B. Refugee Hurdles, Caretaker Challenges, and Mutual Openings—Keynote Speaker

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Learning Objectives

The objectives of this session were to:
—Identify and understand the four major hurdles facing migrants today.
—Discuss the impact of a paradigm shift toward postmodernism on interventions with traumatized migrants.
—Identify some strategies to modify and improve policy making for refugees and asylum claimants.
—Propose some caretaking guidelines in treating traumatized refugees and asylum claimants.

Summary of the Presentation

Life has never been easy for migrants entering a new society. However, when newcomers have been forced out of their own country, new levels of difficulty complicate their settlement process. This presentation discusses some of the hurdles confronting refugees and asylum claimants. Some obstacles arise from factors that are international (political and economic factors), while others are purely national in origin (the effects of legislation and September 11, 2001).

However, a paradigm shift confronts mental health providers as well. During the last 30 years, the entire scientific world has been shaken by a shift from a modern to a postmodern model. This change has affected how clinical professionals and nonprofessionals address posttraumatic stress disorder (PTSD), which has its roots in the modern era and focuses on the individual mind, a state that seems to have less and less applicability to nonwestern clients. Nonwestern survivors tend to experience trauma as a community rather than on an individual basis. Coping with PTSD in nonwestern communities tends to be through engagement with culturally appropriate social and economic roles rather than through cognitive behavior intervention.

The challenges faced by migrants and providers converge in the face of the psychological threat migrants can present to the host country. The presenter reviewed Social Identity and Social Dominance Theory toward a more favorable understanding of migration to inform and guide policymaking.

Finally, the presentation discussed some postmodern guidelines for physicians in clinical practice with traumatized migrants. Western modern science tends to understand the dynamic of PTSD as arising principally from cognitive (confrontation with death and/or serious loss; schemas disordered; assumptions dashed) and emotional (overwhelming anxiety and fear; numbing of feelings) factors of the individual survivor. In the West, to heal from severe trauma, one is encouraged to reprocess memories and emotions such that the individual would become cognitively and emotionally desensitized. Postmodern clinicians, however, should base their approaches on a non-Western and bioethnopsychosocial approach. Victims of PTSD are not only affected as an individual, but the effects of PTSD include one's ethnic group and psychosocial roles. Thus, posttrauma reactions occur due to context—a community suffered death and/or serious injury to its members that have an effect on social relationships and bonds within that community. Healing for many non-Western people occurred not primarily in psychotherapy, but in a practical return to one's family role and one's economic career. Western therapists who intervene with non-Western trauma survivors need to bring to their clinical work not only deep respect for the traditions of their patient(s), but also a profound self-awareness of one's own cultural barriers and assumptions.

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