Further, the role of facilitators also changed. They at times 'risked' being a participant in the group process as and when required. This meant that at times, facilitators with equal genuineness would express their feelings or concerns, and honestly be themselves in a way that reflected and expressed the philosophy underlying the group.

This implied a paradigm shift from the earlier counselling approach that had relied on cognitive behavioural techniques (CBT). The facilitator now focused primarily on implementing attitudinal qualities to the group, viz empathy, respect, and congruence in an attempt to create and stimulate a growth- promoting environment. This does not imply that these qualities were absent in the earlier groups. The group facilitator attempted to enable group members to discover the power of their own inner sources of healing by giving them autonomy to express their own ideas and feelings, stimulating independence in thought and action, and accepting the 'unacceptable' whilst offering and receiving feedback from each other. This philosophy implied a willingness by the facilitator to relinquish control of outcome, direction and mood of the group and an acceptance of the pace, mood and direction determined by group members.

Psychodynamic perspective

In the process of being themselves and expressing their inner feelings significant communication was occurring through projective processes (this is perhaps another way of looking at the group process). The group sessions, therefore, were not only a safe place where clients could express their uncomfortable emotions, but may have also provided an environment that permitted communication to occur at a subconscious level through an interplay of mirroring, identification and regression.

The group sessions thus served as a container for the painful feelings and frustrations of the clients — occasions in which they could express feelings and opinions and be understood without

a need for explanations. Painful feelings were articulated and passed around as the group discussed what could be done with them. Clients saw mirror images of themselves in each other, some of the feelings they themselves had disowned or not discovered.

This posed a genuine challenge to the facilitators as they had to hold these feelings and also feed them back to the group to reflect on, without themselves being overwhelmed by the feelings. In addition the therapist had the task of allowing the group members to express themselves sufficiently to sensitively make contact with suppressed material whilst moving forward to more mature communications to the extent possible. This was not an easy task, as the therapist had to acknowledge the power of the unconscious forces that the group had stirred up and at the same time admit to being as helpless and bewildered as the clients because of the magnitude of the issues being discussed.

As mentioned earlier, the groups were like a mirror where clients at times reflected themselves in each other or even their perceptions of the world around them. The therapists at times admitted to being equally confused and helpless with the unfolding mirror images. When often 'looking into this mirror' clients were asked who, in their opinion, was behind or responsible for their pain and predicament, they would unhesitatingly reply 'Bin Laden', 'Taliban', 'Mullah Omar' or 'Pakistan'. However, upon reflection, a few names from the Australian political environment were seldom missed and could just as well easily be substituted in this list.

How Do The Temporary Protection Visa(TPV) Holders Cope?

TPV holders experienced a state of dissonance, which became increasingly apparent in the groups due to the discrepancy between their expectations (goals, hopes, schemas of life in Australia such as permanent protection and family reunion) and the awareness that these aspirations are not likely to be met. The grant of the 785 Visa was perceived as another failure in a long line of ongoing uncontrollable failures. It was interfering with the allocation of cognitive resources by influencing conscious thought and behaviours and evoking negative emotional states. Initial coping efforts adopted by the TPV holders were attempts to align or mitigate the distress caused by the mismatch or disequilibrium.

The following coping strategies emerged from the participants attending both the groups conducted before and after the International crisis.

Problem focussed strategies

Problem-focussed strategies were attempts by clients to mould the environment in accord with their wants, particularly to overcome perceived total failure and restore the loss of family. In the initial group sessions it was at times extremely difficult to go beyond the repeated requests or pleas for support and advocacy related to the 785 Visa; in particular, the restrictions imposed on family reunion and foreign travel. (Many TPV holders have their family in countries other than their country of origin. Although successful in getting to a first country of asylum, these family members face a tenuous existence and are in a constant state of fear and insecurity).

This behaviour seems understandable as clients repeatedly identified their major goal for embarking on the hazardous journey to this country as *'not to save ourselves but to save our families'*. As a result the temporary visa represented a threat to their basic commitments: their families and their perception of their role as the head and protector of their families. Hence, reversal of the restrictions was the focus of their attention, and cognitions and behaviour were organised around overcoming perceived failure.

Reorganisation strategies

Reorganisation strategies emerged as clients accepted that their goals (family reunion, visit to meet family, permanent visas) had been inappropriate and were not likely to be fulfilled. Although a painful process ensued, involving reappraisal of the failure and the setting of alternate immediate goals, many clients focussed their energies or cognitive resources on other urgent practical considerations, partly as a control strategy to prevent being overwhelmed by the situation. Rather than a denial, this is a way of coping with the obstacles faced. Major need areas were identified as English language classes, employment, assistance with housing and Medicare or health. It implies a willingness to delay immediate gratification and endure some pain in the hope of a positive outcome at the end of the three years period.

Avoidance strategies

Strategies of avoidance, reflecting an escapist attitude and attempts to dissociate the current experience from awareness, were also apparent. Restrictions imposed by the 785Visa were experienced as re-traumatizing, and attempts to disengage from broken dreams and hopes were common. This style of thought is influenced by the perceived culture of disbelief surrounding their genuine claims for asylum seeker status and the conviction that the resultant temporary visa is a gross violation of human rights. Frequent comments like the following illustrate the above:

'We've been oppressed. We are still being oppressed. We have lost our dignity, our identity. We have been bashed and persecuted and it's the same here'.

'This (785 visa) is cruel. We are running from hot sand into the fire'.

'Australia being a first world country should actually be like a watchdog and defend other countries. But what has it done for the people of Afghanistan who have been at war for 23 years'.

Accompanying this is the feeling that one's perceptions and appraisal of the situation was correct and current schema or goals should be maintained, but one lacks the necessary resources to bring about any change. This mode of cognitive functioning does not really resolve the mismatch or discrepancy but rather blunts awareness of the failure or predicament. On the one hand it leads to intrusive thoughts and affects related to past experiences and current failure. On the other hand it leads to chronic alertness to internal or external triggers of past experiences or failure, and new coping efforts are expended whenever recurrent intrusive thoughts occur.

The above represents a rather simplistic portrayal of the coping process that the TPV holders seem to be adopting. Figure 1 is attempts to clarify this process while capturing its complexity.

As mentioned earlier, the TPV holders' experiences in their countries of origin, the hazardous journeys many have endured to arrive in this country, their experiences and treatment in the detention centres which they perceive as humiliating and unjust, is a sequential representation of trauma and uncontrollable failure. Grant of the Temporary Visa is perceived as another failure that adds to the trauma in this sequence of multiple trauma. The resultant levels of anxiety, depression and post-traumatic stress observed amongst this group are substantiated by numerous research studies that indicate a decrease in mental health and social functioning with increasing amounts of traumatic events (Lopes, Vergara, Agani & Gotway, 2000; Mollica, McInnes, Poole & Tor, 1998).

Most TPV holders only realize the full implication of their temporary status after release from the detention centres. This is when they commence to feel the impact of the restrictions imposed on them. As many are here to 'save their families' the restriction on family reunion and the temporary status of their visa represents a major failure. The threat implicit in this failure mobilises coping resources.

A significant factor influencing their behaviour or their coping strategies is the 'expectancy of control' over the negative outcomes. The expectancy of control is the extent to which they believe they can revoke the restrictions imposed on their temporary visas and regain their rights to family reunion. This 'expectancy' acts as a 'psychological watershed' (Carver and Scheier, 1981) and is critical in influencing coping activities.

Following grant of the visa and release from detention many clients refuse to accept the restrictions imposed on family reunion. (See 'Denial' in figure 1) Believing they still have the right to reunite with family (high expectancy of goal attainment), significant anger is aroused as valued family commitments are at stake. This anger in turn intensifies the motivation to cope with the failure and the desire to remove obstacles that are interfering with the successful attainment of goals and hopes. Clients' anger reinforces and sustains their rigid problem solving behaviour.

The majority of the TPV holders visiting the EIP at STARTTS are initially at this stage of denial, refusing to accept loss of their rights to family reunion. Demanding assistance or means to contact and sponsor immediate family from overseas, their persistent request for support and advocacy is a reflection of their attempts to secure safety and reunion with their families. As they discover the limitations of the service and the inability to obtain legal assistance, they realise the loss of their rights to family reunion is irrevocable. Repeated failure of this kind leads to a low expectation of goal attainment. The resultant low expectancy of control or goal attainment leads to depressed affects, anxiety and survivor guilt.

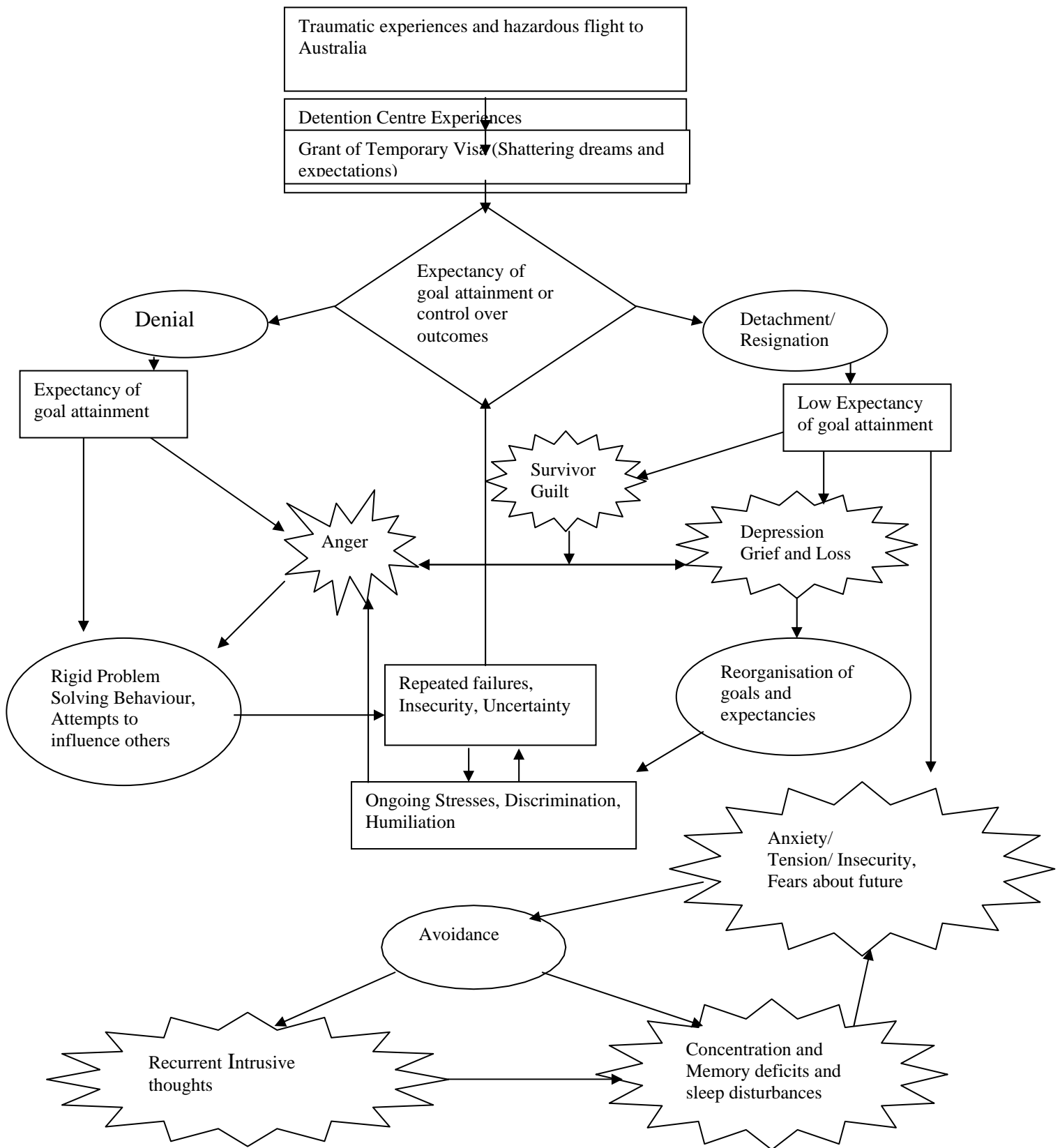


Figure 1.

It should be noted that not all clients visiting the centre were in denial or 'angry'. Many clients, beginning to resign themselves to the restrictions and with a low expectancy of a positive outcome, were already experiencing feelings of depression, guilt and anxiety. They appeared to be organising their cognitions, emotions and coping strategies to protect their mental structures from potential damage likely to be caused by experience of this failure.

Depression observed among this client group is also accompanied by feelings of helplessness (akin to a psychological trap) and hopelessness. Clients found it difficult to immediately detach, or accept that they could do little to restore the loss of their right to family reunion. Persistent resistance was at times encountered, as clients preoccupied with family, their current difficult situation, and the uncertainty surrounding the temporary status of their visa were unable to commit to new goals or expend efforts in new tasks. However, strategies adopted during the group sessions encouraged reappraisal of the situation to the extent possible, as clients were encouraged to eliminate biases in their thinking.

Reorganisation coping, facilitated in the group sessions, implied recognition of the impossibility of immediately overcoming perceived failure. Clients were assisted in working through their feelings of grief and guilt. These strategies in addition helped them accommodate cherished goals and aspirations to the intractable environment and adopt short-term goals like English classes and employment, more appropriate to the new current life conditions.

The loss of family threatens goals and aspirations TPV holders are highly committed to, and this fear arouses anxiety and tension. Even so, many were beginning to resign themselves to the fact that they currently lack the resources or responses to achieve these goals. It appears that many TPV holders find it easier to escape this loss as they cannot actively fight it, and in attempts to try and distance themselves from the failure (or loss of family reunion rights) they suppress all thoughts and affects related to it. See 'Avoidance' in Figure 1.

Avoidance by its very nature does not resolve the problem, as the failure and the images and ideas it is associated with remain active in memory and continue to exert autonomous control over cognitions, affects and actions. (Horowitz, 1979; Lazarus & Folkman, 1984). It is therefore understandable that TPV holders reported recurrent intrusive thoughts that interfered with daily activities and their abilities to concentrate on task-relevant activities.

These autonomic activities also related to sleep difficulties. Almost every TPV client reported sleep disturbances and claimed that family-related thoughts were hardest to cope with in the late evenings as it was difficult to distract themselves then. These preoccupations prevented them having a good night's rest. Images of wife and children would flash before them the minute 'they shut their eyes'. Images of the past also disturbed them in dreams and nightmares. The above indicate that the TPV holders are 'stuck' with the irrevocable loss and task-irrelevant cognitive material, and the experience of failure is mentally alive.

Autonomous off-task thoughts, triggered by avoidance coping, *'absorb attention, occupy limited working memory space, overwhelm the cognitive system and distract the person from the problem at hand'* (Mikulincer, 1994). Further, these intrusive recurrent thoughts renew the threats to one's mental structures, increasing the anxiety and further strengthening the avoidance responses. A vicious self-exacerbating cycle of anxiety, avoidance, autonomic thoughts, difficulties concentrating, and sleep disturbances is then activated. This is likely to overwhelm the

cognitive system, fragment thought, and disorganise action without concomitant coping or adaptational advantages.

Recent research indicates symptoms of avoidance and increased arousal are most strongly related to cumulative/multiple trauma (Allden et al., 1996). Turner R, J and Lloyd D, A (1995) also report a clear relationship between psychological distress and psychiatric disorder and multiple traumatic events, suggesting they represent an important dimension of increased mental health risk. Forrest (1995) also reported that multiple loss events define a complicated grief reaction.

In 1992, Herman reviewed evidence for the existence of a complex form of post-traumatic stress disorder, Disorders of Extreme Stress Not Otherwise Specified (DESNOS), in survivors of prolonged repeated trauma. Clinical observations of these survivors suggest a symptom picture transcending simple PTSD, (DSM IV, APA, 1994) as the symptoms appear to be more complex, diffuse and tenacious. Clinical observations of the TPV holders suggest the possibility of a similar diagnosis.

Most TPV holders present as anxious and agitated, full of unexpressed anger against the perceived injustice related to their detention experiences and temporary visa and against those remaining indifferent or perceived as unhelpful. They report insomnia and agitation and also tension headaches, gastro-intestinal disturbances and bodily aches and pains. Through denial, dissociation, and thought suppression they have learnt to alter an unbearable reality. The majority are bitter and feel forsaken by both 'man and God'. The psychological losses combine, resulting in a chronic state of depression. Believing they are being held captives at the mercy and control of the Department many describe themselves as reduced to a subhuman/animal life form.

Despite the above, many TPV holders gradually re-organise their immediate goals around learning English and employment-related skills. Re-organisation perhaps represents a possible avenue to break the vicious cycle of depression, anger, guilt, anxiety and related symptoms of intrusive thoughts and concentration deficits. Notwithstanding most TPV holders report frustrations when constantly turned away from Technical and Further Education (TAFE), the Australian Centre for Languages (ACL) and other educational courses. In addition, they feel disheartened and re-experience feelings of failure when they encounter difficulties learning English and finding suitable employment. Further, as they are not eligible for most government funded welfare support and are not assisted as expected by non-funded (mostly religious) organizations, they feel humiliated and discriminated against. These ongoing stresses interact with, and exacerbate, the vicious cycle of anxiety, depression, anger and PTSD symptoms.

Post Traumatic Shame Disorder?

The recent events (Tampa, September 11 and so on) have been perceived by clients attending the groups as an ongoing sequence of uncontrollable incidences with debilitating outcomes. This has led to them experiencing extreme feelings of helplessness and a further worsening of their symptoms: in particular depression, anxiety, and symptoms typical of PTSD. Further the perceived humiliation and discrimination that they experienced in the aftermath of these events has resulted in feeling a pathological sense of shame and a loss of self-esteem. Underlying these feelings (helplessness, shame and loss of esteem) is also a growing sense of anger related to their perception of being ignored and rejected by the rest of the world.

Initial attempts at coping appeared to be a denial of these feelings (avoidance) and a reluctance to articulate them. This seemed apparent as many in the group sessions initially tried to avoid eye contact and sat with head downcast, slouched and huddled close together. They spoke with

trepidation and when sensitive issues were brought up a few appeared to dissociate (freeze) whilst others attempted to avoid the experience by closing their eyes tightly, rubbing eyes vigorously or holding their head in their hands.

However as they developed the courage to talk about their experiences and deep feelings, it created the opportunity for empathic mirroring and acceptance. As these feelings became increasingly tolerable and less overwhelming there seemed to be a corresponding decrease in their anger and sense of inadequacy and worthlessness. For example, Muslim clients from Afghanistan belonging to the Hazare ethnic community mentioned that they would like to pose as Korean or Philipino at times, in attempts to conceal their own backgrounds. They felt that their physical features, in particular their high cheek-bones, would make it easy for them to pass off as members from the above mentioned communities. However these very clients returned a few sessions later to talk about their heritage. With great pride they stated that the Hazare ethnic group, even though a minority in Afghanistan, have always been one of the hardest working, most reliable people. They added that they do not give up and, in fact, are renowned for their ability to extract 'oil from stone'

The Figure 1 flow chart too does not capture the group process in its entirety. A brief look at the various themes that emerged may therefore be useful.

A Process of Frustration and Righteous Indignation

The 785 Visa, detention experiences and discriminatory experiences following release aroused significant anger in clients.

785 Visa

Many clients were furious when informed that there was very little the EIP could do with altering the restrictions imposed by the 785 Visa. It was common for them to direct this rage at the counsellor attempting to assist them by claiming the entire process to be a 'waste of their time' and the service as a whole ineffectual. They made repeated requests for support with family reunion or permission to travel overseas, or to at least contact family members whose whereabouts were unknown. Many TPV holders, particularly those from Afghanistan, claimed to have no contact with family for already over a year. Comments like the following capture their feelings:

'With God as my witness I say it is very difficult to express myself. Because of a fear of persecution I left my property and family and came to a society I believed upheld democracy and human rights without discrimination. But here they expect us to kill our feelings about human relationships, family life and responsibilities.'

'My wife and my children are directly facing threat and under pressure. How can I calm myself?'

'We are treated like animals. In Australia even dogs have a place to live.'

'My father was a criminal to have created me. I do not want to have another child. I have made a mistake coming to Australia. Please do something to help us.'

Detention experiences

Besides the visa considerable attention was focused on detention experiences during the group sessions. This was more so around the time when certain atrocities in the detention centres received widespread media attention. Detention experiences were unexpected and clients expressed significant anger about the conditions in these 'camps' and the behaviours of the staff therein. They claimed to have been treated like criminals, and in some 'camps' even pregnant women and children were denied food and water for extended periods. Proper medical attention was out of the question and many claim to have noticed a slow deterioration in their psychological health around this period.

Some 'camps' lacked basic facilities, and physical and sanitary conditions left much to be desired. Clients claimed to have been stripped of their belongings and foreign currency (mostly American dollars), which were not returned by staff at the time of release. Deliberate efforts at humiliation by staff (for example, being addressed by a number instead of a name, continuous flashing of torchlight especially at night so that they could not sleep.) were frequently mentioned. They also mentioned a segregated part of the camp where some were held in isolation if their behaviour was 'improper'. The barbed wires around these camps completed the prison like atmosphere these clients were held in.

Discriminatory experiences

The TPV holders felt discriminated against when they realised they had no access to language classes or educational courses. They believed this was a deliberate attempt to ruin their chances of gainful employment. Many felt it would be more beneficial to them if they were provided some form of employment assistance rather than the Special Benefit. Many viewed this benefit as a 'minor indulgence' and in fact considered it discriminatory and humiliating. Comments like the following were common.

'Provide everything for all refugees. Why these double standards.'

'We have no right to learn. No humanitarian rights. We cannot have a job. The Australian government hates us. The Australian people hate us. Maybe we do something illegal.'

Other events that angered them were being asked their residency status, or when mention was made of their visa. In addition, difficulties finding suitable rental accommodation, and initial difficulties and long delays encountered obtaining Medicare cards made these clients very angry.

Major Practical/Settlement-related Need Areas

Besides help with Medicare and housing, English language classes were almost universally mentioned as a need area. English was important as some felt:

'We are like blind(and mute) people because we cannot read or speak English.'

'There is an iron gate between me and this new society because of language.'

English classes were accorded considerable significance also because knowledge of the language was perceived as an essential requirement for employment.

Employment, as expected, was perhaps equally important as clients disliked receiving a hand out in the form of a Special Benefit. They also believed employment would keep them occupied and was a good antidote to their symptoms.

However, not all clients were so easily convinced about the importance of learning English. These were clients who displayed very obvious avoidance coping strategies and saw no benefits to learning a foreign language if they could stay in the country for only a few years. Further, they believed that they could not concentrate enough, being constantly distracted by recurrent thoughts to make any progress. Some, in addition, were depressed and lacked the motivation to attend English classes.

The majority attending STARTTS believed that English, vocational courses and employment were important. Underlying this is the belief that if they manage to obtain employment they could make a contribution to society and it would reflect favourably on them when their status was evaluated at the end of the three years period.

Clients attending the group sessions were encouraged to reappraise their current situation and focus on alternate goals like English and employment. In keeping with STARTTS' holistic approach, TPV holders were provided assistance by the Community Development Worker, who coordinated English classes run by volunteers and also organised some vocational courses for them.

Separation From Family

Although always mentioned, clients had tremendous difficulties discussing their families. It was obvious they found it extremely difficult coping with the emotions aroused by thoughts of family members. Their sense of grief and loss are illustrated in the following comments:

'By thinking of my family I am punishing myself.'

'We are in the middle of a turbulent ocean.'

'Our hearts are broken. Australia is not fulfilling its international obligations.'

'We have no happiness. This is a jail.'

Whenever discussed, details of family separation and the pain it caused was almost always accompanied by emotional breakdown during the group sessions. Once the floodgates were opened there was no holding back. Clients managed to provide tremendous support to each other on such occasions. During one such cathartic experience in an Arabic group, clients shared family photographs with each other whilst exchanging information regarding ages of their children.

Most clients mentioned how they tried to avoid thinking about the families they had left behind. However, this was almost impossible to achieve as the sight of children belonging to the same age group as their own children always triggered thoughts of their family. One client narrated missing his train stop when a young mother carrying a new-born infant boarded the train and he was carried away by thoughts of his own new-born child. He was not sure if his child was a boy or girl, as a year ago he had come to Australia, having to leave his pregnant wife before she delivered.

Recurrent intrusive thoughts about family were also interfering with concentration in language classes and causing sleep difficulties. In the words of one client:

I cannot sleep till 4 a.m. because of my anxiety. Thoughts of my children are driving me insane. To add to this I share my room with twelve people.'

A few clients did mention that they often tried to visualize family members safe and happy in moments of solitude. This helped them calm down. However, they also mentioned that they grew angry and agitated if disturbed during these quieter moments.

Thoughts about family in general induced a sense of guilt. While clients believed they, themselves, were relatively safe and comfortable, their wives and children, on the other hand, were in constant danger. Clients from Afghanistan faced the additional guilt of their families facing starvation. Many clients mentioned that even the sight of supermarkets full of food made them feel guilty, as their children perhaps did not have sufficient food to eat. Typical comments were as follows:

'We fight within our own hearts.'

'It was better to have been killed by the Taliban. We do not live twice. What's the use of this (own relative safety and comfort).'

'Is this fair? What is the use of living here while our families are burning in Afghanistan?'

In addition, thoughts about family induced a sense of helplessness and despair as clients began to lose hope of ever reuniting with family. In one session they compared themselves to small animals (mice) being preyed on, and compared the Minister to the predator (cat). They often said things like:

'We will never be able to see our families again. They will be killed by the Taliban or die of starvation.'

'In Afghanistan death was always lurking around the corner. But here every step I take makes me feel I am slowly approaching my death.'

'Maybe even God is not on our side. We have no hope. Every thing is dark.'

'We are not God's creatures. Even He has abandoned us.'

Whilst clients claimed they had lost the ability to feel, or felt a sense of numbness, they also described a very deep feeling that they could not easily express, akin to a burning or a different kind of pain. It was omnipresent, unpleasant and something they could not shake.

'There are 72 different kinds of pain. I have a pain in my heart. Kill the pain in my heart.'

'The pain is like a cancer in our bone's.'

'I feel like a snake writhing in pain.'

'There is a fire burning inside me.'

'We are burning in the fire but still do not die.'

Trauma Of Topical Events

Tampa crisis

As mentioned earlier, the impasse surrounding the Australian government's stance on the asylum seekers stranded on the Norwegian freighter, the Tampa, appeared to have a significant impact on this group. They found it easy to empathise with the people on the freighter. Not only did it make them recollect their own perilous journeys to Australia — and, in a way, re-traumatise them — but the saga of the people on the boat seemed to epitomize the entire community of asylum seekers as well. They failed to understand and were shocked by the response of average Australians to the plight of this group. They were also wary of the backlash they suffered as a result of both the government's stance and the media coverage of this incident.

'The Australian government is against us and is encouraging the people to be against us.'

A few reported being recipients of comments like *'Go back ... boat people ... queue jumpers.'*

This made them feel misunderstood and dehumanised and say:

'All of Australia is a prison.... This is more than we imagined.'

'We were 'mentally' better off in Afghanistan.'

'We are not God's creatures, but DIMA's slaves'. (D04.09.01)

A few remembered that it felt like being 'born again' when they were rescued by the Australian boats from their sinking fishing boats. They also remembered how this hope had since been dashed following their experiences in the detention centres and the restrictions imposed on their visas following their release.

The terrorist attacks on the world trade centre and the war against terror

The aftermath of the terrorist attacks left the clients extremely helpless and with a pathological sense of shame. They reported being targeted by employers, colleagues in the workplace, and even by ordinary persons on the streets. They were often intimidated and humiliated by remarks like *'How come you do not go to fight the USA. You are dangerous. You are Taliban... Bin Laden'*.

These comments were because of their nationality (Afghan) and religion (Islam) but it was like 'rubbing salt in their wounds'. They found this hard to comprehend as they themselves were victims and had fled from the Taliban and often said:

'We are also the victims of the Taliban. Taliban persecuted us and we had to leave our country. We are not terrorists.'

'We are victims of persecution. We have waited a long time for peace. It is worse now as others are accusing us of being terrorists. It is too much pain being wrongly accused. It is a big burden for us to carry.'

'Help! We are human. Take our voice to Australians and make them understand we (Hazare people) are different (from Taliban).'

'We are not terrorists. Terrorists do not risk their lives on leaky, rotting fishing boats.'

'Look at us we are humans. Feel our pain.'

'Why don't they realise Bin Laden is not even an Afghan.'

A few men claimed that being ashamed of their Afghan and Muslim background, they preferred to stay by themselves in their units and not venture outdoors. A few others mentioned that if asked about their nationality they tried to pass off as Chinese, Korean or Filipino.

However, although made to feel like criminals and dehumanised by this discrimination, they believed they would somehow manage to cope. It was nothing compared to their shame and guilt at abandoning their wife and children who were under direct attack and in the midst of the war in Afghanistan, whilst they were safe here in Australia.

'Even a bird looks after its nest. It will not allow someone to destroy the eggs. Our children are in the nest. They are burning...dying... It is very difficult...'

Their current sufferings were nothing in comparison to what the helpless women, children and elderly were enduring in their homeland. All the earlier issues surrounding their visa or settlement seemed insignificant. They claimed to be preoccupied with the war, unable to sleep, concentrate or stop thinking about it. They often said:

'My mind is not with me. We are like chooks running around in a big cage'

'I cannot think anymore. I cannot talk about my pain'

'I don't know what's happening to our kids. I cannot stop thinking about them.'

'I left my country to save my life. I have lost everything. I do not know what will happen.'

'This seems like a movie. It is not real'

'Only God can help the women and over two million children of Afghanistan'

Some men mentioned being almost hypnotically drawn to their TV sets, unable to look away in the hope that they would perhaps catch a glimpse of a relative or a person they knew amongst the refugees fleeing their country. While they were relieved that the entire world was now increasingly aware of the atrocities committed by the Taliban, they queried the motives behind the retaliation against the Taliban. They did condemn the terrorist attacks, but they could not understand how the world had rallied around America to avenge the death of 5,000 innocent victims, while for over 23 years no one cared about Afghanistan when likewise innocent people were being killed every day.

'The world has not been concerned about us. We are worthless. No one mentions anything. Yet there are graves all over Afghanistan.'

'People were dying. No one heard. No one cared. Human rights were being denied. Large groups were murdered; no one was listening to the children, women and elderly crying.'

'One day 5,000 people die, the whole world is shocked. For 23 years innocent Afghans have been killed and not a word is said by anyone.'

'...Perhaps American blood has more colour than our blood.'

'No one cares. There is no difference if we die. American blood is worth a lot more than ours... We are the forgotten race.'

The men were also angry about the food parcels being the same colour as the bombs scattered by the American aircraft and this prompted a few to say;

'Where ever you go they are destroying us. One hand is bombing. The other is throwing food.'

Many lamented that they were safe here in Australia but dying a slow death. They preferred instead to have become *'shahid'* (martyrs) at the hands of the Taliban or to have died alongside their wife and children, rather than continuing to exist in this state. They shared their feelings of isolation and helplessness in the groups and, although difficult to express, it was so intense they repeatedly said their pain was at times 'unreal'...it was like 'a fire burning within'.

The death of asylum seekers on board the fishing boat off Australian shores

Although fully aware that this was perhaps not the first instance that refugees had lost their lives en route to Australia, clients were appalled that relatives were not allowed the opportunity to contact family overseas and at least pay last respects to the dead.

Not everyone who attended the group on the day this tragedy made news was fully aware of what had happened. Those who did know asked questions like the following:

'How closely does this match Australia's commitment to Human Rights?'

'We had no rights in Afghanistan. It is the same here'

Border protection legislation

The group was informed about the new legislation by one of the clients who heard about it. Although most of them had put in applications for a permanent visa they felt this new legislation would 'drive them to insanity'. The few who had missed out appeared to be dumbstruck and found it difficult to hide their pain. They expressed their feelings as follows:

'We are now like animals in someone's hands.'

'This is slow death, life is like a poison.'

'We were living in the hope that some day we would get the opportunity to see our relatives and friends. The light at the end of the tunnel has been put out.'

'I cannot think anymore. I cannot talk about my pain.'

All clients attending the groups believed this legislation was a surprise and failed to understand the rationale behind it.

Other common themes

Media coverage of relevant 'news' was seldom missed. The destruction of the 'Buddhas' had a general impact as clients went through a kind of 'cultural bereavement' over what they considered a treasure that belonged to the entire human race. They used this as clear evidence that the Taliban government 'had no concerns for humanitarian rights, was illogical and irrational and very clearly a puppet government of Pakistan'.

On national TV the documentaries that illustrated the difficulties in their homeland or focused on their current living conditions were also mentioned often. Many clients believed the media were good instruments for getting their own views across to the Australian public and to inform the public about the situation of refugees. However, many felt that such exposure could also pose a threat to the safety of their families in their countries of origin.

Other themes were related to problems in their own country; for example, the civil war in Afghanistan and Sri Lanka, and the oppressive regime in Iraq. At times personal experiences, like loss of close family members or imprisonment and torture, were touched on. Flight experiences and the hazardous voyage in fishing boats were often mentioned. Somatic complaints like headaches, other bodily aches and pains, minor skin rashes, and gastrointestinal difficulties were mentioned.

Evaluation of the Group Sessions

The group sessions evolved as a natural response to the needs of the clients. One of the decisive factors in trialling these group sessions was the suggestion from a client who believed they could be a means to gain support, share information, and could perhaps be useful in advocating their cause as well. The cultural sensitivities of this client population had to be given due consideration when organising the sessions. With this as a backdrop it needs to be acknowledged that the above project did not have a rigorous 'research design'.

In addition it is highly likely that the clients attending the group sessions were not a representative sample of TPV holders. TPV holders with serious psychological impairment may not have had the ability or motivation to visit STARTTS. Those who did manage to find some work, or had succeeded in coping more effectively with the distress caused by their symptoms and other difficulties, were also unlikely to visit the centre.

It should also be noted that a majority of the group sessions were held with TPV holders from Afghanistan. Sessions with TPV holders from Iraq were not as consistent. A couple of group sessions were conducted in Tamil as well. This may be a possible reflection that TPV holders from the other communities (i.e. communities other than Afghans) were perhaps managing to cope with their distress more effectively due to better English language skills, educational qualifications and support from within their own communities.

Further, it is possible that the TPV holders attending the group sessions may have exaggerated reporting certain reactions in attempts to evoke the counsellor's sympathy. Fully aware of the potential effects of the 'demand characteristics' of this situation, clients attending the groups were constantly reminded that the EIP, STARTTS could do little to directly advocate on their behalf and further their rights to family reunion or permanent protection.

Given the psychological state of this client group and their clinical presentation it was difficult to administer standardised instruments to measure their levels of distress. Standardised instruments were also not administered before and after the group sessions to evaluate the effectiveness of the group intervention. Therefore informal verbal feedback from clients regarding the sessions appears to be the apposite way to appraise them.

To many clients the groups represented an opportunity to meet urgent needs related to settlement. To others they provided an avenue to release their anger, express their feelings openly, perhaps for the first time in this country. This created a 'good feeling' and some clients claimed to feel a lot 'calmer' and relaxed, as they had been heard.

The group sessions also facilitated the forming of a support network among clients. Clients often shared information with each other about real estate agents, Medicare, educational courses and Centrelink. They also invited friends who had newly arrived in NSW following release from Detention Centres to share the group experience.

However, there were some who perceived that the group sessions had limited utility because the major request, related to the 785 visa, could not be addressed. In the words of one client '*you are only giving candy to a child to stop them crying*'. Thus, although the sessions instilled hope in many, there were some hesitant about the hope the sessions managed to generate; these clients would say, '*you have lit a candle, but it will soon be extinguished. It is better to stay in the darkness*'.

Notwithstanding the above, there have been a few instances when clients who had attended the group sessions returned to the EIP a few months later to thank the EIP, STARTTS for the initial support that had been provided to them. These have generally been clients whose reorganised goals had been successfully achieved. A few have also apologized for the 'initial tantrums' they had exhibited.

Research does indicate the efficacy of cognitive behavioural techniques and psycho-educational group therapy in reducing symptoms of PTSD (Post-Traumatic Stress Disorder) in clients exposed to multiple trauma. (Lubin H, Loris M, Burt J, Johnson D 1998, Basoglu M, Paker M, Ozmen E, Tasmedir O, Sahin D, 1994). Research also indicates that symptoms of avoidance and increased arousal are strongly related to cumulative trauma and that psychosocial wellbeing may further deteriorate without assistance (Alden, K Poole C, Chantavanich, S, Omar K, Aung N, Mollica R 1996).

In light of the above it may be appropriate to say that the group sessions have been relatively effective. None of the TPV holders attending the sessions have been referred to the Mental Health teams following the sessions, indicating no further deterioration in mental health. On the other hand, attendance at the English language classes and vocational courses are on the rise and attendance patterns more regular. This probably is one of the indications that reappraisal and reorganisation facilitated during the groups is operative and the groups are working.

Post Script

Political and economical instability in different parts of the world will continue to make Australia an attractive option for many people. Culture-specific service delivery models will therefore need to be considered and creatively programmed to meet the mental health needs of people who represent diverse cultural backgrounds. As Australia celebrates its Centenary of Federation, a look at its history illustrates the contributions that have been made by so-called newcomers to this country. Mental health professionals are uniquely poised to enhance the wellbeing of all Australians by responding to the needs of fellow humans who come here to seek a safe haven.

The cultural diversity of Australia's people is one of its greatest strengths.

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