

What motivates them? Interview with three STARTTS staff members

Counselling people who have experienced war and displacement, torture and trauma is a challenging field of work which demands skill, sensitivity and care. NICOLA CARTER spoke to three counsellors at STARTTS about their work with survivors of torture and trauma, what sustains them and what inspires them.



Marc Chaussivert

is a clinical psychologist who has worked as a counsellor at STARTTS since 1994. Marc worked for a number of human rights organisations as well as working extensively in the jail system before coming to STARTTS.



Gordana Hol-Radicic

worked as a clinical psychologist in Belgrade and Sarajevo in the Former Yugoslavia, as well as in the USA, before coming to Australia and commencing work at STARTTS.



Meng Eang Thai

is a Khmer counsellor who has worked at STARTTS for the past ten years. Meng studied dentistry, psychology and social sciences before commencing employment at STARTTS during its formative years.

Meng, tell me how you came to be working at STARTTS?

Meng: Looking back through my personal experience... I've had an underlying interest in working with people. In Cambodia I studied medicine... then when I went to a refugee camp I worked with the International Medical Team as a volunteer and later I worked as a volunteer in camps in Thailand and with the Australian Embassy. Since arriving in Australia I've had various jobs and voluntary community involvement and I have a strong interest in communities. I had a particular life experience, being a refugee and going through the whole process of hardship under a political regime. So looking at all these experiences... it's not a surprise... you could say it's like a collection of experiences which have allowed me to come to STARTTS.

I think I had become ready to challenge myself in a new field. But I didn't have a full picture of what I would encounter in my work. I had a brief picture: in 1987 I heard Richard Molica talk at the Institute of Psychiatry. He was a psychiatrist who had been involved in working with Khmer refugees for a long time. I went along to participate as a community worker. Professor Morris Eisenberg was another psychiatrist who was very involved in this work. I found myself almost overwhelmed by Molica and his colleagues' interest in Khmer problems. I was fascinated by the findings and the presentation... the way they looked at the problems as a whole, the way they handled people's symptoms and helped them work through the problems.

We had so many problems; from 1975 things had been destroyed and people and things were completely wiped out. There was no contact with the outside world for five or six years and for

all of that time the whole society was under the control of the Khmer Rouge. It was like living in a dungeon, people weren't aware of anything other than living in darkness. So seeing that, Molica and his colleagues were paying attention, that they were aware and trying to help us find a solution to overcome the suffering of the past, it was really something that made a big impression on me.

Can you tell me about your role and work at STARTTS?

Meng: Well, I've been at STARTTS for ten years. In the beginning, I was more like a bicultural counsellor. In the earlier days at STARTTS we used a two worker model. At the time I arrived, the service had only been established for four or five years, and the bicultural counsellors were co-workers with a mainstream counsellor to provide therapy for clients. So that part was like an apprenticeship.

As STARTTS developed, bicultural counsellors began to see clients by themselves, bringing their cases for discussion during supervision. This was an enormous challenge at the beginning. I started learning about assessment, structuring sessions, managing the whole process of counselling, looking at the meaning of what was happening in sessions, the signs of progress, the drawbacks of the process. I certainly discovered the need and the benefits of counselling training and the importance of having a proper structure to work in! I realised the importance of having a good mentor. I owe a lot to [STARTTS Clinical Director] Rise Becker. She gave me a lot of support and shared her knowledge of cross-cultural psychotherapy and counselling, which gave me a lot of energy to get on with my work successfully.

Can you talk a bit about counselling with the Khmer community?

Meng: We often hear, specifically from our own community, that we don't have a concept of counselling, or that counselling doesn't work with the Khmer community. I was surprised at first to hear that and it raised questions for me. I wondered what the idea was based on, and about the implications of this idea. I needed to explore and challenge myself over this issue. I didn't believe the issue was simply that Khmer people didn't believe in counselling.

I think maybe it's out of fear. Being a person in our culture and not feeling resourceful and capable is very shameful. Denial may be less shameful, so people are not willing to say "I don't know, I don't understand." They may worry that in counselling they'll be blamed. So sometimes they don't realise that counselling is not about judging. Really, in Cambodia, the only people who do counselling are the monks. And people trust the monks will be honest and law abiding, that they won't judge a person's problems or try to make a person feel weak or take their confidence outside of that room. I find that confidentiality is very important for Khmer clients.

I think in counselling we have to look at what we have in Khmer culture and then see how it connects to the western view. We have to think about it and talk without judgement, and do a lot of exploration. It's as if you're standing on the other side of a river bank and you try to picture the scene over there. The western view doesn't fit very well unless you can get over there and look and understand things from that side.

It's difficult to think about weighing, judging, inserting different ways of working. But

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I think I am coming from my culture and my clients' culture and I have added western ideas and knowledge so the mixing is about fifty-fifty. I didn't take things I'd learnt from western ways of working and apply them straight away. I tried to keep in mind the knowledge I had already ... and tried to understand the client, what they are bringing from their side. I think about what it is possible to fit in from my other training or what will match to make it work. I test out ideas, thinking about what we have in our own culture which would fit with western methods, so that ideas from western methods can be used in ways which are not threatening and are more useful for working with people.

So is it a bit like filtering western ideas through your own cultural knowledge?

Meng: Not necessarily like filtering, it's more like having a pool of different knowledge. Like having two baskets of tools - western, and my own culture's, and trying to think which ones we can connect, which ones from my culture and from the western culture I can connect with each other. With individual clients, because they are all unique I don't try to just apply a whole approach and expect it to fit, I have to try to bring the big picture, to look at counselling itself, to look at what is the situation now, what is that person used to from the past. It can be important to try to understand why people want to say we don't have counselling in our culture. It is not labelled as counselling, but we have a similar process... and by bringing the ideas of western and cultural practice together I think we can help people to accept that and slowly help people to feel that counselling is not so foreign.

I talked once on a radio

program about counselling, and the STARTTS service. The people listening didn't realise that counselling was a means of relieving stress. This was a new idea to them, but it was something they could understand when it was explained this way. So some people who thought they wouldn't want to come to counselling have been ready to accept it, when the basic confidentiality, neutrality and support are provided and when the counsellor can attend to them without judging or pre-judging them. An understanding environment certainly allows people to say what they need to say to you, things can almost flow out by themselves if you can allow the person to trust you, if the person can find the confidence in themselves to open up whatever is so entangled, that needs to be untied.

While Meng's experience as a refugee and community volunteer led her to her current work, for psychologists Marc Chaussivert and Gordana Hol-Radicic it was his political activism and her work with refugees in her native Yugoslavia, respectively.

Marc: After university I worked a bit in human rights and political organisations that were working for human rights in specific countries. Particularly one group called the Resource and Action Committee for Latin America, RACLA. Then I got a job at Mulawa Women's Prison. I also worked with young offenders, mostly running groups, and for a short period with adult men in a minimum security jail. I became interested in STARTTS while I was at this men's jail. STARTTS brought together my human rights interests as well as counselling and psychology.

How has your counselling work developed over the time you've

been at STARTTS?

Marc: It's hard sometimes to pin it down but I think the experience of coming into contact with people... I think their life experiences shape the way I think about counselling. At the beginning whilst I'd had a bit of contact with people from refugee backgrounds before, I didn't really have much direct experience. Initially I struggled a bit to get a hold on the realities of people's lives and what they'd gone through. It's not as if with time you find answers but perhaps you learn to be able to sit with the complexities of peoples' experience rather than trying to solve problems, when sometimes there are no solutions. And it's important to get to a point where you can recognise that.

I think what people really want is a process where someone is interested in and acknowledges their experience. That's been one impact of this work. In other ways I've learnt a lot from people I've worked with, usually more than I've learnt through clinical training or academic areas. Being able to work with clients and get good supervision... again, it's about learning from the clients and their life stories, although I've also learnt a lot of valuable things from reading about various theoretical models, attending conferences and so on.

Gordana, can you tell me about your training as a Clinical Psychologist and your early working life?

Gordana: My psychology training was very focussed on assessment, diagnosis and appropriate treatments for different disorders. The training was quite eclectic. My Honours project was looking at adolescents and young adults within a closed situation, a military barracks, and how disorders develop in this situation, and

comparing this to students who are not in the military. Looking at which type of disorders developed in each group, and how they developed. Later, in my Masters, I looked in more detail at how military life impacted on psychological disorders. I found a lot of alcohol problems in the army, and I was looking at the sort of psychological conflicts which lead to alcoholism, and how to understand these conflicts and treat them.

In 1992 in Sarajevo, war broke out. I began working as a volunteer for refugees who were coming from East Bosnia. The UNHCR International Rescue Committee established six trauma counselling centres in Sarajevo, which were situated in different areas of the city, close to where the people were. There was no transport, trains or buses operating and no electricity. I was the team leader at one of the counselling centres, working with six other counsellors, and one administration person. I saw individuals, children, adolescents, adults, elderly people. We did individual and group therapy, and also home visits, especially for elderly people. The work was supported by the International Rescue Committee, and they helped with resources, offices and electricity, heaters, which had been difficult to get because of the war.

In 1995 I went to Croatia, and here I was again working in a trauma counselling centre. In Croatia I was predominantly working with women and children who had left home at the beginning of the war, and were still living in different refugee centres. Later I was asked to go to help with counselling work at a refugee camp in Carolina in the United States which was specifically for Bosnian refugees. The work there was similar, it was

quite demanding.

What are the main influences now in your clinical work and your approach to therapy with clients?

Gordana: Definitely very eclectic. I prefer working with clients in long term therapy rather than in short term work. But if clients want to focus on current issues or symptoms in short term work, then I am also happy to work with them. It is always in agreement with clients, making a contact then seeing how we go with looking at the issues. But I deeply believe that the roots of people's strengths and weaknesses are established years and decades back in the past, in early childhood. So, I try to discover the reasons for the current reactions and symptoms, going through a process with the client of looking at this with them, if they are ready and want to. Of course, this is all in the context of the family, both the current family, and the family of origin.

Marc, do you use a particular preferred therapeutic model in your work?

Marc: I think it's important to be fairly open about different perspectives. Though, I think the psychosocial approach is very important in terms of not isolating people. It's terribly important to avoid pathologising individuals, which can be a way of turning away from the terrible things that have happened to people. So a social perspective, situating individuals within a systemic perspective is important. For instance, with Latin America, I'm thinking of psychologists, psychoanalysts, psychiatrists who lived through states of extreme political violence, and who theorised and wrote about the systemic psychology of this sort of social violence. A psychosocial

tradition has really grown up around individuals and groups like these.

The psychodynamic perspective is helpful in the sense that it gives a place to overwhelming experience in a way which other traditions don't... intense reactions, feelings and developing quite a nuanced understanding of how people might present. Sometimes more technically based approaches that want to restructure thoughts or tell people they should feel or think differently can be unacceptable to a person who's experienced terrible events. I think a sensitivity to anthropological perspectives can be very useful too... one needs to be very open and recognise that we get trained in a particular western perspective and realise the people might view their experiences in a way we may initially find very new.

How would you put into words your philosophy of therapy?

Marc: I think that the psychosocial approach is the best way to describe it. Looking at the individual's experience, the way their own history has impacted on them... but to always place that in its broader context: the social, historical, political forces which have impacted and how these have played out in a particular individual's context. This is important in counselling anyway, but particularly important where we are working with people who have suffered human rights violations. So, it is about the client seeing that we can apportion responsibility where it belongs.

If we look at diagnosis, psychopathology in exclusion... there is a real sense in which the victim can be blamed unintentionally, so it's very important to situate their experience in the broader context, both to assist them

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individually, and to understand what has taken place at the broader level. I think, also, that because issues of responsibility and guilt are so important in terms of peoples' recovery, this is a central issue in our work.

It's also useful to think about ways of working collectively with people. I see people at very different stages in their lives, and this can be difficult. Their issues may be centred around resettlement, or they may be at a place in the process where they are applying to be considered for refugee status. Many of these people who are asylum seekers may be less willing or able, for cultural or other reasons, to want to work individually. Recently, I've been trying other approaches. For example, I've been running a printmaking group and I've learnt a lot through the process of that, and I'm looking at other forms of artistic expression too. It highlights other aspects of recovery.

Could you give me an example?

Marc: Well, asylum seekers, for instance... really feeling their life is out of control. They don't feel that they can have projects. I think it's the existential movement that talks about how we need to have projects in our lives... and for asylum seekers they don't, it's like that freedom is non-existent. And so although it's limited when they participate in a group where they're creating something, there's a sense that they can make something and be happy with it... others appreciate it and there's a collective validation of what they've made. This validation seems to be one of the benefits, along with the self-efficacy, the mutual support.

N: What do you see as the biggest challenges of this work?

Gordana: I think working

with many different cultures is very challenging. Finding a transcultural way of working, and understanding how people from different cultures see things and developing different approaches for different people and cultures is challenging. Combining knowledge from a western approach to therapy with an approach which can be accepted by someone from a different culture. We have to marry these different approaches together in a way which suits clients. I think understanding the history of different cultures and different religions is very important, learning about different cultures' ideas about healing, and then knowing how to implement a treatment which respects that person, and is most appropriate for them. These are all very challenging areas.

Dealing with the trauma which we hear about is also challenging for counsellors. We have to look after ourselves well to keep working in this field.

What do you think it is that is most healing about therapy?

Gordana: Acknowledging someone else's pain and understanding someone's trauma is very healing. Offering that person the chance to talk about their experiences, for them to have a counsellor who will listen to their feelings, help, understand and be there for them.

Marc, what do you find most challenging?

Marc: People are experiencing such a level of pain, and sometimes it is a challenge not to fall back on controlling that pain, reducing it, because it is too much for us. So there can be a tendency to run away from the persons' pain, not to do it justice. The intensity of what people experience sometimes in

a very real sense is not something which can be reduced to words or theories. So it's a challenge to be able to stay with people as they experience the difficulties, the pain. To find a way to support them as they go through it. And linked to that is the impact of that experience on ourselves. It can be a challenge at times when we don't fully address this. Hearing the stories and seeing the pain can be a hard reality for us to deal with. If we don't recognise that, I think it can have a negative impact on us... but can also mean we're not able to help the person. Unconsciously we may fall back on ways of trying to dismiss or put to one side peoples' pain because it's too hard to hear or share on some level.

How do you see healing or recovery, particularly in relation to trauma itself?

Marc: That's a complex question! Lots of ideas go through my head about that... and lots of them sound like homilies in the literature... but... people need to integrate their experiences, to find a space where the trauma can be re-experienced in a context where it's not so overwhelming. Somehow I agree with these, that it's a question of integration of experiences that have not been integrated because they were too catastrophic, too much at the time. But at another level I think it's very hard to capture what it is, what trauma is. It's about loss... and healing loss is quite complex... it's about them coming to terms with their experience, whether it's integrated or not. Someone said once that it's not about getting over something, but getting through it, and I think that seems to fit. And again the psychosocial approach comes in, because the trauma we work with is about the breakdown of relationships

and communities and societies, the breakdown of the whole context. So it's not just individual integration of experience, it also involves communities healing themselves. It may be that people don't go back to the same communities, but people need to re-establish another community, and new relationships. They need to have faith again that there's some degree of predictability and justice, and that they can depend on others and trust others. So it's much broader than just an individual process. The individual and the therapist can be an important part of that process though, of reflecting on the past and present and of the process of rebuilding a life for themselves.

What are the rewards of this work?

Meng: The rewards are as strong as the challenges, and as exciting! I think being able to provide written material in the Khmer language, which is appropriate for people and helps them understand issues better, is very rewarding. The process of doing this has helped me become more aware of and sensitive to the Khmer community as a whole as well as to individuals within it. Another reward is being able to share what I've learnt with people back in Cambodia, this is something that gives me a lot of energy.

It is difficult to describe, but I have felt very happy when I have gone back to Cambodia and done some work there. In 1998 I went with Professor Derrick Silove and we did some training with GPs, looking at primary mental health care and training in medical approaches and interventions. In 2000, I travelled to an area of Thailand which was part of the Cambodian Empire before the thirteenth century. I was looking

at intergenerational trauma and depression in people with post traumatic stress disorder, in a Khmer ethnic group. During these visits I connected with people working in mental health fields and was able to share some of my knowledge about psychological assessment and some of the other things I've learnt.

Marc and Gordana, what has been most inspiring for you?

Gordana: My work with children and adolescents, particularly, is very inspiring. Because I am able to see changes in a limited period of time... seeing a young person after a period of individual therapy, a group therapy experience or a STARTTS camp... developing and growing up, becoming a confident person... sometimes even coming back to STARTTS as a volunteer or on a student placement is very inspiring to me.

Seeing a person becoming settled and happy is a great honour. It is inspiring to work hard with a client and then see changes in a positive direction. Particularly with young people, seeing them able to go ahead and find their place in a new society is very satisfying. Seeing families, parents, children calm down and start to live at peace with themselves I think is the greatest thing that we as counsellors can see. When people overcome their problems and come to you and say thank you very much, I've found my way, I'm happy. It's not a formal thing, it's something that comes from the bottom of their hearts. That to me is the greatest acknowledgement of my work with clients and it is the most inspiring thing.

Marc: It might sound like the 'right' thing to say, but I think lately I've been very fortunate that some of the clients I've been working with... I think it's

peoples' resilience. Sometimes seeing this person in front of me... sometimes you just can't believe peoples' resilience.

One client I am thinking of experienced catastrophic events, losing basically all of his immediate family, and holds fears for the safety of other relatives... but this man is just so generous to those who he comes into contact with. People like that inspire you. Sometimes you expect someone who's suffered so much to be incredibly demanding, but this man is incredibly generous. In the small space he has to move he's concerned about others, here and now. Sometimes people are very needy and that is where they're at that moment. But it's a two way process and I feel that we gain a lot too as counsellors from this work.

I also remember in the past wanting to meet people who in their own countries did what had to be done to make life better for others, even though the consequences for themselves could be terrible. Being able now to meet some of those individuals is definitely quite inspiring. Also my colleagues... the way they keep working hard, and work to support each other in their work... people who stand up to human rights abuses, and who work to make the world a better place... particularly in this period where I think there's a fair degree of cynicism, and a feeling that you can't make a difference. When people continue to struggle for what's right, whatever the cost, it's always inspiring. ■

Nicola Carter is a clinical psychologist who works as a counsellor with people from a variety of communities at STARTTS.