HEALTH

VIRGINIA LEE worked for Medecins Sans Frontieres in Jordan providing psychosocial services. She describes her experiences working with people injured by the war.

THERAPY AND CROSS-CULTURAL EXPERIENCES

Syrian refugee Sameh, aged 14 years, shares a light and loving moment with his mother and brother in their apartment on the outskirts of Amman, Jordan. PHOTO: UNHCR / S.BALDWIN / May 2014

In July 2014, I took a year's leave from STARTTS to work with Médecins Sans Frontières (MSF) in Amman, Jordan. MSF is an international humanitarian organisation that provides medical assistance to people affected by war and natural disasters, and supports people and communities where healthcare is not available.

I had followed the work of this organisation for many years and was aware that, along with doctors, MSF also took counsellors and other health professionals. It was during my postgraduate studies in international public health that I became interested in humanitarian work and the experience of refugees.

Little did I know that in the future I would have the chance to combine both interests in working with MSF.

During my seven years at STARTTS I met and supported refugees who were at the latter end of their journey of flight, in the resettlement phase, where they could stop fleeing and start rebuilding their lives in a safe place. But in Jordan I met people who were at a much earlier phase, some who would later become refugees later on.

My MSF mission in Jordan was with the Amman Reconstructive Surgical project where I was assigned as the manager of the psychosocial team. This project started in 2006 in response to the conflict in Iraq, where it provided surgical treatment to Iraqi victims. The scope of the project then expanded with other conflicts in the region.

My colleagues would describe Jordan as a safe haven in a ring of fire bordering Iraq, Syria, Yemen and Palestine, which are all amidst war. It is no surprise that Jordan is host to more than one million refugees.

I joined MSF in Jordan during a transition period when the project was moving its operations from the Jordan Red Crescent Hospital to Al Mowasah Hospital.

This eight-floor hospital was purposely refurbished to provide specialised surgical care and rehabilitation to the war-wounded, where patients could have access to maxillofacial, orthopaedic and severe burn surgeries.

There, survivors of conflict receive treatment and support to return to a level of functioning for increased autonomy to ensure their continued participation and inclusion in society. In most cases, this type of care is not yet available in their own countries, given that the health systems and infrastructures are only able to provide emergency medical care and are still ill-equipped for rehabilitating injuries, which may require multiple surgeries over a lengthy period of time. Some patients had lived with their injuries for a long time before their treatment by MSF.

The services provided by the MSF hospital are all free of charge, and patients of all ages eligible for such care are identified by a network of medical liaison officers working in those neighbouring countries as well as in the refugee camps in Jordan, and also through the outpatient unit at the hospital.

During my time in the project over 45 percent of the patients were Syrian refugees. Since 2006, more than 4356 cases have received care with in more than 9000 surgeries. There is a long waiting list with slow turnover considering the extent of the injuries and treatments needed.

The patients in this project are the faces of war who we do not always see or hear about. We are informed about the number of dead but we rarely see those who survive, nor are we familiar with the barriers they face in moving past those experiences, which are always turning points in their lives.

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In the project I learned what a barrel bomb was and saw the effects of it. I remember wincing inside when I first saw some of the patients. I did not know how I would be able to look at the patients in the eye and set aside my own reactions.

One young Iraqi man I met on my first day had his whole face covered with a towel. His counsellor was the only person to whom he had shown his face. On one occasion, the medical team was talking to him about his treatment plan which involved sending him

An explosion ripped out this 5 year-old boy's eye and left one of his feet in very bad condition. He has undergone several operations and regularly visits the orthopaedics department at the Al-Mowasah Hospital in Amman. PHOTO: JUAN CARLOS TOMASI

back home and bringing him back in a few months when the prosthetic surgeon arrived. The patient became very upset saying that he did not want to return home before the end of his treatment because he did not want anyone to see him the way he was looking then. He was hoping to return home when he felt he could show his face again. Understandably, he was devastated to have his treatment delayed and have to face the gaze of his family, friends and community.

The patients and their caregivers, usually a family member who would accompany them and support them through their treatment, would call Al Mowasah home for anywhere from three months to more than two years.

In addition to surgical care, patients also receive comprehensive help through rehabilitative physiotherapy and psycho-social support. The physiotherapy team provides rehabilitation activities designed to support patients to regain the use of injured limbs. In some cases, the physiotherapists and psycho-social team collaborated to support patients especially when they had to have limbs amputated, which was always a last resort, given the physical and psychological impacts this evokes in those individuals.

Injuries resulting from war and conflict go beyond the more evident physical trauma which can be treated through specialised surgical intervention. The less apparent psychological and social impacts come from multiple losses; the loss of health, independence, home and country. Thus, the role of the psycho-social team is essential in supporting all patients.

My team consisted of four psycho-social counsellors, a clinical psychologist and a psychiatrist. The team provided a range of psychological and psycho-social support for patients while they received treatment; from individual psychiatric consultations for a range of mental health issues, to individual counselling, building support groups and organising social activities.

Our interventions were designed to equip patients and their family members to cope during their treatment and create an environment where they could feel at home away from home. In this vein, we promoted social activities to engage patients and their families to combat homesickness and boredom. Table tennis competitions were fierce in the hospital. We had EID celebrations twice a year with singing and dancing and new clothes for the children, and monthly outings for the separate groups of patients – men, women and children.

While patients came from different countries, they shared a common language and similar culture which made it easier to live together harmoniously. Naturally, as in any community living together in a small space,

This 8 year-old girl from Sana was injured when she was 3 months old when her cradle caught on fire. MSF's reconstructive surgery project in Amman, Jordan, provides a unique vantage point on the conflicts that have roiled the greater Middle East in recent years. PHOTO: KATE BROOKS

there were times when conflict arose between patients and their families which required mediation. At times, these conflicts were very sensitive involving issues of domestic violence.

There was one case where a female patient receiving treatment was being beaten by her husband who had accompanied her as a caregiver. It was important to communicate to the husband that violence was not tolerated in the hospital and to inform the patient that there were avenues of support for the situation she was facing.

Concerning these and other delicate cases, it was challenging at times to know how best to offer support without becoming too controlling or interventionist in their private lives. What had a significant impact in these situations was the role of patient representatives from each community, who assisted our team in finding culturally appropriate ways to resolve these kind of situations.

The national staff became surrogate parents and family for patients and their families. As treatment could take anywhere from a few months to more than two-year stretches involving multiple operations and rehabilitation. The commitment shown by the counsellors, their willingness to accompany the patients throughout their treatment and hold their confidence was therapeutic in itself. Not only were they working to create a safe and supportive environment for patients, they often became that safe place for them.

Judith Herman talks about three stages of healing trauma: re-establishing safety, remembrance and mourning, and reconnection and integration. I found we had patients and families at all different stages. Some would return to their countries where the conflict was continuing while others were living in refugee camps and waiting for resettlement.

One of the aspects of the trauma experienced by our patients that stood out for me was the very visible wounds they carried. For many, the consequences of the trauma they experienced may remain hidden and unseen by others. They may hide it and only address it when they feel safe and ready.

However, for many of our patients, their faces and bodies are a constant reminder of what they have been through. Even if they have managed to accept those changes and put aside that trauma within themselves, often they must revisit it in front of others and the challenge lies in finding a safe space in relation to oneself and the others.

I believe the environment and community created

in the hospital provided this space for patients to find that personal and interpersonal safety. Here the patients encountered people who had similar experiences to their own and they could learn to accept themselves through accepting each other. I think this was particularly healing for the younger patients. They found peers with whom they could relate and build trust, friendships, and solidarity through mutual support. This was essential given that they were far away from their families and friends.

I had the privilege of participating in the children's outings, which were organised by one of the counsellors. I remember the first time I joined them and their caregivers, they didn't quite know what to make of me. I was a foreigner who could speak only a handful of words in Arabic. The children were shy and stayed away from me at first. When I started to run and they realised it was a game of chase, the barriers fell and we quickly became friends with lots of bonding through many selfies! It became obvious to the counsellor and I that the children needed time away from the hospital in open spaces to run around and explore and play.

The therapeutic value of play and the building of relationships were not lost on us. Later on, some other expats in the project who normally didn't have the chance to interact with patients joined the children's outings and beautiful friendships developed with the children. I learned that big kids also need time to play.

My time in the project was a constant education. The cultural lessons I encountered were the most memorable. For example, at the EID parties I had observed that only the men and children would dance. My first thought was the women were not interested. But they were very interested and always dressed their best to every party. However, I found out that it was not appropriate or comfortable for them to dance in the presence of men.

Our female psycho-social counsellor was patient in teaching me the cultural norms and unspoken rules. She explained that we could have a separate party for just women if we could guarantee that no men would be present and the space would be safe. Through her enthusiasm and hard work, we were able to hold women-only dance parties. The female patients and female staff in the project enjoyed these parties.

Like this example, working in Jordan presented a long list of cultural shocks for me. I was surprised that the counsellors chose to wear doctors' coats and referred to each other as 'doctor'. I questioned the counselling skills of some of my colleagues when I heard them giving advice rather than helping the patients to find their own solutions.

When I asked them about how they would respond to a suicidal patient, the counsellors replied that they would bring up the fact that suicide is haram (forbidden) and those who commit suicide would go straight to hell. When asked the rationale for this, the counsellors replied that it was to make the patient feel guilty to prevent them from attempting suicide again.

The fact that I was experiencing this surprise and shock made me realise that I was coming into a different community with a perspective informed by my own education, socialisation, personal values and culture.

A few months on from these initial observations, I had to ask myself if I had been imposing my own cultural values in assessing how the counsellors go about their work. I reasoned that perhaps the doctors' coats are as much a uniform to be identified as staff, than a show of status and importance. And perhaps addressing each other as 'doctor' is a way of showing respect, much like in my own Korean culture where we often call a learned person 'teacher' even if they are not a teacher by their profession.

Having spent a significant amount of time with the patients and counsellors in the project, I saw that the patients greatly respect and trust the counsellors, confide in them and take on their advice. Much like doctors are expected to prescribe medication rather than tell the patient to rest a few days, there is an expectation that counsellors will give advice and provide solutions to the patients. Upon reflection, I became more keenly aware of the culturally-coloured glasses I had been wearing to judge how the counsellors carry out their work and I realised that counselling is greatly influenced by one's cultural context.

One activity which I was able to introduce from my time working with STARTTS was the Tree of Life activity. In Amman, I had the fortune of meeting one of my former STARTTS colleagues who was also living and working there. In the STARTTS spirit of collaboration, we brainstormed ways to support the patients in the project, especially the younger people.

My former colleague graciously donated her time to train our counsellors and co-facilitate a pilot support group for young people using Tree of Life.

Two groups were run, one with the young men and a separate one with the young women. Through these activities, they were able to share some valuable insights and reflections which highlighted their losses and learnings. These are some of the participants' comments:

"Life is more beautiful than it appears in our eyes. Whatever we think we see in life, there are always hidden parts we can't see. It is more beautiful than we can ever know." – IRAQI BOY

"Life is more beautiful than it appears in our eyes. Whatever we think we see in life, there are always hidden parts we can't see. It is more beautiful than we can ever know." - Iraqi boy

"Before I drew the tree, I thought that life was very hard. Afterwards I realise life is better than that. I want to try and jump over these difficulties so life can be better than before. I want to join school again and have relationships with my friends like I had before I got injured." - Iraqi girl

"I think in this group we learned many new ways to think about things." - Iraqi boy

"I have lost a lot in life. A lot of leaves have fallen (NB: the leaves of the tree represent loved ones). This is a bad thing and can pull you down. But I am hopeful that peace can return to my country and things will be good again as life before. I can be around all the things that made me who I am, that made me strong." - Iraqi girl

Since my time in the project, the war in Syria has escalated. The conflicts in Yemen and Iraq have not subsided and there is an even greater need for the services like the MSF Amman Reconstructive Surgical project. The transition to Al Mowasah Hospital was almost complete by the time I finished with the project. We had been working closely with the patients to ensure they settled smoothly into the new hospital.

One aspect of the project was to establish a school in the hospital. Previously, there had been a part-time teacher who ran classes for younger children, but there was nothing for adolescents. I met with NGOs working in the education and disability spheres to find a model and curriculum that would suit the needs of our patients.

Being able to continue their education to some degree was important for the patients and their families. There were some children who could not finish their treatment in hospital as the parents feared they were missing too much schooling. The building of skills and confidence that comes through education is also pivotal in promoting healing and well-being. I am pleased to hear that the classroom and recreational spaces for the patients are now well established and children can attend classes in between their treatments.

It has been more than a year since I left Jordan and when I reflect on my time there, the warmth of connections built with the patients and staff remain with me. As much as my job was to support them, they did so much to support me and teach me how I could be a better support for them and others.

I am reminded of the approach we take at STARTTS working with individuals from so many different backgrounds and cultures. We need to be curious and keep an open spirit so that we, as counsellors, can learn from their individual experiences - whether those experiences are of trauma and escape, or of solidarity and support. It is this learning and sharing that advances their journey towards healing and recovery. R